

Descriptive Qualitative Analysis of the Translation of “Q&A” Section Provided by WHO Official Website during COVID-19 Pandemic: A kind of Website Localization

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Abstract

This paper is a descriptive qualitative analysis of the translation of “Q&A” section provided by World Health Organization (WHO) website during COVID-19 pandemic. A webpage of “Q&A” about “Children and Masks” is taken as a sample. Translation of websites, the so-called Website Localization, is mostly achieved by automated software that converts a webpage from one language to another through tools of artificial intelligence to be multilingual with post-editing by human translators. The aim of the study is to assess the nature of the translation of the website; and to evaluate whether it is pure Machine Translation (MT) or involves human editing. The study argued that it is not pure (MT), but included human editing to verify the authentication of the instructions provided. Human translation is a cognitive process based on comprehension of the Source Text (ST) and reformulation of the Target text (TT) through human mind and cognitive abilities not a computer software. In this study, the assessment to test the nature of the translation of the website is based on four standards; readability, equivalence, cultural appropriateness, and grammatical correctness of the translated text. The study concluded that the “Q&A” translated texts from English to Arabic are not achieved by computer software, but expected to be totally human achievement. Concerning WHO website, using MT is not preferred as the lack of certain information and inaccuracy may be life threatening. Thus, the study presents a contribution in appreciating the WHO and confirms the trust that should be given to such organization.

Keywords: *Website Localization; Machine Translation; COVID-19; WHO website.*

دراسة وصفية كيفية لترجمة جزء "سؤال و جواب" الذي يوفره الموقع الرسمي لمنظمة الصحة العالمية خلال جائحة كوفيد-19 كنموذج لتعريب مواقع شبكة الإنترنت

يعتبر هذا البحث دراسة وصفية كيفية لترجمة جزء "سؤال و جواب" الذي يوفره الموقع الرسمي لمنظمة الصحة العالمية خلال جائحة كوفيد-19. إتخذ البحث جزء "سؤال و جواب" الذي يتحدث عن "الأطفال و إستخدام الكامات" كنموذج للبحث. غالبا ما يتم ترجمة مواقع شبكة الانترنت و التي يشار اليها "تعريب مواقع الإنترنت" عن طريق برامج آلية لتحويل صفحات الموقع للغة أخرى بإستخدام أدوات الذكاء الإصطناعي و بذلك تصبح صفحات متعددة اللغات. غالبا ما يتم ذلك عن طريق التحرير اللاحق الذي يقوم به مترجمين بشريين. من هنا يظهر هدف البحث و هو تقييم طبيعة ترجمة مواقع شبكة الإنترنت و الكشف عما إذا كانت ترجمة آلية صريحة أم يتخللها بعض التحرير البشري بعد عملية الترجمة. يزعم البحث أن ترجمة المواقع لا يمكن أن تكون ترجمة آلية خالصة ولكن لابد من تحرير مترجم بشري للتدقيق و التأكد من صحة المعلومات التي يوفرها الموقع. تعتبر الترجمة البشرية عملية ذهنية تعتمد علي الفهم الكامل للنص الأصلي و إعادة صياغته من خلال قدرات ذهنية للمترجم بعيدة كل البعد عن برمجيات الكمبيوتر. يقوم الباحث بتقييم الترجمة عن طريق أربع معايير و هي: قابلية النص أن يكون مقروء، مدي التطابق بين النص و ترجمته، ملائمة النص المترجم لثقافة اللغة المترجم اليها، و الدقة النحوية للنص و ترجمته. توصل البحث الي نتائج تشير الي ان نصوص موقع منظمة الصحة العالمية لم يعتمد علي الترجمة الآلية و لكنها ترجمة بشرية صريحة تعتمد علي ذهن المترجم و هذا يدعم صحة المعلومات التي توفرها منظمة الصحة العالمية بمختلف اللغات و يدعو الي تقدير المنظمة لتحريرها الدقة فيما يخص النصائح و التعليمات التي تصدرها.

الكلمات المفتاحية: تعريب مواقع الانترنت، الترجمة الآلية، كوفيد-19، موقع منظمة الصحة العالمية.

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0.1. Objectives of the Study:

The objectives of this paper are:

- 1- To uncover the strategies of translation process adopted by the WHO website administration throughout COVID-19 pandemic.
- 2- To show the importance of human translation and to prove that cognitive abilities accomplished during the process of translation are extremely essential in delivering information from one language to another.
- 3- Website localization based on Machine Translation (MT), or even Translation Memory System (TMS) of the WHO official website is not appropriate in the critical time of a worldwide pandemic. This is because accuracy, equivalence, and readability in delivering instructions regarding health issues need human abilities to be delivered in the best way.

0.2. Statement of the problem

The dominant problem investigated in the study is to detect to what extent the Q&A section provided by the WHO website should not be based on (MT) or even the developed area of machine translation, which is TMS. Actually, the process of translation of such issues must involve human mind to check accuracy and clarity to be delivered to diversity of people with varieties in culture the way that fit them.

0.3. Hypothesis of the study

This paper hypothesizes that Q&A section provided by the WHO website is not pure machine translation, but it involves human cognition to be able to send the message to different people throughout the pandemic appropriate to their culture.

0.4. Research Questions

The aim of the study is to answer the following questions:

1. What are the tools of translation of the instructions provided by the WHO through their official website during COVID-19 pandemic?
2. To what extent are the ST and the TT grammatically and syntactically correct?
3. To what extent is the technique of TMS that depends on previously translated texts by professional translators, and excessively used in

website localization, used by the WHO to facilitate the process of translation to its official website, that sometimes lead to unreadable texts in the TT?

4- What are the most prominent differences that appear between the amount and nature of instructions delivered to people in societies speaking English and that to people speaking Arabic during the pandemic? To what extent does the Arabic translated text mirror the English and the information delivered is typically the same and is extremely equivalent?

5- What are the differences between the WHO translation and the machine translation of the same questions when using machine translation website such as ‘Google Translate’ and ‘Bing’?

0.5. Significance of the Study

The study attempts a detailed and comprehensive analysis of some selected questions and their Arabic versions offered by the WHO official website throughout COVID-19. Data is examined manually and qualitatively to track the nature of translation by focusing on four translation assessment standards. These standards are the readability of TT, equivalence between ST and TT, cultural appropriateness achieved in word choices, and grammatical correctness of ST and TT.

0.6 Data Sources:

The main texts under study are some selected questions in English and their answers, along with the translated Arabic versions extracted from WHO official website. Q&A section provided by the website is divided into webpages, each according to certain topic. It is also offered by many languages as it has undergone website localization. The webpage under study is concerned with children and using masks due to the importance of the instructions given to children. The website provides 10 questions through each webpage to cover all topics people may ask about during the pandemic.



This webpage is chosen specifically due to the importance of issues related to children. This is because dealing with children is highly crucial and risky specially in a critical situation of a widespread global pandemic

like COVID-19. That is why; the assessment is directed towards matters concerning children and their health.

1. Theoretical Framework (Review and Methodology)

This section presents an explanation of the theoretical framework of translation studies and the importance of tracking equivalence and fitting the product of the translation to the target audience culture. Furthermore, it emphasizes the fact that the quality of translation is based on its being readable and understood by the target audience, and to what extent it follows the syntactic and linguistic broad lines. Moreover, it tracks the idea of machine translation, and to what extent it is involved and frequently used in the processes of website localization that most of the online official websites undergo.

1.1 Translation Theory:

According to Newmark (1988), translation process means “rendering the meaning of a text into another language in the way that the author intended the text”(p.5). According to Tomaszczyk (2015), the process of translation is mainly concerned with transforming a message from the ST to TT, the thing that leads to a semantic equivalence between the two texts. According to him “Translation is not the substitution of one TL word/phrase/sentence for one SL word/phrase/sentence. It is the re-creation of a whole SL discourse in a (similar or comparable) TL context, and uttered/written with a similar function and a similar communicative intention” (p.1). Thus, translation involves the re-conceptualization of “the original SL information into the TL context- and addressee-mediated message.” (p.1). Furthermore, according to Bell (1991), translation is “the replacement of a representation of a text in one language by a representation of an equivalent text in a second language” (p.20).

Thus, to translate is to deliver the meaning in another language. It is like an attempt to transfer as many Source Language (SL) words to the Target Language (TL) as possible. Thus, the translated text can never be equal to the original one but it has to be equivalent in the quantity of information delivered in both languages. This is the main point that is tested through this research.

Moreover, according to Larson (1984), translation is essentially the change of form of language. Form to him means the actual words, phrases, clauses, sentences, and paragraphs. This is done by changing from the form of the first language (SL) to the (TL) to that of the second language by way of " semantic structure"(p.3). Gadalla (2017) confirms this saying that according to (Wilss, 1982) the text-oriented nature of translation necessarily “requires the syntactic, semantic, stylistic, and text

pragmatic comprehension of the original text by the translator” (Wills, 1982, p.11 as cited in Gadalla 2017)

1.1.1. Basics of Translation Assessment:

Actually, Larson (1984) supposes that the process of human translation is based on studying the lexicon, the grammatical structure and the cultural context of the SL text, analyzing it in order to determine its meaning and then reconstructing this same meaning and content using the lexicon and grammatical structure that are appropriate in the TL and its cultural context (p.3-4). In addition to this, it has to be equivalent and accurate, in which the amount of information mentioned in the ST has to be equal to that offered to the reader in the TT. Besides, the idea of readability and understandability that is sometimes violated during machine translation is one of the basics of translation perfection.

Based on this, translations in specific situations specially concerned with health issues in the case of Covid-19 pandemic, the translator must pay attention to the individual style of the author, when to preserve it totally and when to normalize it. Moreover, in the process of the translation, the translator must bear in mind the reader and his estimated knowledge of the topic and the style of the language he uses. Finally, the translator must get rid of his personal views which may be social or cultural and which may also reflect his religious, national, political, and ethnic assumptions.

According to Venuti (1995), an ideal translated text is that when it only shows the SL's writer's personality and clearly reveals the intention and the essential meaning of the ST. In other words, the final appearance that the translation is not in fact translation, but the “original” as Venuti refers to it (p.1). This means that a translated text is judged when it can be read fluently with a total absence of any linguistic or stylistic peculiarities makes it seem transparent. This of course makes the translator more invisible, especially when the translation is achieved by human translator and not machine translation. Based on this, the translation assessment of the website localization of the WHO website under study tries to test the translation according to these four standards.

1.1.1.1. The Process of Translation is culturally Bound:

Basically, Venuti (1995) confirms that the precision of translation depends on the social and cultural conditions under which the translation

is produced and read. Based on this, translation is always considered an instrument in transmitting culture even between countries and languages in contact. This means that a professional translator is the one who reads carefully in the cultures of both the SL and the TL. Bassnett (1991) comments on this saying, " The translator who makes no attempt to understand the *how* behind the translation process is like the driver of a Rolls who has no idea what makes the car move"(p.77).

According to Baker (2011), 'Culture -Specific Concepts' is one of the major concepts that has to be observed in the process of translation (p.18). This happens when the SL word may express a concept which is totally unknown in the target culture. The concept in question "can be concrete or abstract, it may also relate to religious belief, social custom or even to certain type of food"(p.21). This will be very abundant in the translation of health instructions that depends on people's culture and behavior. However, this concept is referred to as Baker said 'culture-specific'. At this time, the translator is obliged to give a definition to this word to be able to deliver the idea.

Furthermore, Venuti (1995) confirms that transference among languages is not confined to the construction of various semantic contexts and different cultural discourses in addition to the distinctive TL codes and values in the foreign text. (pp.61-62). Venuti (1995) comments on the fact that translation is not a direct conversion from one language to another, but it is necessary to follow the rules of the TL in addition to the values of the target culture too. He clarifies this saying "translation is always ethnocentric: even when a translated text contains discursive peculiarities designed to imitate a foreign text" (p.101). He adds "it never escapes the hierarchy of cultural values inscribed in the target language. These values mediate every move in the translation and every target-language reader's response to it" (p.102)

1.1.1.2. Non-Equivalence in Translation:

Non-equivalence is meant to be the inaccuracy in the amount of information transferred from one language to another in the process of translation. The problem of non-equivalence as a standard of assessment in this research under study means that the TT is not fully equal to the ST and the TT or the ST involves amount of information different from the other. It is well known that the concept of translation is meant to be creating and constructing the main message intended from the ST to the TT typically as it is without addition or omission. Basically, the concept of equivalence and the idea of "same" quantity of information mentioned

in the ST is the same like the TT decides the high quality of the translated text and the efficiency of the translator.

According to Newmark (1988), information added to the translation is normally cultural (accounting for the differences between SL and TL culture), technical (relating to the topic), or linguistic (explaining wayward use of words) (p.91). The additional information may be put in the text (i.e. by putting it in brackets) or out of the text (i.e. by using a footnote or annotation). Such additional information is regarded as an extra explanation of culture-specific concepts (Baker, 2011) and is obligatory specification for comprehension purposes. (p.40)

Baker (2011) argues about the idea of equivalence and raises the fact saying that there are many "translation problems arising from lack of equivalence at word level; what does a translator do when there is no word in the target language which expresses the same meaning as the source language word?"(p.9). She explains the idea in detail saying that for a translator to overcome this problem, he has to put in consideration at first, in translating any type of text, the overall meaning of a stretch of language. Indeed, to achieve this, a translator must begin by the smallest unit that the meaning possesses which is the word.

1.1.1.3 Readability and Understandability in Translation:

Readability and understandability in translation is intended to be the criteria of translation assessment that tests to what extent the translation will be readable by the target audience. This is a chief criterion of judging translation as webpages in official websites have been always undergone website localization. However, this website localization is mostly achieved through machine translation via online applications that convert websites from one language to another. Consequently, in some cases, it is not easily read by target audiences and needs post human editing, and cognitive sense by human translation.

According to Hatim and Munday (2004), translation studies are considered descriptive studies that depend on “the law of interference”. This means that when common ST syntactic and lexical patterns are copied, they create unusual patterns. Actually, at this step, the content in the translated language displays its specific characteristics and this depends on human mind and the quality of translator (p.7). Hatim and Munday (2004) finally comments on translation saying that it is “the literal rendering of meaning, adherence to form, and emphasis on general accuracy” (p.10)

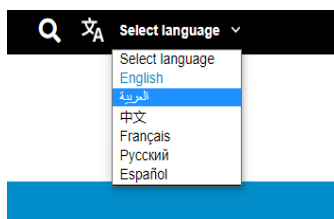
According to Hatim and Munday (2004) cognitive stage by human translator in the process of translation is a cornerstone that exact translation is based on. According to them, as Jakobson mentions “all cognitive experience and its classification is conveyable in any existing language” (Jakobson 1959, p.238) (as mentioned in Hatim and Munday (2004)). He confirms that the sense may be translated but the form cannot and this is the so-called “Translatability”. “Translatability is a relative notion and has to do with the extent to which, despite obvious differences in linguistic structure (grammar, vocabulary, etc.), meaning can still be adequately expressed across languages” (p.10). He declares also that this is applicable also in advertisements and songs where rhyme and double meaning are not that easy to be recreated in the TT. (Hatim and Munday, 2004, p.10). This confirms that the cognitive steps of human mind are highly important and cannot be ignored in the process of translation. However, machine translation that achieves website localization is not sufficient

Another idea that is related to translation and requires human mind to go through the process of translation is the idea of “comprehensibility”. According to Hatim & Munday (2004), Comprehensibility means that the product in the TT after translation has to be understood clearly by the audience in terms “of such factors as communicative purpose, target **audience** and **purpose** of translation” (p.11). At this point, it becomes clear that there will always be obstacles to reach a full equal text in the TL and there will always be “entire chunks of experience and some unique ST values that will simply defeat our best efforts to convey them across cultural and linguistic boundaries, translation is always possible and cultural gaps are in one way or another bridgeable. To achieve this, an important criterion to heed must be TT comprehensibility” (p.16).

1.2 Website Localization

Website localization is a complete process of adapting original website to fit communities in another language and culture mostly using tools of artificial intelligence. In an article entitled “Advertising and Localization” written by Declercq (2011) included in “The Oxford Handbook of Translation studies”, the writer refers to localization and says that “Localization refers to taking a product and making it linguistically and culturally appropriate to the target locale where it will be used and sold. Within global marketing, localization is positioned alongside translation, internationalization, globalization, and

standardization”. (p.1). According to Pym (2011) “Cross-cultural communication via websites, and of the elements that constitute the individual screens of each site, is one of the fastest-growing areas opened up by the era of electronic communication.” (p.1). Thus, it can be said that website localization means to offer an official website in various languages, and it is mostly achieved through machine translation applications.



This is a screenshot from WHO website under study that confirms the website is offered in 6 languages and has undergone a kind of website localization.

The first step of website localization is concerned with translation and then followed by adapting images and videos that should fit the target audience. Then finally, the process includes the design and all what is related to adapting right-to-left languages and taking into consideration text expansion. He adds, localization roughly involves three major fields: multilingual translation of complex technical texts, software and websites localization, and audiovisual localization (subtitling, games, etc.) (p.1). Thus, the purpose of internationalization here is to prepare the source text to be localized easily. Declercq (2011) comments on the idea of internationalization saying “For this reason, well-internationalized software avoids cultural references and stereotypes that may be unacceptable or incomprehensible in target cultures. When cultural neutrality is observed, it is expected that fewer problems will occur in the design of the application” (p.3).

The major issue in this topic is explaining the firm relationship between localization and translation. Declercq (2011) refers to this saying “A first step in positioning both concepts in relation to each other is that localization happens at many levels, one of which is translation” (p.2). Thus, this process comprises a kind of cultural and linguistic recreation and adaptation that makes it totally fitting to the needs and expectations of the target audience. Within translation studies, localization occupies unconventional place although it is “imperfectly understood” as it requires advanced computer skills, as Declercq (2011) refers to it (p.1).

Translation step in website localization is mostly achieved by as Machine Translation (MT) depending on computer software that is mostly inaccurate. At this point, it is clear that this kind of website localization specially with what is related to health issues throughout circumstances of global pandemic is not to be achieved by Machine Translation (MT). On the other hand, perfect website localization involves professional translators in addition to editors to finalize the targeted content in its best final form.

1.2.1 Machine Translation (MT)

(MT) is a term usually used to refer to various computer-based activities that include translation to localize certain texts for certain users. In an article entitled “Machine Translation” written by Harold Somers (2011) included in “The Oxford Handbook of Translation Studies”, he defines Machine Translation (MT) saying that it “is a term used to describe a range of computer-based activities involving translation” (2011, p.1). It can be referred to as “automatic translation” or as called by Somers (2011) “computer-aided translation”. Pym (2011) comments on this saying “the development of the internet as an interactive medium is giving rise to a series of creative non-professional translation practices” (p.1)

According to Somers (2011), the history of (MT) goes back to sixty years ago, as it began a period just after the World War II, in an attempt to solve many problems and during the early time computers had been used. Nevertheless, this field underwent major changes. At this time, two main approaches have emerged concerning the field of (MT). They are the **rule-based** and the **machine-based**, as Somers (2011) refers to them.

Although the growth of internet technology and the widespread awareness of computer applications has been totally widespread, but still (MT) is still “immature technology”, as Somers (2011), refers to it. He differentiates between two distinct terms with diversity in function saying “programs which attempt the task of translation more or less directly and those which are designed to help humans with varying levels of expertise to perform the task.” (p.2). According to him, in the field of translation, there are websites specialized in applying the task of translation specially when it is concerned with website localization, and others are like a kind of aid that help the human translator to perform the task. Actually, according to Hutchins (2011), “many companies have included methods of controlling the input language to minimize problems of disambiguation to improve the quality of machine translation (MT)”. (p.1)

MT of websites may mirror the style and content but it definitely lacks context and the cultural experience of the target text and target audience. In some cases, within website localization projects, human translation takes place in the step of translation in which professional translators translate webpages from one language to another taking into account to produce texts as it is intended to be read. In addition to this, the process of human translation involves the steps of revising and proofreading. In some cases, projects of website localization involve a kind of MT referred to as Translation Memory System (TMS).

1.2.2. Translation Memory System (TMS)

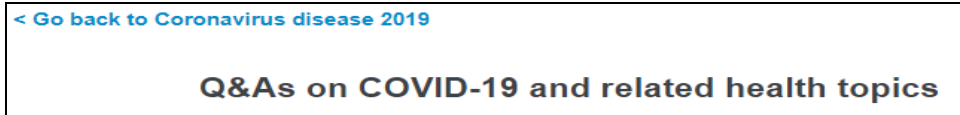
TMS is a branch of MT based on previously translated texts by human translators. It is like a combination between MT and human translation. It is a multilingual content platform that is achieved by applying computer translation applications connected to computer memory of previously human translated texts. It combines artificial intelligence tools along with human cognitive abilities. This is to make tasks of website localization easier and more affordable. Moreover, (TMS) is extremely suitable tool that acts as an aid to localization teams to manage their documents. This is because it is initially based on massive database of texts translated previously by expert human translators. Generally, this huge database includes phrases and terms commonly referred to as “translation memory”. This method is very consistent and far away from the inaccuracy of machine translation. Machine translation based on translation memory also includes terminology management that is based on database specific for terminology that is able to save terms previously translated to be easily used later on.

Indeed, in spite of the accuracy of this method, it is also far from involving the culture and nature of various societies and cannot be sufficient in localizing the WHO website. This is because instructions provided by the WHO during COVID-19 has to be totally based on human translation to guarantee accuracy in this critical time.

1.3. WHO Official Website

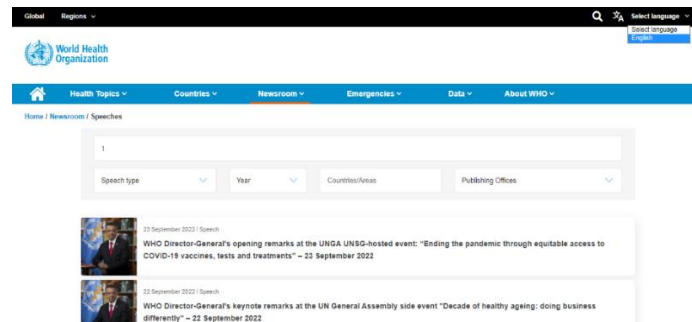
According to the World Health Organization (WHO) official website, “WHO is the United Nations agency that connects nations, partners and people to promote health, keep the world safe and serve the vulnerable – so everyone, everywhere can attain the highest level of health.”. WHO exerts a great effort to provide people all over the world with health service specially during COVID-19 pandemic. World Health

Organization (WHO) official website offers many webpages that act as a help to people throughout the pandemic. The service of Q&A will be taken as a sample to assess the quality of information offered to people at that time. This is due to its importance of information needed by people at that time.



This a screenshot about the Q&A service provided by the WHO during the pandemic.

It is assumed that the website is offered mainly in English. As a proof for this, some webpages provided by the website such as pages of speeches are offered only in English. That is why it is assumed that English is the ST and Arabic is the TT.



2. Application

The study adopts comparative descriptive analysis of the English questions about children and masks along with their Arabic counterparts to check to what extent the information given in Arabic is based on automated software typically like normal website localization. The main aim is to investigate the effectiveness of the adopted technique of translation and to investigate whether the information and instructions given in English are typically equivalent to that given in the translated version in Arabic. This investigation will first inspect and explore the extent of accuracy whether machine or human translation, and will assess the amount of information given.

To assess the nature of the translation adopted through the process of localization, qualitative manual analysis is adopted so as to assess the quantity of information delivered for both communities according to their language.

Manual investigation and comparison of the text under study is the most reliable technique. The results attained by this study are highly required to the world of website localization, and to validate the ideas concerning

A Descriptive Qualitative Analysis of the Translation of "Q&A" Section Provided by WHO Official Website during COVID-19 Pandemic: A kind of Website Localization

health websites, and to enhance that localization concerning health issues is not automated like business websites.

These selected questions are chosen specifically as the rules, regulations related to children are highly sensitive, and they deeply need extraordinary kind of accuracy.

The questions and answers under study can be easily accessed via the link <https://www.who.int/ar/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-children-and-masks-related-to-covid-19>

Methodology of Analysis:

The assessment of translation depends mainly on 4 factors and standards:

- 1- Readability and acceptability by target audience as understandable language
- 2- Equivalence and Accuracy in meaning
- 3- Wording selection and choice targeting the audience culture
- 4- Proper and correct language regarding grammar and spelling

Question 1

<p>Should my child wear a mask?</p> <p>Decisions about mask use in children should be driven by what is in the best interest of the child. Mask use should be flexible, so that children can continue play, education and everyday activities. These activities are an important part of child development and health. No child should be denied access to school or activities because of lack of a mask.</p> <p>Some countries and regions may have specific policies or recommendations in place. As always, follow the guidance provided by your country or local health department or ministry.</p> <p>WHO and UNICEF recommend the following:</p> <ol style="list-style-type: none"> 1. Children aged 5 years and under do not need to wear a mask because in this age group, they may not be able to properly wear a mask without help or supervision. 2. In areas where SARS-CoV-2 is spreading, children ages 6-11 years are recommended to wear a well-fitted mask <ul style="list-style-type: none"> • in indoor settings where ventilation is poor or unknown, even if physical distancing of at least 1 meter can be maintained; and • in indoor settings that have adequate ventilation when physical distancing of at least 1 meter cannot be maintained. <ol style="list-style-type: none"> 3. Adolescents 12 years or older should follow the same WHO recommendations for mask use as adults: <p>A well-fitted mask that covers the nose and mouth should be worn in settings where SARS CoV-2 is spreading regardless of vaccination status or history of prior infection, when interacting with individuals who are not members of their household:</p> <ul style="list-style-type: none"> • in indoor settings where ventilation is known to be poor or cannot be assessed, or the ventilation system is not properly maintained, regardless of whether physical distancing of at least 1 meter can be maintained • in indoor settings that have adequate ventilation if physical distancing of at least 1 meter cannot be maintained or • in outdoor settings where physical distancing of at least 1 meter cannot be maintained. <p>As much as possible, it is important that children of all ages keep their hands clean when putting on and taking off their mask.</p> <p>A safe environment should be created for children who are not able to tolerate a mask, including requirements for caregivers, teachers or other adults interacting with the child to wear a mask and to be vaccinated against COVID-19 according to national vaccination policies.</p>	<p>هل ينبغي للأطفال أن يرتدوا كمامة؟</p> <p>تتخذ منظمة الصحة العالمية القرار بأن يتشروا دائما السلطات المحلية وأن يتقنوا بالممارسات التي توصي بها في منطقتهم. وقد استعرض فريق خبراء دولي مبتدئ التخصصات، قامت بتشكيلة المنظمة الصحية المنقحة بمرض كوفيد-19 وانتقال عدوى بين الأطفال، فضلا عن السياسات المحددة المتعلقة بشل استخدام الأطفال للكمامات.</p> <p>يُعاد على هذه العوامل وغيرها من العوامل مثل الإختصاصات النفسية والاجتماعية للأطفال ومعلم نموهم، تتصح منظمة الصحة العالمية والتوصيف بما يلي:</p> <p>لا ينبغي إرغام الأطفال البالغين من العمر 5 سنوات أو أقل بارتداء كمامة، وتقوم هذه الصيغة على أساس سلامة الطفل ومصاحته العمد والقدرة على استخدام كمامة بشكل ملائم مع الناس حد أدنى من المساعدة.</p> <p>تتصح منظمة الصحة العالمية والتوصيف بأن يستند فرار ارتداء الأطفال الذين تراوح أعمارهم من 6 سنوات إلى 11 سنة للكمامات إلى العوامل التالية:</p> <ul style="list-style-type: none"> • ما إذا كان هناك انتقال واسع النطاق للعدوى في المنطقة التي يُقيم فيها الطفل • قدرة الطفل على استخدام الكمامة بشكل ملائم وملائم • فرص الحصول على الكمامات، فضلا عن إمكانية تحملها واستخدامها في بعض الأماكن المعبئة (مثل المدارس ومرافق رعاية الأطفال) • ضمان قدر كاف من الإتراف من قبل شخص بالغ وتقييم تعليمات إلى الطفل بشل كيفية ارتداء الكمامة وتزجها، واستخدامها بأمان • تحديد الأثر المحتمل لإرتداء كمامة على تعلم الطفل ومناهج التعلم والاجتماعي، بالتشاور مع المعلمين وأول الوالدين الفاعلين على الوعية والأول بقضي الخدمات الصحية • السيوقات والظاعات المحددة للطفل مع الأشخاص الآخرين المعرضين بشدة لخطر الإصابة بمرض خطير، مثل المسنين والأشخاص المصابين باختلالات صحية سابقة ألبوى <p>تتصح منظمة الصحة العالمية والتوصيف بأن يرتدي الأطفال البالغون من العمر 12 سنة أو أكثر كمامة بشل الشروط المنقحة على البالغين، ولا سيما إذا تعارَ عليهم الحفاظ على مسافة متر واحد على الأقل من الأشخاص الآخرين، وإذا كان هناك انتقال واسع النطاق للعدوى في المنطقة.</p> <p>ينبغي الإضاح على مزيد من المعلومات بشل كيفية اختيار وارتداء الكمامات من خلال الرابط التالي:</p> <p>https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advance-for-public/when-and-how-to-use-masks</p>
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“Should my child wear a mask?” which is translated in Arabic as “هل ينبغي للأطفال أن يرتدوا كمامة؟”

Comparing this translation to that provided by ‘Google Translate’, it appears that the translation involves clear human contribution. ‘Google Translate’ output is "هل يجب أن يرتدي طفلي القناع." It confirms that machine translation typically converts the message from one language to another.

In the translation provided by the WHO, the absence of the possessive pronoun “my” which is not mentioned in the Arabic translation is clear. Regarding the answer of this question, it appears by checking ‘Google Translate’ that it is totally different and that it is processed totally as a kind of human translation

On the other hand, investigating the quality of human translation based on the four factors of translation quality adopted by this research, it appears that:

FIRST, concerning the factor of **Readability and Understandability**, the question and its answer seem to be readable, understandable, and totally comprehensible by Arabic speakers. The quality of this factor investigates the degree of understandability of the Arabic text on its own apart from being a mirror to the English text. It is supposed that the instructions are read by Arabic speakers without returning back to the English version and without recognizing that it is translation. In general, it is assumed that when the whole translated text is readable and understandable in the TL, it is mostly human translation or even machine translation edited and revised by human translator.

SECOND, concerning the idea of semantic **Accuracy and Equivalence** of the content and the amount of information, it is not totally achieved in many instances throughout the list of instructions given to the Arabic speakers. For example, in the English text, it refers to the importance of masks and focuses on the fact that flexibility of using masks is important in the case of children to facilitate their life and the process of education, and the activities practiced in their learning process is important to their health. Moreover, the writer adds that children should not be banned from entering school campuses because of missing the mask. At the end of this paragraph, the writer refers to the fact that different regions and places have various rules and instructions and gives advice that everyone should follow the instructions provided in his/her regions and this is said. “*As always, follow the guidance provided by your country or local health department or ministry.*”

On the other hand, the Arabic context focuses on the fact that international experts in various specializations employed by the WHO to deliver information about COVID-19 and the ways of infection. This specific information is not mentioned in the English text but it can be easily understood from the context. The writer here provides the reader with overall idea about the issue of wearing masks to the children and then delivered the advice that it is necessary to follow the rules of your region. It appears that the translators are specialized doctors who are not concerned with linguistic issues that much but to deliver the information

to the public. This confirms the fact of equivalence in which each semantic meaning involved in function word or content word must appear in the translated text as a mirror.

Furthermore, in the English version, the writer provides some instructions and presents them to the reader as “**WHO and UNICEF recommend the following:**”

In the Arabic version, it is stated as

وقد استعرض فريق خبراء دولي ومتعدد التخصصات، قامت بتشكيله المنظمة، البيانات المتعلقة بمرض كوفيد-19 وانتقال عدواه بين الأطفال، فضلا عن البيانات المحدودة المتاحة بشأن استخدام الأطفال للكمامات وبناء على هذه العوامل وغيرها من العوامل مثل الاحتياجات النفسية والاجتماعية للأطفال ومعالم نموهم، تنصح منظمة الصحة العالمية واليونيسيف بما يلي:

In the previous example, the English text mentions only that the two organizations “WHO” and “UNICEF” recommend the following, and lists the instructions.

On the other hand, the Arabic text paves the way first for the list of instructions and mentions that the international team (that is mentioned in the previous example), and for the sake of seeking the psychological and social needs for the children, then the translator comes with the necessity of following the recommendations of the two organizations. The Arabic version is trying to push people to follow the instructions by giving justifications, but the English version states the instructions smoothly. This may mean that in the process of converting the English version to Arabic, the writer puts into consideration the mentality of people in his community and that they have to be motivated to follow the instructions.

The concept of Accuracy and Equivalence is also defeated when the scientific name of COVID-19 virus “SARS-Cov-2” is mentioned in English and is not mentioned in Arabic. In February 2020, the International Committee on Taxonomy of Viruses adopted the official name “Severe Acute Respiratory Syndrome Coronavirus 2” that the Acronym “SARS-Cov-2” stands for. For the reader in the Areas speaking Arabic, the writer does not mention anything related to scientific names of the virus. If it is pure machine translation, or even direct human translation without any modification in the content, the concept of equivalence would oblige the translator to reveal this name or even its translation in Arabic to appear in the Arabic context. This does not happen may be because the writer is trying to make things easier for the reader and his only target is to send a message and to present regulations to be followed so as to overcome the pandemic and it is not direct translation. Thus, this confirms that the meanings provided in the English

text is like the Arabic one concerning the ideas. However, the patterns and sequence of information and quantity of data are not equivalent at all.

Additionally, the English text is divided into points numbered as “1, 2, 3” which facilitates the task for the reader to follow the instructions smoothly, each point is concerned with particular age describing the instructions concerning it precisely. Conversely, the Arabic text is not numbered. It is like full text, the thing that might oblige a parent to read the whole text to reach certain instructions concerned with his/ her kid. However, the Arabic text separates the sentences by a space that is used between paragraphs but this does not make things clear like the numbers used in the English text, and indicates non-equivalence concept.

In the Arabic text, the writer provides instructions for children at 5 or under in one point, and this is nearly equivalent to the instructions concerning the same age in English. In contrast, concerning the age of 6-11, the Arabic text provides 6 factors that youths at that age should follow while wearing their masks. The writer in the Arabic text specifies the cases in which masks are used. For instance, he refers to the widespread of the infection in the region the child is living in. This may mean that in the regions where people speak Arabic, they are not the same. Some of these regions are suffering from infection in wide range and some are not. This does not appear in the English text which means that there is no diversity or, in other words, people have to take all precautions regardless the widespread of the infection.

Moreover, in the Arabic text, the writer refers to the availability of masks; this means that in some regions it may not be available. This does not appear in the English text maybe because it is not an option and masks are available everywhere. Furthermore, it discusses the ability of the children at that age and the availability of supervision, in addition to the psychological effect of using these masks for the children. The Arabic text also refers to the consequences of using these masks on people infected by threatening diseases and elderly people. All these cases are not mentioned in the English text. The English writer is only concerned with the ventilation and the social distance between people and to what extent it is achieved the thing that is not mentioned in Arabic.

Actually, the third point presented for adolescents at 12 and over is mentioned in both English and Arabic text. In the Arabic, the writer just mentioned generally, they have to follow the instructions provided for the adults specially if they lack social distance, and if there is widespread of the virus in their regions. The writer adds that if they need extra detailed information, they have to follow certain link to know about the ways of wearing masks. On the other hand, the writer in the English gives details

for adolescents at the age of 12 and more and provides them different ways of dealing for different cases. He specifies the cases like in the case of poor ventilation which is different from the case of adequate ventilation and so on. He also provides instructions concerning social distance which is necessary to be “1 meter” and it is mentioned in the Arabic text but very general and without specifications.

The Arabic text stops at that point. Nevertheless, the English text adds general information concerning the importance of washing hands to children without focusing on certain age. He adds that people dealing with children such as teachers and caregivers should be vaccinated to prevent the widespread of the virus among the children. Nothing is mentioned about vaccines and vaccination policies in this point in the Arabic text.

The analysis here shows that this is not a clear translation with its rules but it seems that the Arabic text is written by specialists or doctors in the field of infection and widespread of virus speaking Arabic and totally involved in the communities speaking Arabic. The same with the English text, the writer is most probably a specialist in that field and he might be socially involved in the communities and culture of English speakers. The only common points are very general. It can be said that they are offering instructions under the same heading but each one delivering to a society different from the other. In further research, a comparison may be done with other languages offered by the website and it is expected that the difference in culture will be shown in the translator’s choices.

THIRD, the concept of wording selection targeting audience language and **Culture** is very clear in some instances in this question. For example, the choice of the term “*mask*” is highly suitable and fitting the societies speaking Arabic as this is the most commonly used term. According to Oxford Dictionary, “*mask*” is normally translated as "قناع". In the societies of Arabic speakers, the public normally use "كمامة" to refer to the mask used to avoid infection. The reference of this word in the minds of people is really relevant to what is used by the translator and this facilitates the regulations and rules delivered to people rather than depending on word-to-word translation. This indicates that the translation is achieved by professional translators in the medical fields who are totally aware of the reference of medical instruments in the minds of common people.

FOURTH, concerning the fourth factor of translation evaluation in this research is the assessment of the **language errors**, the Arabic and

English versions seem to involve many. For instance, in the sentence “Decisions about mask use *in* children should be driven by what is *in* the best interest of the child.”, if a language expert is writing and is seeking better language, he could use the preposition “for” instead of “in”. Besides, the second time he uses “in” is not in its right place, it should be omitted. Another example appears in “Mask use should be flexible, so that children can continue play, education and everyday activities”. The usage of nouns here is not totally accurate from a grammatical point of view. It would be better to say “Playing, learning, and performing everyday activities”. This is because the word “play” is not a noun to be used in this context, and education is not appropriate but using “learning” is better.

Question 2

<p>My child is under 5 years old. Should they wear a mask?</p> <p>In general, children aged 5 years and under do not need to wear masks. However, there may be times when caregivers will choose to put a mask on a child – for example, if the child has contact with a person who is at a high risk of developing severe disease or is around someone who is ill. Children of this age should not wear masks for a long duration or without supervision.</p>	<p>هل هناك حالات يمكن فيها للأطفال البالغين من العمر 5 سنوات أو أقل ارتداء كمامة أو إلزامهم بارتدائها؟</p> <p>عموماً، لا ينبغي إلزام الأطفال البالغين من العمر 5 سنوات أو أقل بارتداء كمامة. وتقوم هذه التوصية على أساس سلامة الطفل ومصالحه العامة والفترة على استخدام كمامة بشكل ملائم مع الناس. قد تكون هناك مناسبات تتطلب من الأطفال البالغين من العمر 5 سنوات أو أقل ارتداء كمامة أو إلزامهم بارتدائها في بعض المواقف، مثلاً هو الحال عندما يكون الطفل قريباً جداً من شخص مريض. وفي ظل هذه الظروف، إذا كان الطفل يرتدي كمامة، فينبغي أن يكون على مرأى من أحد والديه أو وصيّه، له مشاركة كل بنى أحدهما الإشراف على استخدام الكمامة بشكل ملائم.</p>
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This question is about the necessity of wearing masks, **FIRST**, Question 2 is totally **understandable and readable** by English speakers. Similarly, the Arabic version is totally readable and understandable by Arabic speakers. **SECOND**, this question and its answer seem to be **accurate and equivalent** in which the amount of information and the sequence of instructions are nearly the same. Non-equivalence only appears in the usage of the possessive pronoun in the question “my child” and it is translated as "الأطفال" and it is mentioned once in question 1 and repeated in question 2. The English question is asking about one child and the Arabic is more general. This indicates the English version adopts generalization and offering broad view of instructions. The non-equivalence also appears in Arabic version in which an extra information is added

قد تكون هناك متطلبات محلية تلزم الأطفال البالغين من العمر ٥ سنوات بارتداء الكمامة
 This shows that in Arabic communities’ people should follow governmental local rules concerning wearing masks and the point is not only health issues. Then the writer completes

أو احتياجات محددة في بعض السياقات.....

Which goes parallel with the English provided information.

THIRD, concerning the word selection, it seems to be very neutral in both English and Arabic word choices. Nothing is observed related to certain society or to be chosen to fit certain culture.

FOURTH, language errors are not observed in the question and its answer in both English and Arabic.

Question 3

<p>My child has disabilities. Should they wear a mask?</p> <p>Children with cognitive or respiratory impairments, developmental disorders, disabilities or other specific health conditions who experience difficulties wearing a mask should not be required to do so.</p> <p>The individual decision for a child to wear a mask should be discussed in consultation with the child's medical provider where possible.</p> <p>A safe environment should be created for children who are not able to tolerate a mask, including requirements for caregivers, teachers or other adults interacting with the child to wear a mask and to be vaccinated against COVID-19 according to national vaccination policies</p>	<p>هل ينبغي للأطفال الذين يعانون من إعاقات ذهنية أو بصرية ارتداء كمامة؟</p> <p>إن استخدام الكمامات للأطفال من صنع الأعمار الذين يعانون من اضطرابات في السمع أو إعاقة أو غيرها من الإعاقات الصحية المحددة لا ينبغي أن يكون إلزامياً، وينبغي أن يخضع لتقرير والد الطفل أو الوصي أو المعلمي أو مقدم الخدمات الطبية وذلك على السن كل حالة على حدة، وعلى أي حال، فإن الأطفال الذين يعانون من حالات قصور إدراكية أو نفسية وخيمة ولديهم صعوبات في تحمل الكمامة ينبغي ألا يُتَوقَر أن يرتدوا إياها.</p>
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Question 3 is asking about instructions for children suffering from disabilities.

FIRST, this question and its answer are **readable and understandable** for both English and Arabic speakers.

SECOND, the question in English is equivalent to that in Arabic concerning the information they are asking about. However, as it is observed in the previous 2 questions, the English version asks using possessive pronoun “*my child*” while the Arabic asks about children in general.

Regarding the answer, they seem to be nearly accurate and equivalent except for the last part of the answer. In the answer of the question, the English version, which is expected to be written first just advised citizens that children suffering from any kind of disabilities and impairments shouldn't wear masks unless a decision opposite to this is taken by the child's parent or teacher

The same advice is nearly given in the Arabic version to the extent that the information is repeated twice. It appears to be a kind of redundancy.

إن استخدام الكمامات للأطفال من جميع الأعمار الذين يعانون من اضطرابات في النمو أو إعاقات أو غيرها من الإعاقات الصحية المحددة لا ينبغي أن يكون إلزامياً

It seems to be repeated when the writer says:

و علي أي حال، فإن الأطفال الذين يعانون من حالات قصور إدراكية أو تنفسية وخيمة و لديهم صعوبات في تحمل الكمامة ينبغي ألا يلزمو بارتدائها

The fact that disabled children are not obliged to wear masks and this idea is repeated in two sentences and two contexts, while it is mentioned in English just once. On the other hand, the last sentence in English is not

converted to Arabic and the information mentioned is missing in the Arabic context.

In English, the doctors or writers working on the instructions to people advised that these kinds of children suffering from any kind of disability should be provided safe environment. Basically, they should be vaccinated first and this directs the attention of the readers or the citizens who follow the rules in the critical days of the pandemic that vaccinations against COVID-19 should be according to certain priority based on the health conditions.

A safe environment should be created for children who are not able to tolerate a mask, including requirements for caregivers, teachers or other adults interacting with the child to wear a mask and to be vaccinated against COVID-19 according to national vaccination policies.

This indicates that the two versions are not totally equivalent but they are not different instructions. The same instructions but the Arabic version misses the part about vaccinations.

This may indicate that vaccinations in the societies speaking English is much more spread. It may also indicate that culture of people in these societies may be much more concerned with medications and vaccinations more than other societies.

THIRD, wording selection in English and Arabic is neutral and within context. Nothing is observed to be chosen for cultural reasons.

This point of translation assessment is mostly neutral the thing that may indicate that the language of the translation is revised by professional editors. However, it also seems that health professionals are totally involved in the process of translation.

FOURTH, language errors are not observed neither in the English nor in the Arabic. **Question 4:**

<p>My child has a medical condition that compromises their immune system. Should they wear a mask?</p> <p>The use of a medical mask is recommended for children with a higher risk of severe complications from COVID-19. This includes children with underlying noncommunicable diseases such as diabetes, cardiac disease, chronic lung disease, chronic kidney disease, immunosuppression, HIV, obesity, mental disorders and cancer.</p>	<p>هل ينبغي للأطفال الذين يعانون من مشكلات صحية أو حالة مرضية تهدد سلامة جهازهم المناعي أن يرتدوا كمامة؟</p> <p>ينبغي للأطفال الذين يعانون من أمراض مزمنة مثل السكري أو أمراض القلب والكلى أو أمراض الجهاز التنفسي أو أمراض المناعة الذاتية أن يرتدوا كمامة طبية بعد التشاور مع بعض الخدمات الطبية إن الكمامة الطبية توفر الحماية للشخص الذي يرتديها وتقي من انتقال العدوى إلى أشخاص آخرين. ويوصى كل شخص يعاني من أمراض مزمنة سابقة تزيد من شدة أعراضه الخطر الإصابة بمرض خطير، بأن يرتدي كمامة.</p>
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This question asks about children suffering from problems related to the immunity system.

FIRST, this question and the information offered in its answer are completely **readable and understood** by both English and Arabic readers.

SECOND, the content provided by both versions are not the same and the translation is not equivalent and accurate. The question here is asking generally about children suffering from health problems related to their immunity system, and the Arabic translation is typically providing the same content and asking if this case should require wearing mask or not. Concerning the answers of both, the information reflected in both answers is not the same as if two different doctors are writing instructions to people suffering from immunity system disorders, but each focuses on different issues. This may indicate and support the idea that the writers in both languages are from the health professionals either doctors or pharmacists and they can never be just translators or editors from the field of translation just converting the information from one language to another.

In English, the writer offers certain classifications for people suffering from diseases and shows what are these disorders in detail. He mentions people suffering from diseases related to “*diabetes, cardiac disease, chronic lung disease, chronic kidney disease, immunosuppression, HIV, obesity, mental disorders and cancer*”. In Arabic, the writer just mentions people suffering from immunity system diseases and specifies only two of them in which he says:

للأطفال الذين يعانون من اعتلالات صحية سابقة مثل التليف الكيسي أو السرطان أن يرتدوا كمامة طبية بعد التشاور مع مقدمي الخدمات الطبية

He only mentions two categories which are children suffering from cystic Fibrosis and cancer. Cystic fibrosis (CF) is an inherited disorder that is caused genetically and causes severe damage to the lungs and sometimes to the digestive system and other organs in the body. This concise explanation to the diseases caused by immunity system may be because it is just a sample and the reader may return to their doctors to ask, or may be because these two cases are the most affected ones by wearing masks, and may damage the respiratory system of kids suffering from them. The writer here adds *بعد التشاور مع مقدمي الخدمات الطبية* which means that these two diseases are just examples and the rest will be provided to people after asking health professionals. This indicates that this kind of translation does not follow the regular norm of website localization that is applied mostly on official websites or websites offering services.

In English, the writer gives description and offers the list of diseases and mentions the term “Noncommunicable diseases”. The term NCDs refers to a group of conditions that are not mainly caused by an acute infection, result in long-term health consequences, and often create a need

for long-term treatment and care. These conditions mostly include different kinds of cancers, diabetes, cardiovascular disease, and chronic lung illnesses.

The writer here mentions the term and gives details to help the reader grasp the meaning without need to search. In Arabic nothing is mentioned about this category of diseases. This confirms the hypothesis that this is not just pure translation like the norm followed in the case of website localization.

THIRD, Cultural domination that frequently appears in the translated context is mostly absent here, and the translated text seems to be entirely medical and therapeutic involving clear and direct instructions to people to be followed.

FOURTH, nothing is observed concerning language errors or linguistic inaccuracy done by English or Arabic writers.

Question 5

<p>What type of mask should my child wear?</p> <p>Children should wear a well-fitted mask that covers the nose, mouth and chin.</p> <p>There are three types of masks that WHO recommends for the public*:</p> <ul style="list-style-type: none"> • reusable non-medical masks that comply with standards • disposable medical masks • other types of reusable non-medical masks, including homemade multi-layered (fabric) masks are acceptable when other options are not available. <p>*More on the types of masks, how to choose them, and how to wear them is available here: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks</p>	<p>نوع الكمامات التي ينبغي أن يرتديها الطفل؟</p> <p>يجب أن الأطفال الذين يتكلمون بصحة جيدة بشكل عام أن يرتدوا كمامة غير طبية أو قماشية. وإثناء هذا النوع من الكمامات يحمي السيطر على الفيروس في الصدر، مما يعني أن هذه الكمامة تمنع انتقال الفيروس إلى أشخاص آخرين إذا كان الشخص الذي يرتديها مصاباً بالعدوى ولكنه لا يحميهم. وينبغي الشخص البالغ الذي يورث هذه الكمامة أن يتأكد من أن حجم الكمامة العادية مناسب وأن الكمامة تغطي أذن الطفل وفمه وتحتة بغير كاف.</p> <p>وينبغي للأطفال الذين يعانون من اختلالات صحية سابقة مثل الربو الحسي أو الربو أو كبت الحساسية أن يرتدوا كمامة طبية بعد التشاور مع مقدمي الخدمات الطبية. وتحت الكمامة الطبية السيطر على انتشار الفيروس وتوفر الحماية للشخص الذي يرتديها، ويوصى بأن يرتديها كل شخص معرض بشكل أكبر لخطر الإصابة بمرض خطير بسبب كوفيد-19.</p>
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This question and its answer, offered by WHO website, ask about the definite kind of masks that should be worn by children to avoid infection as much as possible in the days of pandemic.

FIRST, the question and its answer in both versions seem to be **readable and understandable** in both English and Arabic. Nothing is noted about technical problems of translation that appears in multilingual websites that happen in the process of automated and post-editing website localization.

SECOND, **accuracy and equivalence** are not fully accomplished in the answer of this question in the process of conversion from English to Arabic. In the English context, which is expected to be written first and then converted to Arabic, the writer clearly and accurately provides one sentence about the kind of masks that should be worn by children and specifies the needed characteristics that “*Children should wear a **well-fitted mask that covers the nose, mouth and chin.***” and puts the important features in **BOLD**.

Then in another point the writer gives specification to the most accurate masks and its kind to all people and confirms on this by saying

"There are three types of masks that WHO recommends for the public:*

The writer provides clear information about the types of recommended masks and confirms that they are "**three**" the thing that helps people to check their masks to be one of these definite three masks. The writer then refers to the fact that if someone needs to know about different types and information about masks, he has to visit the webpage provided by WHO to check the kind of mask he wants to use, and then provides link to verify the recommended types. The English context here seems to be very organized and helps people to check their masks and to guarantee suitable kind for the children.

In Arabic, the writer begins by the instructions that children with good health are free to wear non-medical mask that is usable. He supports the idea and says that it is very safe and prevents the infection from being widespread among people specially if the person who is wearing it does not show any symptoms so far.

وينبغي للأطفال الذين يعانون من اعتلالات صحية سابقة مثل التليف الكيسي أو السرطان أو كبت المناعة أن يرتدوا **كمامة طبية** بعد التشاور مع مقدمي الخدمات الطبية. وتتيح الكمامة الطبية السيطرة على انتشار الفيروس وتوفر الحماية للشخص الذي يرتديها، ويوصى بأن يرتديها كل شخص معرّض بشكل أكبر لخطر الإصابة بمرض خطير بسبب كوفيد-19.

He then completes in a new sentence as if it is a new paragraph with double space between paragraphs and focuses on children suffering from any health problems, and mentions only children suffering from (Cystic Fibrosis) or cancer, which is not mentioned in English at all. He confirms that these children should wear medical masks.

Concerning using **BOLD** words inside the list of instructions, it is supposed to be for the sake of highlighting specific point to the public, and to capture the attention of the reader. In this website localization, it is expected to point out and emphasize the same information in English and in Arabic. It is considered a kind of inaccuracy to attract the attention of Arabic speakers to points different from the highlighted points for English speakers.

In English the writer focuses on "**well-fitted mask that overs the nose, mouth and chin**" and confirms that it should cover the nose and mouth to be sure that people can easily avoid infection. In Arabic, **'كمامة** "غير طبية قماشية" and the following paragraph, the writer makes the word **'كمامة طبية** as **BOLD** which is not highlighted in the English version.

The discrepancy in choosing certain words to be highlighted and to be written in bold between the English and the Arabic versions highlights the fact that this website localization is a pure human conversion from

English to Arabic in general. It is not processed via any application of machine translation.

Another variation observed in the difference between the English and the Arabic is the fact that the English writer overwhelms the public by full information about the topic under question. Conversely, the Arabic writer always refer people to health professionals in their communities to attain help. This gives the impression that people should not follow the instructions offered by the website only, and that they should be referred to doctors and the information offered by the WHO are just headlines until you reach your doctor. This is highlighted by using

بعد التشاور مع مقدمي الخدمة الطبية

This is not the case with English. The writer in English as if is taking the patients step by step to the solution of the problem and to the information that is clearly related and attached to the asked question. Nothing is generalized and nothing is left to people to search for or to ask doctors in their community.

They are dealing really with a pandemic and expecting the cases in which doctors are not available and they insist to make the WHO website an authentic source of information.

Furthermore, in the Arabic version, the writer uses the subject "الأطفال" and then the referent is either "الشخص البالغ" or "أشخاص" which gives the impression that he is not confined to children only. This aspect is not observed in English and it can be considered a semantic mistake related to the meaning and not linguistic error.

Actually, the answer of this question in Arabic is, to a great extent, very general sentence and is not only limited to the context of children as if they are trying to give excessive advice all the time. Then it gives generalization at the end and confirms that this should be applied to all people even adults. It appears usually from the Arabic context that the writer all the time gives generalization and confirms this at the end of the answer of this question by saying

“ويوصى بأن يرتديها كل شخص معرّض بشكل أكبر لخطر الإصابة بمرض خطير بسبب كوفيد-١٩”

THIRD, noting is observed by the researcher that indicates any word choices that specifically chosen to fit **culture**.

FOURTH, the concept of **language errors** appears mostly in website localization as a result of referring the task to machine translation website or application in most cases. Language errors here are detected but, to a great extent, expected to be human errors. Spelling error is detected in the English version in “**well-fitted mask that overs the nose**”. The word

“overs” here is either intended to be “covers” with a missing “c” or it is intended to be the preposition “over” with an extra “s”.

Question 6

<p>How should children wear a mask?</p> <p>Adults and children should follow the same principles for safe mask wearing. Some children may not be able to properly wear a mask without help or supervision. Parents or caregivers who help children with masks should be prepared to talk about mask safety and help children understand how to wear masks properly. If you are helping a child to put on or take off a mask, be sure to follow the same steps when you put on and take off your own mask.</p> <p>Children should be encouraged to clean their hands before putting on their mask and after taking it off and to wear a well-fitted mask that covers the nose, mouth and chin. It is important to not share masks with others.</p> <p>More information, including videos on how to put on, take off and care for a mask, can be found here: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks</p>	<p>كيف ينبغي أن يرتدي الأطفال الكمامة؟</p> <p>ينبغي للأطفال أن يتبعوا نفس المبادئ التي يتبناها البالغون في ارتداء الكمامة. ويشمل ذلك تنظيف اليدين لمدة لا تقل عن 20 ثانية في حال استخدام مطهر كحولي لليدين أو لمدة لا تقل عن 40 ثانية في حال استخدام الصابون والماء قبل ارتداء الكمامة. وينبغي التأكد من أن حجم الكمامة مناسب لمنطقة الأنف والفم والرقبة. وينبغي تجنب الأطفال ارتداء الكمامة بشكل مسطح. بما في ذلك ارتداء الكمامة التي تتداخل مع الرؤية. وينبغي تجنب ارتداء الكمامة التي تغطي العينين أو تتركز على الفم أو تتركز على الأنف. وينبغي تجنب ارتداء الكمامة التي تتركز على العينين أو تتركز على الفم أو تتركز على الأنف.</p> <p>ويجب الامتناع على مرتدي الكمامة، بما في ذلك منطوق التغيير، من مشاركة الكمامة مع الآخرين وتجنبها والحفاظ عليها من خلال الربط الخلفي.</p> <p>https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks</p>
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This question is focusing on the technique of wearing masks to children. **FIRST**, the question and its answer are clearly **readable and understood** by people speaking English and Arabic. Nothing is observed about unreadability that may annoy the readers or avoid understandability. **SECOND**, **accuracy and equivalence** in the content provided in both English and Arabic are undoubtedly the same except in some minute details. In this question, both versions confirm in the answer that the way followed for wearing is the same for adults and children.

In the Arabic version, the writer gives very detailed instructions concerning the masks for children and adults. Additionally, he shows the way of cleaning hands before using the masks such as washing hands 20 seconds and using sanitizers for 40 seconds when washing using just water. However, in the English version, the writer only provides information about wearing masks and to what extent it is important to talk to children concerning the importance of wearing masks, but he does not provide any details concerning the technique or the mechanism.

In both versions, the writers provide the instruction that is concerned with the danger of sharing masks with others. This may indicate that the process of writing both versions is in parallel even if we find difference in the approach sometimes. They also both share the idea of the obligation of covering the nose, mouth, and chin and which gives the indication that both versions are written together in the same time.

Both versions share the idea of providing certain link that helps the reader to follow videos giving instructions about wearing the mask. This is always the norm followed in the English version but here in this question it is mentioned in the Arabic. In the case of a widespread pandemic, people are in need for direct and clear details. This is provided this time in the Arabic version more than the English one which is against the norm from the beginning of the analysis in which we mostly find that

the English version is always too much detailed than the English and they are not equivalent

THIRD, the question and its answer seem to be neutral in the kind of information presented, and nothing related to discrepancy in cultures is detected.

FOURTH, no language errors or problems concerning the structure of the sentences are detected in this question and its answer.

Question 7

<p>Should my child wear a mask at home?</p> <p>Your child's health is a priority, and there may be times when wearing a mask at home is the safest thing to do.</p> <p>If you have visitors, outdoor gatherings are safer than indoor gatherings. If visitors come into your home, it may be best for everyone to wear a mask if ventilation is poor or if physical distancing of at least 1 metre cannot be maintained.</p> <p>Children who have symptoms of COVID-19 should wear a medical mask at home when they are in shared spaces, as long as they can tolerate it. Family members/caregivers who come within 1 metre of the sick child at home should also wear a medical mask.</p> <p>For more information refer to the Coronavirus disease (COVID-19): Home care for families and caregivers</p>	<p>هل ينبغي لطفلي ارتداء كمامة في المنزل؟</p> <p>صحت طفلي أول شيء يجب أن أفكر فيه عندما يتعلق الأمر بكوفيد-19. قد يكون ارتداء كمامة في المنزل هو الخيار الأكثر أمانًا عندما يكون لديك زوار أو تجمع خارجي. إذا جاء الزوار إلى منزلك، فقد يكون من الأفضل للجميع ارتداء كمامة إذا كان التهوية سيئة أو إذا لم يمكن الحفاظ على مسافة شخصية تبلغ على الأقل متر واحد.</p> <p>يجب على الأطفال الذين يعانون من أعراض كوفيد-19 ارتداء كمامة طبية في المنزل عندما يكونون في مساحات مشتركة طالما يمكنهم تحمّلها. أفراد العائلة أو مقدمي الرعاية الذين يدخلون في مسافة متر واحد من الطفل المريض في المنزل، يجب أن يرتدوا أيضًا كمامة طبية خاصة إذا كان التهوية سيئة.</p> <p>لمزيد من المعلومات، يرجى الرجوع إلى مرض فيروس كورونا (COVID-19): الرعاية المنزلية للعائلات ومقدمي الرعاية</p>
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This question is asking about wearing masks at home and to what extent it is important.

FIRST, the question and its answer of the question in the TL is following the measures of comprehensibility and **understandability** by native Arabic speakers.

SECOND, in this question, the English and Arabic versions are not equivalent and accurate concerning the amount of information offered to the public. The English version begins by giving information and instructions concerning wearing masks at home very clearly and directly and to the point showing that the child is priority and he has to be at safe condition even at home. Moreover, the writer gives more information and instructions concerning being at home in the situation of having guests and visitors and gathering everyone should wear masks specially if social distance and ventilation is not available

However, on the other hand, the Arabic version involves inaccurate information compared to the English. For instance, information about ventilation and social distance and gatherings is not mentioned absolutely in the Arabic version. In addition to this, as usual, the English writer refers the readers to other sources concerning the topic they are talking about

For more information refer to the [Coronavirus disease \(COVID-19\): Home care for families and caregivers](#)

Sometimes they do this by referring readers to links of topics provided by the WHO website to read more about the topic targeting to multiply their knowledge about the topic. In this case, the writer refers the public to one of the Q&A pages about home care and families.

Coronavirus disease (COVID-19): Home care for families and caregivers

12 April 2022 | Q&A

Besides, deep analysis of the English version shows that it answers the question directly in two sentences saying the same thing mentioned in Arabic in the whole answer. Both confirm that children should wear masks and complete what is mentioned in English that people who are suspected to be infected with the virus should either be far from others, or should be isolated apart from other family members.

THIRD, both English and Arabic versions seem to be neutral information free from any cultural impact on any of the writers.

FOURTH, both the English and Arabic versions are written in well-structured language and nothing is noted about language errors or any syntactic disorders.

Question 8

<p>Should teachers or other adults interacting with children wear a mask?</p> <p>In areas where SARS-CoV-2 is spreading, adults under the age of 60 interacting with children should wear a well-fitted mask that covers the nose and mouth when they are:</p> <ul style="list-style-type: none"> in indoor settings where ventilation is known to be poor or cannot be assessed, or the ventilation system is not properly maintained, regardless of whether or not physical distancing of at least 1 meter can be maintained; or in indoor settings that have adequate ventilation if physical distancing of at least 1 meter cannot be maintained. <p>Adults aged 60 or over, or who have any underlying health conditions, such as heart disease, diabetes or cancer, should wear a medical mask due to their higher risk of getting seriously ill from COVID-19.</p>	<p>هل يجب للمعلمين أو غيرهم من البالغين الذين يتفاعلون مع الأطفال أن يرتدوا كمامة؟</p> <p>في المناطق التي ينتشر فيها الفيروس، ينبغي لجميع البالغين الذين تقل أعمارهم عن 60 عاماً والتذين يتفاعلون بصحة جيدة عمومًا أن يرتدوا كمامات مناسبة إذا كانوا غير قادرين على ضمان الحفاظ على مسافة متر واحد على الأقل عن الأشخاص الآخرين. وينبغي هذا الأمر أهمية خاصة للبالغين الذين يتفاعلون مع أطفال يتعلمون بعضهم البعض مخالطة وثيقة.</p> <p>وينبغي للأشخاص الذين هم من العمر 60 عاماً أو أكثر أو الذين يعانون من اعتلالات صحية مثل أمراض القلب والسكري ومرض الزهايمر أن يرتدوا كمامة طبية لأنهم أكثر عرضة لخطر الإصابة بمرض خطير بسبب كوفيد-19.</p> <p>وينبغي الالتزام على مزيد من المعلومات، بما في ذلك نطق الفيديو بشأن كيفية ارتداء الكمامة وتزجيجها والحفاظ عليها من خلال الرابط التالي:</p> <p>https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks</p>
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This question is asking about the importance of wearing masks by adults interacting with children.

FIRST, pure machine translation breaks down the language into phrases that facilitates the process of conversion from one language to another. That’s why, it may be unreadable by native speakers of the TL. However, this question and its answer, like other questions under study, are characterized by being fully **understood** and **clearly read** by natives.

SECOND, the structure of the question in English and Arabic as well as the content of both questions are nearly equal and accurate. This may indicate that to an extent localizing the WHO website underwent certain kind of translation but information is not totally equivalent in all questions.

The answer of question 8 in both versions is divided into two parts and this is applied in both versions. First, the answer or the instructions are concerned with people under 60. It discusses to what extent they should

preserve social distance from children to protect themselves, as well as protecting the children especially in the areas of the widespread of the infection. Generally, this is typically mentioned in both versions, except for minute differences.

For instance, as usual, the English version refers to the virus as SARS-Cov-2, while in the Arabic it is just "انتشار العدوي". This may be related to the norm in the community of people speaking English in which the virus is well known in its scientific name. This may indicate that writers refer to the name that is commonly used among people in their community.

Furthermore, in the English version it is recommended that people under 60 should wear "well-fitted" masks, while in Arabic this is referred to as "قماشية". This may mean that fabric masks can be used more than once, and this is the kind of masks that is commonly used in communities of people speaking Arabic and it is not available in societies speaking English. Accuracy and equivalence in the amount of information with minute differences concerning cultures may indicate that writers of both versions are characterized by being from health professionals and they are also providing information based on social contexts. Besides, it is specified in English in **BOLD** font and is described in detail that it should cover the nose and the mouth. This may mean that it is sent only to specific communities. Furthermore, in English the focus concerning people under 60 is in the meters that has to be put into consideration throughout the ventilation, and this is not mentioned in Arabic. It is also mentioned into points as usual.

Actually, the minute discrepancy between the English and the Arabic versions in this question cannot, to a great extent, be related to inaccuracy and inequivalence in meaning. It is mostly related to diversity in people's minds and norms which drives the writer to send the message the way it is easily understood by the public.

Based on this, in the result section, this question will be marked as "positive" in the assessment of Equivalence, and will be marked as "positive" in the assessment of the impact of culture on the translation.

THIRD, Cultural expressions that are only related to one of the two societies is not observed except for the points of non-equivalence that are previously explained.

FOURTH, concerning language errors, they are not observed in this question or its answer, either in the English or the Arabic texts.

Question 9

<p>Should children wear a mask when playing sports or doing physical activities?</p> <p>Children do not need to wear a mask when playing sports or doing physical activities, such as running, jumping or playing, as it may affect their breathing. When organizing sporting activities for children, it is important to encourage all other public health measures.</p> <ul style="list-style-type: none"> • Choose outside venues over indoor ones. • If gatherings must be held indoors, open windows to ensure good ventilation. • Maintain at least a 1-metre distance from others and limit the number of children playing together. • Provide access to hand hygiene facilities and encourage children to use them. 	<p>هل ينبغي للأطفال ارتداء كمامة عند ممارسة الرياضة أو الأنشطة البدنية؟</p> <p>ينبغي للأطفال ألا يرتدوا كمامة عند ممارسة الرياضة أو الأنشطة البدنية، مثل الجري أو القفز أو اللعب، حتى لا يتأثروا بمشاكل تنفسية. وعند تنظيم هذه الأنشطة الخاصة بالأطفال، من المهم التشجيع على تطبيق جميع تدابير الصحة العمومية للبيئة الأوسع: الحفاظ على مسافة متر واحد على الأقل من الآخرين، والحد من عدد الأطفال الذين يلعبون معاً، وإتاحة الوصول إلى مرافق تنظيف اليدين وتشجيع استخدامها.</p>
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This question is about the possibility of wearing masks for children when practicing sports and other physical activities.

FIRST, the translation of the question and its answer totally **understood and readable** by native Arabic speakers.

SECOND, concerning the idea of **equivalence and accuracy**, it appears that the question is totally equivalent to its translated question. Indeed, unlike other questions, the English version here stops asking using possessive pronoun such as "my" and uses "children " in general. This indicates that the concept of equivalence is applied in more specific questions at the end of the list more than others at the beginning.

Concerning the answer, the recommendations of the WHO regarding wearing masks during practicing sports is that it is not recommended at all so as to avoid breathing problems. The WHO gives instructions, referred to as “health measures”, which focus on preserving social distance and ensuring small number of children if they have to play, and to guarantee the possibility of reaching place to check hygiene every now and then. Besides, if there are gatherings for children, it is recommended to be outdoors and not indoors, and it is very recommended to encourage children to clean their hands and to stick to hygiene all the time.

As usual, the English provides the information in the form of points that paves the way to the people to understand more. Moreover, the English is more specified when mentioning social distance, the writer specifies the meter that should be preserved between people which is one meter. Nevertheless, in the Arabic version, the instructions are given in one sentence which is one of the main characteristics of the writer as usual. But in general, they seem to be equivalent in the amount of information given more than other questions.

This question seems to meet the measures of equivalence concerning the amount of information provided for the public, regardless the style of each writer that is previously discussed.

THIRD, word choices related to culture are not noted, but cultural impact that has a great influence on translation process appears here only in the details given concerning the expected social distance between children.

To an extent, this might return back to the communities speaking English and they put ventilation and the meters that has to be taken into consideration in social distance as a priority. That's why it is taken into consideration by English writers and it is not counted as important for the Arabic writers. That's why this question will be marked as "positive".

FOURTH nothing about language errors is detected or noted either in the English or in its translated text.

Question 10

<p>Are there alternatives to fabric masks such as face shields?</p> <p>In the context of COVID-19, some children may not be able to wear a mask due to disabilities or specific situations such as speech classes where the teacher needs to see their mouths. In these cases, face shields may be considered an alternative to masks, but they do not provide the equivalent protection in keeping the virus from being transmitted to others.</p> <p>If a decision is made to use a face shield, it should cover the entire face, wrap around the sides of the face and extend to below the chin. Caution should be taken while wearing one to avoid injuries that could break it and harm the eyes or face.</p>	<p>هل هناك بدائل للكمامات القماشية، مثل وقيات الوجه؟</p> <p>في سياق مرض كوفيد-19، قد يتعذر على بعض الأطفال ارتداء كمامة بسبب إعاقتهم أو ظروف معينة، مثل أثناء مشاركتهم في دروس المحادثة حيث يحتاج المعلم إلى رؤية أفواههم. وفي هذه الحالات، يمكن اعتبار وقيات الوجه بديلاً للكمامات، ولكنها لا توفر نفس الحد من الحماية التي توفرها الكمامات من حيث منع انتقال الفيروس إلى أشخاص آخرين.</p> <p>وفي حال ما إذا اتخذ قرار باستخدام وقي الوجه، فيجب أن يغطي الوجه بأكمله وأن يلتصق حول جانبي الوجه ويمتد إلى أسفل الفم. وينبغي توخي الحذر عند ارتداء وقي الوجه لتجنب الإصابات التي يمكن أن تسبب في كسر الوقي والدخول بالعمق بالعينين أو الوجه.</p>
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This final question is asking about mask alternatives such as face shields. **FIRST**, the translation of the question and its answer is **readable** and can be easily **understood** by both English and Arabic speakers.

SECOND, concerning the idea of equivalence, instructions about fabric masks are not frequently mentioned even in Question 5 which focuses mainly on the types of masks recommended for children.

- other types of reusable non-medical masks, including homemade multi-layered (fabric) masks are acceptable when other options are not available.

In spite of this, it is translated to Arabic as "قماشية" more than once.

يمكن للأطفال الذين يتمتعون بصحة جيدة بشكل عام أن يرتدوا كمامة غير طبية أو قماشية.
 أن يتأكد من أن حجم الكمامة القماشية مناسب.

However, in this question, the writer in English begins to refer to fabric masks clearly as if it is an item frequently used by people (contrary to question 5). This makes the sense of equivalence more applied at the final questions more than the questions at the beginning. This is because the idea of fabric masks is frequent in Arabic, and is used directly without brackets like English. Usually, brackets are used in the target text so as to facilitate target reader comprehension. However, concerning fabric masks, it is used here in English and the mention of fabric mask is less frequent. That's why, this question will be marked as "positive" in the Equivalence assessment.

The question in English and its translation are to a great extent equivalent, and the translation is direct and precise and exact. They both give the instruction that in some cases such as speaking classes masks are not appropriate

THIRD, there is no apparent cultural impact on the question and its translation.

FOURTH, no language errors are observed or remarked in both versions. This may be because questions at the end begin to be neutral and the translation begins to be direct and to the point.

3. Conclusion and Findings

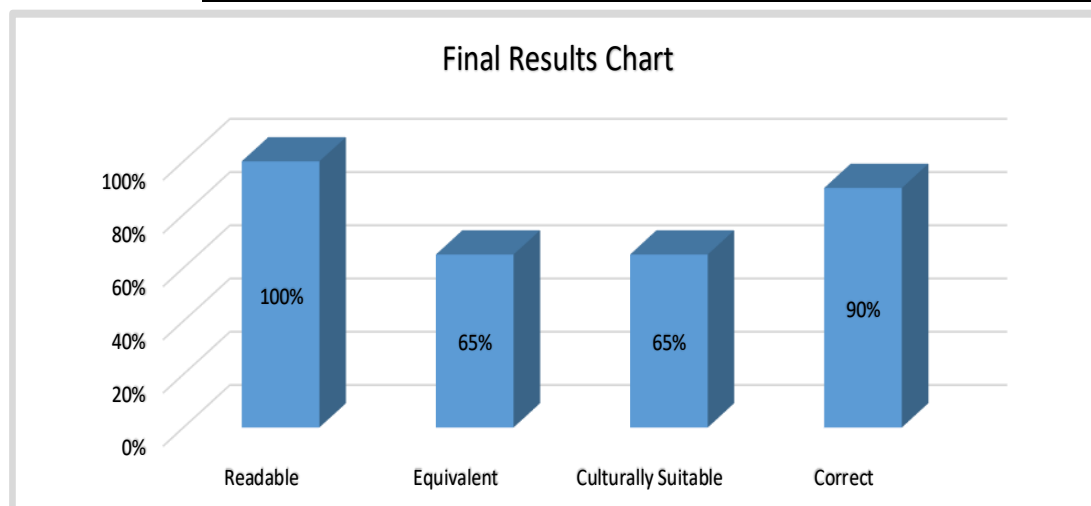
The study aimed to investigate the quality of the translation produced through the WHO website localization process. In this sequence, it attempted to manually evaluate and compare the English into Arabic translation outputs provided by one of the webpages of the WHO website namely, “Children and Masks”. The assessment of each question and answer in English and its converted copy into Arabic has four levels.

The first level investigates to what extent the output is readable and easily understood by Arabic speakers, and will be referred to in the final results table as (**READABLE**). The Second level investigates to what extent the content and the amount of information provided by the TTs are equal and accurate as the STs, and will be referred to in the final results table as (**EQUIVALENT**). The third one investigates to what extent the TTs and the STs fit the culture of the target audience or even neutral, and has no errors related to the idea of culture. It tried to test the instances of false interpretation in the minds of people due to their culture, way of thinking, or living style. It showed the instances in which some word choice either in the STs or the TTs target the audience and their culture, and will be referred to in the final results table as (**CULTURALLY SUITABLE**). The fourth point of assessment focuses on to what extent all the STs and the TTs are grammatically and syntactically correct without any language errors or mistakes in sentence construction, and will be referred to as (**CORRECT**).

In the table of results, each question and its answer will be marked either “5” that means “neutral”, or “10” means “positive”. This was based on the qualitative manual analysis by the researcher throughout the analysis section. Afterwards, quantitative analysis was applied on these results to reach exact and accurate assessment for the WHO website localization process, taking the webpage of “children and masks” as a sample.

The Final Results Table:

Q&A	Readable	Equivalent	Culturally suitable	Correct
Q&A (1)	10 “positive”	5 “neutral”	10 “positive”	5 “some mistakes”
Q&A (2)	10 “positive”	5 “neutral”	5 “neutral”	10 “no mistakes”
Q&A (3)	10 “positive”	5 “neutral”	5 “neutral”	10 “no mistakes”
Q&A (4)	10 “positive”	5 “neutral”	5 “neutral”	10 “no mistakes”
Q&A (5)	10 “positive”	5 “neutral”	5 “neutral”	5 “some mistakes”
Q&A (6)	10 “positive”	5 “neutral”	5 “neutral”	10 “no mistakes”
Q&A (7)	10 “positive”	5 “neutral”	5 “neutral”	10 “no mistakes”
Q&A (8)	10 “positive”	10 “positive”	10 “positive”	10 “no mistakes”
Q&A (9)	10 “positive”	10 “positive”	10 “positive”	10 “no mistakes”
Q&A (10)	10 “positive”	10 “positive”	5 “neutral”	10 “no mistakes”
Final percentage	100%	65%	65%	90%



1- In the “**Readable**” standard of assessment, “10 positive” means that the translation is totally read and understood by native Arabic speakers

2- In the “**Equivalent**” standard of assessment, “10 positive” means the text and its translation is totally equivalent in the amount of information provided. Nevertheless, “5 neutral” means it is not totally equivalent, but it is also revolving around the same idea.

3- In the “**Culturally Suitable**” standard of assessment, “10 positive” means that there are instances in which the translator tries to choose words and style understood by TT readers and fit their culture. However, “5 neutral” means that the translation is neutral. It is neither focusing on the culture nor it is not understood because of the target reader culture.

4- In the “**Correct**” standard of assessment “10 no mistakes” means that the text and its translation are syntactically and grammatically correct, while “5 some mistakes” means that some grammatical mistakes appear in the text or its translation.

Different styles are observed, for instance:

- 1- The English version is mostly written in points, while the Arabic translation is always full text and paragraph like.
- 2- The idea of ventilation and social distance appears mostly in the English text, and is mostly absent in the Arabic translation.
- 3- The English text greatly refers the public to other source of information through links of other webpages, and this is not common in the Arabic version except once.
- 4- The idea of vaccination is mentioned in the English text more than once, and rarely appears in the Arabic
- 5- The English text resorts to the Scientific name of the widespread virus “SARS-COV2” frequently with total absence in the Arabic version.
- 6- From question 3 and later on, the topics of the question begin to be more specified. For instance, questions 1 and 2 are very general about the children and masks, later on every question is specified with one topic such as immunity, disabilities and other diseases and their relation to the virus. That’s why equivalence in the quantity of information appears more in the final questions.
- 7- Throughout the analysis, the researcher observes that the English version relates people to diseases different from that mentioned in the Arabic version like Fibrosis and cancer that are not mentioned in English. This may mean that each version is written for certain community and the writer and the translator focuses on the diseases that are widespread in this specific society.
- 8- The usage of **BOLD** font while writing is frequently used to attract the attention of the reader to certain points. It is expected that the highlighted words are the same like that in the translated text. This is not applied here the thing that may mean that the two texts are written in a parallel way or the ST is written and the TT tries to meet the same topic in a way appropriate to the TT society.
- 9- English text is always direct and to the point, the Arabic is repetitive and redundant.
- 10- The English version is very detailed as if the writer deals with this webpage as the only source of information to the public, even if they need extra help the always refer people to other sources through like at the end of each question. On the other hand, the Arabic text is like headlines until you reach your doctor

Finally, this concept has received limited research. The researcher recommends further research to be done on this topic, and to compare The English Q&A section with other languages rather than the Arabic

version. Indeed, the few coming years should witness expanded innovative research that aims at reaching valid technique to achieve accurate website localization processes without human interventions, and to be less costly and less time consuming to be applied on localizing and internationalizing websites providing services.

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