







ORIGINAL ARTICLE

PREVENTING SEXUAL VIOLENCE IN SCHOOL IN COSTA RICA: CROSS-CULTURAL ADAPTATION OF AN EDUCATIONAL BOOKLET

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ABSTRACT

Objective: to perform the translation and cross-cultural adaptation of the educational booklet "Prevention of sexual violence at school" for the reality of Costa Rica. Method: methodological study conducted with 61 adolescents between 10 and 13 years old; two Costa Rican translators, two Brazilian translators, one professional in Spanish linguistics, one professional in Brazilian linguistics and seven judges. The data collection period was carried out between the months of June to December 2017. Results: there were inconsistencies in the use of personal pronouns in Spanish ("vos", "tu", and "usted"), absence of "inclusive language", employment of language and words not used by the target population, and discrepancies in themes, images, and about the cultural reality of Costa Rica. The decision was "needs reform" in appearance and homogenization of pronouns. Conclusion: the booklet can be used in various environments for health education actions, in the case of this study, in schools. A fundamental part of nursing professionals is to be educators, providing tools to adolescents by means of scientifically evaluated materials and facilitating teaching and learning.

DESCRIPTORS: Adolescent; Sex Offenses; Nursing; Adaptation; Primary Prevention.

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INTRODUCTION

Adolescence is a period of conflicts and discoveries, in which boldness, immediacy, and the search for impulsive emotions make them more vulnerable¹. According to the Costa Rican Child and Adolescent Code, an adolescent is “any person over the age of twelve but under the age of eighteen”².

Curiosity, which is characterized by the search for knowledge about the world and external factors, directly and indirectly affects the adolescent, thus enabling greater exposure to vulnerabilities and risks. It is important to highlight that vulnerability comprises three aspects: individual; social; and programmatic. The individual relates to the direct actions of individuals, such as behavior and attitudes; the social is characterized by the economic, political, and social context; and the programmatic refers to the actions of the government, private initiative, and civil society agencies³.

Violence against these rights is a worldwide public health problem and includes a series of acts ranging from intimidation, fights, and more serious sexual and physical aggression to homicide⁴. Violence, for example, is a problem that is present in Costa Rican society. As characterized by the Costa Rican Ministry of Health, during 2016, there was the highest incidence of intrafamily violence with a rate of 266,6 of notified cases per 100,000 inhabitants. The cases in higher proportion occur in the female population, where for every man there are 2,6 women who suffer intrafamily violence. The highest incidence against women was 386,7 cases per 100,000 women in 2017⁵.

Regarding risk, the concept in epidemiology⁶ defines it as “[...] the probability of occurrence of an event in a given population;” referring to conditions of individual susceptibility and the relationship between individual and collective phenomena. Therefore, risks and vulnerabilities are strongly related to this phenomenon.

To protect this population from the risks and vulnerabilities, the rights of adolescents are guaranteed worldwide by the International Convention on Human Rights⁷. Based on the protocols and laws, educational materials for the prevention of sexual violence (booklets, albums, etc.) can be prepared and directed to adolescents. These materials contribute to the knowledge about the studied theme and, consequently, to the decrease of sexual violence cases.

However, most of the educational material for the prevention of this disease is directed to health professionals, educators, parents, and police. The records of educational materials aimed at adolescents as the protagonists of their self-care are few. As an answer to this question, the results provided by the development of the research, *Construction, and validation of an educational booklet for the prevention of sexual violence in adolescence*, allowed us to obtain digital educational material valid in appearance and content about sexual violence aimed at adolescents and adapted to the Brazilian cultural reality⁸.

Thus, this study is considered as a tool for the prevention of violence, especially in relation to cases of sexual violence and physical or psychological abuse, infections by sexually transmitted diseases, unwanted pregnancy, among other cases. It can also be used as a tool for health promotion and violence prevention actions, so that adolescents can have a healthier life and identify early risk and vulnerability situations. In view of the above, the objective of this study was: to perform the translation and cross-cultural adaptation of the educational booklet “Prevention of sexual violence in school” for the reality of Costa Rica.

METHOD

Methodological study focused on the translation and cross-cultural adaptation of the educational booklet entitled: Construction and validation of an educational booklet for the prevention of sexual violence in adolescence⁸ adapted to the reality of Costa Rica. Carried out between the months of June to December 2017. For the adaptation, the internationally recommended steps were followed, aiming to achieve a complete adaptation maximizing the semantic, idiomatic, experiential, and conceptual attainment between the original and the adapted booklet⁹. Beaton (2007) recommends five steps for cross-cultural adaptation as outlined in Figure 1:

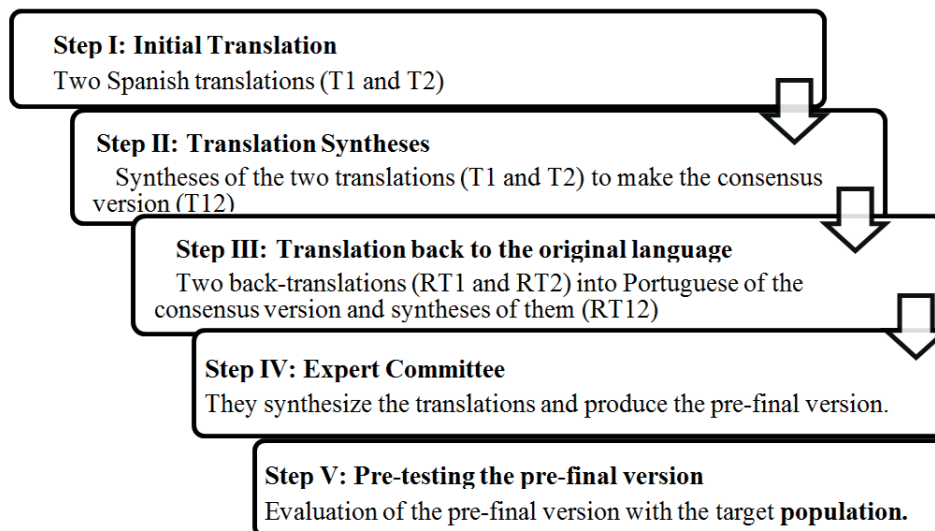


Figure 1- Flowchart of the study steps, Fortaleza, Ceará, Brazil, 2021

Source: Beaton (2007).

Stage one: Initial translation: for the translations and syntheses, the convenience sampling technique was used through the website of the Costa Rican Ministry of Foreign Affairs and Cult. The initial translations were done by two Costa Rican translators, proficient in Brazilian Portuguese. The first translator (T1), with a degree in Arts, had access to the whole booklet, with access to the objectives and images; the second (T2), with a degree in International Relations, had access only to the text. Since it is necessary that a translator has no influence from the general theme, this translation offered a language used by the general population.

Stage two: Syntheses of the translations: this was done by a “neutral judge” with a degree in Spanish Philology, to seek equivalence with the original primer in terms of content, culture, semantics, and conceptual aspects⁹.

Thus, *Stage three: Translation into the original language:* Backtranslation or retranslation, consisted of translating the consensus version in Spanish (T12) into Portuguese, with the objective of verifying the validity of the translated booklet, making sure that the translated version was reflecting the same content as the original version. The T12 was performed by two Brazilian translators proficient in Spanish.

The synthesis of the retranslation (RT12) was performed by a “neutral judge” trained in linguistics, which involved comparing the two versions to identify divergent points and then concluding them to create a single version and comparing it to the original primer¹⁰.

Therefore, *Stage IV: Committee of Judges* had the purpose of reaching a consensus about any discrepancy found regarding semantic, idiomatic, cultural, and conceptual

equivalence. To this end, seven professionals participated: two teachers with a master's degree in gender and women's studies; two nurses with a master's degree in mental health; one high school teacher with a specialization in English; one teacher with a master's degree in studies of violence against women; and one teacher with a background in Spanish language.

As was done for the professionals, nine meetings were held, lasting approximately an hour and 45 minutes, in which the booklet was presented in its entirety in Adobe Flash; later, each scene was evaluated in Power Point, for better visualization by the judges; and analysis based on the "Judges' evaluation instrument regarding the equivalence of the scale in the translated version"¹¹.

To finalize *Stage V Pre-test of the final version*: The pre-final version of the booklet approved by the judges committee was submitted to pre-test with the target population at República de Argentina School, San José, Costa Rica, through convenience sampling. Sixty-one adolescents with ages between 10 and 13 years 11 months and 29 days and schooling level corresponding to literacy participated. Those participants with some visual or cognitive impairment that made it impossible for them to read the primer were excluded.

The adolescents were distributed into groups of six to 10, and five sessions were held with an average time of 45 minutes. Subsequently, each adolescent filled out the instrument "Guidelines for Evaluating Printed Material"¹², made up of 11 guidelines grouped into four areas: 1) Organization: presents a specific topic in its entirety; there are summaries; and the font size is helpful to read. 2) Writing style uses language you understand; message content is easily understandable; messages are easily understood; and messages are presented directly. 3) Appearance: illustrations help you understand what is written and is not overloaded with written information. 4) Motivation: contains elements that encourage your participation and uses attractive elements.

For statistical analysis, the Statistical Package for the Social Sciences (SPSS) v. 25.0 was used. The data were presented in tables with relative and absolute frequencies. The instrument "Guidelines for evaluating printed material" has a score ranging from 27 to 55 points, where results below 27 points infer that the material should be "rejected"; scores between 28-47 points "Needs Reform" and scores between 48-55 points are allowed to "Use as is". In addition, the adolescents made comments related to the booklet which were grouped according to the areas and guidelines of the evaluation instrument.

To conduct the research, permissions were requested from the school (OFICIO-ERA-91-2016); *Concehio Nacional de Investigación en Salud* (CONIS) of Costa Rica (CONIS-115-2017) and from Plataforma Brasil for analysis, being approved by the Research Ethics Committee of the Federal University of Ceará (2,405,971).

RESULTS

In steps one and two: the translations were semantically similar, presenting differences related to the use of synonyms, such as "Manual" and "Primer", which were resolved by the T12 professional, who, in turn, used the best synonym according to the general context. Likewise, in the writing style of each translator, a greater difference can be observed regarding the type of pronoun in the second person singular, where translator one uses "usted" and translator two uses "tú", and professional T12 uses "vos". Thus, of the 20 screens, there was agreement in 17 (85%) of them and inter translation difference in three (15%).

In Step III: Translation into the original language: Of the 20 screens, 18 (90%) presented agreement; and two (10%), inter-translation differences. The differences presented were in

scenes five and six; in scene five, the RT12 synthesis professional puts “Keep reading if you already know”, and the original version cites “see below if you can complete the word”. In RT12’s writing, reading is made conditional on whether you know the answer, whereas in the original version, the adolescent is invited to continue reading. The conditionality of RT12’s sentence comes from T12, where in Spanish, it also presented; “*seguí leyendo si lograste completar la palabra*”.

Scene six presented an exchange of the straight case personal pronoun. The synthesis professional RT12 wrote in the second person singular: “(...) how can I take care of you”. He selects this pronoun since the re-translators write in different personal pronouns. RT1 speaks in the first person singular, “how do I take care of myself”, and RT2, in the second person singular, “how can I take care of you”. However, the sentence in the original version is in the first person singular “how do I prevent myself”. Nevertheless, in T12 there was no error in the translation and the first-person singular was kept: “*cómo hago para cuidarme*”. The above reaffirmed the importance of step three, since it certified that the T12 translated version accurately reflected the content of the items in the original version, being a translation validity verification process⁹.

In Step IV: Committee of Judges: The first result was the incongruence in the use of personal pronouns. This occurred in the translation phase, in which the three professionals who participated in this phase used “vos”, “tú” and “usted”. The second result, lack of “inclusive language”, was the main observation of the idiomatic equivalence presented by the judges throughout the primer. The third result presented two relevant observations: images not referring to early adolescence; and employment of language not used in Costa Rican adolescence. Regarding the images, in scene two, the boys are thin, strong and with broad shoulders; and the girls are thin with large hips, resembling older teenagers. In scenes five and nine, one can observe the adolescents with large, formed breasts.

The fourth result, content discrepancies due to the reality of Costa Rica, is presented in the context that the cultural environment is important in establishing learning standards. The judges noted that some dialogues in the booklet do not fit the cultural or educational reality of the country¹³.

Regarding Stage V: In Part I Sample Characteristics: The pilot-test sample was composed of 61 adolescents and presented adolescents with “Curricular Adequacy”, that is, the adjustment of the educational offer to the characteristics and needs of each student, to address their individual differences (Table 1)¹⁴.

Among the girls, one was found to have “access curriculum adequacy” (mild visual impairment) and two with “non-significant curriculum adequacy” (adequacies that do not modify the official curriculum). Three boys had “significant curriculum adequacy” (supports that modify the official curriculum) and one of them had Asperger’s Syndrome.

Table 1. Description of ages according to gender of adolescents, San José, Costa Rica, 2017

Age	Gender		Total
	Male	Female	
10	2	0	2
11	16	16	32
12	13	7	20
13	3	4	7

Total	34	27	61
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Standard Deviation (SD)= 0,744. Median (Md)= 11.

Source: Authors, 2021.

In part two: Adolescents' evaluation of the educational material: regarding the criterion, "Presents specific topic", the booklet presents concrete topics:

It was very nice because I talk a lot and you learn about sexuality. (AF, 11 years old)

I liked the presentation because it is good to learn to prevent ourselves (AF, 11 years old) (Table 2).

Regarding the content of the message, 26 (79.4%) of the boys found it easy to understand. Some of the teenagers quoted:

All students should be careful about the people we hang out with (AM, 12 years old).

The work seemed very informative and fun to me. I understand that I should not be with people I don't know or answer questions (AM, 12 years old).

I learned an extra way to protect myself and learned about my sexuality (AF, 11 years old).

Therefore, the content of the messages received higher scores and positive comments as well as the use of understandable language (Table 2).

In the appearance category, the criterion with the lowest score overall was found:

It is not overloaded with written information, as 24 (73.5%) of the boys and 19 (70.4%) of the girls considered that the booklet presented screens overloaded with information.

It has a lot of information and is very long (AM, 11 years old)

I didn't like it because it had too many words, and I was very distracted (AM, 12 years old) and "To little boys I think they would be lazy to read because it has too many letters (AM, 11 years old) (Table 2).

The motivation presented the highest percentage of agreement, 18 (66.7%) for the first and 22 (81.5%) the second.

I didn't like the music, it's too intense and you can hear it ugly (AM, 11 years old)

The music seemed awful to me. (AM, 11 years old)

The music is very ugly (AM, 11 years old).

The colors, images, and games received the following comments:

(...) the colors were too intense. (AM, 11 years old)

I didn't like the music and some images; the music is scary. (AF, 11 years old)

I wish they would change the music and the drawings with more movements and gestures. (AF, 11 years old).

Needs more games for fun. (AM, 12 years old).

An important detail was the adolescents' comments regarding the drawing and the

booklet in general:

I didn't like it when the men grab the women because the abuse is seen too explicit (AM, 11 years old).

It is not a theme for children (AF, 12 years old) (Table 2).

Table 2. Relative frequencies of the evaluation of Organization, Writing Style, Appearance, and Motivation according to gender, San Jose, Costa Rica, 2017

Organization										
	Evaluation/Gender.									
	IT		IP		N		CP		CT	
	M	F	M	F	M	F	M	F	M	F
It presents specific topics.	2.9	0	5.9	0	8.8	0	17.6	7.4	64.7	92.6
There are summaries.	2.9	7.4	5.9	0	11.8	11.1	44.1	18.5	35.3	63.0
The font size helps to read.	2.9	0	0	0	2.9	7.4	8.8	37.0	85.3	55.6
Writing style										
	Evaluation/Gender.									
	IT		IP		N		CP		CT	
	M	F	M	F	M	F	M	F	M	F
It uses language that you understand.	2.9	0	0	3.7	17.6	3.7	14.7	18.5	64.7	74.1
Message content is easily understandable.	0	0	2.9	0	0	0	17.6	25.9	79.4	74.1
Easily understandable messages.	0	0	0	0	2.9	7.4	20.6	33.3	76.5	59.3
Messages presented directly.	2.9	0	0	3.7	14.7	0	29.4	25.9	52.9	70.4
Appearance										
	Evaluation/Gender.									
	IT		IP		N		CP		CT	
	M	F	M	F	M	F	M	F	M	F
Illustrations help you understand what is written.	0	0	2.9	0	2.9	3.7	41.2	18.5	52.9	77.8
It is not overloaded with written information.	73.5	70.4	14.7	18.5	8.8	11.1	0	0	2.9	0
Motivation										
	Evaluation/Gender.									
	IT		IP		N		CP		CT	
	M	F	M	F	M	F	M	F	M	F
Contains elements that stimulate your participation.	5.9	3.7	2.9	0	8.8	7.4	26.5	22.2	55.9	66.7
Uses attractive elements	11.8	0	0	0	11.8	7.4	14.7	11.1	61.8	81.5

Source: Authors, 2021.

The decision presented by the pilot test and the judges is that the material “needs reform”, that is, it means that the material, to be used with this population, needs modifications (Table 3).

Table 3. Summary of adolescent and judge decision outcome, San Jose, Costa Rica, 2017

Decision	Adolescents		judges	
	n	%	n	%
Use as is	28	45.9	1	14
Needs renovation	33	54.1	6	86
Rejected	0	0	0	0
TOTAL	61	100	7	100

Source: Authors, 2021.

DISCUSSION

In verbal interaction, Costa Ricans have three linguistic variables: “usted”, “tú” and “vos”. In Costa Rican school education, there is a difference between the pronominal form used in everyday speech and what is taught. This phenomenon is called the “cultured norm” and “standard norm” and presents itself when what is taught in class is different from everyday speech.

It is important to distinguish because language pedagogy needs to separate what we say in social interactions from what is taken for granted. It is relevant that the student knows that language is not limited to the standard norm, nor is it static and unchanging. Language and its linguistic and dialectal variation are a social and cultural reality, where each subject has a way of speaking and expressing him/herself, contributing to show the differences between the written and oral modalities taught by language teachers¹⁵.

Inclusive language” is not for the exclusive use of the differentiation between men and women but covers social groups with different characteristics. Throughout the booklet, dialogues with androcentrism speech are presented, for example, “Es eso chicos” (It’s that boys). This is due to the translations, because, although in Portuguese the use of the masculine voice is used for a group of men and women, in Spanish it is not correct. The importance of “Inclusive Language” is found in language as a social space of ideas, it influences our perception of reality, conditions our thinking and determines our view of the world, it is a matter of collectivity¹⁶.

Around the “Inclusive Language” proposal, the Hispanic countries have created their own manuals to guide correct writing and speaking. In Costa Rica, the law for the promotion of social equality of women brings the express prohibition of incorporating content, methods, or pedagogical instruments that promote or prevent men and women from exercising roles that undermine social equality or that keep women in subordinate conditions. Therefore, books and educational material must contemplate what is stated in the law and provide for women’s participation¹⁷.

Another important aspect was the images not referring to early adolescence and the use of language not used in Costa Rican adolescence. To evaluate if the images are physically adequate to the adolescents’ age group, one should measure the sexual maturation in their adolescence. To this end, the model created by the English physician James Mourilvan Tanner is used, which consists of evaluating the female breasts in five

stages (M1-M5), the male genitals in five stages (G1-G5), and the pubic hairs in six stages (P1-P6) in both genders¹⁸.

However, the images of girls were more easily evaluated according to Tanner's stages due to the visualization of breast size, even with their clothes on; the boys, with their bodies covered, were not. The images of the girls are in the M5 stage, which presents breasts with an adult appearance and defined contour; these characteristics refer to adolescents aged 15-17 years, which indicates the mature-adult stage¹⁹.

However, the age range of the population is between 10 and 13 years, so the breast evaluation should be in the M3 (10-14 years) and M4 (11-15 years) stages²⁰. Therefore, when considering these characteristics, the images do not correspond to the ages of the adolescents.

The images in the booklet were of Brazilian adolescents, so the judges' observation regarding the images can be justified. Several studies show that the physical fitness of adolescents varies by region and level of human development. In several studies to assess health-related physical fitness, they show that the fitness levels of adolescents need to be improved in relation to the parameters of agility and muscular strength. In a study conducted in São Paulo, the anthropometric indicators of most of the adolescent sample were considered overweight, but in the health risk zone with poor motor classification and low level of physical activity.

Regarding the use of language, concepts were presented that could be technical or ambiguous for the target population, such as "autor de la agresión" (author of the aggression) "clases sociales y niveles escolares" (all social classes and school level), "Los autores de crímenes sexuales tienen perfiles muy diferentes" (perpetrators of sexual crimes have very different profiles). These phrases have abstract theoretical constructions for children and adolescents in the age group²².

According to the genetic epistemology of Jean Piaget (1970), the development of the target population (10-13) is in the stage of concrete operative intelligence (11-12 years old) and stage of formal intelligence (from 12 years old). In the stage of concrete operations intelligence, articulate intuitions are transformed into operations, classification, ordering, and correspondence with the emergence of the notions of time, causality, and conservation. In the stage of formal intelligence, hypotheses emerge, allowing the construction of reflections and theories. Thought becomes hypothetical-deductive, and the combinatory operations of correlation and logic are developed²²⁻²³.

Although both stages of development are presented in the target population, the sample presented (55%) whose ages were between 10 and 11 years old, (32.7%) who were 12 years old, since they were in the transition of the stages, and (11.4%) who were 13 years old so it can be stated that they were in the formal intelligence stage. Therefore, the predominant developmental stage was the concrete operative intelligence stage. This means that adolescents do not yet can abstract concrete ideas from complex discourse, such as the observation made in scene five regarding the transition of ideas and figures²³.

The fourth result, content discrepancies due to the reality of Costa Rica, is presented in the context that the cultural environment is important in establishing learning standards. The judges noted that some dialogues in the booklet do not fit the cultural or educational reality of the country. Scene 15 presents the phrase "prevention of pregnancy after intercourse with penetration," this is because in Costa Rica, the use of emergency contraceptive methods is illegal. The protocol presented by the National Sexuality Policy for the care of victims of sexual violence in Costa Rica presents the following phases: blood collection, prophylaxis of STIs and HIV, emergency contraception, psychological orientations, and reproductive counseling²⁴. However, several state institutions have a protocol of care for victims, provided by the decree No. 41240-MP-MCM "Priority interest in intervention, attention and prevention of violence against women" as well as inter-institutional protocols^{13, 25-27}.

Until the year 2019, Costa Rica was the only country in Latin America in which emergency oral contraception based on levonorgestrel (or any type) was not included in the regulation of family planning services²⁸. This is because there is the idea that emergency contraception is abortifacient, and in Costa Rica, abortion is illegal according to article 21 of the Political Constitution "Human life is inviolable", and according to law 4573 Penal Code, and can lead to imprisonment. The Costa Rican Ministry of Health approved the Sanitary Registry and the free sale of the emergency contraceptive¹⁴.

In contrast to the Costa Rican protocol, the Brazilian protocol for the Care of Persons in Situations of Sexual Violence introduces the phase "Emergency contraception (EC) and prophylaxis of STIs and HIV". In this stage, the adolescent who has experienced sexual violence or certain questionable contact with semen is a candidate for the use of EC. In the Costa Rican educational environment, school curricular plans do not have subjects focused on sex education. Despite this, governments have tried at different times to implement public and educational policies on sexuality. Some privileges, especially financial ones, were granted and, despite the efforts that occurred in the period 2006-2010 during the government of Oscar Arias Sánchez, the Ministry of Public Education made a process of internal restructuring that ended with the disintegration of the department responsible for sexuality education²⁹⁻³⁰.

The main limitations were: The economic contribution is high due to the costs of transportation to the country, translations, and payment for the modifications of the primer design; the study had the refusal of one of the translators after he started the translation process. This required finding a new translator and restarting the process; the evaluation by judges was time consuming because it was not possible to gather all of them in one session. This required multiple sessions of more than an hour to collect their evaluations; and, also, the evaluation of the adolescents required more time in the collection, since the school had its own academic activities, tests, and science fairs, as well as vacations, part-time and holidays.

CONCLUSION

The validation of the cross-cultural adaptation by the judges showed that 86% of them opine that the booklet needs some reforms to be used in the Costa Rican context and with this target population. In the case of the evaluation carried out by the adolescents and according to the scores of the instrument the booklet needs reforms (54.1%).

It is important to emphasize that cross-cultural adaptations of educational materials are more difficult than adaptations of instruments or questionnaires because of the social and cultural modifications of the images that need to reflect the reality of the country. For this, it is relevant to know the profile of the participants to adapt the images and dialogues in a real way. And, that the translation protocols were important to clarify the doubts in relation to the original idea of the Brazilian version of the booklet, to verify any translation error that could influence the semantic equivalence of the sentences.

Regarding the comments of Costa Rican adolescents, the booklet was considered interesting, fun, attractive, interactive, long, with technical terms as well as tiresome. This evaluation highlights that the educational material needs reforms both in terms of technical content and the amount of information to be used in this target population. On the other hand, the booklet, when directed to adolescents, doesn't need instructions, only a follow-up by some professional of the school team: teachers, counselor, psychologist or visiting nurses.

Therefore, it is concluded that the educational booklet is translated and culturally adapted to the reality of Costa Rica, but that some reforms had to be made to fully fit the age range of the target population. After the reforms, it can be offered and used in the new

affectivity program of the Ministry of Education of Costa Rica. Contributing to the nursing area in health promotion, the booklet can be used in various environments to carry out health education actions, in this case, in schools. A fundamental part of nursing professionals is to be educators, providing tools to adolescents through scientifically evaluated materials and facilitating teaching and learning.

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