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| **Article:** | **Translation of Postpartum Bonding Questionnaire (PBQ) In Urdu Language** |
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**Abstract**

Postpartum Bonding Questionnaire (PBQ) was widely used to measure the emotional thoughts of mothers towards the infant. Postpartum Bonding Questionnaire is helpful for the assessment of mother-infant bonding problems in mothers with postpartum depression. Therefore it is necessary to translated PBQ into Urdu language to make it understandable for Pakistani mothers. In the present study, Postpartum Bonding Questionnaire (PBQ) developed by Brockington et al. (2001) and revised by Brockington, Fraser and Wilson (2006) was translated for the assessment of mother-infant bonding problems in a sample of Pakistani postpartum mothers with postpartum depression. Four hundred postpartum mothers were screened on Edinburgh Postnatal Depression Scale (EPDS) and 150 depressed mothers of age range 18 to 45 years were selected to participate in the study through purposive sampling technique. PBQ was translated into Urdu using Back-translation method of Brislin (1976). The alpha reliability coefficients for the subscales of Postpartum Bonding Questionnaire Urdu –version were ranged from .33 to .93. Findings also showed that PBQ has satisfactory internal validity. The PBQ Urdu-version would be very useful for identifying problems of the mother-infant bonding in mothers with postpartum depression.  In the future researches PBQ Urdu-version would also be useful for the researchers working in the same area.

**Keywords:** Postpartum Bonding Questionnaire, Edinburgh Postnatal Depression Scale, purposive sampling technique, alpha reliability coefficients, internal validity.

## Introduction

The emotion of mothers towards her child is very precious and valuable because the personality of the child depends on emotions of mothers that she conveys to child. The child experiences this world firstly through her mother figure. So the mother's emotional connectedness towards the child is important for the child's personality and overall general health.

According to Salisbury, Law, LaGasse, & Lester (2003) mother's natural affectionate feelings towards infant is known as mother-infant bonding. Bonding begins rising before delivery stage and persists to increase after delivery.

Klier (2006) stated that mother-infant relationship disorders comprised of deficiency of motherly warmth and emotions, petulance, violent urges, hostility, negative thoughts and response. 29% of mothers diagnosed with postnatal depression also had mother-infant relationship disorders.

In a study by Loh and Vostanis (2004) demonstrated that almost 31.7% of mothers stated severe troubles including rejection of the infant and maternal pathological anger. A worth mentioning proportion of mother's had accounted difficulties in connecting to their infants.

O'Higgins, James Roberts, Glover and Taylor (2013) explored the link between symptoms of depression after delivery and mother-infant relationship plus continuity of these thoughts during the twelve months after delivery. Results demonstrated that women who are depressed cannot succeed in making relationship during the twelve months after delivery.

Kitamura, Ohashi, Kita, Haruna and Kubo (2013) investigated the associations between symptoms of depression, mother-infant relationship failure and infant abuse through parents. Results demonstrated that symptoms of depression and bonding impairment adversely affect the mother's parenting behavior during postpartum period.

Ohoka et al. (2014) discovered the relationship between mother-infant bonding disorders and maternal mood throughout pregnancy and later than childbirth. Results proved that women who experienced low mood be disposed to have stronger mother-infant bonding disorder. Moreover the effectiveness of bonding between the mother and child was strongly associated to the mood of the mother.

Kumar (1997) was one of the first researchers to pay attention empirically on motherly feelings towards the infant. He conducted study on 44 women with a history psychiatric illness who demonstrated a failure to feel affection for their infant. These women reported the lack of warmth and affection, occasionally hate, rejection, and even the impulse to hurt their baby. He described these symptoms as maternal bonding disorder.

## Postpartum Bonding Questionnaires (PBQ)

PBQ was developed by Brockington et al. (2001) and revised by Brockington et al. (2006). PBQ has 25-item and it is used to assess attitudes of mothers towards their infants. Each item is rated on a 6-point Likert scale ranging from 0 (always) to 5 (never). Cronbach's alpha reliability coefficient of 25-item version was .86. It has least score of zero and maximum score 125. It comprises of four subscales such as impaired bonding, rejection and pathological anger, infant-focused anxiety and incipient abuse.

**Scale I: Impaired bonding.** It has twelve items and elevated score on scale I point out that an interview is essential to investigate the mother-infant bonding and existence of infant-focused anxiety, obsessions and anger.

**Scale II: Rejection and pathological anger.** It has seven items and elevated score on scale II point out that rejection of infant is at least susceptible or threatened and focused treatment is required.

**Scale III: Infant-focused anxiety.** It has four items and elevated score on scale III tells about infant centered anxiety and obsessions of the mothers.

   **Scale IV: Incipient abuse.** It has two items and elevated score on scale IV indication the need for urgent assessment and investigation.

   Van Bussel, Spitz and Demyttenaere (2010) explored the reliability and validity of the Postpartum Bonding Questionnaire (PBQ). Results suggested that the Postpartum Bonding Questionnaire provide a reliable and valid sign of the early emotional relationship between mother and her infant.

**Objectives**

   The objectives of the current study were
   1. To translate Postpartum Bonding Questionnaire (PBQ) into Urdu language.
   2. To find out alpha reliability coefficients of Postpartum Bonding Questionnaire (PBQ)-Urdu version.

The researcher had taken the permission to use the scale along with the scoring information by contacting the author. The scale was sent by the author themselves to the researcher and permitted the researcher to translate it into Urdu language.

**Translation of Postpartum Bonding Questionnaire (PBQ)**

   To achieve the objectives of the current research the translation process given by Brislin (1976) was used and consisted of the subsequent steps.

   **Step 1: Forward translation.** In this step, translation of PBQ was done by eight bilinguals. The students of English, Urdu and psychology studying at M.Phil or Ph.D level at International Islamic University Islamabad were bilinguals. A number of them were the Lecturers in English with least qualification of M.A English/Urdu and maximum of M.Phil, and Ph.D. Bilinguals from these various fields had good proficiency in Urdu and English language. All members were requested to translate questionnaire items from English to Urdu with exclusive attention on content similarity between both versions. Furthermore, the researcher requested them to translate each item devoid of any replacement of item in the original English version scale.

   **Step 2: Committee of experts.** A committee consisted of three experts including three Ph.D scholars the supervisor and the researcher herself cautiously examined the translated items in Urdu of PBQ and assessed content sameness between English and Urdu version. The committee members examined the translation of each item thoughtfully and then selected the translation, which communicated the finest meaning. Committee members also appraised the translated items with reference to their background, grammar, and wording. All translated item was evaluated and the finest translated item was chosen by the common agreement of committee members. Once finishing the procedure of selecting items that communicated the meaning closest to the original items, these items were given to the bilinguals for back translation.

   **Step 3: Back translation.** In this step, back translation of PBQ was done by six bilinguals. The students of English, Urdu and psychology studying at M.Phil or Ph.D level at International Islamic University Islamabad were bilinguals for back translation. a number of of them were the Lecturer in English with least qualification of M.A English/Urdu and maximum of M.Phil, and Ph.D. Bilinguals from these various fields had good proficiency in Urdu and English language. Only those bilinguals were taken for back translation who had not been implicated in the first translation of the questionnaire and they were not familiar with the content of original items of PBQ. The Urdu translated of PBQ items ware back translated into English as confirmation on initial translation and to recognize the points of sameness or difference between the two versions. These bilinguals were requested to translate Urdu PBQ items into English language as accurately as feasible.

   **Step 4: Committee  approach.** A committee of experts included four Ph.D scholars thoughtfully evaluated back translated items and had chosen the final list of items for Urdu PBQ. There was agreement among all the experts concerning accuracy of translation. The

selected list of final items was administered on the sample to find out the alpha reliability of PBQ-Urdu version.

**Sample**

The present study was conducted on a sample of 150 postpartum mothers with age range 18-45 years. After institution approval sample was selected from the gynaecology department of Aziz Bhatti Shaheed Hospital Gujrat,of Punjab, District Head Quarter Hospital Swabi and Bacha Khan Medical Complex Shahmansoor Swabi of Khyber Pukhtunkhawa after screening them for depression through EPDS. Purposive sampling technique was used for the collection of data from postpartum mothers. Screening of 400 postpartum mothers was carried out and 150 postpartum mothers with score ≥12 on EPDS were selected.

**Procedure**

After approval of institutions a consent form was presented to mothers in the postpartum period in the gaenecology department of above mentioned hospitals. They were free to participate or decline in the research with their own will.  After screening through EPDS the mother who was depressed, PBQ-Urdu version was presented to them. There was no problem in understanding of PBQ-Urdu version to them. The researcher himself administered the questionnaire to them. The participants were completed the questionnaire easily. Data was analyzed by using Statistical Package for Social Sciences (SPSS) version 20 IBM Corp. (2011) and process of Hayes (2012).

**Results**

Table 1

*Alpha coefficients and descriptive statistics of Postpartum bonding questionnaire and its subscales (N=150)*

| Variables | Items | *M* | *SD* | *α* | Range | | Skewness |
|---|---|---|---|---|---|---|---|
| | | | | | Potential | Actual | |
| Impaired bonding | 12 | 18.91 | 13.34 | .93 | 0-60 | 2-44 | .36 |
| Rejection and pathological anger | 7 | 10.27 | 8.05 | .91 | 0-35 | 0-27 | .47 |
| Infant-focused anxiety | 4 | 6.67 | 4.73 | .82 | 0-20 | 0-15 | .32 |
| Incipient abuse | 2 | .77 | 1.39 | .33 | 0-10 | 0-6 | 1.98 |
| PBQ | 25 | 36.62 | 26.15 | .96 | 0-125 | 4-88 | .38 |

*Note*. PBQ=Postpartum Bonding Questionnaire

Table 1 showed alpha coefficients and descriptive statistics of Postpartum Bonding Questionnaire and its subscales. The reliability analysis indicated that the alpha reliability coefficients of Postpartum Bonding Questionnaire and its subscales was .96, .93, 91, .81 and .33 respectively which indicated satisfactory internal consistency except incipient abuse. The values of skewness for postpartum bonding questionnaire and its subscales were less than 1 except for incipient abuse were less than 2 which indicated that univeriate normality was not problematic.

Table 2

*Inter-scale correlations among postpartum bonding questionnaire total and its subscales (N=150)*

| Scales | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1. Impaired bonding | - | .94*** | .88*** | .49*** | .98*** |
| 2. Rejection and pathological anger | | - | .87*** | .48*** | .97*** |
| 3. Infant-focused anxiety | | | - | .51*** | .92*** |
| 4. Incipient abuse | | | | - | .54*** |
| 5. Total Postpartum bonding questionnaire | | | | | - |

*Note.* ***p< .001

Table 2 showed inter-scale correlations, among Postpartum Bonding Questionnaire total and its subscales. The findings indicated that impaired bonding had significant positive correlation with rejection and pathological anger $r$ (148) = .94, $p < .001$, infant-focused anxiety $r$ (148) =.88, $p < .001$, incipient abuse $r$ (148) =.49, $p < .001$ and postpartum bonding questionnaire $r$ (148) =.98, $p < .001$. The findings also indicated that rejection and pathological anger had significant positive correlation with infant-focused anxiety $r$ (148) = .87, $p < .001$, incipient abuse $r$ (148) = .48, $p < .001$ and postpartum bonding questionnaire $r$ (148) = .97, $p < .001$. Moreover, the findings indicated that infant-focused anxiety had significant positive correlation with incipient abuse $r$ (148) = .51, $p < .001$ and postpartum bonding questionnaire $r$ (148) = .92, $p < .001$, while incipient abuse had significant positive correlation with postpartum bonding questionnaire $r$ (148) = .54, $p < .001$.

**Discussion**

In the current study, translation of PBQ into Urdu language was the first objective of the study and second objective was to find out the alpha reliability coefficients and descriptive statistics of PBQ-Urdu version. The reliability analyses showed that PBQ and its subscales had satisfactory alpha reliability coefficients except for incipient abuse (see table 1). Moreover, inter-scale correlation showed that all the subscales were strongly correlated with one another it has satisfactory internal validity which means the scale is valid for the measure (see table 2).

**Limitations and Recommendations**

The present study was conducted only on the depressed mothers so the future researches may conduct researches on the normal mothers, this will strengthen the reliability and validity of PBQ-Urdu version. The data was taken only from government hospitals so the future researchers may include private hospitals.

**Conclusion and implications**

In the present study the postpartum bonding questionnaire had been successfully translated into Urdu language in order to make it understandable to Urdu speakers' mothers. PBQ-Urdu version is a reliable and valid scale for the assessment of mother-infant bonding problems. This questionnaire can be used to screen out psychopathology in the emotions of mothers towards her child along with other assessment tools.In the future researches PBQ Urdu-version would also be useful for the researchers working in the same area.

PBQ-Urdu version can help in diagnosis in clinics when used along with other assessment tools so that correct diagnosis and effective treatment plan can be used for the patient.

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