



CENTER OF EXCELLENCE
IN NEWCOMER HEALTH
— MINNESOTA —

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OF HEALTH

Translation and Cultural Adaptation of the Survey of Well-being of Young Children into Dari and Pashto

PROCESS MANUSCRIPT

Prepared by

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Aim

The aim of these translations was to adapt the Survey of Well-being of Young Children (SWYC) developmental screening tool for Dari and Pashto speakers from Afghanistan, spanning all literacy and education levels.

Our process was informed by [NRC-RIM: Translation Process \(https://nrccrim.org/about-us/what-we-do/translation-process\)](https://nrccrim.org/about-us/what-we-do/translation-process) and the [Cultural Adaptation and Translation of the Survey of Well-being of Young Children into Somali \(https://drive.google.com/file/d/1V3N4cf-o4v9kkRH-I2ATaaaOYsb-PmHP/view\)](https://drive.google.com/file/d/1V3N4cf-o4v9kkRH-I2ATaaaOYsb-PmHP/view) by Adam, Mohamed, Shidane, Ibrahim, Dawson-Hahn, and Grant.

Workgroup

The workgroup was composed of two teams: a language team and a multidisciplinary team.

Language team

Members of the language team included Afghans who were trained medical interpreters and translators in Dari and/or Pashto as well as physicians with familiarity of both Afghan and U.S. medical systems.

Multidisciplinary team

Members of the multidisciplinary team worked in the U.S. medical system and had expertise in cross-cultural clinical pediatrics, developmental pediatrics, pediatric psychology, trauma-informed care, and public health.

Translation process

Overview

A workgroup composed of subject matter experts was formed to facilitate the translation and cultural adaptation of a developmental screening tool in Pashto and Dari for Afghan newcomers to the U.S. This process ensured linguistic and cultural accuracy of the SWYC for the Afghan newcomer community, making it more accessible and relevant for caregivers. They completed a literature search of best practices around translating materials to determine a process. A professional translation service was hired to complete the initial translation of the SWYC from English into Dari and Pashto. After the translated versions were received by the workgroup, they were culturally validated to ensure linguistic and cultural accuracy for the Afghan newcomer community. To this end, Afghan caregivers of children aged 0-5 were recruited to participate in one or both of two focus groups (Dari and Pashto). An expert on the language team facilitated each focus group in reviewing that language's SWYC translation, with the goal of identifying all language that was ambiguous or difficult to understand by Afghan caregivers in the context of their children's development and behavior. In addition to facilitating, the language team expert took notes and revised the translated SWYC according to the focus group feedback. These culturally validated SWYCs and the focus group feedback were brought to the entire workgroup to review and verify that the changes made during the group sessions achieved the intended purpose of the original English version.

Training

The language team was briefed on the goals of the project and intent of each section of the SWYC. They both used their extensive medical background, Afghan cultural expertise, and previous professional training as interpreters and translators between English and Pashto and/or Dari in the medical field. They were given the following guidance for the focus group discussions:

- Verify the meaning and intent behind each section and question
- Identify phrases and questions whose literal translation from English may change the intended meaning
- Provide linguistically and culturally appropriate alternatives for phrases with differing intended meanings
- Identify questions that might be difficult for families to understand based on literacy/language level or cultural-specific practices

Procedure

This process was carried out in four phases: preparation and initial translation, focus group recruitment, cultural validation, and finalization.

Preparation and initial translation

1. Literature Review: In preparation for this project, a comprehensive literature review was completed and discussed with the workgroup. Interviews were conducted with a team in Seattle who had completed this process with the Somali language and members of the National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM), who have developed best practices in culturally validated translations.
2. Professional translation: For the initial forward translation, a translation vendor translated the SWYC from English into Dari and Pashto.

Focus group recruitment

1. Focus Group Formation: Caregivers of children aged 2 months to 15 months and 18 months to 5 years who spoke Dari and/or Pashto were recruited to participate in focus group discussions. Facilitated by language team experts, focus group members were tasked to review and discuss the SWYC during 2-4 hour zoom meetings. Seven people were recruited for the Dari focus groups, and five people were recruited for the Pashto focus groups. They were each mailed \$60 per hour that they participated in the focus groups in the form of a gift card.
2. Recruitment strategy: A survey was sent to solicit participants for the focus groups: [Afghan Focus Group Volunteers Needed by March 28](http://www.health.state.mn.us/communities/rih/coe/clinical/swycsurvey.pdf) (www.health.state.mn.us/communities/rih/coe/clinical/swycsurvey.pdf). This survey was disseminated to Afghan communities in the U.S. via resettlement agencies, professional networks of the multidisciplinary and language teams, and to partners and networks of the Minnesota Center of Excellence in Newcomer Health. Survey respondents were prompted to answer questions regarding the following information:
 - a. Demographic and contact information (age, address, full name, email address)
 - b. The ages of children they felt comfortable reviewing screening questions for
 - c. Their relationship to the children they had experience caring for
 - d. The number of children living in their home
 - e. The highest level of education they've completed
 - f. When they arrived in the U.S.
 - g. Where in Afghanistan they had previously lived
 - h. Language fluency (Dari, Pashto, and English)
 - i. Availability in their schedule
 - j. Access to Zoom
 - k. Comfort with gender non-concordance in an online focus group setting
3. Workgroup members developed instructional guidance for focus group members. This included an overview of the multidisciplinary team's expertise/training, the purpose of the developmental screening, the need to translate and culturally adapt this screening for the Afghan newcomer population, the intended/future availability of the adapted translated SWYC to parents and health care providers, and the role of the focus group members.

Cultural validation

1. Each member of the language team reviewed the professionally-translated versions of SWYC. In preparation for the focus groups, they completed the following tasks:
 - a. Verified intended outcome and meaning
 - b. Identified phrases difficult to directly interpret into Dari and/or Pashto
 - c. Identified questions that might be difficult for families to understand based on literacy/language level or cultural-specific practices.
2. The language team brought their prepared materials to the multidisciplinary team, who provided clarification on all necessary items in preparation for the focus group discussions.
3. In each focus group meeting, the language team expert facilitator provided instruction to participants, reading through each translated item of the SWYC and asking the caregivers the questions below.
 - a. Describe what you believe the question is asking, in your own words.
 - b. Could there be any alternative or confusing interpretations?
 - c. How would you ask the question more clearly?
 - d. What other words could be used to clarify the question to make it more culturally appropriate in Dari or Pashto.
4. As the group discussed, the facilitator took notes and documented the suggested changes to the SWYC.

Finalization

1. All language team and multidisciplinary workgroup members met to review the proposed changes. The language team experts reviewed each suggestion from the focus group discussions and explained the rationale for each change. The multidisciplinary team reviewed each change, providing clarification regarding meaning where there was no exact translation from English to Pashto or Dari to match the intended meaning in English, or if there were colloquialism or idioms in the English version.

There were three main types of adaptations identified by the focus groups:

- a. **Cultural or linguistic adaptations:**

With the Dari translation, many words were more appropriate to an Iranian dialect and not appropriate for Afghan Dari speakers. Also, Dari has its own numbering system, so all numbers were changed from the Arabic numbers used in the U.S. to Dari numbers.
- b. **Colloquialisms and nuance:**

Certain phrases, such as ‘to hold head up’ do not translate directly from English into other languages. These phrases needed clarification and were discussed between the multidisciplinary team members and the language team expert facilitators to find verbiage that conveyed the intended meaning.

- c. **Language flow:**
In the direct word-for-word translation provided by a professional translation service, some phrases became unnecessarily long and resulted in phrases and sentences that lost their meaning or became confusing. Efforts were made to simplify this language while maintaining the intended meaning.
2. The suggested changes were resubmitted to the translation vendor, who reviewed and verified each change. Ultimately, they were in agreement with the changes and incorporated them into the final versions of the translated SWYC in Dari and Pashto.
3. After discussion between the multidisciplinary and language teams, two additional resources were created to fill identified gaps. The first is an introduction for parents, as developmental screening tools are not habitually used in Afghanistan. The second provides guidance about a trauma-informed approach to care for health care providers. The SWYC translations and resources are available at [Afghan Cultural Adaptation of the Survey of Well-Being of Young Children \(www.health.state.mn.us/communities/rih/coe/clinical/swyc.html\)](http://www.health.state.mn.us/communities/rih/coe/clinical/swyc.html).

Lessons learned

- Translation agencies specialize in word-for-word translations and may not have the capacity to culturally validate their translations, especially if their bilingual staff are not medically trained. Translators may have limitations in understanding the meaning or intent of the English phrases used clinically to choose the most accurate translation into plain language that Pashto and Dari speakers would easily understand. This can lead to a loss of meaning or intent from the English version into its translated version.
- It is important to consider the target population and its literacy levels, cultural and linguistic variations within each population. For example, Pashto spoken in Afghanistan differs from that spoken in Pakistan.
- Ideally, medical screening tools would be developed in non-English languages, making them more culturally appropriate and accurate for patient care.

Addendum

Workgroup members

Language team

- Mohammad Iqbal Mir Wali Khan, MBBS, MS, F.MAS is fluent in Dari and Pashto. Prior to his arrival in the U.S., he worked closely with the U.S. military as a trauma surgeon in conflict zone field hospitals and clinics. He is currently a visiting scholar at the Children's Hospital of Philadelphia.
- Temor Dourandish, MBBS, MSc in Critical Care from the University of Edinburgh is fluent in Dari. He is trained in critical care, trauma medicine, and Emergency Medicine. Prior to arriving in the U.S., he worked with the U.S. Military and served as a CDC Panel Physician in Afghanistan and Qatar. He is currently a Postdoctoral Research Fellow at the Translational Center for Resuscitative Trauma Care at the University of Minnesota.

Multidisciplinary team

- Hope Pogemiller is an internal medicine/pediatrics physician with a Masters in Public Health in International Health & Development (focus on Complex Emergencies and Mental Health). She has a Certificate of Knowledge in Clinical Tropical Medicine and Travelers' Health from the American Society of Tropical Medicine and Hygiene. She has international and local experience in cross-cultural medicine, including welcoming Afghan arrivals to Minneapolis with medical screenings and connections to resources in 2021 during Operation Allies Welcome.
- Cindy Howard is a pediatrician with a Masters in Public Health in Tropical Medicine. She has extensive international and local experience in cross-cultural medicine and global health. She is the co-founder of the Global Pediatrics Program at the University of Minnesota, and co-facilitated and welcomed Afghan arrivals to Minneapolis with medical screenings and connections to resources in 2021 during Operation Allies Welcome.
- Chuck Oberg is a pediatrician with expertise in trauma-informed care who was the Director of Maternal and Child Health Program at the University of Minnesota.
- Anjali Goel is an internal medicine/pediatrics physician with a Masters in Public Health in Maternal and Child Health. Additionally, she has training and expertise in developmental and behavioral health.
- Maria Kroupina has a Doctor of Psychology with expertise in pediatric behavioral health and cross-cultural health. She is the current Director of the Birth to Three Clinic and Early Childhood Mental Health Program and the Adoption Medicine Clinic.
- Pengmai Qiu was an undergraduate student working with Dr. Kroupina. She has now graduated with a Bachelor of Science, majoring in Developmental Psychology.
- Teresa Laing is a Pediatric Nurse Practitioner with a Masters in Public Health in Maternal and Child Health. She has cross-cultural experience, both internationally and locally. She currently works for the Child and Teen Checkups Program at the Minnesota Department of Health.
- Sarah Kuech is a Registered Nurse with a Masters in Public Health in lower and middle income settings. She is a master certified health education specialist. She has clinical and health education experience, both internationally and locally. She is the current project coordinator for the Minnesota Center of Excellence in Newcomer Health, where tools and guidance are created and disseminated to providers caring for newcomer populations, including Afghans.
- Blain Mamo is an epidemiologist with a Masters in Public Health who is currently acting as Minnesota's State Refugee Health Coordinator. She is the Principal Investigator of the Minnesota Center of Excellence in Newcomer Health. She contributed subject matter expertise from decades of working with refugee health and health literacy.

Focus group

Member demographics, experience, and training

Gender	Experience with children	Highest degree	Languages
female	3 own children	University	Pashto, Dari
female	3 own children	Primary School	Dari
male	2 own children	University	Pashto, Dari
female	3 own children	Masters	Pashto
female	Friend's children, community health worker, babysitter	Associate	Dari
male	4 own children, sibling, friend's children	Advanced degree	Pashto, Dari
female	2 nieces/nephews	Advanced degree	Dari
male	4 own children	Masters	Pashto, Dari