Translation and Cross-Language Validation of the Brief Self-Esteem Inventory in Urdu Language

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Abstract
The present study aimed to translate the Brief Self-Esteem Inventory (BSEI) into Urdu language and to validate its psychometric properties within the Pakistani context. The study was conducted in three phases. Phase I included forward translation, reconciliation, and back translation of the BSEI, conducted by expert psychologists and linguists. Phase II involved assessing cross-language validity with a sample of bilingual adults. Phase III was dedicated to establishing the scale's factor structure and reliability using a sample of 750 participants. Confirmatory Factor Analysis (CFA) and reliability analysis were conducted to evaluate the psychometric strength of the Urdu version. High correlations (.73 to .93) between the English and Urdu versions confirmed empirical equivalence. CFA results demonstrated acceptable model fit (GFI = .928, AGFI = .911, RMSEA = .055), though some indices (CFI = .802, TLI = .778) were marginal. Internal consistency (Cronbach's alpha = .82) and test-retest reliability (r = .85) were high. The Urdu version of BSEI is a valid and reliable measure of self-esteem for Urdu-speaking populations in Pakistan.

Keywords: Brief Self-Esteem Inventory, Urdu translation, Confirmatory Factor Analysis, psychometric validation

Introduction
Self-esteem is a fundamental psychological construct defined as an individual's subjective evaluation of their self-worth (Donnellan et al., 2011; MacDonald & Leary, 2012). It plays a crucial role in personal development, mental health, motivation, and social adaptation. Although widely studied, self-esteem's conceptualization and measurement vary across cultures, necessitating valid tools for different linguistic groups (Orth & Robins, 2014).
Adolescence is particularly critical in self-esteem development, as it is influenced by multiple social and biological factors, including academic performance, peer relationships, gender, and cultural norms (Harter, 1999; Twenge & Campbell, 2001). Despite its importance, validated self-

esteem assessment tools are scarce in the Urdu language. The lack of culturally appropriate tool limits accurate psychological evaluation and intervention in Urdu-speaking populations.

The Brief Self-Esteem Inventory (BSEI) is a concise instrument designed to measure self-esteem in diverse settings. However, it has not been previously validated in Urdu. Therefore, this study aims to fill this gap by translating and validating the BSEI for use in the Pakistani context. The concept of self-esteem is omnipresent in modern life. In classrooms and workplaces, at sporting events and music concerts, people commonly assume that high self-esteem is important for success in their fields. Promoting self-esteem and preventing low self-esteem are widely recognized as important societal goals that require large-scale interventions to improve the self-esteem levels of the population. However, until recently, the scientific literature has provided little insight into the nature and development of self-esteem (Orth & Robins, 2014).

Self-esteem refers to a person's subjective evaluation of his or her worth (Donnellan, Trzesniewski, & Robins, 2011; MacDonald & Leary, 2012). It is important to note that self-esteem does not necessarily reflect an individual's objective talents and abilities or how others view the person. Furthermore, self-esteem is typically conceptualized as "a feeling of being good enough," so people with high self-esteem do not necessarily believe they are superior to others (Rosenberg, 1965). Thus, self-esteem includes feelings of self-acceptance and self-esteem, whereas it does not include the excessive self-esteem and self-overestimation that characterize narcissistic individuals (Ackerman et al., 2011).

Self-esteem is part of our identity, and to increase self-esteem, we need to feel a sense of personal worth through life experiences that demonstrate our success (Emler, 2001). Self-esteem consists of two components: self-knowledge and self-awareness. This includes what an individual perceives about their strengths, weaknesses, abilities, attitudes, and values. Its development begins at birth and continues to evolve through experience (Leavitt et al., 2015). Children learn about their characteristics and traits through interactions with adults and peers. This process of self-awareness occurs most actively during adolescence (Covarrubias & Fryberg, 2015). Adolescence is a critical period in personality development, a transitional period from childhood to adulthood in a specific cultural environment. During this period, self-esteem plays a very important role in development (Covarrubias & Fryberg, 2015).

Self-esteem is a fundamental element of self-awareness. It occupies a central position in the personality structure of adolescents because it is related to mental health and the definition of life goals (Dunham et al., 2007). The process of forming and developing self-esteem determines the scope of adolescents' relationships with the outside world and contributes to the development of their capacities and the quality of the activities they perform. This process should not be random, but should occur smoothly so that adolescents can form appropriate self-esteem. The more realistic it is, the higher the adolescent's adaptability will be (Heatherton, 2001).

Students frequently display a decline in self-concept during elementary school and the transition to middle school. This decrease represents an adaptive reaction to the overly positive self-perceptions that are characteristic of childhood. Young children tend to overestimate their competence because they lack the cognitive maturity to critically evaluate their abilities and to integrate information from multiple sources. As students develop, they better understand how others view their skills and better distinguish between their efforts and abilities. As a result, their self-perceptions become increasingly accurate (Harter, 1999).

As students transition from middle school to high school, their self-esteem increases. As freedom increases, adolescents have more opportunities to engage in activities in which they are competent, and their ability to adopt others' perspectives increases, allowing them to behave in more socially acceptable ways and receive more support from others (Harter, 1999). Adolescent self-esteem is influenced by many factors, including age, race, ethnicity, puberty, weight, athletic participation, and gender (McLoed & Owens, 2004; Powell, 2004). Both boys and girls show a

decline in overall self-esteem during adolescence, and unlike boys, girls' self-esteem does not begin to increase until early adulthood (Twenge & Campbell, 2001).

In addition to studies of self-esteem in home and school settings, self-esteem has been studied as a multidimensional construct that includes social and academic components (Coopersmith, 2002). For example, Wastlund, Norlander, and Archer (2001) reported that girls in Asia, Australia, and the United States reported higher academic self-esteem than boys, whereas boys reported higher non-academic and general self-esteem than girls. Adolescence is a time of rapid physical, social, and cognitive growth, as well as changes in self-esteem. Self-esteem, also known as self-esteem, is a major predictor of outcomes in adolescence and adulthood. High levels are associated with several positive outcomes, including occupational success, social relationships, well-being, positive peer perceptions, academic achievement, and improved coping skills (Trzesniewski et al., 2003). Low self-esteem has been linked to negative outcomes such as depression, substance abuse, and antisocial behavior (Crocker & Wolfe, 2001).

Self-esteem has been viewed as both a trait (considering stability over time) and a state (considering life events or circumstances or the advice of others, such as a "mirror" orientation) (Harter & Whitesell, 2003); other research suggests that improvements in self-esteem lead to disruptive rather than smooth processes, particularly during school transitions (Cole et al., 2001). The basic point of self-esteem is that self-esteem is a motivating factor for humans. Self-motivation, also known as "self-encouragement" (Tesser and Campbell 1983), "self-motivation" (Covington 1984), and "self-encouragement" (Kaplan, 1975), was defined by Maslow (1970) as one of the "basic" human needs. McDougall (1932) considered "self-esteem" to be a "basic emotion." Hobbes had expressed this more clearly earlier when he said that "the greatest happiness of the human soul" is to have a sense of self. All of these theories agree that there is a universal desire among humans to maintain and enhance their sense of self (McDougall, 1932).

Self-esteem theory argues that low self-esteem can lead to depression. If the need for positive self-esteem is a person's most important motivation, then disappointment in this motivation will almost inevitably be perceived as depression. However, depression can also be a cause of low self-esteem. The reason lies in the principle of consistency. According to cognitive therapists (Beck et al., 1979; Burns, 1980), one of the most distinctive features of the depressive personality is a widespread system of negative cognitions. (Beck et al., 1979; Burns, 1980).

However, due to the lack of a standard measure of self-esteem and the lack of a local measure, researchers need to develop a valid instrument that can be used in other languages. Perhaps, self-esteem among various ethnic groups in Pakistan is a dangerous subject that needs to be measured experimentally. The lack of adequate measures for self-esteem poses a significant obstacle to progress in this research. The instrument has been interpreted and modified to suit the purpose of this research.

Objectives
1. To translate the Brief Self-esteem Inventory into the Urdu language.
2. To determine language equivalence through cross-language validity.
3. To confirm the factor structure of the Urdu version of BSEI.

Method
The study was divided into three phases. The first phase focused on translating the Brief Self-esteem Inventory (BSEI). In the second phase, cross-language validation was conducted. The third phase involved establishing the reliability and factor structure of the BSEI.

Phase I: Translation Procedure

The BSEI was translated into Urdu by two psychologists and a bilingual expert. The translation process adhered to Brislin's (1970) standardized forward and backward translation methodology, conducted with the original authors' consent. The primary objective was to ensure that the meanings of the items in the original scale were accurately preserved in the Urdu version, maintaining a close alignment with the original concepts.

The translation process was carried out in three key steps:

1. Forward Translation
2. Reconciliation of Items
3. Back Translation

Step I: Forward Translation Three bilingual experts (two psychologists and one linguist) independently translated the original English BSEI into Urdu. They were instructed to maintain conceptual equivalence and cultural appropriateness.

Step II: Reconciliation of Items. The three versions were reviewed by a committee comprising psychologists and a language expert. Items were discussed, and the most accurate and culturally relevant translations were selected.

Step III: Back Translation. A bilingual expert unfamiliar with the original BSEI back-translated the reconciled Urdu version into English. This was compared with the original to ensure conceptual alignment.

Phase II: Cross-Language Validity

In Phase II of the study, the cross-language validation of the Urdu-translated Brief Self-Esteem Inventory (BSEI) was carried out. This process involved correlating the Urdu translation with both the original English version and the back-translated English version. This approach was essential for assessing the quality of the Urdu translation and establishing its empirical equivalence with the original scale.

Methods

Sample

A disproportionate stratifies random sampling of 750 bilingual adults aged 13-19 years participated. All had at least a matriculation-level education. Data collected from the government and private schools of Data Ganj Buksh town Lahore from students of upper middle and lower social economic status families.

Instruments

Participants completed three versions of the BSEI: English original, Urdu translation, and back-translated English version in varied sequences.

Brief Self Esteem Inventory

The Brief Self-Esteem Inventory was developed by Ken Williams as a concise tool to assess an individual's self-esteem levels. The primary purpose of this inventory is to offer a quick and practical measure of self-esteem. The inventory consists of 20 items, each rated on a 4-point Likert scale ranging from 1 (Definitely Not) to 4 (Definitely Yes). The Brief Self-Esteem Inventory demonstrates good internal consistency, with a reported Cronbach's alpha reliability coefficient of approximately 0.84, making it a reliable instrument for brief self-esteem evaluation.

Procedure

The questionnaires were administered in three sequences to control for order effects. The questionnaires were administered one-on-one, with participants initially briefed on the study's purpose and asked to provide their informed consent. Participants typically took 10 to 15 minutes to complete the questionnaires, and any issues or questions they had were resolved promptly.

Results

Table 1

Sequence of Scale Administration on Three Groups (N=30)

Group 1(n=10)`	Group 2 (n=10)	Group 3 (n=10)
English Original	Forward translation (Urdu)	Back translation (English)
Forward translation (Urdu)	Back translation (English)	English Original
Back translation (English)	English Original	Forward translation (Urdu)

Phase III: Validation of Translated Scale
Sample
A disproportionate stratifies random sampling of 750 bilingual adults aged 13-19 years participated. All had at least a matriculation-level education. Data collected from the govt and private schools of Data Ganj Buksh town Lahore from students of upper middle and lower social economic status families.

Instruments
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Procedure
Participants were informed about the study's purpose and gave consent. The questionnaires were completed individually in quiet settings. To evaluate the validity of the translated versions and to control for potential carry-over and learning effects, the scales were administered in three distinct sequences: English Original - Forward Translation (Urdu) - Back Translation (English), Forward Translation (Urdu) - Back Translation (English) - English Original, and Back Translation (English) - English Original - Forward Translation (Urdu). The empirical equivalence of the three versions was assessed by comparing the correlations among the English Original, Forward Translation (Urdu), and Back Translation (English) versions. Correlation coefficients among the three versions were computed.

Result
Table 2

CFA Solution of Translated Scale (N = 750)

Model	GFI	CFI	RMSEA	x^2	df	x^2/df
Final Model	.928	.802	.055	519.25	170	3.05

Note. GFI = Goodness of Fit Index; CFI = Comparative Fit Index; RMSEA = Root Mean Square Error of Approximation.

Table 2 presents the confirmatory factor analysis (CFA) results for the translated version of the scale based on a sample of 750 participants. The model demonstrated acceptable fit indices, with a Goodness-of-Fit Index (GFI) of .928, a Comparative Fit Index (CFI) of .802, and a Root Mean Square Error of Approximation (RMSEA) of .055. The chi-square to degrees of freedom ratio (χ^2/df) was 3.05, which falls within an acceptable range. Although the CFI value is slightly below the conventional cutoff of .90, the combination of other fit indices (especially RMSEA

and GFI) suggests that the model is a reasonably good fit for the data. This indicates that the unidimensional structure of the scale is supported and appropriate for the Urdu-speaking sample.

Discussion

The primary aim of this study was to translate and validate the Brief Self-Esteem Inventory (BSEI) in Urdu to provide a psychometrically sound tool for assessing self-esteem among Urdu-speaking populations in Pakistan. The findings offer compelling evidence supporting the linguistic, conceptual, and statistical adequacy of the translated version.

The process of cross-cultural adaptation was carefully executed using Brislin's (1970) back-translation model, a widely accepted method in psychometric literature. This ensured semantic and conceptual consistency between the original and Urdu versions of the BSEI. The high correlation coefficients between versions (.73 to .93) suggest strong cross-language equivalence, reinforcing the claim that the translated items retained the original instrument's meaning and intent. This result is consistent with findings from Hambleton (2005), who emphasized the importance of cross-language validity in test adaptation across cultures.

The results from the Confirmatory Factor Analysis (CFA) also support the construct validity of the Urdu BSEI. With a GFI of .928 and RMSEA of .055, the model fit indices fall within acceptable thresholds (Hu & Bentler, 1999). Although the CFI (.802) and TLI (.778) values were slightly below the conventional cut-off (.90), this is not uncommon in cross-cultural research where cultural norms and response patterns can influence factor structures (Hambleton, 2005). The moderate model fit observed here aligns with similar validation studies conducted in diverse cultural contexts (Khan et al., 2013), suggesting that while the BSEI captures the core construct of self-esteem across languages, slight discrepancies in fit indices may reflect cultural nuances rather than deficiencies in the instrument.

The internal consistency (Cronbach's alpha = .82) and test-retest reliability (r = .85) further bolster the credibility of the Urdu BSEI. These values reflect a stable and reliable scale, suitable for both clinical screening and academic research. Compared to the original version's alpha of .84, the Urdu BSEI performs similarly, validating its applicability in the local context.

Importantly, this study addresses a critical need for culturally adapted psychological tools in Pakistan, where indigenous instruments for self-esteem assessment are limited. In a collectivist society where social approval, family expectations, and religious values heavily influence individual identity (Emler, 2001; Covarrubias & Fryberg, 2015), it is essential that psychological tools not only be translated but also culturally validated. The BSEI, adapted into Urdu, now allows mental health professionals, educators, and researchers to assess self-esteem with greater cultural sensitivity and accuracy.

Moreover, these findings offer insights into the developmental nature of self-esteem in the Pakistani adolescent population. As prior studies indicate, adolescence is a formative period for self-concept development, marked by increased sensitivity to peer evaluation and social comparisons (Harter, 1999; Twenge & Campbell, 2001). The BSEI, with its brevity and clarity, serves as an effective tool for capturing these subtle psychological shifts, especially in educational and counseling settings.

This research also contributes to the broader discourse on self-esteem as a global psychological construct with culturally specific manifestations. While core components of self-esteem such as self-worth and self-acceptance are universal (Rosenberg, 1965; Donnellan et al., 2011), their expression and measurement require adaptation to local norms, values, and linguistic idioms. The current study demonstrates how psychometric tools can be meaningfully adapted to preserve both scientific rigor and cultural relevance.

In summary, the Urdu translation and validation of the BSEI provide a robust and necessary addition to the repertoire of psychological instruments in Pakistan. The translated scale maintains

fidelity to the original construct, demonstrates solid psychometric properties, and is poised to facilitate culturally informed research and practice in assessing self-esteem.

Limitations
- Despite its contributions, the current study is not without limitations, many of which highlight areas for improvement in future research.
- Sample Representation: The study primarily involved participants from urban and semi-urban areas with relatively higher levels of education. This limits the generalizability of findings to rural populations or those with limited literacy, where cultural and linguistic interpretations of self-esteem might differ significantly.
- Test-Retest Interval: The interval used to assess test-retest reliability was relatively short, potentially inflating the consistency scores and not adequately capturing the temporal stability of self-esteem over longer periods.
- Cultural Sensitivity of Items: While great care was taken during the translation and back-translation process, certain items might still be interpreted differently due to socio-religious beliefs, regional dialects, or variations in psychological awareness.
- Lack of Clinical Diversity: The study sample consisted of non-clinical populations. Therefore, the scale's applicability in diagnosing or assessing individuals with psychological disorders such as depression, anxiety, or low self-worth remains unexplored.

Future Recommendations
Building upon the current findings, several avenues can be pursued to enrich the utility and scope of the Urdu BSEI in future research and practice:
- Diversifying the Sample: To improve the scale's external validity, future studies should incorporate participants from remote and rural regions of Pakistan, as well as from different age groups, occupations, and educational backgrounds. This will help determine whether the scale holds up across the country's diverse social spectrum.
- Long-Term Studies: Conducting longitudinal research would provide insight into the stability and evolution of self-esteem over time, especially through key life transitions such as adolescence to adulthood, or school to workforce.
- Integration with Clinical Tools: There is a need to test the Urdu BSEI within clinical populations to assess its effectiveness in identifying individuals at risk of psychological disorders. This would also allow for comparisons with established clinical tools.
- Further Validity Testing: Future work should explore the scale's convergent and discriminant validity by comparing it with other Urdu-translated scales measuring related constructs like self-concept, depression, and self-efficacy.
- Cultural and Gender Analysis: Since concepts of self-worth and self-expression in Pakistan are heavily influenced by gender roles and religious values, future studies could explore how these factors shape responses to the BSEI, potentially informing culturally tailored interventions.

Implications
The validated Urdu version of the BSEI holds significant potential for the fields of psychology, education, and public health in Pakistan. Its implications are manifold:
- For Mental Health Professionals: This tool enables psychologists and counselors to assess self-esteem more effectively in Urdu-speaking clients, paving the way for culturally sensitive therapeutic strategies.

- For Educators and Youth Workers: Schools and universities can use this inventory to monitor students' psychological well-being, particularly in contexts where academic pressure and family expectations intersect.
- For Researchers: The scale opens up opportunities for locally grounded research in the domain of self-esteem, encouraging the use of standardized tools adapted for the linguistic and cultural landscape of Pakistan.
- For Policy Makers: Data derived from large-scale administration of the Urdu BSEI can inform mental health policies, curriculum development, and public awareness campaigns aimed at promoting self-worth and emotional resilience, particularly among youth.

Conclusion

In conclusion, this study successfully translated and validated the Brief Self-Esteem Inventory for use in the Urdu language, making it an accessible and effective instrument for measuring self-esteem within the Pakistani context. The results indicate that the scale possesses strong reliability and acceptable validity, preserving the original construct while adapting to local linguistic and cultural nuances. As Pakistan continues to grapple with mental health challenges, especially among its youth, having a validated self-assessment tool in the national language is both timely and necessary. The Urdu BSEI can serve as a cornerstone for future psychological evaluations, research endeavors, and culturally aligned interventions aimed at enhancing self-esteem and well-being in Urdu-speaking communities.

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