








## ORIGINAL ARTICLE

# Translation and transcultural adaptation of the Parental Media Guidance Scale into Brazilian Portuguese\*

### HIGHLIGHTS

1. It aggregated knowledge about screen time and negative outcomes.
2. It provided the inclusion of topics about screen time.
3. It enabled the adoption of strategies regarding screen time.

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### ABSTRACT

**Objective:** To translate and adapt transculturally (ATC) the “Parental Media Guidance Scale” for use in countries with children aged zero to five years. **Method:** Methodological research conducted between June and August 2021, in Fortaleza, Ceará, Brazil, in five stages: translation, synthesis of translations, back-translation, evaluation by a committee of judges, and pre-test; the Content Validity Index was used to assess the agreement among the judges. **Results:** The scale presented a Content Validity Index greater than 0.85. However, the values obtained for clarity (57.7%), relevance (71.2%), and pertinence (71.2%) were below 80%. The clarity criterion, with the lowest value, stood out among the three. **Conclusion:** The scale/instrument can be used in Brazilian culture for evaluating parental mediation of screen time in children aged zero to five years. It can contribute to promoting the health of Brazilian families and guide the agendas of upbringing and improvement aimed at the well-being of families.

**KEYWORDS:** Translation; Reproducibility of Results; Screen Time; Child Welfare; Child Health.

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## INTRODUCTION

The use of media devices in childhood has increased considerably in recent years, showing a growing influence on daily routine habits, such as sleeping, eating, and playing, which have transformed children's relationships with the world and, consequently, short- and long-term development in childhood<sup>1-2</sup>.

In light of the increasingly early exposure, evidence has emerged confirming the association of screen time with negative outcomes for child health, such as: sleep problems,<sup>3</sup> psychosocial impacts, low cognitive development,<sup>4</sup> increased daily hours of wakefulness in screen-based activities,<sup>5</sup> eating disorders, and an increase in modifiable risk factors for childhood obesity,<sup>6</sup> as well as an increase in Body Mass Index (BMI) for each hour per week of media consumption<sup>7-10</sup>.

In this same line of thought, the Brazilian Society of Pediatrics emphasizes that the time spent using digital technologies should be proportional to the ages and stages of children's and adolescents' brain-mental-cognitive-psychosocial development<sup>11</sup>. For children up to two years, the recommendation is zero screen time, and for those between two and five years, screen time should be limited to a maximum of one hour per day, always with parental or caregiver supervision. Additionally, it is recommended to discourage passive exposure, especially during family routines, such as during meals or before bedtime<sup>12-13</sup>.

In this sense, the theory of parental mediation proposes that parents use different interpersonal communication strategies to mediate and mitigate the negative effects of screen time on their children's lives<sup>14-15</sup>. In this context, Bybee, Robinson, and Turow proposed a scale to analyze parental mediation of television use, which consisted of 14 questions addressing different types of parental mediation. Since its creation in 1982, the scale has undergone various changes and adjustments for improvement and better use for specific audiences. The aforementioned scale from the child's perspective was adapted more broadly, including the use of video games and computers, in addition to storytelling<sup>16-20</sup>.

A survey conducted also showed the aforementioned scale from the child's perspective and highlighted that restricting the use of one digital media device can lead to an increase in the use of another, offering similar gratification<sup>21</sup>. In this sense, the authors adapted this scale more broadly, including the use of video games and computers. Comparisons should be made with mediation behavior around the use of other media, as these can provoke other patterns of parental guidance<sup>22</sup>.

Despite the existence of already validated scales, there is a noticeable absence of a Transcultural Adaptation (ATC) to the Brazilian context, therefore this study aims to translate and ATC the "Parental Media Guidance Scale" for use in countries with zero to five years of childhood. Despite the existence of several internationally validated scales, there is a significant gap in adapting these tools to the Brazilian context, especially for the age group of zero to five years.

The scale aims to evaluate parental mediation styles in the use of digital media, providing data to guide health education actions and develop strategies that positively influence parents' behavior regarding media consumption by their young children. In addition, the adaptation of the scale supports the formulation of more effective and culturally sensitive public policies, promoting the health and well-being of Brazilian children and their families. The instrument can be applied by health professionals, educators, and researchers, and, depending on the final version, can be self-administered by parents for self-assessment of their mediation practices.

Within this context, this study aims to translate and ATC the "Parental Media Guidance Scale" for use in countries with zero to five years of childhood.

## METHOD

This is a methodological study for the cultural adaptation and content validation (ATC) of the "Parental Media Guidance Scale" into Brazilian Portuguese. This scale presents three domains: low child communication, problem-solving, and personal and social aspects. The research was conducted between June and August 2021, in Fortaleza, Ceará, Brazil, as an excerpt from the thesis entitled "*Inquérito sobre a mediação parental do tempo de tela na primeira infância*".

For ATC, the recommendations of Cassepp-Borges, Balbinotti, and Teodoro were followed, aiming to provide semantic, idiomatic, cultural, and conceptual equivalence between the original instrument and the adapted version<sup>17</sup>. Thus, the five necessary steps for the ATC of an instrument were followed: translation, synthesis of translations, back-translation (back-translation), evaluation by a committee of judges, and pre-testing. The version used in this study for ATC and validation was the "Parental Media Guidance Scale"<sup>20</sup>.

Due to the public health emergency context experienced by the entire population, which faced the imposition of social distancing due to the COVID-19 pandemic, the collection was done virtually. Initially, the instrument was sent to two independent Brazilian translators who had extensive experience with American culture and were unaware of the research objectives.

In the second phase, the synthesis of the translations was carried out through a consensus meeting between the two translators and two nurse researchers working in the Child Health area. At that time, the necessary reformulations were made, which gave rise to the synthesis version of the initial translations. In the third phase, back-translation was performed by two other independent bilingual translators who were not familiar with the original instrument.

In the fourth phase, the two previously obtained versions were compared by a committee of experts with the aim of determining the semantic, idiomatic, cultural, and conceptual equivalences between the original questionnaire and the Portuguese version. In this phase, the committee of experts produced the final version of the instrument for the pre-test in Portuguese.

The committee of experts was composed of thirteen professionals. For the selection of the sample of judges, snowball sampling was conducted, which involves the recommendation and indication of already selected specialists. However, to ensure the quality and relevance of the chosen judges, specific exclusion criteria were established, such as: professionals who did not have direct experience with the theme of child health and parental mediation, and who were not willing to participate in the evaluation process.

To analyze the degree of agreement among the judges, the Content Validity Index (CVI) was used, which measures the proportion or percentage of judges who agree on certain aspects of the instrument and its items. It is emphasized that a degree of agreement among judges greater than 0.80 is desirable and that a CVI equal to 1 (on a

scale from -1 to +1) indicates full agreement among the judges and serves as a decision criterion for the relevance and/or acceptance of the evaluated item<sup>18</sup>.

For the research, a level of agreement equal to or greater than 0.8 was stipulated. The evaluation of the items was done through a Likert-type scale, which ranges from 1 to 5, where 1 represents 'very little'; 2, 'little'; 3, 'medium'; 4, 'much'; and 5, 'very much', with three criteria: 1 - Clarity of language: to assess whether the language used in the items is understandable and appropriate according to the characteristics of the study population. 2 - Practical relevance: to assess whether the proposed texts are relevant for the study population. 3 - Theoretical relevance: to assess whether the content of the text is relevant based on theory.

For the validation analysis of the scale, Gwet's AC1 statistic was used, characterized as a measure of agreement that evaluates the consistency of the classifications provided by different evaluators in a set of categorical data<sup>19</sup>. In the fifth phase, the virtual pre-test of the version of the instrument produced in the previous stage was conducted. After the judges' suggestions, the pre-final version of the instrument used for the pre-test was obtained. This stage was conducted virtually by sending the self-applicable link of the scale via Google Forms®.

Thirty individuals were invited and accepted to participate in the research, as recommended by the methodological framework used, with the following inclusion criteria: being an adult of legal age; having digital literacy, of both sexes, users of virtual social networks, having had a child or contact with a child. The exclusion criterion was having any limiting factor that prevented reading and filling out the questionnaire.

The participants answered the instrument and were subsequently asked whether they understood the questions and if the alternatives were clear. Due to difficulties in understanding some items, the participants made some suggestions. This version was called the "final adapted version," considered suitable for application in the studied population.

The project met all the criteria established by Resolution No. 466/2012 of the National Health Council (NHC) and was approved by the Research Ethics Committee (REC) of the Universidade Federal do Ceará (UFC), being approved with opinion No. 3,913,327.

## RESULTS

The ATC process was carried out following the stages: translation, synthesis of translations, back-translation (back-translation), evaluation by a committee of judges, and pre-test.

Of the 13 judges, the majority (53.8%) were male, including participants from the following states: Ceará, Paraíba, Pernambuco, Sergipe, Bahia, Santa Catarina, and Mato Grosso do Sul. Regarding profession, two were nurses, nine were physical educators, one was a librarian, and one was a physiotherapist. The average training time for these professionals was 15 years, with a minimum of four and a maximum of 30.

The sections addressing the three main styles of parental mediation presented values above 0.8 in the three criteria analyzed. However, the section "I do not use" of

the "Parental Media Guidance Scale", presented values below 0.8, indicating the need to remove it from the Brazilian Portuguese version.

Table 1 presents the results of the expert committee regarding the clarity criterion for the "Parental Media Guidance Scale." For the section regarding the first mentioned style, restrictive mediation, the average CVI was 81.5%. The value found for the Gwet Index was significantly greater than zero, 0.548 (95% CI: 0.371 - 0.726), indicating moderate agreement among the experts. For the style of instructive mediation, the average CVI was 86.5% and the Gwet Index was significantly greater than zero at 0.714 (95% CI: 0.465 - 0.964), indicating substantial agreement among the judges. For the co-viewing mediation style, the average CVI was 84.6%, with a significant Gwet Index of 0.675 (CI 0.405 - 0.945), demonstrating substantial agreement among the experts.

**Table 1.** Distribution of CVI and Gwet for each item and by domain among the judges' committee of the "Parental Media Guidance Scale" (translated version). Fortaleza, CE, Brazil, 2022 (n=13)

(continue)

Restrictive Mediation			
Issues	CVI (Clarity)	CVI (Relevance)	CVI (Significance)
"I prohibit the [CHILD] from playing and watching specific content on the various media devices to which he/she has access."	69.2	84.6	92.3
"I limit the time that the [CHILD] can spend watching or playing on the media devices to which he/she has access."	84.6	92.3	92.3
"I decide when the [CHILD] can watch or play on digital media devices."	84.6	76.9	76.9
"I decide in advance which games and programs the [CHILD] can access."	76.9	76.9	84.6
"When the [CHILD] is watching or playing content that I consider inappropriate, I change the programming or turn off the device."	92.3	92.3	92.3
Average CVI	81.5	84.6	87.7
Instructional Mediation			
Issues	CVI (Clarity)	CVI (Relevance)	CVI (Significance)
"I explain to the [CHILD] when a character in the game does something BAD."	92.3	92.3	92.3
"I explain to the [CHILD] when a character in the game or program does something GOOD."	92.3	84.6	92.3
"I explain to the [CHILD] why some characters in the game or program have certain behaviors."	76.9	92.3	92.3
"I explain to the [CHILD] that some stories and characters are not real"	84.6	92.3	92.3
Average CVI	86.5	90.4	92.3



**Table 1.** Distribution of CVI and Gwet for each item and by domain among the judges' committee of the "Parental Media Guidance Scale" (translated version). Fortaleza, CE, Brazil, 2022 (n=13)

(conclusion)

Issues	I don't use		
	CVI (Clarity)	CVI (Relevance)	CVI (Significance)
"When it comes to activities with media devices, do you talk to the [CHILD] about the program while he/she is playing?"	38.5	69.2	69.2
"When it comes to activities with digital media devices, do you talk to the [CHILD] about the program he/she just watched?"	61.5	69.2	69.2
"When it comes to activities with media devices, do you talk to the [CHILD] about the program he/she is about to watch or the game?"	61.5	69.2	69.2
"When it comes to activities with media devices, do you encourage the [CHILD] to watch a certain program or game?"	69.2	76.9	76.9
Average CVI	57.7	71.2	71.2

Caption: n=13

Source: Data generated by the researcher (2022).

A prominent space is reserved for the "No-use" mediation style, which showed low CVI rates, as described below. By analyzing Table 1, it was possible to find CVIs of 57.7%, 71.2%, 71.2%, respectively, for the criteria of clarity, relevance, and pertinence, all below 80%, with an emphasis on clarity. The clarity section was excluded from the adaptation of the scale, according to the notes from the experts.

## DISCUSSION

The instrument "Parental Media Guidance Scale" showed an CVI greater than 0.85 for the three evaluated criteria, indicating that it is a valid instrument. The results obtained in the validation for the Brazilian context indicate that the scale, after the ATC, has good content validity, reflected in CVIs above 0.85 for the main styles of parental mediation. The substantial agreement observed among the judges reinforces the robustness of the scale in evaluating mediation styles. These agreement indices are indicative of a consistent acceptance of the scale items by the experts, reflecting the instrument's ability to reliably capture the relevant aspects of parental mediation.

However, the "No use" section of the scale showed significantly lower CVI values, with averages of 57.7% for clarity, and 71.2% for relevance and pertinence. These results suggest that the items in this section are not as clear or relevant as those in the other sections. The low content validity observed for this section indicates the need to reconsider its inclusion in the final version of the scale, as the lack of clarity and relevance may compromise the accuracy of the evaluations made based on this part of the instrument. The decision to exclude the "No use" section is supported by the feedback from the judges and the quantitative results, which contribute to the accuracy and relevance of the scale adjusted to the Brazilian context.

The diversity of judges involved in the validation, with varied experience in the health and education areas, proved to be a significant advantage. The participation of

professionals with diverse theoretical and practical experiences enriched the validation process, providing a more robust and comprehensive evaluation of the scale.

The Gwet Index assesses the overall agreement of the responses. The value found in the evaluated items had a greater proportion of moderate or perfect agreement among the experts. However, full agreement does not mean that all judges responded in the same way, but signifies a relative harmony in the choice of scores among the specialists<sup>18</sup>.

Thus, both instruments achieved face validity through the consensus of the judges after their proposals were met, in addition to presenting clarity and understanding regarding the items that compose it and the appropriate way of presenting it to the public for whom it was proposed.

Moreover, the use of measurement instruments in health practices is progressively increasing, necessitating their proper validation. In the field of Nursing, validating instruments that guide practice is synonymous with the development of health technologies for the profession, as it becomes possible to direct nursing care and improve the quality of assistance<sup>19</sup>.

The diversity in the professional experiences of the judges proved timely, as professionals who work directly with child assistance and their families, teaching about child health, and using information and communication technologies, participated in this stage. This fact adds different theoretical and practical knowledge to the subject under discussion, as highlighted by similar studies that also emphasize the importance of this validation in instruments<sup>20</sup>. Another contribution referred to the possibility of validating an international instrument, adjusting it to the understanding and reality of local and regional demand, meeting the health needs of the population, and being significant for nursing care.

Regarding the three styles of parental time mediation, these were presented in a way that allowed respondents to position themselves positively or negatively towards one style or all three. Thus, it is not possible to classify the sample of this study definitively into a particular mediation style. However, converting the results into a scale of 0 to 100, the most prevalent style among the sample was the restrictive style (91.1%), followed by the instructive style (71%), and, with lower prevalence, the co-viewing style (64.1%).

This research is corroborated by an international study conducted in Argentina, which reported that some families have more restrictive regulations, basing their parental mediation on control and supervision. The authors also state that this type of approach risks diminishing children's autonomy and their right to privacy. Other families, while using some restrictions, invest more time in developing critical capacities in their children through dialogue and joint formative experiences<sup>20</sup>.

Regarding the restrictions imposed by parents, the research shows that most parents reported trying to restrict their children's screen time in some way during social distancing. And this was met with varying degrees of success, but many parents reported difficulties in enforcing their rules. Sometimes, parents would collect the devices and hide them (especially before bedtime) to prevent their children from using them. The limited number of activities was also discussed as a reason for the increase in permissibility. On the other hand, some mothers shared that their screen time rules did not change and continued to be applied in the same way during the pandemic<sup>21</sup>.

Regarding the associations of parental mediation styles with sociodemographic variables or media device usage habits, this study found a correlation between the instructive style and the children's age, the parents' marital status, and the family's income. As for age, it was observed that the instructive style was more prevalent the older the child was. This finding is corroborated by a study conducted in Portugal, which reported that the use of mediation with strategies resembling the concept of instructive mediation, that is, talking frequently with the child about safety issues, helping them when they have difficulties, encouraging them to explore and learn new things on the Internet, sitting next to them and discussing what they do, was much more common with older children<sup>22</sup>.

Regarding income, this research showed the prevalence of the instructive style in higher income brackets. On this aspect, in high-income countries, there is a shift from restrictive forms to facilitating forms of parental mediation, such as instructive mediation<sup>23-24</sup>.

One of the limitations of the study was that the pre-test was conducted only in one region of Brazil, which may not accurately represent the country's other cultural realities. Additionally, some items on the scale were not considered sufficiently clear, relevant, or pertinent by the evaluators, especially regarding clarity. More in-depth tests were also not conducted, such as reliability analysis of the scale, which will be important in future research.

## CONCLUSION

The "Parental Media Guidance Scale" was successfully adapted to Brazilian culture, following the steps recommended by international literature, resulting in an instrument for assessing parental mediation of screen time for children aged zero to five years, which can be used as a tool to guide the conduct of health professionals with various types of Brazilian families and identify their strengths and weaknesses regarding the mediation styles used by the users.-

Thus, it can provide health professionals with the inclusion of topics on screen time, from conception planning to monitoring child development, emphasizing promotion and prevention guidance, or even opportunities for bonding during acute illness in children, especially in the context of Primary Health Care, as well as in the different contexts of the health-disease process throughout individual development.

Although it is a feasible data collection method, it does not allow for understanding the interviewee's real understanding through validation strategies in the interviewer's discourse.

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Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - **Evangelista BP, Gubert FA**. Drafting the work or revising it critically for important intellectual content - **Rebouças LN, Bastos MS, Castro IAL**. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - **Benevides JL, Rojas YCT**. All authors approved the final version of the text.

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