

RESEARCH ARTICLE

TRANSLATION OF COPING STRATEGY SCALE INTO URDU LANGUAGE, FAMILY SYSTEM AND AGE WISE DIFFERENCES AMONG INFERTILE WOMEN

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Abstract

Coping Strategy Scale (CSS) is widely used to measure how individuals cope with various kind of stressors related to infertility, therefore it is necessary to translate coping strategy scale in Urdu language to make it understandable by the Pakistani population. In the present study CSS developed by Schmidt is translated for assessment of coping strategies used by infertile females. 120 infertile females of age range 20-45 were selected to participate in the present study through purposive sampling technique. CSS was translated into Urdu language using the back translation method of Brislin. The alpha reliability coefficient for subscales of CSS Urdu version ranged from 0.62 to 0.83. The CSS Urdu version would be useful for the Pakistani population to find out coping strategies used by infertile females. In future CSS will be useful for researchers working with infertility and psychosocial issues. *ASEAN Journal of Psychiatry, Vol. 22(8) October, 2021; 1-7.*

Keywords: Coping Strategy Scale, Purposive Sampling, Alpha Reliability Coefficient, Internal Validity

Introduction

Parenthood is one of the significant advances in grown-up life for both male and females. The pressure of the non-satisfaction of a wish for a child has been related with feelings such as outrage, misery, nervousness, marital issues, sexual brokenness, and social separation. In order to overcome stress and various other psychological problems associated with infertility, individuals utilize an assortment of coping styles. Problem and emotional focused strategies are two principle adapting methodologies utilized by people managing psychosocial issues related to infertility [1].

Emotion-focused strategies have the reason for directing negative feelings and reducing pressure; it incorporates escaping and aversion, conversely, problem-centered techniques include managing upsetting circumstances, looking for help and information.

Coping refers to the thoughts and acts people use to manage the demands of stressful transactions. Folkman et al. transactional model of stress and coping suggest that age differences in coping strategies may be the result of changes in what people must cope with as they age because with age they are encountered with different type of stressors so they cope differently. Pimley et al. compared 75 younger couples and 161 older adults' strategies of adapting and found that younger adults were overall bound to use problem-focused coping, whereas older adults were more likely to use emotion-focused coping [2].

Guttman found out that adapting styles alter from active too passive from youth to midlife, then to magical mastery in late life [3]. In distinction, Valliant felt that a good change happened in the utilization of defence mechanisms. He projected that a gradual

formative cycle occurs across the life expectancy, described by a decline in the utilization of anxious or immature defensive styles combined with an expansion in more mature defensive approaches in midlife [4]. Then again, others McCrae have recommended a shortage of efficient change in adapting systems to age apart from those styles that are due to situational requirements. Older people do appear to utilize less procedure, while staying as effective as the young individual in their capacity to adapt [5-6].

Research indicates that women used a wider range of coping methods to cope with infertility than men did [7]. Peterson performed a study to assess the connection between infertility, marital benefit and adapting in an example of people going through ineffective infertility treatment, contrasted with males, a more prominent level of females detailed greater levels of marital advantage. In the subsequent investigations completed on infertility stress and the strategies for adapting, it was discovered that there was a connection between increase and decrease of levels of stress and the techniques used to adapt to pressure [8].

Results from the study indicated that both emotion-focused and problem-focused coping strategies were efficient in dropping psychological distress; however, at the 18-month follow up, the problem-focused coping intervention group had higher rates of pregnancy than the emotion-focused coping intervention group [9].

Studies found expressing emotions as a coping strategy was associated with lower pregnancy rates, however letting go as an emotion-focused coping strategy was positively and considerably linked with higher pregnancy rates.

The role of family structure and environment on adapting coping strategies is evident from research. Coping procedures have been related to family air to the level that the family gives the circumstance wherein the individual first encounters different adapting methodologies. Moreover, the individual would then be able to

start testing coping procedures with other members of the family.

At last, the individual can get back to the family for specific sorts of adapting, for example, advice seeking and social help. It follows, then, that one's chosen coping strategies are likely influenced by the conflict or cohesion that characterizes his or her family environment [10]. There is not the availability of sufficient literature on how coping strategies are used differently by nuclear and joint family systems. In order to find out that difference the present study is conducted and further it is important to determine the stress levels of infertile individuals and the coping methods they use to lessen their stress. To make these conclusions we need to have substantial scales fit to accomplish these points.

Coping Strategy Scale

The COMPI coping strategy scale is used to access coping with stress of infertile couples. It was developed by Schmidt. The COMPI Coping Strategy Scale is a 19 item scale with four subscales. This scale can be used for both male and females. Active-avoidance was measured by four items (items 1-4).

Active confrontation was measured by seven items (items 5-9,18,19). Passive-avoidance was measured by three items (items 10-12) and meaning-based coping was measured by five items (items 13-17). Responses on the COMPI Coping Strategy Scales are made on a four-point Likert scale (1=not used, 4=used a great deal). Cranach's alpha coefficient of 19 items was 0.83. It has a minimum score of 19 and maximum score of 76.

Scale 1 is active avoidance. It has 4 items. It measures how an individual avoids stressors rather than dealing with them. The least score is 4 and the highest score is 16. Alpha reliability coefficient is 0.59 scale 2 is active confrontation, it has 7 items, the lowest score is 7 and the highest score is 28. Alpha reliability coefficient is 0.69. Scale 3 is passive avoidance. It has 5 items. The minimum score is 5 and the maximum score is 20, alpha reliability

coefficient is 0.62 scale 4 is Meaning Based coping it has 3 items, the least score is 3 and the maximum score is 12, alpha reliability coefficient is 0.6.

Objectives

The objectives of the study were:

- To translate coping strategy scale into Urdu language.
- To find out alpha reliability coefficient and inter scale correlation of coping strategy scale (Urdu version).
- To find out differences on the basis of family system and age on coping strategies used by infertile women.

Translation of Coping Strategy Scale

To achieve the objectives of current research the translation process given by Brislin was used and consisted of following steps:

Step 1: Forward translation

In the first step translation was done by 5 bilinguals. The students of English, Urdu and psychology studying at M.Phil or PhD. level at international Islamic university Islamabad were bilinguals. A number of them were lecturers in English with least qualification of M.A English/Urdu. Bilinguals from these various fields had good proficiency in both languages. All members were requested to translate questionnaire items from English to Urdu while considering content validity between both versions. Furthermore researchers requested them to translate each item without replacing any item in the original English version scale.

Step 2: Committee of experts

A committee of experts including two assistant professors, supervisor and the researcher herself carefully examined the translated items of CSS and assessed content similarity between Urdu and English versions. 5 translations of each item were examined and then selected the translation that has the finest meaning. The final translation of each item was approved by mutual agreement of all committee members. After the selection of

translated items, they were given to bilinguals for backward translation.

Step 3: Back translation

In this step translation was done by 5 bilinguals. The students of English, Urdu and psychology studying at M.Phil or PhD level at international Islamic university Islamabad were bilinguals for back translation. A number of them were the lecturers in English with least qualification of M.A English/Urdu. Bilinguals from these various fields had good proficiency in both languages. Only those bilinguals were taken for backward translation that were not the part of forward translation and were not familiar with the content of original items of CSS. The bilinguals were requested to translate Urdu CSS into English language as accurately as feasible.

Step: 4 Committee approach

The final stage of item selection included committee approach. A committee of experts including PhD scholars and assistant professors thoroughly evaluated back translated items and had chosen the final list of items for Urdu CSS. There was agreement among all the experts concerning accuracy of translation. The selected items were administered on the sample to find out psychometric properties of the CSS-Urdu version.

Sample

The present study was conducted on the sample of 120 infertile females with the age range of 20-45 years. After institution approval, a sample was selected from different infertility centres of Islamabad and Rawalpindi. Purposive sampling technique was used for the collection of data.

Procedure

After approval from the institution, consent form was given to infertile females in different infertility centres. They were assured that all the information would be kept confidential; they were free to participate or decline the research with their own will.

After inform consent, the Urdu-version of CSS was given to them, which they understood easily.

Once data from 120 females was gathered it was further analysed through SPSS to get the results.

Results

Table 1. Alpha reliability coefficient and descriptive statistics of coping strategy scale and its subscales

Range								
Scales	Items	α	M	SD	Potential	Actual	Skewness	kurtosis
CSS	19	0.83	50.9	10.6	19-76	28-72	-0.23	-0.02
Active avoidance	4	0.59	10.1	2.51	4-16	4-16	0.11	0.13
Passive avoidance	7	0.69	18	3.7	7-28	9-28	0	-0.18
Active coping	5	0.62	7.73	1.46	5-20	4-11	-0.14	-0.26
Passive coping	3	-0.6	12.9	2.93	3-12	7-19	-0.01	-0.48

CSS: Coping Strategy Questionnaire

The above table shows alpha reliability coefficients for Coping strategy scale and subscales. The reliability of CSS and its subscales are 0.83, 0.59, 0.69, 0.62, and 0.6

which are quite satisfactory. The values of skewness for CSS and its subscales were less than 1 which indicated that univariate normality was not problematic.

Table 2. Inter scale correlations of CSS and its subscales (N=120)

	CSS	AA	PA	AC	MC
CSS	-	0.92	0.74	0.92	0.84
AA	-	-	0.47	0.63	0.55
PA	-	-	-	0.53	0.34
AC	-	-	-	-	0.53
MC	-	-	-	-	-

Note: p<0.001, CSS: Coping Strategy Scale, AA: Active Avoidance, PA: Passive Avoidance, AC: Active Confronting, MC: Meaning Based Coping.

Table 2 shows inter scale correlations among Coping strategy scale total and its subscales. The findings indicated that CSS had significant positive correlation with active avoidance $r(120)=0.92$, $P<0.001$ passive avoidance $r(120)=0.74$, $p<0.001$. Active confronting $r(120)=0.92$, $p<0.001$ Meaning based coping $r(120)=0.84$, $p<0.001$. The findings also showed that Active avoidance had significant positive

correlation with passive avoidance $r(120)=0.47$, $p<0.001$, Active confronting $r(120)=0.92$, $p<0.001$, meaning based coping $r(120)=0.55$, $p<0.001$. Passive avoidance had a significant correlation with active confronting $r(120)=0.55$, $p<0.001$ and meaning based coping $r(120)=0.34$, $p<0.001$. Table 2 showed that active confronting had a significant relation with meaning based coping $r(120)=0.53$, $P<0.001$.

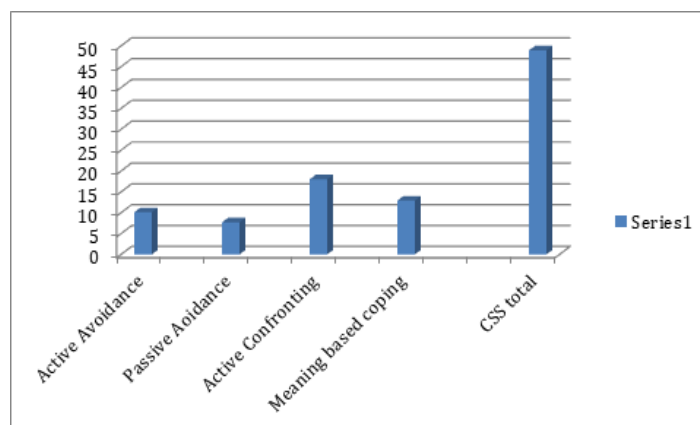


Figure 1. Graphical representation of mean scores of infertile women on coping strategies

Figure 1 indicates mean scores of coping strategies used by infertile women. It shows highest score on active confronting strategies

followed by meaning based coping, active avoidance and passive avoidance.

Table 3. Mean, standard deviation and t-values of coping strategy scale and subscales based on family system (N=120)

Variable	N	Nuclear (n=30)	Joint (n=90)	t	p	95% CI		
		M (SD)	M (SD)			LL	UL	Cohen's d
CSS	120	45.5 (5.4)	50.06 (9.30)	2.5	0.001	8.1	1	0.67
AA	120	9.4 (1.3)	10.4 (2.7)	1.8	0.001	2	0.07	0.47
PA	120	6.9 (1.1)	8 (1.4)	3.7	0.1	1.6	0.53	0.87
AC	120	17.1 (2.8)	18.4 (2.04)	1.6	0.019	2.8	0.25	0.53
MC	120	12 (2.5)	13.2 (2.99)	1.9	0.288	2.3	0.4	0.43

Note: CSS: Coping Strategy Scale, AA: Active Avoidance, PA: Passive Avoidance, AC: Active Confronting, MBC: Meaning Based Coping

Table 3 shows mean and standard deviation values for joint and nuclear family structure on coping strategy scale, result showed that infertile females belonging to nuclear family system have lower mean values on CSS (M=45.5) then infertile females of joint families (M=50.06). The result shows there is significance difference

of coping strategies used by females in joint and nuclear family system ($p < 0.000$). The above table shows significant difference on active avoidance and active confronting strategies ($p < 0.001$). While there is non-significant difference on passive avoidance and meaning based coping strategies ($p > 0.001$).

Table 4. Mean, standard deviation and t-values of coping strategy scale and subscales based on age (n=120)

Variable	N	(20-35 years) (n=52)	(36-40 years) (n=68)	t	p	95% CI		Cohen's d
		M (SD)	M (SD)			LL	UL	
CSS	120	48.30 (8.7)	49.3 (8.6)	0.67	0.5	4.2	2	0.11
AA	120	10.00 (2.4)	10.2 (2.5)	0.6	0.54	1.1	0.64	0.08

PA	120	7.8 (1.2)	7.6 (1.6)	0.61	0.54	0.37	0.7	0.14
AC	120	17.8 (3.6)	18.2 (3.6)	0.54	0.58	1.7	1	0.11
MC	120	12.6 (2.3)	13.2 (2.3)	1	0.3	1.7	0.54	0.26

Note: CSS: Coping Strategy Scale, AA: Active Avoidance, PA: Passive Avoidance, AC: Active Confronting, MC: Meaning Based Coping.

Table 4 shows mean and standard deviation values for age groups on coping strategy scale. The result shows there is no significance difference of coping strategies used by females of different age groups ($p>0.000$). The above

Discussion

In the present study, translation of CSS into Urdu language was the first objective and the second objective was to find out alpha reliability coefficients and descriptive statistics of CSS Urdu version. Analysis showed that alpha reliability coefficient of CSS and subscales are satisfactory Table 1. 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 Table 2. The last objective of the study was to find out the impact of demographic variables on coping strategies. Result showed that there is no significant difference of age on coping strategies. Infertile females of different ages used various coping strategies and there was no evidence from this study that females of any particular age group used specific type of coping strategies Table 3. Impact of family structure (joint and nuclear) was also studied, result showed that there was a significant difference of coping strategies used by infertile females living in joint or nuclear family Table 4. Results showed significant difference on active avoidance and active confrontation strategies in family system, this is supported by such researchers as Folkman et al. that females use emotional mechanisms such as releasing emotions and talking with friends, there is the dearth of research that measures the role of The present study measured the effect of age and family structure on coping strategies, future researchers can study the effect of other demographic variables on coping strategies. Furthermore the study showed significant difference of family structure on coping

table shows no significant difference on all subscales. The mean and standard deviation values of both groups are very closer so there is no difference on these values as well.

family structure (nuclear and joint) on coping strategies. From the present study we got a mixed response that active avoidance and active confrontation both strategies are used mostly by infertile females living in joint family system. One possible explanation for active avoidance in joint family system is the fear of being stigmatized and left alone because of unfulfillment of strong desire of a child by spouse and other family members, the female feels it very difficult to discuss the matter with others as McQuillan states that not attaining motherhood prospect is often reason for women with infertility to go through a deep sense of misery and incomplete womanhood. On the other hand, if the spouse and other family members are supportive, women can share the infertility issue and related stress with them, in this case she can use active confrontation rather than avoidance.

Limitation and Recommendations

The present study was conducted on the sample of infertile females so the future researchers can conduct research on males as well, this will strengthen the reliability and validity of the CSS-Urdu version. The data was taken from selective centres of Islamabad and Rawalpindi; future researchers may include different centres and cities for the wider range of data.

Strategies but there are not sufficient researches available on the role of this demographic (family structure) on coping strategy so future researches can also study this variable with different samples of infertile population in order to find

out the significance of various coping methods used in family structures.

Conclusion

In the current study coping strategy Scale has been successfully translated into Urdu language, in order to make it understandable to the Pakistani population. CSS Urdu-version is a reliable and valid scale for the assessment of coping strategies used by infertile women. In future research CSS would also be helpful for researchers working in the same area. CSS Urdu-version can help in diagnosis in clinics when used along with other assessment tools so that correct assessment and effective treatment plan can be used for the patient.

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