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The Development of a Research Programme to Translate and Test the Personal Well-being Questions in Sylheti and Urdu

Ruxandra Comanaru & Jo d'Ardenne

Abstract

A pilot research programme was undertaken in order to translate and cognitively test the personal well-being questions developed by the Office for National Statistics (ONS) in the UK into Urdu and Sylheti. These are both complex languages spoken by minority ethnic groups in the UK; monolingual speakers of these languages have been identified as being at risk of lower general health, and thus potentially of a lower well-being than the general UK population. The research programme involved two key stages in the production of these translations: translation workshops and cognitive testing of the translations. The translation workshops brought together experts in questionnaire development and personal well-being with native speakers of the languages from the community and bilingual interviewers in order to attempt to underpin the essence of the four personal well-being measures and arrive at the translation to be tested. The cognitive interviews that followed assessed these translations and the level of appropriateness of these measures with monolingual speakers in the UK. This article discusses the merits of each stage of this research programme in arriving at the best and most suitable translation for the personal well-being questions in Sylheti and Urdu.

1 Background

A pilot research programme was designed to translate and cognitively test the personal well-being questions developed by the Office for National Statistics (ONS) into Urdu and Sylheti. The main reason for the development of this programme for these particular languages was that monolingual speakers of these languages in the UK have been identified as being at risk of lower general health (Office for National Statistics, 2013a), and thus potentially of a lower well-being due to lower levels of integration into mainstream society and thus lower access to services. A team was brought together to develop and implement this research programme. This team included researchers with extensive expertise in the personal well-being indicators in the UK, questionnaire design experts, bilingual researchers, and bilingual interviewers. The project identified two pivotal stages: a translation workshop and a pretesting stage, using cognitive interviews with monolingual speakers of

Urdu and Sylheti, respectively. Furthermore, this collaborative iterative method of translating the well-being measures led to the identification of unforeseen challenges, but also allowed for their quick resolution.

2 Harmonisation of Questions in the UK

The UK has a number of government-led surveys on various topics, including the Census of Population; they are a rich source of social and economic information. However, these surveys were designed at different times, they were developed to serve different purposes, they were also commissioned by different departments, and thus they were developed mostly in isolation from each other. Hence, they often use different questions to investigate the same concepts, thus making the data obtained difficult to compare. The topics covered in these surveys, and therefore the official national statistics available, include income, expenditure, food, health, housing, transport, and many more.

A cross-governmental programme has been implemented to harmonise the measures used across the different government-led surveys. This process is known as *harmonisation* (Office for National Statistics, 2011). For several years now, ONS has led this programme of work, which has the aim of simplifying the use of survey measurements, such that users can draw clearer and more robust comparisons between data sources.

2.1 Well-being Questions

Well-being is a complex psychological concept that has been the focus of many research studies recently. In simple terms, well-being can be defined as “optimal psychological functioning and experience” (Ryan & Deci, 2001, p.142). Measurements of this concept can have major implications for policies at the local and national level; for example, more resources can be allocated locally and nationally for sectors of the population that are found to be experiencing a lesser well-being, and new policies can be implemented. Monitoring well-being over time can show which of these measures and policies have a positive effect. ONS has undertaken a programme of study and research to define the most important features that constitute well-being, and to develop means of testing and monitoring those over time at a national level. In 2010, ONS started a national programme to track the well-being of the UK population. Forty-one indicators have been identified which constitute the dimensions of an individual’s well-being. These include: relationships, health, finance, economy, education, and others. One of these indicators is personal (or subjective) well-being, underpinned by three constructs:

- evaluation (an overall assessment of satisfaction with life);
- eudaimonia (often referred to as the flourishing measure; the overall perception of how much purpose one’s life has, that is, how worthwhile the things are that one does in his/her life); and

- experience (a snapshot of positive and negative feelings, that is, happiness and anxiety at a particular point in time) (Dolan & Metcalfe, 2011).

The questions that represent these constructs (see further below) were selected with input from academics and various advisory groups, such as experts from the OECD, Eurostat, think tanks, and related social research experts. Today, ONS recommends the inclusion of these questions on all national surveys, so that sufficient data is obtained at regular time intervals to be able to track changes in the UK population. Currently, the four questions that underpin these concepts are included on more than 20 surveys in the UK. The questions are shown below:

The questions are usually introduced by a brief statement:

I would like to ask you four questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I'd like you to give an answer on a scale of nought to 10, where nought is 'not at all' and 10 is 'completely'.

Overall, how satisfied are you with your life nowadays?

Overall, to what extent do you feel the things you do in your life are worthwhile?

Overall, how happy did you feel yesterday?

Overall, how anxious did you feel yesterday?

National personal well-being measurements are representative of the perceived quality of life of the UK citizens, as well as variations in the measurements of well-being, related to changes in circumstances, policies, and wider events in society. The results from the data collected play a vital role in monitoring local and national well-being, informing the design of public policy, and appraising policy interventions. ONS monitors these measures with various subgroups of the population. Previous studies have successfully validated the personal well-being questions with different population subgroups, for example children and young people.

2.2 Linguistic Minorities in the UK

Other subgroups that the ONS and other governmental and non-governmental agencies are interested in monitoring closely with regards to their well-being are various minority groups in the UK. The 2011 Census identified that the greatest proportions of people currently residing in the UK and reporting that they do not speak English well or not at all are from Pakistan, Bangladesh, China, and Poland. These people form a vulnerable group, with less access to governmental and other resources and support due to their lack of proficiency in English. Thus, a measure of their well-being that would allow monitoring this indicator would be of high importance to governmental departments, local authority providers, and charities.

ONS has taken charge of organizing the translation of the personal well-being questions into these minority languages in the UK, so that they can be asked of monolingual non-English speaking people taking part in large national surveys. The translations will also

be useful for local authorities, community centres, support organisations, medical centres, and various other organisations. Due to low or non-existent levels of English, these primarily monolingual populations could be at a higher risk for low levels of integration and access to public services, which in turn could lead to higher distrust in public services or officials.

The present study aimed to find the appropriate translation of the personal well-being questions in Urdu (a Pakistani language) and Sylheti (a spoken language from Bangladesh), both languages spoken by significant minority ethnic groups in the UK. This initial research programme was designed to function as a pilot study for translating the personal well-being indicators. Future research programs will focus on the remaining languages (Chinese, Polish, and others).

There are about 400,000 Urdu speakers in the UK. Urdu is a form of Hindustani and has Persian and Arabic influences. It is the national language of Pakistan and is also an official language of India. About 19.05% of the British Pakistani population lives in London (224,000 according to the 2011 Census) and the British Pakistani make up 1.86% of the UK's population. Most people who speak Urdu in the UK come from the west Panjab and the Mirpur district of Azad Kashmir (Pakistan). Urdu is the fifth most spoken language in London and the fourth most common language in the UK. According to the 2011 Census, Urdu is the main language spoken by 0.5% (269,000) of the UK's population (Office for National Statistics, 2013b). About 25% of them declared that they could not speak English well or at all.

Similarly, there are about 400,000 people in the UK who speak Sylheti, but many refer to it as 'Bengali'. Sylheti is originally spoken in North India/Bangladesh and is derived from Sanskrit. Sylheti is sometimes considered to be a dialect of Bengali; however, its phonology and morphology differ from Bengali to the point that they are not mutually understandable. Sylheti has a traditional script, Siloti Nagri that was in use in Greater Sylhet (now part of Bangladesh and India) until the 1970s when socio-political pressures encouraged the disuse and destruction of the Siloti Nagri printing presses. Anecdotal evidence suggests that some speakers of Sylheti who are proficient in Bengali may use the Bengali script to write Sylheti; however, this is not standardised nor recognised as a formal Sylheti writing system. Sylheti is spoken by 95% of Bangladeshis living in the UK. According to the 2011 Census, over 450,000 UK residents said their ethnicity was Bangladeshi (about 53% of them were born in Bangladesh). The Census also found that Bengali (with Sylheti and Chatgaya)⁵ is the main language spoken by 0.4% (221,000) of the UK population and about 30% of them declared that they could not speak English well or at all. There are currently no estimates on the proportion of speakers of Sylheti as compared to Chatgaya; however, the majority of them are Sylheti speakers, thus this research programme focused on translating the questions into this language.

5 The 2011 Census asked people what their main language was. The response options presented on the form were tick boxes for English and "Other, write in (including British sign language)". The results were then aggregated and the top main languages identified were reported.

3 The Research Programme for Translating the Personal Well-being Measures into Urdu and Sylheti

In order to arrive at the best and most appropriate translations of the personal well-being measures in Urdu and Sylheti, a pilot research programme was devised and carried out. The programme involved two main stages: translation workshops and cognitive interviews to test the resulting translations. These steps have been found to be invaluable to the study for the following reasons: they revealed complexities relating to each language in the UK context, as well as cultural aspects of the Urdu and Sylheti-speaking communities.

3.1 Linguistic and Cultural Complexities

The two languages pose certain complexities which needed to be considered in the initial stages of the translation. Urdu, for instance, has various dialects which are more or less mutually understandable, while Sylheti is a spoken language with no official written form, script or dictionary.

Not all of the Urdu speakers in the UK are comfortable using formal Urdu, which might be associated with higher social status both in the UK culture and within the Urdu-speaking community. Instead, the main language of many Urdu speakers is a variation or a dialect of Urdu. Speakers using different dialects negotiate meaning in live interactions so they can communicate using the different forms and code-switching to English when necessary. In addition, some monolingual speakers might not be able to read or write Urdu. When considering translating the personal well-being measure in Urdu, we needed to consider the most appropriate terms for a population who is monolingual Urdu, who may or may not be comfortable speaking formal Urdu, and who may or may not be able to read and write Urdu.

Sylheti does not have a written form, and it is also the umbrella language for different dialects and Sylheti variations. Thus, the translations of the personal well-being measures needed to account for the fact that the language should be plain and simple in order to be understandable by all speakers. Also, a written version of the measures would be difficult to employ, given that it would have to either use transliteration (transcription of the Sylheti translation using the Latin script) or the Bengali script. Thus, it was agreed that the mode of question administration should be aural rather than written. Therefore, audio files were produced for the introduction and for each one of the well-being measures so that questions could be standardised despite the fact that they could not be written down.

Initial investigations into the language and culture of the two communities in the UK suggested that it would be appropriate to match the interviewers and the respondents by *gender*. Given the cultural context, the gender of the interaction dyad could influence respondents' willingness and comfort when taking part in a survey. Another important consideration was the participants' experience with surveys and research in general, i.e. answering questions on a numerical scale. For this reason, it was suggested that the translations should also have a level of informality to put these speakers at ease when answering a survey.

Thus, the translations for both languages needed to account for:

- the variations of the languages, i.e. dialects,
- potential lower levels of education,
- unfamiliarity with answering survey questions, for example using a scale (that is, participants might have never taken part in a survey and thus be unaccustomed with mapping their response on a numeric scale; they might also struggle to understand the purpose of the survey, and might feel that they are being tested),
- lack of a written form, in the case of Sylheti, and the formality of the written Urdu,
- gender.

For initial translations, the instructions given to the translations agencies were to make all attempts to keep the translations plain and simple, while keeping in mind the complexities described above.

3.2 Initial Translations

Figure 1 below provides a simplified representation of the research programme undertaken for these translations. Specificities relating to each language and cultural context led to slight variations in the outcomes or organisation of each of these stages for Urdu and Sylheti. These will be discussed in more depth below.



Figure 1 Research plan for the translation of the personal well-being measures

In preparation for the workshops, it was considered necessary to have two different initial translations to be used as starting points for the discussion. These translations were purposefully sourced from different organisations, such that the differences in the translations could constitute a good basis for discussion.

In the case of Urdu, we secured two versions of the translations for the personal well-being measures: One of them was the translation from the Civil Service People Survey, a survey that is already in the field and collects personal well-being data from Urdu native speakers, but which has never been cognitively tested in this language. Thus, it is not known whether the translations are culturally sensitive and understandable for the Urdu speakers in the UK. The second version of the translation was undertaken by an accredited translation agency which has specialised in translating questionnaires and other documents for social research. Both versions of the translations were in written form.

The Sylheti translations were undertaken in a different way: We have asked the translation agency for a written translation in Bengali (in Bengali script), as well as a female voice audio file and a male voice audio file in Sylheti. It was considered that given that Sylheti is a spoken language, the most appropriate form of administering the survey questions was using an audio file of the translation of the measures. This approach has been

previously used in the field when collecting field data from refugee participants for the German Socio-Economic Panel (SOEP) (Britzke & Schupp, 2017, Jacobsen, this volume). The resulting male and female audio translations presented some differences in pronunciation and phrases used for translating specific concepts. These differences were discussed with a researcher who was a native speaker and were deemed sufficient as a starting point for the discussions at the workshops.

3.3 Translation Workshops

In order to develop the most appropriate translations of the personal well-being measures, we adopted a technique which was closely related to the TRAPD model (Translate, Review, Adjudicate, Pretest, and Document) (Harkness, 2003; Harkness, Pennell, & Schoua Glusberg, 2004). The process is iterative in nature: Several initial translations are produced, which are then reviewed, and an adjudicator chooses the version that will then be tested. The team composed of translators, reviewers, and adjudicators must work closely together and document every stage of the process. The importance of the team translation stage of the process has been highlighted in many research projects undertaken recently with minority languages that investigated differences between the colloquial forms of the language and the formal variation. Cultural aspects on the language in context are also highly important and should be considered throughout the development process of the translated questions (Formea et al., 2014).

The translated questions are then to be pretested using “focus groups, cognitive interviews, split pretests with bilinguals and monolinguals, as well as respondent and staff debriefing” (Harkness, 2003, p. 41); and following this stage, the questions might undergo modifications again, before the translation is finalized. Using pretesting methods to ensure cultural and linguistic equivalence is increasingly becoming the norm in questionnaire translation. This is particularly challenging when the languages used belong to groups that are culturally very different from the main language and are not fully integrated to the mainstream society, such as Sylheti and Urdu in the UK. This poses two main challenges. First, establishing a rapport and good working relationship with members of the community who are native speakers of these languages; and second, being mindful of how cultural characteristics affect the way people respond to questions.

Thus, in order to assess the initial translations in both Urdu and Sylheti, we designed and carried out translation workshops, where the teams met to deliberate and debate the two translations for each language. The teams for each of the workshops were comprised of two bilingual survey interviewers for each language, bilingual NatCen researchers who acted as members of the community, but also as adjudicators, questionnaire development and cognitive testing experts from NatCen, and ONS personal well-being experts. The latter two did not have any knowledge of the languages, but were invited to the workshops to provide advice on the questionnaire design aspects, and insight into the personal well-being concepts and previous testing that had been carried out in the source language, i.e. English.

The workshops were found to be extremely useful from the point of view of the research team involved in the project and also the bilingual interviewers who were later trained in conducting the cognitive interviews for this project.

Positive feedback received from the team in the workshop related to the following four aspects. First, having two versions of the translated measures meant that the discussion could commence with agreeing which, if any, of the two versions was better and more appropriate for this context. In some cases, new words and phrases were suggested. These comments were noted and used in the development of the cognitive testing protocol. Second, having the ONS personal well-being experts present meant that questions related to the intended English meaning of the measures could be addressed on the spot. For example, in the case of the second well-being measure (Overall, to what extent do you feel the things you do in your life are worthwhile?) the various connotations of “worthwhile”, such as meaningful, with a purpose, etc. came up in both workshops. The well-being experts could steer the discussion and the translation in line with the English intended meaning. In addition, in the workshop three bilingual speakers were present, each with different life experiences and degrees of knowledge and involvement in the Urdu and Sylheti speaking. Although they all spoke their native language, their ties to the community and the variations of the language they spoke brought to light potential issues which could have arisen in the field. The members of the panel thus had the opportunity to discuss these differences in meaning and understanding, and arrive at a solution. Finally, the questionnaire design and cognitive testing experts could thus identify potential issues that might arise in cognitive testing and include these in the protocol for testing the new versions of the translations.

The conclusion from both workshops was that the initial translations were too formal to be used with the monolingual Urdu or Sylheti speaking communities in the UK. Certain words were removed or changed to address this issue. New translations were agreed for each one of the personal well-being questions, and these were circulated to all team members for review. Some other interesting findings included the fact that it was suggested that monolingual members in the community might not have ever taken part in a survey, and thus might struggle to answer a question on a scale. It was agreed that the cognitive interviewers would record this issue if it arose and attempt to guide participants to finding a suitable comparable way of answering the questions. Suggestions included using graphical representation scales, for examples using emojis or colour codes instead of the 0 to 10 scale and producing showcards. Based on these findings, we included a probe on the appropriateness of using showcards in the cognitive protocols and instructed the interviewers to explore whether there was a better way of representing the scale visually.

We also found that the showcard could use numerals in the Urdu and Bengali script, respectively, since they are different from the Latin numerals. However, it was also identified that since the potential participants who would take these surveys live in the UK, they may be able to understand and use Latin numerals. A probe relating to the use of different scripts for numerals was also added to the cognitive protocol.

Another important finding from the workshops was that the standard introduction to the four well-being measures would not be sufficient for respondents who have never participated in a survey before. Thus, it was suggested that before commencing the cogni-

tive interview, the interviewers would spend more time explaining the purpose and nature of large-scale surveys in an attempt to make the participants feel more at ease with the research process.

With regards to the four well-being questions, the team members discussed potential cultural differences that might occur in testing, such as the importance of religious beliefs and their potential impact on the responses that the participants would provide to these questions. The team members who were familiar with the cultural norms and religious beliefs of the communities suggested that it was possible for respondents to discuss their well-being in terms of the agency of a higher power, and outside of their personal control, which might have an impact on the way they responded to the personal well-being questions. It was agreed that this would be explored in the cognitive interviews if it came up.

The bilingual participants in the workshops agreed that the interviews need to be matched by gender in order to avoid making participants feel uncomfortable and allow them to speak freely. It was also mentioned that it might be considered inappropriate for different gender interviewer and participants to be alone in a room. For the cognitive interviews, we decided to pair the interviewers and interviewees by gender, and explore in probing whether this would be necessary in a real life situation.

Based on the thorough discussions which emerged during the workshops, new versions of the translations were agreed. These translations took into account cultural aspects that were relevant for these linguistic groups in the UK. The agreed translations were then formalised with the help of the bilingual researchers who performed the task of adjudicators. They also undertook the task of producing the final Urdu translation (and a transliteration of it to be used consistently in the cognitive interview in Urdu) and the audio recordings of the Sylheti translation (identical audio files with a male and a female voice were produced).

The research team produced cognitive protocols for both languages in English. Probes were included to explore various aspects of the translations that had been brought up in the workshops. The bilingual interviewers participated in an extensive cognitive interviewing training exercise. Also, a briefing session was organized with them to discuss in detail the purpose and scope of the cognitive testing, the scripted probes from the protocols, and the use of spontaneous probes when needed. The interviewers were also asked to interview each other in English, using the protocol provided, and they received extensive feedback about it. They were advised to discuss amongst themselves the protocols and how they would carry out the interviews in Urdu and Sylheti, respectively. The benefits of pre-testing methods in the production of the final survey questions were discussed during the training and the briefing sessions. They also received in-depth training and instructions on recruiting monolingual participants in the community and were advised to be in constant touch with the research team to provide feedback and updates on recruitment and fieldwork.

3.4 Cognitive Interviews in the Translation Context

An integral part of the translation process was the cognitive interviewing stage. As discussed, we identified a male and a female survey interviewer for each language, who participated in the workshops, and who were then trained and briefed to conduct cognitive interviews in their native languages. For each language one of the interviewers was born

in the UK and had English as a dominant language, but was fluent in spoken Urdu and Sylheti, respectively. Table 1 presents the demographic characteristics of the interviewers who worked on this project.

Table 1 Demographic information for the interviewers working on the project

Interviewer	Gender	Dominant language	Can write Urdu/Bengali?	Age	Country of birth
Urdu 1	Male	English	No	Under 35	UK
Urdu 2	Female	Urdu / English	Yes	Over 35	Pakistan
Sylheti 1	Male	Bengali/Sylheti	Yes	Over 35	Bangladesh
Sylheti 2	Female	English	No	Under 35	UK

Cognitive interviewing methods provide an insight into the mental processes participants use when answering survey questions, thus helping researchers to identify problems with question wording and design. These methods investigate four cognitive stages: how participants understand and interpret survey questions, how they recall information that applies to the question, the judgements they make as to what information to use when formulating their answers, and the response mapping process (Tourangeau, 1984). These processes were closely monitored with participants who were mostly monolingual speakers of Urdu and Sylheti.

In addition to conducting cognitive interviews in Urdu and Sylheti, ONS had previously conducted a suite of cognitive interviews on the personal well-being questions in English (Dolan, Layard, & Metcalfe, 2011). This meant that during the analysis phase of the cognitive interviews we could establish whether any issues arising were unique to the Urdu and Sylheti translations (and therefore indicative of a problem with the translations or cross-cultural equivalence) or whether similar issues were also documented for English speakers. Goerman and Caspar (2010) suggest that if the source and translated versions of the questionnaire cannot be developed at the same time (as proposed by Harkness, 2003), they should at least be tested in parallel with bilingual speakers, as well as monolingual speakers of the two languages. Due to time and budget constraints (addressed by Goerman & Caspar, 2010, as well), this was not possible to implement at this stage; however, the protocols for the cognitive interviews were informed by previous pretesting exercises conducted with English speakers, as well as by the issues that were discussed at the translation workshops.

The four bilingual survey interviewers, as listed in Table 1, were trained in cognitive testing methods. They were each advised to recruit five monolingual speakers of their own gender and language, and interview them cognitively using the protocol developed during the workshops. The interviewers were asked to use their community networks to find suitable participants, but were advised to avoid interviewing acquaintances, friends or family members due to the potential sensitive nature of the questions. A total of twenty cognitive interviews were conducted.

The cognitive protocols were produced only in English and discussed in depth at the briefing session with the interviewers. In a cognitive interview, the questions that need to be standardized are the survey questions which were provided to the interviewers either in audio format (for Sylheti) or in writing, including in transliteration (for Urdu). The cognitive probes were discussed with the research team, and the interviewers discussed and agreed amongst themselves the best wording to use to introduce the project and ask the cognitive probes during the interviews. The interviewers were given the opportunity to practice interviewing both in English and in their native language with each other and raise any questions they might have with the research team.

The protocols included a description of the purpose of the study and the potential usefulness of the personal well-being measures for the ethnic community (and the interviewers were advised to discuss this in as much depth as needed with their respondents), an example of the think aloud technique, the rights of the research participants to anonymity and confidentiality as well as the voluntary nature of the study. The introduction and the four personal well-being questions were then delivered in the standardised form produced after the translation workshop. In-depth probing of each of the questions followed. The interviewers were instructed to ask all probes in the protocol but also use spontaneous probes if necessary. The last part of the interview asked participants probes about the cultural appropriateness of the questions and whether they would be comfortable answering these questions if they were part of a survey. The gender aspect of the interviews was also included as a probe in the protocol – whether they would feel comfortable answering the questions if an opposite gender interviewer would ask them. The scripted probes explored: comprehension of key terms used in the questions, comprehension of items overall, and comprehension of the research process, i.e. answering on a scale, the relevance of conducting surveys, etc. Cultural sensitive probes were also included to explore whether interviews should be carried out by same gender interviewers, as well as the perceived appropriateness of the personal well-being questions.

Participants were interviewed in their own homes or in a community venue, whichever they preferred. The interviews were audio-recorded with the participants' consent. Respondents were eventually given a £15 voucher to thank them for their time and help.

Participants were recruited in different locations in England, that is, where the bilingual interviewers had contacts in the community that could help them identify monolingual speakers. The only recruitment quotas were around language: participants in the cognitive interviews had to be monolingual or predominantly monolingual speakers of Urdu and Sylheti, respectively. We also advised interviewers to attempt to recruit a varied group of people in terms of age, educational level, and length of residence in the UK; however, these were not set as quotas. Throughout the duration of the fieldwork, the research team and the bilingual interviewers were in constant contact to monitor recruitment as well as the actual fieldwork.

Once the majority of the cognitive interviews had been conducted, all panelists from the translation workshops were invited to a debriefing exercise. The anecdotal findings related to each of the four personal well-being measures were discussed with the panelists. The findings from debriefing meeting suggest that, overall, the translated measures were well understood by the participants; however, many of them struggled with the comprehension

of the research process – the purpose of these questions, the use of scales to provide an answer, the relationship between a quantified answer on a scale and their everyday life experiences, giving a response but qualifying it as god's will or plan for their lives, and so on. The bilingual interviewers were then asked to review the recording and submit detailed interviewer summaries in a template provided. The interview summaries were reviewed in depth by the researchers who then inputted them in an Excel pro-forma matrix. All interview summaries were transferred to the two matrices – one for the Urdu testing and one for Sylheti. Responses to each test question were recorded, along with observations made by interviewers, any think aloud data, findings from each of the scripted probes, and suggestions for the most appropriate translation for each of the personal well-being measures. Any uncertainties and queries were discussed in depth with each interviewer. Suggested final wordings of the questions were also recommended by the interviewers based on their respective interviews. Data could thus be read horizontally as a complete case record for an individual interview, or vertically by question, looking across all cases.

Once the matrices were completed, the data in the matrix were reviewed thematically in conjunction with reviewing the already documented issues that had previously been uncovered in testing the same questions with English speaking participants. We employed the use of the C-NEST⁶ strategy (Fitzgerald, Widdop, Gray, & Collins, 2011) to identify and correct issues in the translation of the well-being measures. Issues that occurred both in the translated questions and the source English question were noted but were not addressed in terms of recommending changes to the translation (as the source questions are extensively used in other surveys, and thus the aim was to retain conceptual equivalence as far as possible). Translation problems and issues related to the cultural portability of the four well-being measures were considered in depth at the analysis stage and guided their final translation and recommendations for use in the field.

The cognitive interviews suggested similar general findings for both languages: Participants suggested that the introduction to the question needed to be more detailed, to explain the purpose of conducting the study and asking these questions, to explain in more depth that there were no right or wrong answers, and that the responses provided by the participants would be kept confidential and would not be disclosed. The interviewees felt that this level of reassurance would prepare the respondents for the questions and help in building rapport. Furthermore, men suggested that they would not object to being interviewed by either a man or a woman, but women interviewees admitted to preferring to talk to a woman, as that would allow them to be more honest. In both languages, participants brought up religion and how people should not be ungrateful for what they have in life; however, a close examination of the responses to the questions and the probes showed that the answers were quite varied and in line with the life circumstances and experiences of the participants. Some participants had a difficult time choosing a response option on a scale and would have preferred to explain their answers in their own words. Probing revealed that this could have been a function of not having previously participated in any

6 C-Nest or Cross-national Error Source Typology has been developed to identify the sources of various errors that might come up when pretesting surveys in translation. These are: poor source question design, translations problems and cultural portability.

kinds of surveys. Interviewers had to probe explicitly and insist until the participants chose a particular response option on the scale, rather than giving a verbal response. Overall, all participants were able to read the Latin script numerals and declared that they could answer using a showcard which employed their use.

Additionally, the four personal well-being questions were explored in depth. In some instances participants made suggestions for alternative words or phrases and those were taken into account as well when agreeing the final translations. Participants were able to provide examples from their lives to complement the response options selected. These examples seemed to vary across genders. For example, male participants declared that for them being satisfied with life meant that they could provide financially for their families, while women talked about the success of their children and the harmony of the home life. Similar findings were identified in the pretesting of these questions with different sub-groups of English speakers – for example, children and young people gave examples of how being satisfied with life meant that they received good grades in school. This suggests that the questions worked well, leading the respondents to consider their own life circumstances and experiences when providing an answer.

The findings from the cognitive interviews were discussed again in a workshop with the same team members as the initial translation workshops. This debriefing session was important as it brought together the language experts and the researchers to discuss the cognitive interviews. Final translations of the personal well-being measures were agreed with the interviewers following the debriefing workshop and analysis of the cognitive interviews. The bilingual researchers who had previously assumed the role of adjudicators took up this role once more and created the final version of the translations. These were shared with the bilingual interviewers, who then confirmed that they were appropriate based on their interviewing experience. The final output for the pilot research programme included for both languages audio files with a male and a female voice as well as transliterations in Latin script, and furthermore a written translation in Urdu as well as Bengali and Siloti Nagri, respectively. Audio files were produced for both languages to allow for choice of the most appropriate form of presenting the questions. Our final recommendation was to complement the audio and the written translations and transliterations, depending on the needs of the interviewer and the interviewee.

4 Conclusions

The pilot research programme designed for the translation of the personal well-being questions in Urdu and Sylheti showed that the translation workshops and the cognitive testing stages were paramount to the success of the project. Sufficient time needed to be allocated to these stages in order to allow for extensive discussions around the meaning and purpose of the personal well-being measures, the cultural and religious characteristics of the language communities, and how these might affect the final outcome of the project, and the findings from pre-testing the translations with monolingual speakers of these languages.

Furthermore, in the present study, the bilingual interviewers were novice users of the cognitive interviewing methods. Although overall the outcome of the interviews was very positive, they did require extensive feedback and reassurance from the researchers. Also, given that they were survey interviewers, it was difficult for them to deliver the cognitive interviews which are a qualitative method. For example, the interviewers struggled with spontaneous probing, as well as with reporting the interview findings in a summary format. The researchers were reliant on them to report the interview findings objectively, which at times was difficult, because the interviewers had their own opinions about the best phrases to use in translation. We recommend that, whenever possible, the cognitive interviews should be conducted by bilingual researchers who are also experts in pretesting methods. Alternatively, sufficient time and resources need to be allocated to the training stage, potentially building up time for extensive practice exercises and feedback.

Some important and very relevant lessons learned during this process were that the composition of the team was highly important: The researchers who were experts in personal well-being and the questionnaire development and pretesting experts worked closely with the bilingual interviewers and the adjudicators (who were bilingual social researchers) for both workshops, that is, the translation workshop and the debriefing session. Furthermore, communication and rapport among the members of the team involved in the research programme was vital, because of the important role on the research puzzle that each member of the team had. All members of the team contributed invaluable information during the entire process, bringing in different but very valuable perspectives. The different professional and life experiences of the team members meant that many potential issues in the field could be foreseen before pretesting and steps could be taken to ensure appropriate responses. Good rapport among the team members meant that when unforeseen issues came up in the field, these could be addressed and solved immediately. The research programme needs to allow sufficient time for each stage to unfold naturally, without hastening.

Finally, it should be noted that the research programme to translate the personal well-being questions to Urdu and Sylheti was designed and carried out to reflect the linguistic characteristics of the context of these languages, i.e. the UK. The translation workshops and the cognitive testing helped to adapt the translations to the cultural and linguistic specificities of the environment, and thus yielded translations of these measures that were deemed to be locally applicable and relevant for these communities in the UK. The research programme undertaken also provided valuable information for the next stage, that is, the use of the translated personal well-being measures in the field.

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