

**TELUGU TRANSLATION OF
ROSENBERG SELF ESTEEM SCALE (RSES)**

A Dissertation submitted by

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Under the Guidance of

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Towards the partial fulfilment of
MASTER OF SCIENCE IN YOGA

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CERTIFICATE

This is to certify that **SREE SWATHEE MYDAVOLU** is submitting this dissertation comprising of Translation and Validation of Experimental Research on “**TELUGU TRANSLATION OF - ROSENBERG SELF ESTEEM SCALE (RSES)**” towards partial fulfilment of the requirement for the ‘Master of Science’ in Yoga at Swami Vivekananda Yoga Anusandhana Samsthana (S-VYASA) and this is a record of the work carried out by him in this Institute.

Guide

Place: Bangalore

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Date: 30th October, 2017

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DECLARATION

I, hereby declare that this study was conducted by me at Swami Vivekananda Yoga Anusandhana Samsthana (S-VYASA), Bengaluru, under the guidance of Dr Kashinath G Metri, S-VYASA University Bengaluru.

I also declare that the subject matter of my dissertation entitled “TELUGU TRANSLATION OF - ROSENBERG SELF-ESTEEM SCALE (RSES)” has not previously formed the basis of the award of any degree, diploma, associate ship, fellowship or similar titles.

Date: 30th October, 2017

Place: Bengaluru

Name

SREE SWATHEE MYDAVOLU

A C K N O W L E D G E M E N T

I express my gratitude to my beloved Guru Bhagawan Sri Sathya Sai Baba.

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Date: 30th October 2017

Place: Bengaluru

SREE SWATHEE MYDAVOLU

Name of the candidate

STANDARD INTERNATIONAL TRANSLITERATION CODE USED TO
TRANSLITERATE SANSKRIT WORDS

a	=	अ	āna	=	ऊ	pa	=	प
ā	=	आ	ca	=	च	pha	=	फ
i	=	इ	cha	=	छ	ba	=	ब
ī	=	ई	ja	=	ज	bha	=	भ
u	=	उ	jha	=	झ	ma	=	म
ū	=	ऊ	n̄	=	ञ	ya	=	य
ṛ	=	ऋ	ṭa	=	ट	ra	=	र
ṝ	=	ॠ	ṭha	=	ठ	la	=	ल
e	=	ए	ḍa	=	ड	va	=	व
ai	=	ऐ	ḍha	=	ढ	ṣa	=	ष
o	=	ओ	ṇa	=	ण	ṣa	=	ष
au	=	औ	ta	=	त	ṣa	=	स
n̄	=	अ	tha	=	थ	ha	=	ह
ḥ	=	अः	ḍa	=	ड	kṣa	=	क्ष
ka	=	क	ḍha	=	घ	tr	=	त्र
kha	=	ख	na	=	न	jña	=	ज्ञ
ga	=	ग	gha	=	घ			

ABSTRACT

Background: Administration of a questionnaire in a language other than the native language of the participant would always pose threat to the validity of measurement. The ROSENBERG SELF ESTEEM SCALE (RSES) was developed in English. This is one of the well validated tools for assessment of Self Esteem. Considering importance of its extensive application, an attempt was made to translate the RSES from English to Telugu to benefit Telugu speaking population. In this study, translation procedure recommended by World Health Organisation (WHO) is followed.

Objective: To translate RSES Short Version from English to Telugu language.

Materials and methods: The original RSES was translated from English to Telugu by language experts. A translation committee of three members consolidated the questionnaire into one Telugu version. It was then back translated by two experts and again the translation committee reviewed and approved final version of the RSES Telugu after suggested corrections. The feedback was taken from the participants about the questionnaire.

Results: RSES in English was translated to Telugu by adopting the standard WHO recommendations which has 10 questions.

Conclusion: The RSES was successfully translated into Telugu adopting WHO recommendations and under the guidance of expert committee.

Key wards: Rosenberg Self-Esteem Scale (RSES), translation, WHO, Telugu language.

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CHAPTER I

INTRODUCTION

1. INTRODUCTION

1.1 IMPORTANCE OF SELF ESTEEM

In social psychology, major research is being done on Self-esteem. Its importance is so much that sometimes low self-esteem is seen as the cause of all bad and high self-esteem as the cause of all high-quality. Self-esteem is related with despair, nervousness, inspiration and general happiness by one's existence. The idea is well known that raising a human being's self-esteem would be useful for human and culture.

By definition self-esteem is a person's approach in relation to himself or herself, relating self-estimation beside an optimistic or unenthusiastic dimension. Self-esteem consigns to a personalities on the whole constructive appraisal to the self. It is collectively made up of two different dimensions, i.e. competency and value. The competency dimension refers to the extent to which individuals perceive themselves as competent and efficient.

The value dimensions refer to the extent to which persons believe they are the people to be valued.

When discussing about Quality of living and psychosocial happiness, the self-esteem topic is obligatory. The evaluative element of self represents self-esteem. Individuals with high self-esteem are more pleased by their life they are approximated to be more contented, fewer unhappy, and more knowledgeable at occupation or school, and they are emotionally and bodily healthier.

1.2 ROSENBERG SELF-ESTEEM SCALE (RSES)

The Rosenberg Self-Esteem Scale (RSES) was created by a Psychiatrist Rosenberg in the year 1965 with 6 items.

The Rosenberg Self-Esteem Scale (RSES) is usually used to measure self-esteem; it is administered in 53 nations and translated into 29 languages. The RSES contains ten questions out of which 5 are positive and 5 are negative. These questions use a Likert scale in which the answers for the positive and negative items are weighed independently on a four-point scale, with strongly agree, agree, disagree, and strongly disagree. The total sum of the scale varies from 0 to 30. The elevated the score, more is the self- esteem.

The RSES is designed similar to social-survey questionnaires. It is a ten-item Likert-type scale with items answered on a four-point scale—from strongly agree to strongly disagree. Five of the items have positively worded statements and five have negatively worded ones. The scale measures state self-esteem by asking the respondents to reflect on their current feelings. The original sample for which the scale was developed consisted of 5,024 high-school juniors and seniors from 10 randomly selected schools in New York State. The Rosenberg self-esteem scale is considered a reliable and valid quantitative tool for self-esteem assessment.

Scoring: Items 2, 5, 6, 8, 9		Scoring: Items 1, 3, 4, 7, 10	
Strongly Agree	0	Strongly Agree	3
Agree	1	Agree	2
Disagree	2	Disagree	1
Strongly Disagree	3	Strongly Disagree	0

Sum the scores for all ten items. A higher score ≥ 15 indicates more self-esteem.

Scores between the range of 15 to 25 are considered as normal level of self-esteem.

The RSES - Rosenberge Self Esteem Scale is the most reliable and valid scale to measure self-esteem and has received a substantial amount of recognition throughout the world.

1.3 PURPOSE OF THE STUDY

Questionnaires targeting the self-esteem have been developed internationally, however, only few of these have been translated and assessed on a Telugu speaking sample. The purpose of the present study was therefore to translate and examine the validity of the Telugu version of the RSES.

The RSES is designed similar to social-survey questionnaires. It is a ten-item Likert-type scale with items answered on a four point scale from strongly agree, to strongly disagree. Five of the items have positively worded statements and five have negatively worded ones. The scale measures state self-esteem by asking the respondents to reflect on their current feelings. The original sample for which the scale was developed consisted of 5,024 high-

school juniors and seniors from 10 randomly selected schools in New York State. The Rosenberg self-esteem scale is considered a reliable and valid quantitative tool for self-esteem assessment

1.4 IMPORTANCE OF TRANSLATION OF RSES INTO TELUGU

The Rosenberg Self-Esteem Scale (RSES) was developed in English. This is one of the well validated tools for assessment of Self-Esteem.

Administration of a questionnaire in a language other than the native language of the participant would always pose threat to the validity of measurement. (Reference: 5 – Danish)

Considering importance of its extensive application, translation and validation of RSES from English to Telugu was taken up to benefit Telugu speaking population

In this study, translation procedure recommended by World Health Organisation (WHO) was followed.

The RSES has been translated and adapted to various languages, such as Persian, French, Chinese, Italian, German, Portuguese, and Spanish, Indian language Gujarati . The scale is extensively used in cross-cultural studies in up to 53 different nations.

Telugu is one of the prominent languages of South India. It is the official language in two of the big States in India. It is a Dravidian language native to India. It stands alongside Hindi and English as one of the few languages with official status in more than one Indian state. Telugu is the primary language in the states of Andhra Pradesh, Telangana, and in the town of Yanam, Puducherry, and is also spoken by significant minorities in Karnataka (8.81%), Tamil Nadu (8.63%), Maharashtra (1.4%), Chhattisgarh (1%), Odisha (1.9%), the Andaman and Nicobar Islands (12.9%), and by the Sri Lankan Gypsy people. It is one of six languages designated a classical language of India by the Government of India.

Telugu ranks third by the number of native speakers in India (74 million, 2001 census), fifteenth in the Ethnologue list of most-spoken languages worldwide and is the most

widely spoken Dravidian language in the world. It is one of the twenty-two scheduled languages of the Republic of India. Approximately 10,000 pre-colonial inscriptions exist in the Telugu language.

The RSES is currently available in English (US), Spanish (US), Spanish (Spain), Chinese, Danish, Dutch, French, and Korean. Polish, Farsi, and Urdu versions are in development.

A brief version of the instrument is available as well (RSES). It has 10 items self-reported scale use to investigate the levels of different types of anxiety and depression among children and adolescents. Participants respond in the form of the answers of never, some time, often and always.

CHAPTER 2

SELF-ESTEEM

2. SELF-ESTEEM

2.1 WHAT IS SELF ESTEEM

How you feel about yourself – your self worth or your pride in yourself is called self esteem.

“Self-esteem” is a person’s approach in relation to himself or herself, relating self-estimation beside an optimistic or unenthusiastic dimension.

Self-esteem consigns to a personality’s on the whole constructive appraisal to the self. It is collectively made up of two different dimensions, i.e. competency and value. The competency dimension refers to the extent to which individuals perceive themselves as competent and efficient. The value dimensions refer to the extent to which persons believe they are the people to be valued. When discussing about Quality of living and psychosocial happiness, the self-esteem topic is obligatory.

2.2 DEFINITION OF SELF ESTEEM

General Definitions:

1. Confidence in one’s own worth or abilities; self-respect
2. A confidence and satisfaction in oneself.
3. A realistic respect for or favourable impression of oneself; self-respect
4. An inordinately or exaggeratedly favourable impression of oneself.

Definition according to APA American Psychological Association

Optimism in relation to oneself is self esteem

Yoga definition:

A sense of self-importance, or as self-esteem in the world of yoga

2.3 IMPORTANCE OF SELF ESTEEM IN HUMAN LIFE

The evaluative element of self represents self-esteem. Individuals with high self-esteem are more pleased by their life; they are approximated to be more contented, fewer unhappy, and more knowledgeable at occupation or school and they are emotionally and bodily healthier.

The self-esteem is a commonly studied construct in the field of mental health and behavioural, social, and educational sciences with its specific study and applications in the field of psychology. High self-esteem is found beneficial for people in many ways and it is strongly related to happiness, job satisfaction, optimism and secure sense of worth, as well as with good interpersonal or communication skills and problem solving strategies when dealing conflicts. In contrast, low self-esteem is related to feelings of failure, incompetence, and worthlessness. People with low self-esteem consciously or unconsciously hate and reject themselves that may be conveyed in direct or indirect ways.

2.4 USE OF RSES AND ITS TRANSLATION

Self Esteem Scale is developed to define and assess self-esteem as a goal concept of the self and a sense of worth or value. in other words, self-esteem as measured by RSES may be conceived as an appraisal in which people express approval or disapproval of themselves and set beliefs about their own worth as a person.

The Rosenberg Self-Esteem Scale (RSES) is usually used to measure self-esteem; it is administered in 53 nations and translated into 28 languages. (Ref. 4 Gujarati RSE Gujarati Translation)

The RSES contains ten questions out of which 5 are positive and 5 are negative. These questions use a Likert scale in which the answers for the positive and negative items are weighed independently on a four-point scale, with strongly agree, agree, disagree, and strongly disagree. The total sum of the scale varies from 0 to 30. The elevated the score, more is the self- esteem.

After searching the literature databases such as Pubmed, Scopus, Science direct, Ebscohost, etc. till 31st October, 2017 didn't found any study on the translated Telugu version of Rosenberg Self-Esteem Scale. As a result this scale was not able to be used in Telugu

population who knows only Telugu language. Therefore the present study was taken up to translate the Rosenberg Self-Esteem scale from English to Telugu language. Thus, this Telugu version of RSES would be useful to measure the self-esteem of Gujarati population, who understands only Telugu language.

2.5 YOGIC MANAGEMENT OF SELF ESTEEM

A. Strengthening further the present level of self-esteem.

1. Breathing exercises

Breath is the bridge between mind and body. Voluntary control of the breath improves balance and equilibrium in the systems of the body which helps in the improvement of self-esteem.

2. Asanas and Kriyas

As told in the Patanjali Yoga Suthras "Sthiram Sukham Asanam" steady and comfortable is the yoga posture helps to strengthen self-esteem.

Kriyas cleanse our body and keeps the system charged which brings pleasantness leading self-esteem.

3. Pranayama (prana= vital energy, ayama = journey)

The Prana is the powerful tool or medicine to channelize and maintain self-esteem as it works on the overall health and wellbeing of a person.

4. Swadhyaya (Scriptural study)

This improves personality thorough showing the right path in different ways.

Example: life stories of ancient and modern great personalities.

5. MEDITATION

Meditation is very important practice which makes self-esteem strong by control and mastery of mind in a perfectly on the right path.

B. Yoga for improving low self-esteem

The technique is to start with loosening exercises which are body movements repeated with jerks and speed. This helps initially to distract the mind from the loop of repeating anxiety producing thoughts. Once it is distracted by fast body movements you go on to slower body movements (Suryanamaskar and yogasanas). Similarly one can start with fast breathing practices (like Kapalabhati) and then move on to slower breathing practices (pranayama). After alternating between a set of alternating fast and slow body and breathing practices for about 20-30 minutes, mind is pulled out of its loop of worrying thoughts. Now it can be set into further slowing down by Nadanusandhana, and then to actual meditation which is nothing but very slow effortless flow of a single thought in the mind sinking down into total inner silence for a few seconds. The set of practices described in this booklet follow this principle. Starting from rapid bodily movements you go on to slower and slower practices with deep internal awareness. This in course of time should help in getting better mastery over the mind.

CHAPTER 3

LITERATURE REVIEW

3. LITERATURE REVIEW

3.1 LITERATURE REVIEW ON SELF_ESTEEM

At the conceptual level, self-esteem has traditionally been considered an evaluative component of the self-concept (Purkey, 1970; Shavelson, Hubner, & Stanton, 1976) by which subjects appraise their self-image from the feedback they receive as individuals and from information from social interaction during their diverse social roles (González-Pienda, Núñez, González- Pumariega, & García, 1997). In this same line, Musitu, Román, and Gracia (1988) conceive self-esteem as a worth and evaluative quality of the cognitions and behaviors which is expressed in the degree of personal satisfaction. Recently, Garaigordobil, Durá, and Pérez (2005) established a hierarchical relation between self-concept and self-esteem in which the self- description serves the positive self-appraisal and this, in turn, plays a protective role in the person's system.

The study of self-esteem is essential in psychological research because it has been associated with, among other aspects, psychological well-being (Sánchez & Barrón, 2003), self-handicapping strategies and defensive pessimism (Rodríguez, Cabanach, Valle, Núñez, & González-Pienda, 2004), the influence of the environment and the family educational style (Alonso & Román, 2005; Parra, Oliva, & Sánchez, 2004), learning strategies (Núñez, et al., 1998), and academic achievement (Fiz & Oyón, 1998; Mestre, García, Frías, & Llorca, 1992). In this sense, it is crucial to have instruments to assess self-esteem adapted to our environment and with adequate psychometric properties.

One of the most extensively used instruments to assess self-esteem is the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1989). This author considers self-esteem a component of self-concept and defines it as an individual's set of thoughts and feelings about his or her own worth and importance, that is, a global positive or negative attitude toward oneself (Rosenberg, 1965). The RSES is a uni-dimensional instrument elaborated from a phenomenological conception of self-esteem that captures subjects' global perception of their own worth by means of a 10-item scale, 5 positively worded items and 5 negatively worded items.

The RSES has been translated and adapted to various languages, such as Persian (Shapurian, Hojat, & Nayerahmadi, 1987), French (Vallieres & Vallerand, 1990), Chinese (Cheng & Hamid, 1995), Italian (Prezza, Trombaccia, & Armento, 1997), Estonian (Pullmann & Allik, 2000), and

Portuguese

(Santos & Maia, 2003).

The extensive diffusion of the instrument and the cross cultural studies in up to 53 different nations (Schmitt & Allik, 2005) have revealed that the scale presents problems regarding its unidimensional structure. In this same line, Hensley and Roberts (1976), although they found a two factor solution, they identified a unique response of a similar nature, so the scale probably only measures a single

dimension. Moreover, as noted by Quilty, Oakman, and Risko (2006), the method effects should be included in the measurement model of the instrument in order to obtain a good fit. Thus, Wang, Siegal, Falck, and Carlson (2001) present the scale as unidimensional but including the method effects in the items that are positively worded, whereas most investigators include the method effects in the negatively worded items (Corwyn, 2000; Gana, Alaphilippe, & Baillo, 2005; Marsh, 1996; Motl & DiStefano, 2002). Other studies propose that the best fit is obtained when considering the

Method effects both in the positively and the negatively worded items (Quilty et al., 2006; Tomás & Oliver, 1999).

In contrast, other investigations propose that the solution of two correlated factors (one factor for the positively worded items and the other for the negatively worded items) presents the best goodness-of-fit indexes (Greenberger, Chen, Dmitrieva, & Farruggia, 2003; Prezza et al., 1997).

3.2 LITERATURE RELATED TO PUBLISHED QUESTIONNAIRE TRANSLATIONS

3.2.1 JAPANESE TRANSLATION

Journal of Psychosomatic Research published a paper in May 2007 titled “A Japanese version of the Rosenberg Self-Esteem Scale: Translation and equivalence assessment”

The objective of this Japanese version of the Rosenberg Self-Esteem Scale (RSES) was developed through the forward–backward translation procedure. Methods used for this study was; Married couples consisting of a native English speaker and a native Japanese speaker acted as translators to enhance the representativeness of language in the target population. Multiple translations were produced, and a panel of reviewers identified problems in conceptual and semantic equivalence between the original scale and the translated version. The Japanese version was altered accordingly with reference to alternate Japanese forms from the original English to

Japanese translations. The altered translation was again retranslated into English, and problematic differences were checked. This forward–backward process was repeated until satisfactory agreement had been attained. The RSES was administered to 222 native English speakers, and the developed Japanese version (RSES-J) was administered to 1320 native Japanese speakers. The results of the study were: Factor analysis revealed nearly identical factor structure and structural coefficients of the items between two sets of data. Target rotation confirmed the factorial agreement of the two scales in different cultural groups. High Cronbach's α coefficients supported the reliability of test scores on both versions.

The conclusion was the equivalence between the RSES and the RSES-J was supported in this study. It is suggested that the RSES and the RSES-J are potential tools for comparative cross-cultural studies.

3.2.2 DANISH TRANSLATION

Department of Psychology, University of Copenhagen, Copenhagen, Denmark published a paper in May, 2012 titled “Assessing the Revised Child Anxiety and Depression Scale (RCADS) in a National Sample of Danish Youth Aged 8–16 Years”

The purpose of their study was to examine the psychometric properties of the Danish version of the Revised Children’s Anxiety and Depression Scale (RCADS). A total of 667 youth from community schools (4th through 9th grade) across Denmark participated in the study. The psychometric properties of the RCADS-DAN resembled those reported in US and Europe. Within scale reliability was excellent with Chronbach’s alpha of.96. All subscales also showed good to excellent internal reliability. The study provides convincing evidence that the RCADS-DAN is a valid assessment tool for screening anxiety in Danish youth.

3.2.3 URDU TRANSLATION

Department of Special Education Government of Punjab, Pakistan Published a paper in June 2014 titled “ Translation and Adaptation of Revised Children’s Anxiety and Depression Scale”.

The aim of their study was to translate, adapt and validate the English version of Revised Children’s Anxiety and Depression Scale (RCADS) into Urdu language to make it more comprehensible and reliable for Pakistani population. This study was based on three stages; (1) Translation and Adaptation of Revised Children’s Anxiety and Depression Scale, (2) Finding out linguistic Equivalence/Cross validation, and (3) establishing psychometric properties of Revised

Children's Anxiety and Depression Scale.

In first phase; Revised Children's Anxiety and Depression Scale was translated into Urdu language. Standard procedure of translation was followed. In order to find out the difficulty in language and ambiguity or other issues, a pilot study was conducted. Second phase of the study was characterized to find out the linguistic equivalence of Revised Children's Anxiety and Depression Scale. A Sample of 217 participants, 102 male and 115 females was selected for the administration of scale, ranging from age 12 to 18 years. Random and purposive sampling procedures were used to select the participants. In third phase psychometric properties of Urdu version of RCADS was established. In order to find out the linguistic equivalence between original and translated versions of RCADS, and to establish the psychometric properties of RCADS, Pearson Product moment coefficient of correlation and cronbach's alpha were used. The estimate shows significant results ($r=.87$) at .01 level of significance. The scale demonstrated its strength by providing significant test retest reliability ($r=.83$) at .01 alpha level.

3.2.4 SPANISH TRANSLATION

Journal of Psychopathology and Behavioral Assessment published a paper in June 2016 titled "Psychometric Properties of a Spanish Translation of the Revised Child Anxiety and Depression Scale – Parent Version".

The present study sought to develop and examine the psychometric properties of a Spanish version of the RCADS-P. As completed by parents of 85 publicly referred children and adolescents, the RCADS-P demonstrated good internal consistency and convergent, discriminant, and divergent validity. Confirmatory factor analysis also supported a six-factor model consistent with the measure's six subscales: separation anxiety disorder, social phobia, generalized anxiety disorder, panic disorder, obsessive-compulsive disorder, and major depressive disorder. A secondary aim of this study was to evaluate the validity and reliability of a shortened, 25-item version of the Spanish translation of the RCADS-P, which also evidenced favourable psychometric properties. Findings provide support for the Spanish version of the RCADS-P as an efficient and informative parent-report measure of youths' internalizing behaviors.

3.2.5 FRENCH TRANSLATION

Swiss Journal of Psychology published a paper in June 2015 titled "The French Version of the Revised Child Anxiety and Depression Scale (RCADS) in a Nonclinical Sample"

This article investigates the psychometric properties of the Revised Child Anxiety and Depression Scale (RCADS). A group of 704 adolescents completed the questionnaires in their classrooms. This study examines potential confirmatory factor analysis factor models of the RCADS as well as the relationships between the RCADS and the Screen for Child Anxiety Related Emotional Disorders-Revised (SCARED-R). A subsample of 595 adolescents also completed an anxiety questionnaire (Fear Survey Schedule for Children-Revised, FSSC-R) and a depression questionnaire (Center for Epidemiological Studies Depression Scale, CES-D). Confirmatory factor analysis of the RCADS suggests that the 6-factor model reasonably fits the data. All subscales were positively intercorrelated, with r s varying between .48 (generalized anxiety disorder-major depression disorder) and .65 (generalized anxiety disorder-social phobia/obsessive-compulsive disorder). The RCADS total score and all the RCADS scales were found to have good internal consistency ($> .70$). The correlations between the RCADS subscales and their SCARED-R counterparts are generally substantial. Convergent validity was found with the FSSC-R and the CES-D. The study included normal adolescents aged 10 to 19. Therefore, the findings cannot be extended to children under 10, nor to a clinical population. Altogether, the French version of the RCADS showed reasonable psychometric properties.

3.2.6 GUJARATI TRANSLATION

Sumandeep Vidyapeeth University, India published a paper in October 2016 titled “Translation and validation of Gujarati version of Rosenberg Self-Esteem Scale”

The study was aimed to translate the English version of RSES into Gujarati language and validate a translated Gujarati version of RSES. The English version of RSES was translated into Gujarati language using the forward-translations and back-translation method according to WHO. After translation, the questionnaire was completed by 242 individuals (123 males and 119 females) aged 18–48 years (mean age: 28.59+7.68 years). Unpaired t-test was done to compare the results of two questionnaires. The results on the reliability and validity of the Gujarati version of RSES were measured using Internal reliability index Cronbach’s alpha and Pearson Correlation coefficient test. All the 10 questions showed no statistically significant difference between the English version of RSES and the translated Gujarati version of RSES. Results of Unpaired t-test ($P = 0.7804$) were statistically insignificant. The results on the reliability and validity of the RSES were satisfactory as the internal reliability index Cronbach α was 0.98 and Pearson Correlation coefficient was 0.965 suggesting that the translated Gujarati version was highly correlated to the original English version. The translated Gujarati version of RSES demonstrated good reliability and validity. Its sufficient

discriminative and evaluative psychometric properties provide the theoretical evidence for further use in research study among Gujarati population.

3.3 ANCIENT TEXT - LITERATURE REVIEW

YOGA VASISTA

DIALOGUE BETWEEN RAMA AND SAGE VASISTA ON SELF ESTEEM, ANXIETY AND DEPRESSION

Low self-esteem leads to Anxiety and depression. It is important to be aware of our self-esteem. If low self-esteem is recognised and corrected on right time, it will help as a precautionary care to avoid Depression and Anxiety. For this the knowledge of Yoga Vasista is really helpful.

Sage Vasishta says "manau praçamanopäyaha yogaù" - (mind slowing down trick is yoga) and goes on to give very simple hints of breathing to get mastery over the mind.

Anxiety neurosis is manifest speed whereas depression is unmanifest speed. In anxiety this speed is visible as apprehension, palpitation, restlessness, tremors etc.

Depression is packed up speed, wherein the speed is not visible outside. Just like in a piece of rock where the enormous amount of energy and activity of the electronic movements at extreme speed are not visible, the neuromuscular and emotional speed is locked up manifesting as depression, inertia, lack of interest, lack of appetite, constipation, insomnia, suicidal thoughts etc.

The following is an extract from Laghu Yoga Väsista (in Sanskrit) which describes the genesis of Illnesses and suggests the remedy for the same.

राम उवाच ॥ किंविनाशाः किमुत्पादाः शरीरेस्मिन्मुनीश्वर ।

आधयो व्याधयश्चैव यथावत्कथयाशु मे ॥

वसिष्ठ उवाच ॥ देहदुःखं विदुर्व्याधिमाध्याख्यं वासनामयम् ।

मौर्ख्यमूले हि ते विद्यात्तत्त्वज्ञानपरिक्षये ॥२॥

अतत्त्वज्ञानवशातस्त्विन्द्रियाक्रमणं विना ।

हृदि तानवमुत्सृज्य रागद्वेषष्वनारतम् ॥३॥

इदं प्राप्तमिदं नेति जाड्यात्सुघनमोहदाः ।

आधयः संप्रवर्तन्ते वर्षासु मिहिका यथा ॥४॥

भृशं स्फुरन्तीष्विच्छासु मौर्ख्ये च घनतां गते ।

Ráma interposed and said: Please enlighten me as to the origin and destruction of mental and bodily disease.

In answer to this vasistha continued: The pains that afflict the body are called the secondary diseases whilst the Vásanás that affect the mind are termed mental or primary diseases. We have reached our present state through the absence of the transcendental Jana, want of mastery over our sense organs and the perpetual growth of desire and egoism in the mind. And our delusion becomes intensified in us by forgetting the degradation of our state through such causes. With the growth of such delusion, the mental disease also conceals in us like the snows of winter.

Here Ráma asked Vasista how mental diseases arise and how they are destroyed.

Vasista proceeded: When the 'manas' is agitated, then this body also follows in its wake. And when the body is agitated, then there is no proper perception of the things that are in one's way and Práña flies from its even path on to a bad road, staggering like an animal wounded by an arrow. Through such agitation, Prána, instead of pervading the whole body steadily and equally, vibrates everywhere at an unequal rate. Therefore the Nádès do not maintain a steady position, but quiver. This disturbance of Prana in Nádís results in irregular incomplete or excessive digestion. The badly digested food which settles down in this body amidst such commotion, is transformed into incurable diseases. Thus through the primary cause (of the mind) the disease of body is generated. If this primary cause be annihilated at its root then all diseases will be destroyed.

THE REMEDIAL MEASURES

Yoga Vasishtha says - "mano matramjagat, mano kalpitam jagat" - The world is as the mind perceives it. The world is as the mind thinks of it. The world is the projection of the mind.

In Bhagavadgitha

उद्धरेदात्मनात्मानं नात्मानमवसादयेत् ।
आत्मैव ह्यात्मनो बन्धुरात्मैव रिपुरात्मनः ॥ ५ ॥

uddhared atmanatmanam

natmanam avasadayet

atmaiva hy atmano bandhur

atmaiva ripur atmanah (6.5)

One must deliver himself with the help of his mind, and not degrade himself. The mind is the friend of the conditioned soul, and his enemy as well.

mana eva manushyanam

karanam bandha-mokshayoh

bandhaya visayasango

muktyai nirvisayam manah

“For man, mind is the cause of bondage and mind is the cause of liberation. Mind absorbed in sense objects is the cause of bondage, and mind detached from the sense objects is the cause of liberation.” (Amrita-bindu Upanishad 2)

Since the soul has fallen into the well of samsara by attachment to objects of the senses, with effort one should deliver that soul. One should deliver the soul (atmanam) by the mind, which is devoid of attachment to objects of the senses (atmana). One should not let the soul fall into the well of samsara by the mind, which is attached to objects of the senses. Therefore, the mind (atma) is both the friend and enemy of the soul.

In yoga vasishta also it says the cause of all suffering is trsna or desire for worldly objects. It stings one like a venomous snake, cuts like a sword, pierces like a spear, binds like a rope, burns like fire, blinds like a dark night and grinds down its helpless victim like a heavy stone. It destroys his wisdom and upsets the equanimity of his mind and throws him into the deep abyss of infatuation.

In Bhagavad Gita 2.62 and 2.63 it says

dhyayato visayan pumsah

sangas tesupajayate

sangat sanjayate kamah

kamat krodho 'bhijayate

"While contemplating the objects of the senses, a person develops attachment for them, and from such attachment lust develops, and from lust anger arises."

krodhad bhavati sammohah

sammohat smriti-vibhramah

smriti-bhramsad buddhi-naso

buddhi-nasat pranasyati

"From anger, complete delusion arises, and from delusion bewilderment of memory. When Memory is bewildered, intelligence is lost, and when intelligence is lost one falls down again into the material pool."

How to conquer the mind?

Vasishta gives the following techniques to conquer the mind :

- Association with the wise or Satsanga
- Abandonment of latent impressions
- Self-enquiry
- Control of breathing

Self-enquiry is described by Sri Krishna in chapter 6 of Bhagavadgitha.

sanaih sanair upamed

buddhya dhrti-grhitaya

atma-samstham manah krtva

na kincid api cintayet (6.25)

Gradually, step by step, with full conviction, one should become situated in trance by means of intelligence, and thus the mind should be fixed on the Self alone and should think of nothing else.

yato yato niscalati
manas cancalam asthiram
tatas tato niyamyaitad
atmany eva vasam nayet (6.26)

From whatever and wherever the mind wanders due to its flickering and unsteady nature, one must certainly withdraw it and bring it back under the control of the Self. The mind should be made to rest in the heart till the destruction of the 'I'-thought which is of the form of ignorance, residing in the heart.

The practice of Self-inquiry, called Atma-vichara in Sanskrit, is the most important meditation practice in the Vedantic tradition. It is the main practice of the yoga of knowledge (Jnana Yoga), which itself is traditionally regarded as the highest of the yogas because it takes us most directly to liberation.

CHAPTER 4

AIM AND OBJECTIVE

4. AIM AND OBJECTIVE

4.1 AIM

4.1.1 To translate the **Rosenberg Self-Esteem Scale (RSES)** with 10 questions from English language to Telugu language for the benefit of Telugu speaking population.

4.2 OBJECTIVE

4.2.1 To translate RSES from English language to Telugu language.

4.2.2. To run a test administration of translated Telugu RSES on a sample to establish face validity of the questionnaire.

CHAPTER 5

METHODOLOGY

5. METHODOLOGY

World Health Organisation (WHO) provided guidelines for carrying out translation of instruments in different languages. This is to achieve different language versions of the English instrument that are conceptually equivalent in each of the target countries/cultures. That is, the instrument should be equally natural and acceptable and should practically perform in the same way. The focus is on cross-cultural and conceptual, rather than on linguistic/literal equivalence. A well-established method to achieve this goal is to use forward-translations and back-translations. This method has been refined in the course of several WHO studies to result in the following guidelines. Implementation of this method includes the following steps:

- Forward translation
- Expert panel and Back-translation
- Pre-testing and cognitive interviewing
- Final version

5.1 FORWARD TRANSLATION

One translator, preferably a health professional, familiar with terminology of the area covered by the instrument and with interview skills should be given this task. The translator should be knowledgeable of the English-speaking culture but his/her mother tongue should be the primary language of the target culture.

Instructions should be given in the approach to translating, emphasizing conceptual rather than literal translations, as well as the need to use natural and acceptable language for the broadest audience.

The following general guidelines should be considered in this process:

- Translators should always aim at the conceptual equivalent of a word or phrase, not a word-for-word translation, i.e. not a literal translation. They should consider the definition of the original term and attempt to translate it in the most relevant way.
- Translators should strive to be simple, clear and concise in formulating a question. Fewer words are better. Long sentences with many clauses should be avoided.

- The target language should aim for the most common audience. Translators should avoid addressing professional audiences such as those in medicine or any other professional group. They should consider the typical respondent for the instrument being translated and what the respondent will understand when s/he hears the question.
- Translators should avoid the use of any jargon. For example, they should not use:
 - technical terms that cannot be understood clearly; and
 - Colloquialism, idioms or vernacular terms that cannot be understood by common people in everyday life.
- Translators should consider issues of gender and age applicability and avoid any terms that might be considered offensive to the target population.

5.2 EXPERT PANEL

A bilingual (in English and the target language for translation – Telugu in this case) expert panel should be convened by a designated editor-in-chief. The goal in this step is to identify and resolve the inadequate expressions/concepts of the translation, as well as any discrepancies between the forward translation and the existing or comparable previous versions of the questions if any. The expert panel may question some words or expressions and suggest alternatives. Experts should be given any materials that can help them to be consistent with previous translations. Principal investigators and/or project collaborators will be responsible for providing such materials. The number of experts in the panel may vary. In general, the panel should include the original translator, experts in health, as well as experts with experience in instrument development and translation. The result of this process will produce a complete translated version of the questionnaire.

5.3 BACK-TRANSLATION

Using the same approach as that outlined in the first step, the instrument will then be translated back to English by an independent translator, whose mother tongue is English and who has no knowledge of the questionnaire. Back-translation will be limited to selected items that will be identified in two ways. The first will be items selected by

the WHO based on those terms / concepts that are key to the instrument or those that are suspected to be particularly sensitive to translation problems across cultures. These items will be distributed when the English version of the instrument is distributed. The second will consist of other items that are added on as participating countries identify words or phrases that are problematic. These additional items must be submitted to WHO for review and approval.

As in the initial translation, emphasis in the back-translation should be on conceptual and cultural equivalence and not linguistic equivalence. Discrepancies should be discussed with the editor-in-chief and further work (forward translations, discussion by the bilingual expert panel, etc.) should be iterated as many times as needed until a satisfactory version is reached.

Particularly problematic words or phrases that do not completely capture the concept addressed by the original item should be brought to the attention of WHO.

5.4 PRE-TESTING AND COGNITIVE INTERVIEWING

It is necessary to pre-test the instrument on the target population. Each module or section will be fully tested using the methodologies outlined below.

- a.** Pre-test respondents should include individuals representative of those who will be administered the questionnaire. For this study, dependent opioid users should be used to test the translated instruments, although such users could be drawn from sources other than those used to recruit study participants - preferably persons who would not otherwise be eligible for the main study.
- b.** Pre-test respondents should number 10 minimum for each section.
They should represent males and females from all age groups (18 years of age and older) and different socioeconomic groups.
- c.** Pre-test respondents should be administered the instrument and be systematically debriefed. This debriefing should ask respondents what they thought the question was asking, whether they could repeat the question in their own words, what came to their mind when they heard a particular phrase or term. It should also ask them to explain how they choose their answer. These

questions should be repeated for each item.

- d. The answers to these questions should be compared to the respondent's actual responses to the instrument for consistency.
- e. Respondents should also be asked about any word they did not understand as well as any word or expression that they found unacceptable or offensive.
- f. Finally, when alternative words or expressions exist for one item or expression, the pre-test respondent should be asked to choose which of the alternatives conforms better to their usual language.
- g. This information is best accomplished by in-depth personal interviews although the organization of a focus group may be an alternative.
- h. It is very important that these interviews be conducted by an experienced interviewer.

A written report of the pre-testing exercise, together with selected information regarding the participating individuals should also be provided.

5.5. FINAL VERSION

The final version of the instrument in the target language should be the result of all the iterations described above. It is important that a serial number (e.g. 1.0) be given to each version. Instructions for providing the electronic version of the final translated instrument to WHO will be provided.

5.6. DOCUMENTATION

All the cultural adaptation procedures should be traceable through the appropriate documents. These include, at the least:

- Initial forward version;
- a summary of recommendations by the expert panel;
- the back-translation;
- a summary of problems found during the pre-testing of the instrument and the modifications proposed; and
- the final version.

CHAPTER 6

RESULTS

6. RESULTS

Following WHO recommended method and guidelines for carrying out translation in different languages, the following are the sequence of steps has been done as part of this project:

- Forward translation
- Expert panel and Back-translation
- Pre-testing and cognitive interviewing
- Final version

6.1 FORWARD TRANSLATION - METHODOLOGY ADOPTED

Satya Sai M – Honorary Faculty at Sri Sathya Sai Institute of Higher Learning at Prasanthi Nilayam was identified as forward translator. His mother tongue is Telugu. He has overseas exposure of working as a school teacher in U.S and Canada where English is the primary language of communication. He is familiar with terminology of the instrument. His profile meets the guidelines of WHO.

The translator has gone through two versions of forward translation and created a Telugu draft version and submitted for the next step of the process. (See Appendix 1: Forward Translation copy)

6.2 EXPERT PANEL - IDENTIFIED

As per the recommendations given in WHO document, RSES questionnaire was translated by experts in the field of Telugu and English Languages and also a medical practitioner:

- Prof. M. Veerabhadraiah, MA Telugu, Phd- Previously Head of the Department – University of Hyderabad
- Dr.Gopi Krishna MBBS, MD - Sri Sathya Sai General Hospital - Prasanthi Nilayam
- Sri. Ram Mohan Rao, MA English- Sr. English Lecturer - Sri Sathya Sai Higher Secondary Boys School - Prasanthi Nilayam
- Sri. V. Srinivasulu, Editor, Telugu - Santana Sarathi Publication- Prasanthi Nilayam

6.3 BACK-TRANSLATION METHOD

The Telugu versions were combined after detailed discussion into one final Telugu version by the translation committee which consisted of:

- Satya Sai M – MSc, Previously experienced in Translation of Books from English to Telugu
- Sree Swathee - – MSc, Previously experienced in Translation of Books from English to Telugu

The expert reviewed Telugu version was taken for back-translation into the English language by

- Mr. Phani Krishna Kandala, MSc, MTech
- Mr. Kameswara Rao Jiniga, SSS Book Trust Publications

These back-translators speak both English and Telugu as their primary languages. The translation committee again reviewed both the translated and back translated versions and made minor corrections and finally approved the current final version of the Telugu RSES which is exhibited in appendix.

6.4 PRE-TESTING AND COGNITIVE INTERVIEWING

As per WHO guidelines Pre-test respondents should include individuals representative of those who will be administered the questionnaire. Pre-test respondents should number 10 minimum for each section. They should represent males and females from all age and different socioeconomic groups.

The approved Telugu version of RSES was given to 72 participants who fulfilled the inclusion and exclusion criteria. After a week, the same participants were also given the English version of RSES to fill it. Among these participants 37 of the participants were Female and 35 of the participants were Male. Age is ranging from 18 to 62 years.

Accordingly, pre-test respondents were systematically debriefed. This debriefing was done in a such a way that respondents are clear about the question that was asked, whether they could repeat the question in their own words, what came to their mind when they heard a particular

phrase or term. It was also asked to explain how they choose their answer. These questions were repeated for each item. The answers to these questions were compared to the respondent's actual responses to the instrument for consistency. Respondents were also asked about any word they did not understand as well as any word or expression that they found unacceptable or offensive. Finally, when alternative words or expressions exist for one item or expression, the pre-test respondent were asked to choose which of the alternatives conforms better to their usual language. This information was accomplished by in-depth personal interviews.

While administering specific questions related to overall understanding, vocabulary ambiguity, etc., related to the questionnaire were asked. This phase of test administration was found to be satisfactory.

The data of the pre-test is exhibited in appendix.

6.5 FINAL VERSION

As the result of all the iterations described above, The final version of the instrument in Telugu language is created. Hence we recommend that this questionnaire may be administered on a large population for further evaluation of various psychometric properties of Telugu-RSES.

6.6 TESTING AND VALIDATION

The final version of Telugu-RSES is validated using various statistical techniques.

Descriptive statistics:

The subjects recruited in the study were 72 individuals out of which 35 were males and 37 were females (Table 1A). The age of the sample ranged from 18-62 years with mean age of 22.22±8.18 years (Table 1B). Demographic Urban – Rural mix of sample is 66.01 % to 33.91% as shown in Table 2.

Table 1: Gender

Gender	Frequency (N=72)	Percentage (%)
Females	37	51.39
Males	35	48.61

Table 2: Age group

	N	Min	Max	Mean	Std Deviation
Age(years)	72	18	62	22.22	8.18

Analysis of Dependence

All the 10 questions showed no statistically significant difference between the English version of RSES and the translated Telugu version of RSES. The results of Unpaired t-test were statistically insignificant ($P = 0.7494$) (Table 3, 4).

Table 3: Unpaired samples t-test

	N	Mean	S.D.	95%CI	
				Lower	Upper
English questionnaire	72	19.31	4.28	18.32	20.29
Telugu questionnaire	72	19.38	4.12	18.42	20.33

Table 4: Comparison of means with Unpaired samples t-test

Mean difference	S.D.	95% CI of difference		t	df	P value
		Lower	Upper			
0.58	0.88	0.38	0.78	0.32	71.00	0.7494

Inferential Statistics

The convergent validity and reliability analysis were done.

Convergent validity:

The Pearson Correlation Coefficient was 0.975 which suggests that the two questionnaires were significantly positively correlated (Table 5).

Table 5: Pearson Correlation Coefficient

N	Correlation coefficient r	95% CI for r		P value
		Lower	Upper	
72	0.99	0.95	1	P<0.0001

Reliability analysis:

The internal reliability of the tool was evaluated with Cronbach's alpha. This analysis showed high consistency of the tool, as the index had a value of 0.9825 which is larger than 0.7 necessary for the overall consistency of each instrument (Table 6).

Table 6: Internal reliability consistency Cronbach's alpha

N	Cronbach's alpha	95% lower confidence limit
72	0.7404	0.6409

6.7 DOCUMENTATION

All the cultural adaptation procedures are traceable through the appropriate documents. These include, initial forward version; a summary of recommendations by the expert panel; the back-translation; a summary of problems found during the pre-testing of the instrument and the modifications proposed; and the final version. All these documents are available in this dissertation Appendices Exhibit 1, Exhibit 2, Exhibit 3, Exhibit 4 and Exhibit 5.

CHAPTER 7

DISCUSSION

7. DISCUSSION

The aim of this study was to translate and validate RSES in a sample of Telugu speaking population. The results show that the scale presents excellent levels of internal reliability. The samples recruited in the study were 72 individuals out of which 37 were females and 35 were males (Table 1). The age of the sample ranged from 18- 62 years with mean age of 22.22 ± 8.18 years (Table 2).

Unpaired t-test was done to compare the means of the two questionnaires. There was no statistically significant difference in all the 10 questions between the English version of RSES and the translated Telugu version of RSES. The results of Unpaired t-test were statistically insignificant ($P = 0.7494$) (Table 3, 4).

The results demonstrated a high and considerable positive association between the two questionnaires in terms of construct validity. The Pearson Correlation Coefficient was 0.976 which suggests that the two questionnaires were significantly positively correlated (Table 5). The present study corroborates the results of validation studies carried out in other countries.

The internal reliability of the tool was assessed with Cronbach's alpha. This analysis showed high consistency of the tool, as the index had a value of 0.7206 which is larger than 0.7 necessary for the overall consistency of each instrument (Table 6).

Further studies should be undertaken to learn the dynamic configuration of RSES in Telugu speaking people taking into consideration the gender variable to find out whether there are diverse structures according to gender. On the former side, it would be exciting to contrast a positive version of the tool with the original version and a negative version in diverse samples (clinical, educational, and work settings). It is obligatory to carry out cross-cultural studies with similar samples by means of different variables for instance self-perception, age, gender, or level of studies to set up the construct validity of the tool and its effectiveness to recognize dissimilarities in self-esteem in diverse socio-cultural context.

Our results validate the uni-dimensional construction of RSES. Internal reliability and test-retest

association were excellent, supporting the consistency of the scale. Additionally, we deem that there is adequate proof to support the construct validity of the scale. Therefore, the results give validation to make use of RSES in the Telugu speaking population to use as a scale to measure self-esteem.

COMPARISION – GUJARATI AND TELUGU

Results of this study are comparable with other previous RSES translations. Table 7 below depicts comparison of statistical validations done between English translated versions of RSES-Telugu with RSES- Gujarati languages.

Table 7: Comparison of Gujarati and Telugu versions of RSES

	Gujarati	Telugu
Unpaired t-test (p-value)	0.7800	0.7494
Pearson Correlation Coefficient (r)	0.9650	0.9761
Cronbach's alpha	0.9825	0.7404

Discussion Conclusion:

The translated Telugu version of RSES confirmed statistically excellent consistency and strength.

CHAPTER 8

CONCLUSION

8. CONCLUSION

The RSES was successfully translated into Telugu adopting WHO recommendations and under the guidance of expert committee. The expert committee has approved this questionnaire to be administered on a larger sample to study other psychometric properties. This questionnaire will be helpful for Telugu speaking population.

8.1 IMPLICATION OF THE STUDY

The initiative taken in this study would have far reaching implications. This would help assessment of Self-esteem in their mother tongue using a friendly and culturally validated tool. It will have greater application in the field of medical research particularly to assess Pre - Post medical intervention for the population suffering from low self-esteem.

Telugu is one of the prominent languages of South India. It is the official language in two of the big States in India. It is a Dravidian language native to India. It stands alongside Hindi and English as one of the few languages with official status in more than one Indian state. Telugu is the primary language in the states of Andhra Pradesh, Telangana, and in the town of Yanam, Puducherry, and is also spoken by significant minorities in Karnataka (8.81%), Tamil Nadu (8.63%), Maharashtra (1.4%), Chhattisgarh (1%), Odisha (1.9%), the Andaman and Nicobar Islands (12.9%), and by the Sri Lankan Gypsy people. It is one of six languages designated a classical language of India by the Government of India.

Telugu ranks third by the number of native speakers in India (74 million, 2001 census), fifteenth in the Ethnologue list of most-spoken languages worldwide and is the most widely spoken Dravidian language in the world. It is one of the twenty-two scheduled languages of the Republic of India. Approximately 10,000 pre-colonial inscriptions exist in the Telugu language.

Hence its utilisation could be far reaching and extensive.

8.2 STRENGTH OF THE STUDY

This study involves translation and validation of the well popular English version of the RSES to the Telugu language. The translation procedure followed is the standard WHO recommendations.

8.3 LIMITATION OF THE STUDY

This study was done with the sample size recommended by WHO to perform validation process of the Telugu translated questionnaire and results are found to be satisfactory. However, for realising the full benefit of the Telugu translated RSES, it needs to be administered on a large population to assess various psychometric properties.

8.4 SUGGETIONS FOR THE FUTURE STUDY

RSES -Actual administration on a large population to evaluate various psychometric properties can be undertaken in the next stage of the study.

CHAPTER 9

APPENDICES

9. Appendices

9.1 EXHIBIT 1: FORWARD TRANSLATION

ROSENBERG SELF-ESTEEM SCALE

By MVB

Strongly Agree	- నేను పూర్తిగా (సంపూర్ణంగా / నిజంగా) ఇలా
Agree	- అనుకుంటున్నాను (అంగీకరిస్తున్నాను)
Disagree	- అనుకుంటున్నాను (అంగీకరిస్తున్నాను)
Strongly disagree	- అంతగా అనుకుంటుంటే లేదు

1. మొత్తం మీద నాపైన నాకు సంతృప్తిగానే ఉంది
నన్ను గురించి నాకు మొత్తంమీద సంతృప్తిగానే ఉంది
2. బియ్యం/పప్పులు నేనేమాత్రమే సరైన వాడిని/బానిసి
కాదు అనిపిస్తుంటుంది
3. నాలో అనేక మంచి గుణాలు (సర్దుబాటు) ఉన్నాయని
అనిపిస్తుంటుంది.
4. వాటివాళ్ళ చేసినట్లుగానే నేనుకూడా పనులు
బాగా చేయగలుగుతున్నాను
5. నేను గర్వపడదల్చినంతగా ఏమీలేదని అనిపిస్తుంటుంది.
6. బియ్యం/పప్పులు నేనెందుకూ హాకిలా మనిషి అని
అనిపిస్తుంటుంది.

7. కనీసం ఇతరులతో సమానంగా ప్రయోజనకరమైన
వ్యక్తిగా నన్ను నేను భావిస్తుంటాను.
8. నామీద నాకు (అంచన) ఇలా ఎక్కిన, గౌరవం
ఉండే ఉంటే బాగుంటే అని అనుకుంటున్నాను.
9. మొత్తంమీద చూస్తే నేను ఎప్పుడూ సాఫల్యం
పొందని వ్యక్తిగా నన్ను నేను భావించుకోవాలి
ఉంటుంది.
10. నన్ను గురించి నేను సానుకూల (అనావహ)
భావన కలిగి ఉంటాను.

9.2 EXHIBIT 2: EXPERT PANEL – REVIEW DOCUMENT

ROSENBERG SELF-ESTEEM SCALE	
Strongly Agree	- (ఇబ్బంది) లేకుండా (సంపూర్ణంగా) అంగీకరిస్తున్నాను
Agree	- అంగీకరిస్తున్నాను
Disagree	- (అంగీకరించటం లేదు) నిరాకరిస్తున్నాను.
Strongly Disagree	- ఇబ్బందిగా నిరాకరిస్తున్నాను

- మొత్తంమీద నాపైన నాకు సంతోషిగానే ఉంది ~~ఉంది~~ / ~~మంచి విషయం~~ / ~~మంచి విషయం~~ / ~~మంచి విషయం~~
- బిక్కెర్షెప్పుడు నేనేమాత్రమే ~~సరైన వాడిని/ సరైన దానిని~~ కాదు అనిపిస్తూ ఉంటుంది.
- నాలో అనేక మంచి గుణాలు ఉన్నాయని అనిపిస్తూ ఉంటుంది
- వేరేవాళ్ళు చేసినట్లుగానే నేనుకూడా పనులు బాగా చేయగలుగుతున్నాను.
- ~~నేను~~ గర్వపడదాల్సినంతగా ఏమీ లేదని అనిపిస్తుంటుంది
- బిక్కెర్షెప్పుడు నేనెందుకూ పనికిరాని మనిషిని అని అనిపిస్తుంటుంది
- కనీసం నేను ఇతరులతో సమానంగా ~~మంచి విషయం ఉన్న~~ (మరియినవకల మైన) వ్యక్తిగా నన్ను నేను భావిస్తున్నాను అనిపిస్తుంది.

- నాకు నా పనిలో తప్పే సేవలు ఉంటే బాగుంటుంది అని భావిస్తుంటుంది.
- నామీద నాకు ఇలా ఎక్కువ గౌరవం ఉండి ఉంటే బాగుంటుంది అని అనుకుంటున్నాను.
- మొత్తంమీద చూస్తే నేను ~~వెళ్ళుతున్నాను~~ ~~సాఫల్యం పొందుతూ~~ ~~వ్యక్తిగా~~ ~~నన్ను~~ నేను భావింతున్నాను అనిపిస్తుంది.
- నన్ను గురించి నేను ~~అభిమాన~~ ~~అభిమాన~~ భువ్వభం కలిగి ఉంటాను.

9.3 EXHIBIT 3: BACK TRANSLATION DOCUMENT

Below is a list of statements dealing with your general feelings about yourself.

Please indicate how strongly you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Overall, I am satisfied with myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. At times I think I am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel that I have a number of good qualities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am able to do things as well as most of the people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel I do not have to be proud of much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I certainly feel useless at times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel that I'm a person as worth as, at least on an equal plane with other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I wish I could have more respect for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. All in all, I am inclined to feel that I am a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I take a positive attitude toward myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.4 EXHIBIT 4: RSES PRE-TESTING VERSION – DOCUMENT

ROSENBERG SELF-ESTEEM SCALE

By MVB

Strongly Agree	- నేను పూర్తిగా (సంపూర్ణంగా / నిజంగా) ఇలా అనుకుంటున్నాను (అంగీకరిస్తున్నాను)
Agree	- అనుకుంటున్నాను (అంగీకరిస్తున్నాను)
Disagree	- అనుకోవట్లేదు (అంగీకరించట్లేదు)
Strongly disagree	- బాగా అనుకోవట్లేదు లేదు

1. మొత్తం మీద నాపైన నాకు సంపూర్ణంగానే ఉంది నన్ను గురించి నాకు మొత్తంమీద సంపూర్ణంగానే ఉంది (అ)
2. ఒక్కొక్కప్పుడు నేనేమాత్రమే సరైన వాడిని/బానిసా రుజువు అనిపిస్తుంటుంది
3. నాలో అనేక మంచి గుణాలు (సద్గుణాలు) ఉన్నాయని అనిపిస్తుంటుంది.
4. వేరెవరైనా చెప్పినట్లుగానే నేనుకూడా పనులు బాగా చేయగలుగుతున్నాను
5. నేను గర్వపడదాల్సినంతగా ఏమీలేదని అనిపిస్తుంటుంది.
6. ఒక్కొక్కప్పుడు నేనెందుకూ ప్రతికూల మనిషిని అని అనిపిస్తుంటుంది.

7. కనీసం ఇతరులతో సమానంగా ప్రయోజనకరమైన వ్యక్తిగా నన్ను నేను భావిస్తుంటాను.
8. నామీద నాకు (అంటే) ఇలా ఎక్కిన. గౌరవం ఉండే ఉంటే బాగుంది అని అనుకుంటున్నాను.
9. మొత్తంమీద చూస్తే నేను ఎప్పుడూ సాఫల్యం పొందునని వ్యక్తిగా నన్ను నేను భావించుకోవాలి ఉంటుంది.
10. నన్ను గురించి నేను సానుకూల (అనావహ) భావనలు కలిగి ఉంటాను.

9.5 EXHIBIT 5: RSES – FINAL DOCUMENT

ఆత్మగౌరవ స్థాయిని అంచనా వేయుటానికి ఉపయోగించే రోసెన్ బెర్గ్ యొక్క స్వ-శ్లాఘక
Rosenberg Self-Esteem Scale (RSE)

☛ ఈ క్రిందివి నన్ను గూర్చి నీవు ఏమనుకుంటున్నావన్న దానిని తెలియపరిచే అభిప్రాయాల వట్టిక.
 ☛ ప్రతియొక్క అభిప్రాయాన్ని నీవు ఎంత గాఢంగా అంగీకరిస్తున్నావో లేదో అన్నదానిని గదిలో ✓ గుర్తుతో సూచించు.

1. మొత్తంమీద నాపైన నాకు సంకృష్టిగానే ఉంది.
 పూర్తిగా అంగీకరిస్తున్నాను అంగీకరిస్తున్నాను అంగీకరించట్లేదు ఏమాత్రం అంగీకరించట్లేదు

2. ఒకొక్కప్పుడు నేను మంచిమనిషిని తొదని అనిపిస్తుంటుంది.
 పూర్తిగా అంగీకరిస్తున్నాను అంగీకరిస్తున్నాను అంగీకరించట్లేదు ఏమాత్రం అంగీకరించట్లేదు

3. నాలో అనేక మంచి గుణాలు ఉన్నాయని అనిపిస్తుంటుంది.
 పూర్తిగా అంగీకరిస్తున్నాను అంగీకరిస్తున్నాను అంగీకరించట్లేదు ఏమాత్రం అంగీకరించట్లేదు

4. వేరేవాళ్ళు చేసినట్లుగానే నేనుకూడా పనులని బాగా చేయగల్గుతున్నాను.
 పూర్తిగా అంగీకరిస్తున్నాను అంగీకరిస్తున్నాను అంగీకరించట్లేదు ఏమాత్రం అంగీకరించట్లేదు

5. నాలో గర్వపాల్పినంతగా ఏమీ లేదని అనిపిస్తుంటుంది.
 పూర్తిగా అంగీకరిస్తున్నాను అంగీకరిస్తున్నాను అంగీకరించట్లేదు ఏమాత్రం అంగీకరించట్లేదు


6. ఒకొక్కప్పుడు నేనెందుకూ వనిశిరాని మనిషిని అని అనిపిస్తుంటుంది.
 పూర్తిగా అంగీకరిస్తున్నాను అంగీకరిస్తున్నాను అంగీకరించట్లేదు ఏమాత్రం అంగీకరించట్లేదు

7. కనీసం, నేను ఇతరులతో సమానమైన ప్రయోజకత్వం ఉన్న వ్యక్తినని అనిపిస్తుంటుంది.
 పూర్తిగా అంగీకరిస్తున్నాను అంగీకరిస్తున్నాను అంగీకరించట్లేదు ఏమాత్రం అంగీకరించట్లేదు

8. నాపై నాకు మరింత ఆత్మగౌరవము ఉంది ఉంటే బాగుంటుందని అనిపిస్తుంటుంది.
 పూర్తిగా అంగీకరిస్తున్నాను అంగీకరిస్తున్నాను అంగీకరించట్లేదు ఏమాత్రం అంగీకరించట్లేదు

9. మొత్తం మీద చూస్తే నేను ఏమీ సాధించలేని వ్యక్తినని అనుకోక తప్పదు.
 పూర్తిగా అంగీకరిస్తున్నాను అంగీకరిస్తున్నాను అంగీకరించట్లేదు ఏమాత్రం అంగీకరించట్లేదు

10. నన్ను గురించి నేను ఆశాపహి దృక్పథం కలిగి ఉంటాను.
 పూర్తిగా అంగీకరిస్తున్నాను అంగీకరిస్తున్నాను అంగీకరించట్లేదు ఏమాత్రం అంగీకరించట్లేదు



9.6 EXHIBIT 6: RSES – ORIGINAL DOCUMENT – ENGLISH VERSION

Rosenberg Self-Esteem Scale (RSE)

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. On the whole, I am satisfied with myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. At times I think I am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel that I have a number of good qualities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am able to do things as well as most other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel I do not have much to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I certainly feel useless at times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel that I'm a person of worth, at least on an equal plane with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I wish I could have more respect for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. All in all, I am inclined to feel that I am a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I take a positive attitude toward myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHAPTER 10

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10. REFERENCES

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