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Translation and cultural adaptation of the Mother-Generated Index into Brazilian Portuguese: A postnatal quality of life study

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ABSTRACT

Objective: quality of life issues are central to maternal health and well-being. Within the context of a study examining postnatal quality of life, we set out to translate into Brazilian Portuguese the Mother-Generated Index and ensure its cross-cultural adaption for use in a Brazilian context.
Design: the Mother-Generated Index, a subjective quality of life tool, underwent a validated process of translation and cultural adaptation: synthesis of two independently translated versions, back-translation and review by an expert committee was followed by testing of the preliminary tool with 30 mothers.
Settings: community-based study in city in north-eastern Brazil.
Participants: 30 postpartum mothers, interviewed approximately 30 days after birth.
Findings: while the mothers understood the concept of identifying and scoring quality of life aspects, many did not grasp the concept behind the use of 'spending points' to produce a relative ranking of these aspects. We resolved this by giving the mothers 'spending beans' instead; beans are a regional food staple. This use of a physical 'currency' solved the problem.
Discussion: this modified approach was ratified by the committee of experts and used with success on a further sample of 91 mothers. The whole process aimed to ensure semantic equivalence of the translated tool, and following this process we concluded that face validity of the Brazilian Portuguese Mother-Generated Index was good. While considerable resources are required to ensure a robust process of translation and adaptation, this is necessary if valid and reliable tools are to be produced. Implications. We conclude that the Mother-Generated Index is a valid tool to measure quality of life among Brazilian postpartum mothers, as it allows a simple and understandable way of assessing the various dimensions involved in their quality of life. Moreover, the Mother-Generated Index can provide healthcare professionals the opportunity to become aware of all significant aspects of a woman's life after childbirth.

Introduction

The postnatal period is characterised by change: in addition to physiological adjustment, a complex interplay of emotional, social, psychological, sexual and spiritual adaptation renders this a unique and complex time. Kanotra et al. (2007) found that postnatal women cited needs relating to (among other things) social support, breast feeding, education about caring for their baby, and depression. All of these factors affect women's health

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and well-being, and healthcare practitioners need to acknowledge this multifaceted reality (Yelland, 2010). A range of satisfaction scales, Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs), has emerged in recent years as healthcare providers have sought to evaluate effectiveness and demonstrate their 'patient-centredness' (HSCIC 2014; Mapi Research Trust, 2014). Within maternity care standard postnatal assessments which assess physiological and psychological change have been augmented by other assessments of well-being and quality of life (Kyser et al., 2012; Mogos et al., 2013). Being a complex and all-embracing reality, quality of life may be affected by many factors, including physical, mental, emotional, social, sexual and spiritual well-being. Health and well-being are clearly important determinants of quality of life, which Calman (1984): 124 defines as 'the extent to which hopes and ambitions are matched by experience'. He goes on note that the aim of medical care is to 'narrow the gap between a patient's hopes and aspirations and what actually happens' (Calman, 1984: 124). In addition to generic quality of life tools such as WHO QoL there are instruments specifically designed for postnatal use (e.g. Symon et al., 2003b; Hill et al., 2006). However, there is a heavy bias towards instruments designed for use in English-speaking populations.

In Brazil the high level of obstetric intervention has received considerable attention over the years (Barros et al., 1991; Potter et al., 2001; Declercq, 2014; Leal et al., 2014), and the importance of postnatal morbidity has more recently been recognised (Souza et al., 2006; Mogos et al., 2013). However, there is a lack of evidence regarding postnatal well-being and quality of life in Brazil, and there are no validated quality of life tools specifically for the Brazilian context. A home visit within the first postnatal week by a member of the family's health team (usually the nurse; occasionally the doctor) is a requirement in Brazil (Ministry of Health, Brazil, 2012). However, there are concerns that contact with health professionals over the next month focusses exclusively on neonatal well-being (Ministry of Health, Brazil, 2005), with the result that maternal well-being is often overlooked (Pereira and Gradim, 2014). Similar concerns have also been raised in the UK (Yelland, 2010).

Postnatal women may experience many things in common but there is also something unique in each case. Assessments of quality of life have the potential to help improve maternal health, but philosophical objections have been raised about the use of instruments which purport to identify subjective experiences and yet which specify the domains to be examined. However rigorously developed, there is no guarantee that the tool will capture what is most important to that mother at that time. As our ultimate intention is to enable nurses and other healthcare professionals in Brazil to become aware of postnatal women's main concerns we selected the Mother-Generated Index (MGI) (Symon et al., 2003b). The MGI identifies subjective quality of life. Identifying what each woman considers to be important, from whatever domain in her life, is an important step in promoting woman-centred care, since it allows health professionals to target interventions. The MGI has already been validated in Scotland (Symon et al., 2003b), India (Nagpal et al., 2008) and Iran (Khabiri et al., 2013). It has also been used in Poland (Nowakowska-Głab et al., 2010), Portugal and China (Symon et al., 2013), in England within a randomised controlled trial (Downe, 2011), in Germany and Switzerland (Grylka-Baeschlin et al., 2015), and is currently in use or planned for use in studies in the USA, Poland, Bolivia and the Czech Republic.

Having shown itself to be a versatile and widely-accepted instrument, it was selected for this Brazilian study which aimed to help raise awareness among health professionals about the reality of postnatal women's lives. Our ultimate intention is to help these health professionals to develop strategies to promote quality of life within this client group. To move towards achieving this aim we set out to translate and cross-culturally adapt the MGI for use in the Brazilian context. It is recognised that to produce a version of an instrument for use in another country and culture requires not just accurate linguistic translation but also an assurance of cultural equivalence (Herdman et al., 1997). In this paper we report this process as adopted in our study.

Methods

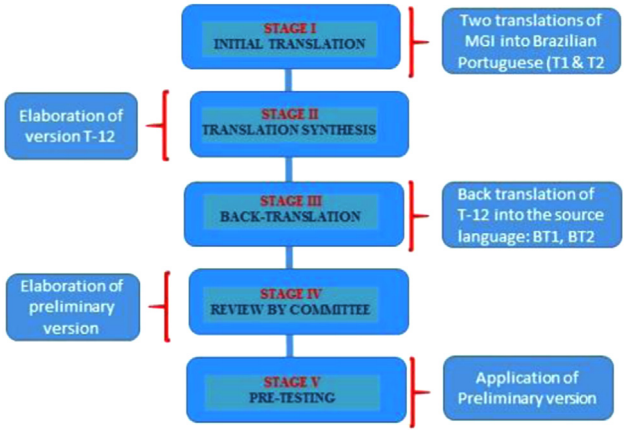
The instrument

The MGI is a single-sheet three step questionnaire. It avoids a 'top-down' approach by asking each mother to identify and then score only those aspects of her life which, following the birth of her baby, she considers to be important. In Step 1, she identifies these areas, stating if they are positive, negative or both/neither. In Step 2 she assigns a score to every aspect mentioned in Step 1, from zero (worst) to 10 (best), based on how she has felt about this aspect over the previous month. The primary MGI score is the average of the Step 2 scores. In Step 3, the mother allocates 20 points among her cited areas according to the degree of importance they pose to her quality of life; this is a form of relative ranking.

Translation and cross-cultural adaptation

The process for translating and adapting the MGI followed that described by Beaton et al. (2007) (Flowchart 1).

Stage I – Initial Translation: Two independent translations of the MGI (T1 and T2) were made by a literature graduate with an expertise in semantic construction into Brazilian Portuguese and a healthcare professional who is proficient in the English language. Stage II – Translation synthesis: the two translations were synthesised and merged into a single preliminary tool (T-12) by the lead researcher (and first author). Stage III – T-12 was back-translated into English (BT1 and BT2) by two UK-based native English speakers who were fluent in Brazilian Portuguese but who did not know the original version of the scale. This stage is conducted in order to verify that the translated version duly reflects the same content as the original tool. Stage IV – This review by a committee of seven experts relates to content and face validation. To be confident about a tool's cultural adaptation, committee members should be experts in the study's field of interest. The committee comprised a linguistic specialist in the Portuguese language and four academic healthcare professionals, all of whom were



Flowchart 1. Translation and adaptation of the Mother-Generated Index into Brazilian Portuguese using Beaton et al.'s (2007) model .

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