Translation and Content Validation of Bahasa Malaysia Version of the Food Insecurity Experience Scale (FIES)

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ABSTRACT

INTRODUCTION: Food insecurity can be defined as the limited or uncertain availability of nutritionally adequate, safe foods or the inability to acquire foods in socially unacceptable ways. Food insecurity is recognized as a public health issue worldwide where it is clearly described under the Sustainable Development Goals (SDGs) number 2: End hunger and achieve food security. To understand the complexity, multifaceted nature of food insecurity in Malaysia needs established tool and adequate data. This study aimed to translate and validate the English version of Food Insecurity Experience Scale (FIES) into Bahasa Melayu (BM) by adopting the guideline of the World Health Organization (WHO) on questionnaire translation. **METHODS** Two forward and backward translations involving experts in food insecurity study and experts in language were done as stipulated in a guideline. Content validity by the experts and face validity by the target population were conducted as part of validation process. **RESULT** Content Validity Index (CVI) and Factorial Validity Index (FVI) was done to analyses content validity. RESULTS The harmonized BM version of FIES was produced with 100% CVI. However, FVI was inconsistent. Hence a factor analysis should be done to asses the full degree of FVI. **CONCLUSION** The full validation study of BM version FIES especially construct and criterion validity needed to be done before it is widely used to measure food insecurity in the population specifically Malaysian population.

KEYWORDS: Food Insecurity, Bahasa Malaysia, FIES

Tuberculosis Contact Screening at Health Clinics: Influencing Factors?

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ABSTRACT

INTRODUCTION: Preventing and controlling of Tuberculosis is one of important missions in Malaysia. Contact screening is vital in preventing and controlling spread of Tuberculosis in this country. Studies have shown effective contact screening can control the spread of Tuberculosis in the population. This study aims to identify factors influencing the contact screening at health clinics, Seremban. **METHODS:** A face to face interview was conducted in November 2018. **RESULTS:** 14 healthcare staffs consisting of Medical Officers and Assistant Medical Officers from 8 health clinics who were in charge Tuberculosis Program at their health clinics were interviewed. There was no standard procedure applied by all health clinics in managing Tuberculosis contact screening at health clinic. Some (35.71%) of them did not know how to use MyTibi System especially the new healthcare staffs. Apart (57.14%) of them were not aware the existence of contact screening record in MyTibi System subsequently the data were not recorded in the system. There was inaccessibility of the contacts record in MyTibi System by the healthcare staffs from different districts eventually all (100%) of them could not record screening result for the contacts in the system. Most of the health clinics had no proper documentation of contact screening for Tuberculosis. **DISCUSSION:** Therefore, a good standard Tuberculosis contact screening procedure, proper documentation of contact screening and good attitude of healthcare staffs in managing Tuberculosis contact screening are important factors in Tuberculosis contact screening program at health clinics.

KEYWORDS: influencing factors, contact screening program, Tuberculosis, health clinics