

Thai version of Childbirth Self-efficacy Inventory (CBSEI) and Childbirth Attitudes Questionnaire (CAQ)

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Background: Childbirth is a life event that is potentially threatening because of the likelihood of pain and the risk of injury or even death for mother and child. In Thailand, most hospital delivery units do not allow family members to go into the delivery unit. Therefore, women have to deal with their birth experiences alone in unfamiliar environments and in the company of strangers. In addition, no one can tell a woman exactly when labor will occur, how long it will last, or exactly what she will experience during its course. The uncertainty of this event may cause a woman to come to doubt her confidence to get through labor and birth. Research by a number of investigators in the USA and other countries has supported that the CBSEI and CAQ by Lowe were well-developed instruments to evaluate women's self-efficacy for labor and childbirth fears. However, quality of translation and validation of the translated instruments play a significant role in ensuring that the results obtained in cross-cultural research are not due to errors in translation, but rather are due to real differences or similarities between cultures in the phenomena being measured.

Purpose: To translate the CBSEI and CAQ into Thai, and to test the validity among pregnant women in Thailand.

Method: Forward- translation from English into the Thai language was done by two bilingual experienced midwives. Seven raters of the Thai-CBSEI consisted of four midwife instructors and three researchers who specialized in the concept of self-efficacy. Five raters of the Thai CAQ were midwife instructors. The raters were requested to determine if the translated CBSEI and CAQ items fit the definitions of the concepts, were clear, and appropriate for use with Thai pregnant women. The raters answered yes or no for each item and wrote any comments in the space provided beside each item. The content validity indexes (CVI), as the proportion of items rated as 'yes' by the content raters, were calculated. The judgment-quantification stage of content validity required six of seven experts for the CBSEI and four of five experts for the CAQ. The translated items that have CVI below the criterion level of .80 and comments made by the content experts were considered for potential revision. Significant item revisions were re-validated by the Thai content experts. The final Thai version of the instruments were back translated to English by English translators who did not have a prior knowledge of the original English versions and were not clinical or theory experts. The original versions and the back translated versions were compared and discussed for clarity, comprehensiveness, appropriateness, and cultural relevance by the researchers.

Result: All items fit the definition. Most items were clear and appropriate in Thai culture. Some words may not have exactly the same meaning in Thai language so some items were paraphrased in order to make sense for Thai people. 3 CBSEI items and 4 CAQ items needed further revision based on the results of the agreement criteria and suggestions from the experts. After back translation and comparison with the original version, there was only one CAQ item that did not accurately reflect the original English version and needed to be modified.

Field testing and refining the instrument with Thai pregnant women will be conducted to check for translation quality and practical aspects of test administration. A convenience sample of 20 Thai pregnant women will be asked to read and listen to the items, item by item, and asked to paraphrase their understanding. The match of their responses to the original version will be qualitatively evaluated.