

Transcultural Oral Health Care: 2. Developing Transcultural Oral Health Promotional Materials

STELLA Y.L. KWAN

Abstract: This paper discusses the common problems involved in developing transcultural oral health promotional materials, and describes the best ways to avoid them. Translation errors and poor illustrations are by far the most frequently encountered problems followed by cultural incompatibility, inadequate information, and text and layout mistakes.

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Clinical Relevance: In order to develop robust and effective transcultural oral health promotional materials, 'grass roots' consultation through background research is crucial, as are needs assessment, community participation and quality assurance.

The contrasting cultures found in multi-racial Britain present an immense challenge for effective health promotion. Conventional UK oral health promotion initiatives, primarily based on Western values, have proved ineffective with ethnic minorities. To address this issue, a substantial number of transcultural oral health promotional materials have been produced in recent years. However many of these have failed to address the complex cultural differences between ethnic groups, and this has undermined their effectiveness.¹

Developing transcultural oral health promotional materials is often perceived, incorrectly, as 'easy': given that the majority of transcultural materials are translated, literal translation of English material may be considered sufficient.¹ However, it is not that simple. To be effective, health-promotion initiatives must take account of the cultural context, the relevant beliefs, attitudes and behaviours of the target groups.² Community consultation is a vital part of

background research, as is involvement of the target community in developing the programmes.

COMMON PROBLEMS

In a study that assessed the quality and appropriateness of dental health educational materials for ethnic minorities in the UK,¹ eight language or cultural groups were addressed (Afro-Caribbean, Bangladeshi, Chinese, Gujarati, Hindi, Pakistani, Punjabi and Vietnamese) and a total of 226 sets of materials were assessed in terms of the use of language and translation, layout and presentation, cultural acceptability and appropriateness, scientific accuracy and whether background research had been conducted (for a list of the criteria, see Table 1). Only 50% of the materials were assessed as having some value in health promotion, and half of these were further criticized by the target community as culturally inappropriate, with poor quality illustrations and text. Details are summarized in Table 2.

Translation Errors

Translation errors are prevalent in

transcultural materials, and these are often attributable to literal translation – for example, in Chinese, 'meals on wheels' translates literally as 'having your meal in a wheelchair'. Information that requires a good level of understanding of the subject is often

Use of language and quality of translation:

- Is it accurate?
- Does it convey the correct message?
- Is it appropriate?
- Is it well written and understandable?
- Are the ideas clearly expressed?
- Is it acceptable?
- Is the writing style appropriate to the target group?

Layout and presentation:

- Is it attractive in layout and style?
- Is it interesting?
- Is the length appropriate?
- Is the print quality clear?
- How easy is the text to read?

Cultural acceptability and appropriateness:

- Can the target group identify with the material?
- Are the content and illustrations acceptable to the target group?

Scientific accuracy:

- Is the message accurate?
- Is it clear?
- Are the title, aims and objectives clear?

Value for health promotion:

- Can it be used on its own?
- Should it be used in conjunction with other materials?
- Should it be used at all?
- Does the resource encourage a change in behaviour?
- Is the change practicable and achievable for individuals in the target group?

Background research:

- Has the background research been thorough?
- Has 'grass roots' opinion been sought and followed?

Table 1. Criteria for assessment.

Stella Y.L. Kwan, MPH, MDentSci, BSc(Hons),
Lecturer in Dental Public Health, Leeds Dental
Institute.

Problem	%
Translation errors	46
Illustration errors	48
Culturally inappropriate	17
Poor layout	16
Poor writing and use of language	15
Poor text quality	13
Insufficient information	22
Value for health promotion	50

Table 2. Common problems in transcultural oral health promotional materials.

mistranslated (e.g. ‘all treatment is free for everyone’, ‘disclosing tablets cause plaque’ and ‘plaque is calculus’). Sometimes the translators misunderstand the information, resulting in ‘free care for teeth’ being mistranslated as ‘care for free teeth’. Alternatively, they may add their own comments such as ‘keeping to routine life will help hormones to keep dental diseases low’. These mistakes result in confusing, if not misleading, messages.

Whenever possible, materials should be developed and written in the target group’s language. The necessity for translation must be justified, taking into account the literacy levels of the target audience. If translation is inevitable, conceptual, functional and linguistic equivalence must be ensured.³ Back-translation will help to validate the quality of the translation. Bilingual materials are generally preferable.

Illustration Errors

Inappropriate illustration is also very common, and again can lead to poor cultural acceptability. For example:

- Muslims have been shown eating with their left hands;
- Pakistani women have been depicted wearing saris;
- Asian families do not normally eat grilled food;
- a leaflet giving pregnancy advice in Bengali that shows a Sikh father in the background is likely to cause offence.

Some symbols may be generally recognized in Western culture, but do not

necessarily convey the same meanings for ethnic minorities. For example, elephants do not always symbolize ‘please remember’; a red circle with a diagonal might not be recognized as a warning symbol.

Illustrations of people can be offensive to the target community. Images of ethnic minorities may be considered to be too negative (e.g. ‘the black face is the only one not smiling’ or ‘the black boy has a white arm’). Moreover, such illustrations may cause confusion when they do not agree with the text. Some pictures may be unappealing to the target audience: sweets and drinks may look like detergents or a toothbrush may resemble a carpet brush. It does not help to promote dental attendance if the target group feel that the dentist ‘looks dreadful – not at all welcoming’. An ethnocentric perspective is crucial when developing acceptable and effective illustrations.

Cultural Inappropriateness

Some concepts may be difficult for the target groups to comprehend and may fail to convey the message through literal translation. Examples include ‘medical history’, ‘nursing mothers’, ‘finger foods’, ‘meals on wheels’ and ‘savoury nibbles’.

Some advice may also seem alien to the target group. For example, advising Chinese people to drink more milk and to eat more cheese, foods which are not part of their cultural diet and may cause problems for those who suffer from lactose intolerance, is inappropriate and therefore culturally unacceptable. Suggesting a diet that includes only European foods is generally incompatible with ethnic minority lifestyles, and compliance will be poor.

Caution must be exercised when producing transcultural materials targeting more than one cultural group: what is applicable to one cultural group may not be to another.

Layout and Text Quality

Some languages are written from right to left (e.g. Urdu). Simple text errors can easily change the meaning of the whole sentence. For example, in Chinese,

‘protein’ will become ‘egg white’ if the last character of the phrase is missing.

Small print size, complex text, poor layout and lack of colour are also areas of complaint and merit careful consideration.

GOOD PRACTICE IN DEVELOPING TRANSCULTURAL ORAL HEALTH PROMOTIONAL MATERIALS

Before developing any health education materials, it is important to identify the target recipients, and to ensure that the information will be relevant to them, rather than trying to address too many groups. Background information must be thoroughly researched, informing the aims and objectives of the materials to be developed. Having taken into account the needs of the target group and the available resources, the content and format can be determined. A draft should first be produced, and its quality, acceptability and appropriateness validated, using a sample of the target recipients, before dissemination. Finally, the effectiveness of the materials, and the extent of their penetration into the community, must be evaluated (Table 3).

Different target recipients may need different types of materials. For example, leaflets are more suitable for the literate

1. Identify target recipients.
2. Carry out background research, ‘grass roots’ consultation.
3. Target group profile, needs and demand must be researched.
4. Set aims and outcomes.
5. Identify appropriate and preferred format.
6. Develop draft materials for quality assessment.
7. Materials should:
 - be visually attractive and culturally appropriate;
 - use simple language, preferably bilingual;
 - be written in the target group’s language if possible;
 - be free from translation errors, text and layout mistakes.
8. Community participation is involved in the whole process.
9. Disseminate the information.
10. Evaluate the effectiveness and penetration into the community.

Table 3. Good practice for developing transcultural oral health promotional materials.

and the inquisitive; elderly people tend to prefer videos and audiotapes to written materials.

The process of developing high-quality oral health promotional materials is costly and time-consuming. Using existing validated materials is more cost-effective, and minimizes duplication of effort. A national oral health promotional materials catalogue, if accurate and comprehensive, would be invaluable for oral health promotion.

DEVELOPING CHINESE ORAL HEALTH PROMOTIONAL MATERIALS

Existing Materials

Although much effort has been devoted to health promotion for ethnic minorities in recent years,⁴ inequalities still exist between different groups. The provision of oral health promotion for the Chinese is generally poor. Many existing materials fail to address the requirements of this community.^{1,5,6} There is a need to produce materials that are acceptable, accessible and appropriate for this group.

Background Research

In 1996, a 2-year study began to assess the oral health information needs of Chinese people in the UK, and to produce appropriate oral health promotional materials.⁷ A qualitative assessment, using focus groups, was undertaken initially to explore health beliefs in depth, and this provided guidance for the development of the subsequent sample survey.

Dental knowledge among UK Chinese was poor, particularly among elderly people. Barriers to dental care that were identified were:

- low perceived treatment needs;
- poor awareness of dental services;
- cost;
- anxiety;
- access;
- attitude towards oral health.

These were compounded by cultural beliefs and communication difficulties.

Problems with prosthetic follow-up care were marked, and strongly emphasized by both the focus group and the sample survey.

Evidently, there was a need to produce new materials that would raise dental awareness and provide more information to bring about a change in knowledge and attitudes. Issues regarding oral health beliefs needed to be addressed carefully. Subjects were asked to indicate the topics that would interest them, the preferred format and the locations at which they would like to obtain the information.

Developing Appropriate Materials

On the basis of the research findings, and taking into account the normative as well as perceived needs, a set of draft materials were produced – a poster, three leaflets and an audiotape. Owing to a shortage of funds, it was not possible to produce a video, the preferred format of the older Chinese.

All the materials were written in Chinese, and the audiotape was in Cantonese, the Chinese dialect most widely spoken in the UK.

- The poster depicted a traditional Chinese family portrait, reinforcing the key dental health messages enlisted in *The Scientific Basis of Dental Health Education*.⁸
- The three leaflets contained information on dental visiting, and the aetiology and prevention of the most common dental diseases.
- The audiotape tackled the cultural issues sensitively, providing a trigger for discussion.

Quality Testing

Professional members of the Chinese community assessed the scientific accuracy of the materials produced, and all materials were tested in the Chinese community using focus groups and individual assessments. As a result, some minor adjustments were made and a national hotline was included. All materials are currently available to all general dental practitioners, as well as to



Figure 1. A set of new Chinese oral health promotional materials.

dental health educators (Figure 1), and are distributed through local health authorities.

CONCLUSION

‘Grass roots’ consultation must be carried out when developing health promotional materials for minority ethnic groups and community participation should be encouraged. Resources should be visually attractive and culturally sensitive, using appropriate formats, clear and simple language, and a good-quality text and layout. If translation from other languages is unavoidable, much effort should be expended to ensure the quality of the results.

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