URDU TRANSLATION AND CULTURAL ADAPTATION OF SCHEDULE FOR AFFECTIVE DISORDERS & SCHIZOPHRENIA FOR SCHOOL AGE CHILDREN (6-18 YRS) K-SADS-IV R

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ABSTRACT

Objective: The main objective of the study was the urdu translation and cultural adaptation of Schedule for Affective Disorders & Schizophrenia for School Age Children (6-18 yrs) K-SADS-IV R.

Design: Descriptive study.

Place and duration of study: The study was carried out in Karachi, Pakistan from January 2006 to July 2007.

Subjects and Methods: The translation panel consisted of nine members from variety of backgrounds. All member had experience working with children and were fluent in both languages (original and target). The 'Multiple-forward translation' process was applied.

Results: A number of items were reworded and rephrased to meet the cultural, social and religious values of the Pakistani society.

Conclusion: The translation and adaptation of the K-SADS-P-IV-R-U represents an advance in the process of identifying children with mental health problems in Pakistan. However there is a need to conduct further clinical validation studies to establish the reliability and validity of this tool in Pakistan.

Key words: Child psychiatry, Diagnostic tool, Pakistan.

INTRODUCTION

In recent years interest in the problems of translation and cross-cultural adaptation of health and service outcome measures has grown considerably. Often mental health measurements and psychological tests have been developed for content, validity and reliability in one country or language exclusively. Some of these instruments are then used in different languages and cultural settings, but often without detailed attention to the cross-national and cross-cultural adaptation that is necessary[1]. while the ideal solution is to develop indigenous instruments and establish their psychometric properties in the local population, this is not always possible because of lack of resources and expertise. Furthermore, most health constructs are universal and can be applied to diverse populations after cultural adaptation. Therefore it is often more feasible to use tried and tested instruments after appropriate adaptation[2]. Literature points out that before any research instruments can be used with populations beyond that of their original purpose, source documents should be adapted for language and cultural appropriateness[3].

In Pakistan the lack of instruments limits researchers to two alternatives: developing a new instrument or translating, adapting and validating an existing one. The first option has the disadvantages of high cost, prolonged research time and above all, limitations in terms of comparisons with data from other parts of the world. Thus, the second alternative is more economic, efficient and practical.

Health research in Pakistan often requires questionnaires in English language developed in the West to be translated into the local language. Many of the factors measured by these questionnaires are complex and

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apply to a different culture. Simple translations may lead to problems of validity and reliability in the Pakistani setting[2].

A recent systematic review of psychiatric ratings scales in Urdu (official language of Pakistan) indentified only nineteen questionnaires. Six of these questionnaires were developed indigenously in Urdu while thirteen were translated from English. All the tools were for adult populations with the exception of the Strength and Difficulties Questionnaire (SDQ), designed to screen emotional and behavioural problems in children which has been translated and validated in Pakistan[4].

Therefore there is a need in Pakistan to translate and adapt instruments according to the culture. Cultural adaptation of research instruments aims to achieve, as far as possible, research tools that are 'culture-free' or culturally equivalent. An instrument can be considered culturally equivalent when all forms of biases, or social norms specific to the culture of origin, have been removed[5].

The process of translation and adaptation can be broken down into three steps: (a) the translation process; (b) cross-cultural verification and adaptation; and (c) verifying the psychometric properties of the instrument in the target population[1]. The first two steps of the process will be considered in this paper, which will describe the development of a translation protocol, and the cultural adaptation process. The third step i.e. verifying the psychometric properties of the instrument will not be addressed in this paper.

Kiddie Schedule of Affective Disorders & Schizophrenia for School-Age Children

The Kiddie Schedule of Affective Disorders & Schizophrenia for School-Age Children (6-18 years) (K-SADS-P-IV) was updated by Ambrosini and Dixon[6] to its current version (K-SADS-P-IV-R), which is compatible with the DSM-IV. The research diagnostic criteria (RDC) were used to reach a diagnosis of those syndromes covered both in the research diagnostic criteria[7] and the Diagnostics and Statistical Manual 4th version (DSM-IV)[8]. The K-SADS-IVR has six major sections: Major Depression, Mania, Eating Disorders, Anxiety Disorders, Behavioral Disorders and Psychoses. The major changes in this current edition are that diagnoses have been updated to include Generalized Anxiety Disorder which is new to the DSM-IV for children and adolescence. In addition, Post Traumatic Stress Disorder (PTSD) also has been added and the 24-item Hamilton Depression Rating Scale (HAM-D) has been included in this edition of the K-SADS. DSM-III symptoms were eliminated which were no longer required by DSM-IIIR or DSM-IV[9]. The K-SADS has been translated and its reliability and validity for child and adolescent psychiatric diagnosis has been established in a number of countries including Israel, Greece, Korea, Iran and Spain[10-14].

SUBJECTS AND METHODS

Urdu translation of (K-SADS-P-IV-R)

- **Standard linguistic validation process**

The first step involved a conceptual analysis of the original instrument in collaboration with the author of K-SADS-P-IV-R to define the notions investigated through each item. The authors were in regular communication with Professor Ambrosini via emails who was able to offer guidance and advice throughout the linguistic validation process.

- **Recruitment and briefing of a panel of experts to assist in translation process**

Translation panel members were recruited from different professional backgrounds. As the panel had to assess the translated instruments for use with children in Pakistan it was vital to ensure the panel members had experience. The selected translation panel consisted of nine members from verity of backgrounds; including a psychiatrist and researcher with experience of child psychiatry, a psychologist, paediatrician, GP, social worker, school counsellor, English and Urdu language experts as well as an Islamic scholar.

- **Translation process**

The aim of a linguistic validation process is to obtain a translation of an original instrument in a target language that is both conceptually equivalent to the original and easily understood by the people to whom the translated questionnaire is administered. The translation and cultural adaptation of instruments is an internationally recognized method[15]. Translation consists of obtaining a version that is semantically equivalent to the original. Cross-cultural adaptation is necessary when the instrument is intended for use on a target population that is culturally different from that of the original version. In the present study, the translators had sufficient experience and were fluent in both languages (original and target), as well as had the cultural understanding of mental distress and disorder essential for appropriate cultural adaption of a tool[16].

There are many different methods for linguistic validation of a tool. 'Back translation' method appears to be the most commonly used method of translation[17]; however this procedure that can very costly and time consuming especially for more detailed instruments like the K-SADS. An alternative to the use of back-translation includes 'Multiple-forward translation'[18].

This is when two or more translators both translate the instrument from the original language to the new language, and the versions of the instrument in the new language are then compared. For this present study the 'Multiple-forward translation' process was applied. Each section was translated by two members; the researcher then compared the two and compiled the most suitably translated and culturally accepted items. Once

all the three sections of K-SADS-P-IV-R i.e. affective disorder, emotional disorders and behavioural disorders were completed and most suitable translation for each items were compiled, the researcher mailed the translated instruments to the panel members to rate the appropriateness of the translation on a three point rating scale (disagree, needs amendment, agree). Each panel member was expected to rate the appropriateness of the translation on two basic guidelines, firstly, does this translation represent the idea that is conveyed by the original statement in English. Secondly, does that translated item reflect the cultural equivalence rather than linguistic equivalence[19].

Those items that failed to achieve consensus in translation were amended and reworded/phrased based on unanimous decision of the penal members. Proofreading of the translated Urdu version was carried out by two independent consultants who were not part of the original translation process. Once again the researcher compared the suggestions put forward by the independent proof reader and incorporated the results into the final draft. A review of the final draft of translated Urdu K-SADS was done by a child psychiatrist from Pakistan practicing in the UK, with excellent command over both English and Urdu. Suggestions put forward by the reviewer were incorporated into the final version of K-SADS Urdu.

RESULTS

Cultural adaptation of K-SADS items

- Translation included changing some of the items to make them consistent with the children's community and their cultural/ religious background. The changes were derived from the environmental surroundings of Pakistani children in Karachi. The various provinces of Pakistan have a hugely diverse culture, and adaptations made to an instrument cannot be easily generalized to all regions within the country. A major challenge was to ensure literal and conceptual equivalence of idioms and cultural symbols, as each can contribute to the latent meanings within any communication. For example, 'feeling blue' or 'butterflies in the stomach' required alternative conceptually equivalent terms. A table indicating all the major adaptions made is presented below.

K-SADS items and a list of the adaptation made in Urdu version.

Disorders	Item	Changes made
Genital SXS: Loss Of Libido/ Dating	How has your interest in boys/girls (sex) been this past week? I'm not asking about dating (performance) but about your interest in boys/girls (sex) — how much do you think about it?	Items related to sexual activities were re-phrased in order to avoid offending.
	Has there been any change in your interest in boys/girls (sex) from when you were not depressed?	
Anhedonia/Loss Of Interest	Are you less sexually interested than you used to be [in adolescents]?	
Anhedonia/Loss Of Pleasure	[For adolescents] Do you enjoy sex a much as you used to?	
Poor Judgment	At that time, did you do anything sexual that you usually don't do? What happened?	
Unusually Energetic/ More Active	What about in school, in your club, scouts or gang, church, at home, with friends, hobbies, new projects or interests?	Items referring to the child's social activities added places such as mosque, Imambargah, and Jamatkhan apart from churches, to cater to children of all major religious backgrounds.
Sleep Problems	Do you sleep alone or with your parents?	Keeping in view the socioeconomic and poor housing, this item was scored in view of the family's living condition.

Non-confrontational Stealing	Often persistently stealing over $10 per week, or something valuable once during present episode. Has stolen very valuable object (over $50).	Items were converted to Pakistani rupees in order to understand the worth of items stolen.
Vandalism	Often vandalizes or at least once damage was over $100.00. Most of time will vandalize when the opportunity is there, or at least once damage over $500.00.	Items were converted to Pakistani rupees in order to understand the worth of items destroyed
Substance Abuse/ Dependence	Were you ever addicted to alcohol or drugs?	For substance abuse, specific mention was made regarding the most common drugs in Pakistan.

DISCUSSION

To our knowledge this is the first study that has translated and culturally adapted a diagnostic interview for children and adolescents in Pakistan. The main concern in this process was to ensure semantic, conceptual and technical equivalence between the versions of the instrument[20]. This study demonstrated the need for cultural adaption of items to ensure appropriate outcomes. One of the major difficulty also noted in other studies included the translation of local idioms such as 'blues' and 'feeling on guard'[21]. Also specific to Pakistani culture it was essential that the items be worded in a manner that is applicable to all in the society. Pakistan is predominantly a Muslim country and most of the people practice Islam. It was therefore important to respect these religious values and for this reason an Islamic scholar was added to the panel. The scholar reviewed all the items mainly those dealing with issues of sexual relationship and drug and alcohol use and provided suggestions to ensure that religious values have been considered.

Another important factor was related to the household environment of Pakistani families particularly those living in poverty. Pakistan has the highest growth rate of population world wide; the number of people increased eight-fold within a century. The Asian Development Bank (ADB) reports that more than 12 million people were added to the ranks of the poor in Pakistan between 1993 and 1999[22]. Poverty has a direct effect on the hosing conditions of people; with people of low social economic class living is poor housing conditions, on average in Pakistan more than four persons occupy one room in poor households[23]. Some items in the interview were related to the home environment and issues of housing such as number of occupants and space, as such these items were phrased and rated within the cultural context.

Although this study is first of its kind and is an important contribution to child psychiatric research in Pakistan, it has some limitations. While a panel of expert was employed to ensure that the face and content validity of the instrument during the translation process was maintained, there are other methods that can further strengthen the process such as, pilot studies and consultation with community agencies and in particular focus groups with young people and their carers to see which items were culturally inappropriate and needed modification. Our study did not employ such techniques mainly due to lack of resources. Another important limitation is the lack of any Pre-Testing, using either the Probe Technique or the Bilingual method.

Also the current study aimed to translate and adapt the instrument and did not establish reliability and validity of the instrument. If the K-SADS-P-IV-R-U has to be used for diagnostic and research purpose in Pakistan it is essential that future studies are conducted to establish its reliability and validity among Pakistani children.

CONCLUSION

The translation and adaptation of the K-SADS-P-IV-R-U represents a major advance in the process of identifying children with mental health problems in Pakistan. However there is a need to conduct further studies to establish the reliability and validity in Pakistan. The use of a diagnostic tool that has been standardized and translated in different countries will facilitate cross-cultural collaboration and comparison of diverse populations of children.

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