Self reports in research with non-English speakers

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association with head trauma, although this is yet to be validated in other studies.15

For football players the avoidance of exposure to brain injury is important, although currently there are few means by which this may be achieved. Most head to head contact is inadvertent, and coaching techniques and visual perception training may help in a few cases but are unlikely to eliminate this problem entirely. Soft shell helmets or head protectors currently do not have the biomechanical capability to prevent concussive trauma and hence cannot be recommended.

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1 Shaw P. Heading the ball killed England striker Jeff Astle. Independent 2002 Nov 12.

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The challenge of language and culture is yet to be met

A ssessment of the health and healthcare needs of ethnic minority populations, often relying on self reported data, is important in health and social services. Major problems exist with the reliability of such information, particularly among recent and older immigrants and refugees who may have little or no competency in English and may be at high risk of health problems. Approximately 23% of immigrants to Britain in the original American version of the short form resemblance the English version, but the different non-English languages may differ in important ways, sometimes because it is impossible to find equivalent translations. For example the term “feeling blue,” used in the original American version of the short form questionnaire 36 (SF-36), has different connotations in different languages whereas the terms “check up” and “Pap smear” have no conceptual equivalent in any Chinese language.6

Research in our department has uncovered numerous potential problems—for example, asking Muslims whether they drink more at Christmas, and the use of terms such as “weekend” and “hangover” with questionable relevance to some ethnic groups.7 Detailed examination of translations of the Rose angina questionnaire into Punjabi and Cantonese has highlighted subtle issues potentially explaining the recently shown lesser validity of this instrument in South Asian populations.8

In face to face interviews complications arise where different forms of the same language are used—for example, Bengali and the Sylheti variant of Bengali, the latter having no written form. For some languages the written and spoken forms are not the same—for example, Arabic or Cantonese. At interview the questions asked will not be the same as the questions written on the questionnaire or interview schedule, with unknown effects on data quality.

An alternative to seeking cross cultural equivalence is to define issues as, firstly, salient and meaningful within a culture, for example, chewing paan, and, secondly, concerns of salience between cultures, for example, smoking tobacco. This strategy requires a participatory approach whereby monolingual and bilingual representatives of the target group(s) are
involved, to generate items for inclusion in a mode of inquiry relevant to that group. The result would be a form of group-specific, comparative procedure that would allow for comparisons within groups over time and between groups for the shared items.

Translators should be trained to advise both on the target language and the cultural acceptability of the questions to be asked. Unless requested to do so translators may not regard it as part of their task to comment on the salience or sensitive nature of the questions asked.

Researchers doing research with ethnic minorities should be cognisant of the customs, values, and beliefs of the target group(s) before designing any project. Issues of cross language data collection should be seen as a challenge and not as an obstacle, a stimulus to innovative thought and the development of new techniques of investigation. This is no small task. In London alone over 300 languages are represented,6 and the research implications of this are enormous, not least in the decision about which languages to address initially.

Cultural and linguistic differences have yet to be incorporated as fundamental to sound public health, primary and secondary care, and health promotion. Health and social services would achieve their goal of equitable services for Britain’s diverse populations faster were the cultural dimensions of self report given more attention than hitherto.

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2 Vree C, McKee M. Meeting the needs of black and minority ethnic groups. BMJ 1998;316:388.


