

Short report

Brief quality of life measure in Marathi for persons with mental illness: translation of Recovering Quality of Life (ReQoL)

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Abstract

The Recovering Quality of Life (ReQoL) scale was translated and validated in Marathi, one of the major Indian languages, by a team of mental health professionals at Datta Meghe Institute of Medical Sciences, India. The standard process of translation was followed which involved forward and back-translation, pilot-testing involving patients, review and reconciliation steps. The translated Marathi version of ReQoL was considered acceptable. The process of translation and the linguistic issues encountered during the process are discussed.

Key words

English, Linguistic Validation, Marathi, Quality of Life, ReQoL, Translation

Introduction

World Health Organisation (WHO) defines Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment.¹

There are few generic scales available in Indian language measuring QOL,²⁻⁴ including the generic WHOQOL-BREF scale in Marathi version; however, we are not aware of the data on reliability and validity of Marathi WHOQOL-BREF in psychiatric patients. There are some disease-specific QOL scales for example Quality of Life Scale (QLS) for schizophrenia which have been adapted to Indian setting.⁵⁻⁷ To our knowledge, there was no simple, short QOL scale in Marathi for mentally ill people which can be used across various diagnoses; and there is clearly a need for such a QOL scale for psychiatric patients.

Recovering Quality of Life (ReQoL) scale has been recently developed in the UK for use in psychiatric set

up.⁸ It is a brief patient-rated scale to assess the QOL of people with mental illness, aged 16 and above. ReQoL is available in two versions, i.e. a brief 10-item measure and a 20-item measure.⁹ The brief 10-item ReQoL has been now translated to Hindi, Odia, Tamil, Kannada and Malayalam, which have been pilot tested for persons with mentally illness.¹⁰⁻¹⁴ It was intended to undertake translation and linguistic validation process of ReQoL to Marathi language, to make it available for the clinical use for the persons with mental illness.

Marathi is the official language of the state of Maharashtra and co-official language in the state of Goa situated in Western India. It is one of the 22 scheduled languages of India. At 83 million speakers in 2011, Marathi ranks 19th in the list of most spoken languages in the world. Marathi has the third largest number of native speakers in India, after Hindi and Bengali based on the information from the office of registrar general, India.¹⁵

Methodology

The Marathi translation from English was carried out adhering to the standard procedure (Translation and Linguistic Validation Process) as suggested by Oxford University Innovation.¹⁶ The translation team included in-country investigator, co-investigators, four independent translators and a proof-reader based at Datta Meghe Institute of Medical Sciences, Sawangi (Meghe), Wardha District, India. All the members were bilingual (Marathi/English). The translators were requested to focus on conceptual equivalence, neutral wording and phraseology that incorporated cultural nuances.

Five patients participated in the pilot-testing phase. Mother tongue of all the patients in pilot study was Marathi; they primarily read, write and speak in this language. All of them had education in Marathi medium, but they also knew Hindi and English as they were compulsory subjects but at a lower level.

Results

The translation process and various issues encountered during the study are described here stepwise.

Table 1: Sample profile for the pilot testing						
No	Sex	Age	Education	Diagnosis	ReQoL / Physical item Score	Comments about Marathi version
1	Male	27	Higher Secondary	Generalized Anxiety Disorder	22 / 1	In general easy. I have not heard the word, 'aksham' though I know the meaning of <i>saksham</i> (opposite to <i>aksham</i>)
2	Female	43	Higher Secondary	Depression in partial remission	12 / 3	Simple and easy to respond
3	Male	55	College Diploma	Bipolar Disorder, Depressed	14 / 2	Easy to comprehend, though it was an effort to fill it up, perhaps because i feel sad, having low energy
4	Male	41	Master of Arts	Major depression	20 / 1	Easy to understand, reflected many of my day to day difficulties
5	Female	28	Bachelor of Arts	Generalized Anxiety Disorder	29 / 0	Easy items in Marathi

Step 1: Forward translation:

Forward translation into Marathi was done independently by two translators and there was no difficulty. The items describing the theme of 'Quality of Life' are commonly understood in the Marathi speaking population.

Step 2: Forward translation reconciliation process:

Reconciliation process following forward translation showed that literal translation of item 3 (I felt unable to cope) was difficult to translate in Marathi. The original questions put the onus on the patient. It is the patient who could or could not cope. Translation turned it around to the inability to control the circumstances making the patient unable to cope. Following discussion, in the reconciled version the focus was re-established to the patient. Specifically for item 3, it was felt 'I was unable to cope' did need a specifier e.g. 'not able to cope what'. Hence it was decided to provide a specifier '*jivana til ghadamodi cya*' (life situations) to make it more comprehensible and clear.

The word 'problem' (*samasya*) should be added to each option for the last question about the physical health. This addition was relevant and did not alter any meaning of the questions, so it was added.

Step 3: Back translation of reconciled version:

Translators had following difficulties in various items of the questionnaire. In the item 1, it was difficult to understand and conceptualise the phrase 'to get started'; in the sense 'what was difficult to start'. This difficulty was overcome by adding words 'daily work' (*roj cha kama chi*). This problem seemed to be a colloquial rather than conceptual. There was a similar issue with item 7. The item was translated as 'Whatever I did, I enjoyed' (*Mi je kele. Mi anandi aahe*) rather than 'I enjoyed what I

did'. In the item 3: The word 'cope' was difficult to translate in Marathi. The translation conveyed that the patient found it difficult dealing with daily hassles. Hence it was translated as 'dealing with problems' with '*mala jivana til ghadamodi chya saamna karnat aksham vatle*'. Other items were translated back exactly as the original one.

Step 4: Pilot testing:

Pilot testing was conducted with 5 bilingual patients. During this process, they found most of the items easy to understand and were able to complete the scale in about 4-5 minutes. Their responses are summarised in table 1.

Step 5: Review after pilot testing:

In the opening statement the Marathi word for "unable" (*aksham*) was difficult to understand by one of the five subjects. There were no change however as majority understood the meaning accurately.

Following the review by the translators the translated Marathi version of ReQoL was considered acceptable.

Step 6: Proof reading:

It was proof-read by a Marathi language scholar, who observed no further changes required.

Conclusion

Marathi version of ReQoL scale is an acceptable for Marathi speaking patients with mental illness. The process of translation was easy; the difficulties were minor reflecting the semantic and colloquial differences of two languages rather than conceptual problems. This shows the cultural/linguistic neutrality of the scale. It is recommended that the Marathi version of ReQoL should

be validated in a larger sample of psychiatric patients with various diagnoses.

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