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TRANSLATION AND ADAPTATION OF MULTIDIMENSIONAL FATALISM SCALE (MFS-U)

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ABSTRACT

Fatalism is a deeply rooted philosophical and psychological construct which has fascinated researchers because of the profound impact it has on human behavior and coping mechanisms. Despite its significance no validated Urdu version of Fatalism scale exists to assess fatalistic beliefs in Pakistani Population. The current study aimed to translate and adapt Multidimensional Fatalism Scale in Urdu and evaluate its psychometric properties, including reliability and factor structure among Urdu speaking adults in Pakistan. The study consisted of two phases. Phase-I focused on translation of the scale using MAPPI guidelines. In phase II, cross language equivalence and psychometric properties were examined. Cross language equivalence was established on a sample of 40 bilingual participants with an age range of 18-25. Moreover, psychometric properties of the translated version were established using exploratory factor analysis (EFA), confirmatory factor analysis (CFA) and Cronbach's alpha with a sample of 290 young adults, taken through purposive sampling technique. The English and Urdu versions indicated strong conceptual equivalence ($r = .93$, $p < .01$). EFA revealed five factor structure. While all the items loaded on their anticipated factors only item, UE26 shifted from fatalism factor to divine control factor. CFA confirmed acceptable model fit ($\chi^2/df = 1.8$, CFI=.91, TLI=.90, RMSEA of .05). The results confirmed the factorial validity of the Multidimensional Fatalism Scale in Urdu. With Cronbach's alpha of .85 for total scale, values ranging from .79 to .87 for subscales and test-retest ICC of .94 for the scale and .81 to .95 across all subscales, the Urdu version of the Multidimensional Fatalism Scale showed good reliability. These results supported that the MFS-U is a reliable and valid scale, facilitating culturally relevant research and future study into fatalistic attitudes in Pakistani and other Urdu-speaking populations.

Keywords: *Translation, Adaptation, Multidimensional Fatalism Scale*

INTRODUCTION

Fatalism is used and studied as a cognitive and behavioral variable in psychology that influences different aspects of life such as health behaviors, coping strategies and mental health. In a study by Shen et al. in 2009, it is considered a cognitive element strongly associated with health. Researchers have used variety of approaches to conceptualize and operationalize fatalism in different studies. According to Kuhr (1975), fatalism refers to the conviction that everything is faith determined and predestined. Ross et al.,

1983, defined it as a belief about the predetermination of the outcomes by forces beyond individual control. It has also been referred to as embracing one's circumstances (Futa et al., 2001). In the view of Parker & Kleiner (1966) fatalism is an adaptive response by the minorities in face of uncontrollable life circumstances. It is also described as a conviction in knowing the reasons behind life events, including "achievement and setback" being the result of external forces rather than personal choices. (Wheaton, 1983). Moreover, a common core is shared by fatalism and pessimism that includes negative expectations about the future and a belief about the occurrence of worst possible consequences (Scheier & Bridges, 1995). In widely accepted definitions, fatalism is characterized as a belief system that places control outside oneself, in which people attribute every occurrence to fate, luck and power beyond their control instead of perceiving them as a result of their self-directed actions (Comas- Díaz, 1989). As per Abraido-Lanza et al., (2007), fatalism is described as a widely held notion that life events are beyond one's control and therefore, one cannot change the course of fate.

Fatalism is also incorporated by models of health behavior. Health belief model developed by Ronsenstock states that preventive actions are influenced by perceived barriers and self-efficacy. Fatalistic beliefs reduce perceived self-efficacy while raising perceived barriers which ultimately reduce preventive behaviors such as exercise, screening, consuming healthy food and not smoking (Niederdeppe & Levy, 2007).

A broad spectrum of health-related actions and risk behaviors are negatively impacted by fatalistic attitudes (Ramondt & Ramírez, 2017). Fatalistic beliefs can have serious consequences in health realm, impacting adherence to recommendations for healthy behaviors. Literature suggests that variety of healthy behaviors and their determinants are negatively impacted by fatalism (De Los Monteros & Gallo, 2010).

Fatalism, being closely tied to attitudes towards health, illness and well-being, is quite relevant across many fields such as health psychology, behavioral science and sociocultural studies. An increased interest has been shown in the recent research about the role of fatalistic beliefs as dependent and independent variable (Powe & Finnie, 2003). A correlation of fatalistic beliefs with less readiness to modify behavior and with a number of detrimental health consequences including cancer (Powe & Finnie, 2003), heart disorders (Urizar & Sears, 2006), dealing with high levels of stress (Yeh et al., 2006), diabetes (Egede & Bonadonna, 2003) smoking behaviors and attitudes (Schnoll et al., 2002), self-harming actions (Roberts et al., 1998) and attitudes towards safety practices and accident control (Rundmo & Hale, 2003) has sparked an interest in fatalism in recent years.

Examining the correlates of fatalism also becomes pivotal while working in this line, as it sheds light on the array of psychological and social factors intertwined with fatalistic beliefs. Encountering repeated setbacks during challenging life situations has been found to be the primary cause behind the emergence of fatalistic beliefs in individuals (Dohrenwend & Dohrenwend, 1974). Moreover, a sense of powerlessness rooted in fatalistic thinking has been seen more in individuals with more exposure to overwhelming life challenges (Wheaton, 1980) There is a strong correlation between fatalism and depression in people (Piña-Watson & Abraído-Lanza, 2017) including the prolonged episodes and an increased likelihood of recurrence (Roberts et al., 2000). Pow & Finnie, 2003 highlighted that in the light of stressful situations, fatalists hold the belief that all incidents they experience are consequences beyond their control, which consequently increases the risk of developing depression. Jamieson & Romer, 2008 highlighted that individuals with such a cognitive style are more inclined to develop a pessimistic perspective about themselves, their surroundings and what lies ahead. This mindset triggers a negative framework, leading to the development of a negative self-concept, which ultimately resulting in poorer core self-evaluations (Smedema, 2014) and an increased vulnerability to despair and low mood.

Despite the significance of fatalism as a construct, its measurement remained conceptually diverse. According to Abraido-Lanza et al. (2007),

existing fatalism scales frequently lack adequate empirical backing and capture different conceptual domains which suggested a need for the development of valid and reliable fatalism measures. Esparza (2005) examined 51 measures pertaining to fatalism and examined 239 items from 29 widely used scales. Fatalism or inevitable fate, helplessness, internality, luck, and divine control were the five main dimensions found by factor analysis. These results revealed that fatalism is a multifaceted belief system rather than a single, cohesive construct. Based on this research, Esparza et al. (2014) used a simultaneous progression approach to create the Multidimensional Fatalism Scale in both Spanish and English. According to Esparza et al. (2014), the scale showed measurement invariance in both languages, meaning that its factor structure, item loadings, variances, and covariances were constant between versions. The new measure is thus a comprehensive yet parsimonious which can disentangle why a person is fatalistic, is it because of feelings of helplessness, religious beliefs, luck or having a general sense of predestination. The subscales include Fatalism/Ineluctable Destiny, Pessimism/Helplessness, Internality, Luck, and Divine Control These variables have theoretical significance since internality supports locus of control theory, helplessness correlates with a pessimistic attributional style, and fatalism and divine control reflect external predetermination.

Concepts associated with personal autonomy including sense of control, fatalism and free will have been extensively studied by psychologists (Baumeister et al., 2010). However, limited attention has been given to the idea that various cultures hold different views regarding perceived control over outcomes. For instance, in non-Western cultures greater importance is placed on non-individual factors as key determinants of situations in life whereas, in Western cultures self-determination is emphasized (Joshanloo et al., 2021a,2021b). Evidence based investigation confirmed that in traditional societies, factors beyond personal control like fortune, coincidence and divine powers are highly significant (Leung and Bond, 2004; Smith et al., 1995). Research indicated that Easterners and Westerners had varying degrees of fatalism. Chinese Australians used terms associated with fatalism including karma, reattribution, destiny and God's will in explanation of cancer (Yeo et al., 2004). East Asian Canadians have been seen attributing occurrences to destiny more than Canadians of European descent in a study by Norenzayan & Lee in 2010. These studies highlighted that Asians have more firm believe in fatalism than Westerners. Individuals inspired by classical Chinese ideologies such as Confucianism and Taoism give more significance to fatalistic beliefs (Yen, 2012). Fatalistic beliefs are seen as more common in minority populations. Differences in fatalistic attitudes among minority and non-minority populations contributed to health disparities in United States (Green et al., 2004; Shen, Condit & Wright, 2009). A study conducted through interviews revealed African-Americans endorsing and depicting more fatalistic beliefs as compared to non-Hispanic white (Franklin et al., 2007). Researchers proposed that in Latino culture the ideology of fatalism is regarded as a fundamental component of their culture due to which cancer, long term illnesses and other health risks are often viewed as manifestations of divine will (Antshel, 2002).

One aspect of culture that helps contextualize control beliefs is religious attitude and beliefs. Nonpersonal influences on life outcomes are emphasized by many traditional religions. For instance, both Buddhist and Hindu traditions acknowledge the role of past actions in determining present experiences (Berniūnas et al., 2021). However, the significance of divine will in shaping outcomes is emphasized in Abrahamic religions (Solomon, 2003). Likewise, the impact of spiritual entities is emphasized in African religions (Lugira, 2009). Therefore, fatalistic beliefs are more consistent with established religious beliefs and are more acceptable in religious cultures. Notably, people from these cultures often rely on fatalistic beliefs as a way to adjust to challenging life events." (Díaz et al., 2015).

These studies highlighted that how fatalistic beliefs differ in different cultures and religions. Pakistan offers a convincing backdrop for translation and adaptation of Multidimensional

fatalism scale. Pakistan being a highly religious country (over 96% Muslims) (*Pakistani - Religion*, 2024) are more accepting towards the concepts of fate and destiny and such thinking patterns are seen embedded in everyday thinking. Fatalistic beliefs were found to be prevalent and linked strongly with religion in Pakistan in a research conducted on Pakistani drivers and community members (Kyani et al., 2012). Road accidents were ascribed God's will or fate by the participants which led them to be less receptive to safety messages which imply personal agency (e.g. you should drive carefully). The research indicates the existence of fatalism in a practical worldview through which behaviors are affected rather than just an abstract attitude. In light of these aspects, it is crucial to measure fatalism in Pakistan for psychological, health-related and cultural reasons. Screening, treatment adherence, education, risk-taking, and preventive behaviors can all be impacted by fatalistic attitudes. Moreover, local meanings may not be captured fully by Western notions of fatalism considering Pakistan's unique blend of Islamic faith and regional cultural practices. Because scales may operate differently across cultures, Maneesriwongul and Dixon (2004) emphasize the need for cross-cultural validation prior to applying measures to populations outside of their original design. Urdu version of Multidimensional Fatalism Scale will enable us to study fatalism and its dimensions according to cultural context.

So, the present study aims to translate and adapt Multidimensional Fatalism scale in Urdu. Studies have generally linked fatalistic beliefs to culture, with certain cultural groups exhibiting more pronounced fatalistic beliefs (Ramondt & Ramírez, 2017) Therefore, translating and adapting the scale in a culturally specific context will provide culturally relevant insights on fatalism and will contribute to the body of culturally adapted psychological tools available for Urdu-speaking practitioners and researchers.

Objectives

- Translating the Multidimensional Fatalism Scale from English to Urdu by using a standardized process
- Establishing the psychometric properties of the Urdu version of Multidimensional Fatalism Scale.

METHOD

Participants

The sample was drawn from two sets of population

Sample I: To assess the quality and empirical understanding, cross language validation of MFS-U and MFS English version was carried out. A sample of 40 young adults was taken with an age range of 18-25 (W=25; M=15). Purposive sampling technique was used. The participants were qualified and had good understanding of both English and Urdu language. This was done in order to evaluate how well the items were translated. Both the versions were administered. Pearson Product moment correlation was used to compute correlation among English and Urdu version of Multidimensional Fatalism Scale.

Sample II: In order to determine the factor structure, model fit indices and to determine the factor loadings of the each item in the translated versions of the scales, exploratory factor analysis was run on a sample of 169 young adults, and confirmatory factor analysis (CFA) was carried out on the sample of 290 participants, with the age of range of 18-25, selected through purposive sampling technique.

Instruments

Multidimensional Fatalism Scale (MFS-U): The scale, which measures various aspects of fatalism, including helplessness, internality, luck, and divine control, was first created by Ezparza (2014) and translated for use in this study. Respondents indicated whether they agreed or disagreed with each of the 30 items on the MFS-U. A 5-point rating scale, with 1 denoting "strongly disagree" and 5 denoting "strongly agree," was used to calculate the scores. Item number 29, which was reverse coded, was reverse scored. The scores range from 30-150.

Procedure

Phase 1: Translation and Adaptation of Multidimensional Fatalism Scale in Urdu

Before starting the translation and adaptation

procedure, author's permission was sought for translating and adapting the scale in the Urdu language. The Multidimensional Fatalism Scale was translated and adapted using the linguistic validation guidelines established by the MAPI Research Trust (2008).

Step I: Forward Translation

For the forward translation, two bilingual experts in Urdu and English language having expertise in tool development and research were approached. Both were MS in clinical psychology and had worked on scale development, translation and adaptation before. They were asked to produce their translations independently in clear and concise wording that can be understood by the people in Pakistan.

Step II: Reconciliation of items

After the step of forward translation, three PhD professors were approached for the selection of best Urdu translation from two independent forward versions. In comparison with the English version, the translations were evaluated for conceptual equivalency, comprehension, and speech accuracy and a final draft with best Urdu translation of each item was finalized. Items 4, 9, 10, 20, 22, 26 and 30 were revaluated by the committee.

Step III: Back Translation

Back translation was done to evaluate the conceptual equivalency between the original English Scale and the translated version. It was done by a bilingual expert, Ph.D in Clinical Psychology. The expert was not exposed to original English items of Multidimensional Fatalism Scale. Again, committee approach was used, and the compatibility of the translated items was checked.

Step IV: Review of the Translations, Both Forward and Backward

To arrive at a final translation, the entire forward-backward process was evaluated in the following step. This was accomplished by comparing the back-translated items to the English ones, concentrating on the conceptual differences, and going over the translation item by item. Consequently, a final forward translated version was developed.

Step V: Pre-test (pilot study)

To assess whether all the items are understandable and acceptable, pre-testing was done. In pretesting, 40 young adults within an age range of 18-25 were selected from Forman Christian College University and Government College University. Purposive sampling technique was used. Young adults who were not proficient in Urdu as well as English were not included in the study. They were requested to participate after informing them about the objective of the pre-test. A feedback form was attached to the protocol and the participants were asked to fill in that form if they faced any difficulty to understand any word or item. They were told to write the item number and the reason for not being able to understand properly. The participants were asked about any word that they felt was unacceptable or culturally inappropriate through feedback form and asked to choose any alternative word that conforms better to their native or usual language. From a sample of 40 participants, two reported difficulties in understanding the word "غلبہ" in item 22. Five respondents reported an ambiguous word in item 26 "جبھی". In item no. 8, two participants reported difficult words. Item 27, 3, 9, 4, 22 were termed as complex sentences by one respondent. Moreover, some general suggestions were given by the participants to increase and change the font size and style.

Feedback is taken from the respondents after piloting in order to enhance the understanding in cultural context. However, the feedback is incorporated, and the items are subjected for rephrasing if it is given by 10% of the population (Cho et al., 2019). No changes were made except in item 26 where the word was rephrased from "جبھی" to "تب ہی". Moreover, font size of the protocol was increased in order to enhance readability.

Phase II: Cross language Validity of Translated Scales

After completing the translation procedure, to assess the quality and empirical understanding,

cross language validation of MFS-U and MFS English version was carried out. Multidimensional Fatalism Scale (English and Urdu versions) were administered on the sample. This was done in order to evaluate how well the items were translated and to evaluate the equivalence of Urdu translated version to the original scale.

Phase III: Determining the psychometrics of the translated version of the scale

SPPSS-27 was used to determine the reliability of the translated version. Exploratory factor analysis was run to determine the underlying factor structure. Using AMOS 24, confirmatory factor analysis was performed to confirm the factor structure.

Ethical Considerations

Research ethics were maintained during the study. Permission was taken from the author of Multidimensional Fatalism Scale for translation and adaptation of the scale in Urdu. Permission was sought from Board of Studies (BOS), Ethical Review Committee and Institution Review Board (IRB). The participants were informed about the purpose of the study and gave their consent through an informed consent form. Participants were given the right to withdraw the study at any time, and they were reassured that the information would be kept confidential and used exclusively for research. No incentives were provided, and participation was completely voluntary.

RESULTS

Cross Language Equivalence

Pearson product moment correlation was used to compute correlation coefficient and establish cross language equivalence between scales and subscales of English and Urdu version.

Table 1

Correlation between English and Urdu items of Multidimensional Fatalism Scale

Subscales	Language	*n*	M	*SD*	*r*
Total MFS	English	40	98.13	10.79	.93**
	Urdu	40	95.83	11.23	
Fatalism	English	40	20.02	3.47	.93**
	Urdu	40	19.95	3.67	
Pessimism/Helplessness	English	40	14.3	4.08	.86**
	Urdu	40	14.3	3.88	
Internality	English	40	21.52	3.57	.86**
	Urdu	40	21.52	3.75	
Luck	English	40	18.77	3.34	.72**
	Urdu	40	17.05	2.28	
Divine Control	English	40	23.22	5.27	.96**
	Urdu	40	23.00	5.25	

Note. $n=40$, $^{**}p<.01$

Descriptive statistics and correlation coefficients are shown in Table 1. The correlation matrix shows that there is a positive, strong and statistically significant correlation between English and Urdu versions of Multidimensional Fatalism Scale. The results indicate a high correlation between English ($M=98.13$, $SD=10.79$) and Urdu ($M=95.83$, $SD= 11.23$) versions, $r= .93$, $p < .01$, suggesting excellent equivalence. Divine control indicated the highest correlation, ($r=.96$, $p < .01$), followed by Fatalism ($r=.93$, $p < .01$), Pessimism/Helplessness ($r= .86$, $p < .01$), Internality ($r= .86$, $p < .01$) and Luck subscale $r= .72$, $p < .01$, suggesting that the scale's adapted version and its original version are highly consistent.

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Rotated Component Matrix and Factor structure of Multidimensional Fatalism Scale

Table 2

Results from factor analysis of Multidimensional Fatalism Scale Urdu version

Item no.	MFS-U Items	Factor loadings				
	Factor 1: Divine Control	1	2	3	4	5
UE15	میری زندگی میں جو بھی ہوتا ہے خدا کی مرضی سے ہوتا ہے۔	.78				
UE30	میں چیزوں کو کرنے میں کتنی ہی کوشش نہ کر لوں ہوگا وہی جو خدا کا فیصلہ ہے۔	.68				
UE10	انسان کے ساتھ جو بھی ہوتا ہے وہ اس لیے ہوتا ہے کہ خدا نے ایسا چاہا تھا۔	.67				
UE20	خدا انسان کے ساتھ ہونے والی ہر اچھی اور بری چیز پر قادر ہے۔	.66				
UE25	خدا کے پاس ہر شخص کے لیے ایک منصوبہ ہے اور آپ اس کے منصوبے کو بدل نہیں سکتے۔	.64				
UE5	جو بھی ہوتا ہے خدا کی مرضی سے ہوتا ہے۔	.64				
UE26	لوگ تب ہی مرتے ہیں جب ان کے مرنے کا وقت آن پہنچے اور اس بارے میں کچھ بھی نہیں کیا جا سکتا۔	.53			.36	
	Factor 2: Luck					
UE24	میرے ساتھ جو بہت اچھی چیزیں ہوتی ہیں وہ زیادہ تر قسمت کی وجہ سے ہوتی ہیں۔		.76			
UE19	جب لوگوں کے ساتھ کچھ بھی اچھا ہوتا ہے تو وہ ان کی اچھی قسمت کی وجہ سے ہوتا ہے۔		.78			
UE9	لوگوں کی اپنے کام میں کامیابی کا تعلق اس بات سے ہے کہ وہ کتنے خوش قسمت ہیں۔		.76			
UE14	کچھ لوگ پیدا ہی خوش قسمت ہوتے ہیں۔		.72			
UE4	اگر مجھے وہ مل جائے جو مجھے چاہیے تھا تو ایسا اکثر میری خوش قسمتی کی وجہ سے ہوتا ہے۔		.72			
UE29	قسمت کچھ نہیں ہوتی۔		.36			
	Factor 3: Pessimism/Helplessness					
UE17	میں کتنی ہی کوشش کروں پھر بھی زندگی میں کامیاب نہیں ہو سکتی / سکتا۔			.74		
UE7	بعض اوقات مجھے ایسا محسوس ہوتا ہے کہ میرے مستقبل میں ایسا کچھ بھی نہیں ہے جس کا مجھے انتظار ہو۔			.69		
UE27	زندگی میں کامیاب ہونے کے لیے ہم کچھ نہیں کر سکتے کیونکہ کسی کی کامیابی کے درجے کا تعین اس کی پیدائش کے وقت ہو گیا ہوتا ہے۔			.65		
UE12	مجھے لگتا ہے کہ میرے ساتھ ہونے والی چیزوں پر میرا کوئی کنٹرول / اختیار نہیں ہے۔		.32	.59		
UE2	مجھے ایسا محسوس ہوتا ہے کہ میں کچھ بھی کر لوں چیزوں کو بدل نہیں سکتی / سکتا۔			.56	.36	
UE22	مجھے اکثر خود پر مسائل کا غلبہ محسوس ہوتا ہے کیونکہ مجھے ان مسائل کے حل پر کوئی اختیار نہیں ہے۔			.50		
	Factor 4: Fatalism					
UE1	میں نے سیکھا ہے کہ جو ہونا ہے وہ ہو کر رہے گا۔				.67	

UE6	اگر میرے ساتھ کچھ برا ہونا ہے تو میں کچھ بھی کر لوں وہ ہو کر رہے گا۔			.67	
UE11	اگر بری چیزیں ہوتی ہیں تو وہ اس لیے ہوتی ہیں کیونکہ ان کا ہونا طے تھا۔	.54		.56	
UE16	بہت زیادہ منصوبہ بندی کا کوئی مقصد نہیں اگر کچھ اچھا ہونا ہو گا وہ ہو ہی جائے گا۔			.49	
UE21	زندگی میں کبھی کچھ بھی ہو سکتا ہے اور انسان مستقبل کو تبدیل کرنے کے لیے کچھ بھی نہیں کر سکتا۔		.39	.40	
	Factor 5: Internality				
UE13	میری زندگی میرے اعمال سے طے ہوتی ہے۔				.75
UE8	میرے مستقبل میں میرے ساتھ جو بھی ہو گا وہ زیادہ تر مجھ پر منحصر ہے۔				.68
UE23	جو بھی میرے ساتھ ہوتا ہے میرے اعمال کے نتیجے میں ہوتا ہے۔				.67
UE3	مجھے ایسا محسوس ہوتا ہے کہ جب بھی کچھ اچھا ہوتا ہے وہ میری کوشش کی وجہ سے ہوتا ہے۔				.64
UE28	اگر میں واقعی چاہوں تو تقریباً ہر کام کر سکتا/سکتی ہوں۔				.54
UE18	لوگوں کو زندگی میں جو بھی حاصل ہوتا ہے وہ ہمیشہ ان کی محنت کی وجہ سے ہوتا ہے۔			.34	.35

Note. Loadings < .3 are not displayed. Rotation method: Varimax; extraction method: PCA

Table 2 shows a five-factor structure with factor loadings ranging from .31 to .78 for the thirty items. The factors were labelled with consideration for the conceptual significance of the items and the theoretical framework of the original Multidimensional Fatalism Scale. Most items loaded in accordance with the expected criteria, which is consistent with the English original. Some items showed cross-loadings, but those were retained under the factor that showed the highest loading and the strongest conceptual importance. Item UE26, which was originally included in the Fatalism subscale but loaded more strongly on the Divine Control factor in the Urdu version, was the only item that showed a substantial shift.

Item-Total Correlation

Item-total correlation was carried out to assess the internal consistency of the items of Multidimensional Fatalism Scale adapted in Urdu.

Table 3

Corrected Item-total correlation for Urdu Version of Multidimensional Fatalism Scale

Sub-scale	Item	*r*
Fatalism	1	.57
	6	.65
	11	.64
	16	.53
	21	.49
Pessimism/Helplessness	2	.66
	7	.65
	12	.65
	17	.63
	22	.56
	27	.55
Internality	3	.60
	8	.62

	13	.65
	18	.49
	23	.61
	28	.56
Luck	4	.61
	9	.69
	14	.57
	19	.69
	24	.71
	29	-.16
Divine Control	5	.62
	10	.61
	15	.64
	20	.64
	25	.58
	26	.49
	30	.63

Note. r=Corrected Item-total correlation

The internal consistency of the items that make up the Urdu version of the Multidimensional Fatalism Scale was evaluated by examining corrected item-total correlations. The corrected item-total correlations for the majority of items ranged from .49 to .71, as shown in Table 3, suggesting satisfactory relationship between individual items and the total score of their corresponding subscales. Corrected item-total correlations ranged from .49 to .65 for the Fatalism subscale, from .55 to .66 for Pessimism/Helplessness, from .49 to .65 for Internality, from .57 to .71 for Luck, and from .49 to .64 for Divine Control. Nevertheless, the Luck subscale's item 29 showed a negative corrected item-total correlation (r = -.16), suggesting poor consistency with the remaining items of the subscale.

Confirmatory Factor Analysis (CFA)

Confirmatory factor analysis (CFA) was performed using AMOS 26 to test the proposed five-factor structure of the Multidimensional Fatalism Scale. Multiple observed variables were used to measure the latent constructs of internality, pessimism, internality, divine control, and luck.

Table 4

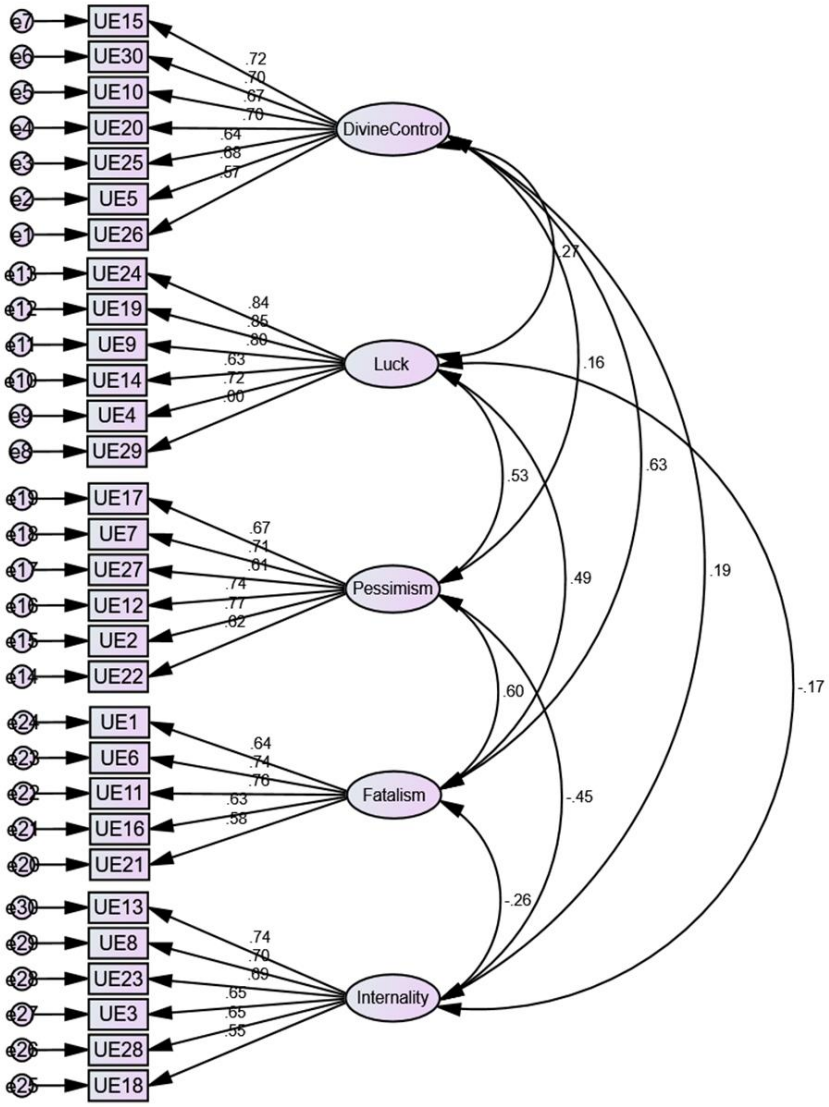
Confirmatory Factor analysis of Multidimensional Fatalism Scale Urdu Version

Indices	χ^2	Df	χ^2/df	CFI	RMSEA	TLI	RMR	PClose
Model 1	808.500	395	2.0	.88	.06	.87	.09	.003
Model 2	677.369	363	1.8	.91	.05	.90	.08	.110

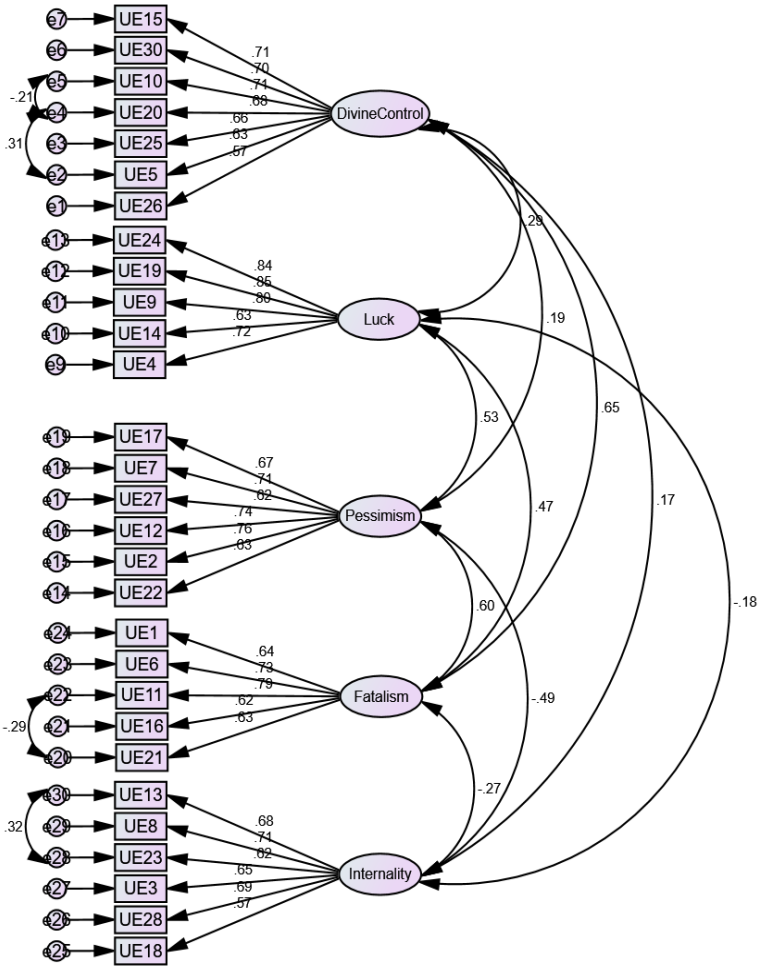
Note. χ^2=Chi Square; df= Degree of Freedom; CFI= Comparative Fit Index; RMSEA= Root Mean Square Error of Approximation; TLI= Tucker Lewis Index; RMR= Root Mean Square Residual.

The five-factor structure of the Urdu version of the Multidimensional Fatalism Scale was assessed using confirmatory factor analysis. With $\chi^2(395) = 808.50$, $\chi^2/df = 2.05$, CFI =.88, TLI =.87, RMSEA =.06, RMR =.09, and PCLOSE =.003, the original 30-item model showed suboptimal fit. The CFI and TLI were below the suggested criterion of .90, even if the relative chi-square and RMSEA were acceptable. UE29 was eliminated due to its insignificant factor loading of .00, and theoretically valid error covariances were added. With $\chi^2(363) = 677.37$, $\chi^2/df = 1.87$, CFI

=.91, TLI =.90, RMSEA =.05, RMR =.08, and PCLOSE =.110, all indices showed better fit with the updated 29-item model, provided acceptable support for the scale's factorial validity and five-factor structure.



Model 1 *Confirmatory Factor Analysis of MFS-U*



Model 2 *Confirmatory factor analysis of MFS-U*

Psychometric Properties

The internal consistency of the adapted Multidimensional Fatalism Scale was assessed using Cronbach's alpha coefficients.

Table 5

Internal Consistency Reliability of the Final 29-item Urdu version of Multidimensional Fatalism Scale

Scale	M	*SD*	α
Multidimensional Fatalism Scale	98.48	14.17	.85
Fatalism	16.83	4.30	.79
Pessimism/ Helplessness	14.98	5.52	.84
Internality	21.68	4.42	.82
Luck	16.27	4.57	.87
Divine Control	28.70	5.31	.84

Note. M=Mean; *SD*= Standard Deviation; *α* = Cronbach alpha coefficient

Cronbach's alpha coefficients were used to assess the internal consistency of the final 29-item Urdu version of the Multidimensional Fatalism Scale. The total scale showed strong internal consistency (α =.85), as shown in Table 5. With Cronbach's alpha values of .79 for fatalism, .84 for pessimism/helplessness, .82 for internality, .87 for luck, and .84 for divine control, the subscale reliability coefficients varied from .79 to .87. These results show that the overall scale and each of its subscales have good internal consistency.

Test-Retest Reliability

Test-retest reliability, a crucial factor in determining the scale's temporal stability, was investigated to see if it produces consistent results across time.

Table 6

Test-test reliability of Urdu version of Multidimensional Fatalism the scale over a 1-week period (N=50)

Scale	ICC	95% Confidence Interval	
		Lower bound	Upper bound
Multidimensional Fatalism Scale	.94	.90	.96
Fatalism	.95	.91	.97
Pessimism	.81	.79	.93
Internality	.91	.85	.94
Luck	.89	.81	.94
Divine control	.89	.81	.92

Note. ICC=intraclass correlation coefficient; *N*=50

Multidimensional Fatalism Scale showed excellent temporal stability, with an overall ICC of .94, as shown in Table 6. The subscale ICCs showed good to excellent stability over time, ranging from .81 to .95. In particular, the most stable subscale was Fatalism (ICC =.95), which was followed by Internality (ICC =.91), Luck (ICC =.89), Divine Control (ICC =.89), and Pessimism/Helplessness (ICC =.81). These results show that the Multidimensional Fatalism Scale in Urdu produces stable and consistent results when administered repeatedly over a one-week period.

DISCUSSION

The Multidimensional Fatalism Scale was translated and adapted into Urdu with the dual goals of cultural relevance and linguistic accessibility. Even well-educated respondents may find it difficult to understand psychological tests administered in English in Pakistan, where Urdu is the primary language; people typically find it easier and more natural to express complex beliefs in their native language. (Khan & Batool, 2020) Therefore, it was crucial to translate the scale into Urdu so that respondents could understand and accurately answer the items, increasing the data's accuracy. The goal of the adaptation was to create an Urdu version that resonates with worldview while measuring the same fundamental aspects of fatalism as the original. By addressing the lack of standardized Urdu tools in this field and extending the Multidimensional Fatalism Scale's usefulness to a new population, the study promotes cross-cultural research on fatalism. Given that fatalistic attitudes are frequently mentioned as traits of Muslim and South Asian societies this adaptation is especially pertinent. Providing a culturally attuned measure enables a more valid exploration of how such beliefs manifest in Pakistan and allows for meaningful comparisons with findings from other cultures.

Whether or not the new version accurately reflects the original scale is a first concern in any translation. Previous studies highlight that achieving conceptual equivalency across languages is more important than simply translating an instrument directly (Sechrest et al., 1972). In order to investigate this, the researcher established cross-

language equivalency by giving bilingual participants versions in both Urdu and English. The findings were highly promising: on every subscale, the Urdu adaptation demonstrated extremely high correspondence with the English form. In particular, the English score and the total MFS score in Urdu had a nearly one-to-one correlation (r = .93). Strong positive correlations between languages were also observed in all five sub-dimensions (ranging from r= .86 to .96), with the exception of the Luck subscale, which had a slightly lower r =.72. This pattern implies that the items' meaning was successfully preserved during the translation process. This degree of cross-language correlation is in line with earlier studies showing that psychological scales that are accurately translated can attain near-equivalence across languages and significantly surpasses the typical standards for translation fidelity (typically, r >.80) (Hambleton & Lee, 2013). It was important to achieve this because it indicates that any variations in fatalism scores we see are due to actual differences in attitude rather than linguistic artifacts. The thorough translation and back-translation process, as well as the cultural sensitivity used in crafting the Urdu items, are also attested to by this strong convergence.

After translation equivalency was established, the researcher moved to the primary goal of this study to ensure that the five-factor structure of the original Multidimensional Fatalism Scale would be replicated in the Urdu translation. EFA emphasized the multifaceted nature of fatalism by clearly identifying several factors that corresponded to the intended subscales. One noteworthy discovery was that item UE26, which was initially part of the Fatalism subscale, was moved to the Divine Control factor in the Urdu version. In cross-cultural adaptation research, these differences in factor structure are prevalent and do not always signify low construct validity. Instead, they might show how respondents from various cultural backgrounds conceptualize and understand psychological concepts differently. According to Byrne (2015), cultural beliefs and experiences can affect how respondents interpret and respond to certain items, therefore language equivalency by itself does not guarantee construct equivalency. Similarly, Beaton et al. (2000) contended that cross-cultural adaptation acknowledges that certain items may function differently in various cultural contexts and aims for conceptual rather than literal equivalency. The item's stronger loading on the Divine Control factor is theoretically meaningful because Urdu-speaking respondents may have taken it primarily as a belief in divine predestination, even though the original instrument conceptualized it as an expression of fatalism. Similar findings have been documented in recent cross-cultural validation studies, where translated instruments showed satisfactory overall factor structures despite cultural group differences in the composition of particular factors across cultural groups (Seaborn et al., 2024). Therefore, rather than a weakness in the Urdu adaption, the observed item shift seems to reflect cultural variance in construct interpretation.

The Urdu version of the Multidimensional Fatalism Scale's internal consistency was further supported by the item–total correlations. The coefficients, which varied from.49 to .71, exceeded the .30 threshold suggested by Boateng et al., 2018, and showed that the majority of items were adequately related to the other items within their respective subscales, with the exception of item 29. Item 29 did not operate consistently with the other items of the Luck subscale, as evidenced by its negative corrected item-total correlation (r = -.16). Prior research has demonstrated that reverse-worded items can induce confusion, method effects, and decreased item–total correlations, especially in translated measures (van Sonderen et al., 2013; Venta et al., 2022). The item's low item-total correlation indicated that it required further evaluation in subsequent analyses, as it also showed weak factor loading (.36), during the exploratory factor analysis.

To further, confirm the factor structure, confirmatory factor analysis was run. The initial 30-item model showed an acceptable RMSEA (.06) and relative chi-square (χ^2/df = 2.05); however, the comparative fit indices (CFI =.88; TLI =.87) were below the generally advised threshold of .90, suggesting that the suggested model did not fully fit the observed data (Hu &

Bentler, 1999). These results highlighted the need for model improvement while preserving theoretical consistency.

Item UE29 ("قسمت کچھ نہیں ہوتی"), which showed an insignificant standardized factor loading (.00), was removed as first modification. Standardized factor loadings show how well an observed variable reflects its latent construct and items with very low or non-significant loadings contribute relatively little to the construct measurement. (Hair et al., 2019).UE29 revealed persistently weak psychometric performance at different stages of analysis. Although the item met the minimum retention threshold during EFA, its factor loading of.36 was weak, indicating a modest relationship with the Luck factor. This concern was further supported by the item's negative corrected item-total correlation (−.16), in the reliability analysis indicating inconsistent performance with other Luck subscale items. More importantly, in CFA, UE29 had a negligible standardized factor loading (.00), offering little evidence that it adequately reflected the hypothesized latent construct. The elimination of items with minor loadings is supported by scale-development guidelines when it is theoretically justified and enhances the measurement model's psychometric performance and clarity (Worthington & Whittaker, 2006). The transition from a low EFA loading to a negligible CFA loading demonstrates the complementary roles of EFA and CFA: while EFA identifies tentative patterns of item relationships, CFA provides a more stringent evaluation of whether those relationships are replicated within the hypothesized measurement structure (Brown, 2015). When combined, the weak EFA loading, negative item-total correlation, and low CFA loading offered compelling evidence for removing UE29 from the final model. As a result, UE29's removal was logically and statistically justified. The reverse phrasing of UE29 could be one reason for its subpar performance. UE29 prompted respondents to affirm the lack of luck, in contrast to the other Luck items that were framed positively. Reverse-worded items may result in measurement error, wording-related method effects and respondent confusion because of which the factor structure and psychometric properties of an instrument can be affected (van Sonderen et al., 2013; Zhang et al., 2016). Therefore, rather than a deficiency in the Luck construct itself, the poor performance of UE29 is probably due to measurement artefacts associated with reverse wording.

After removing UE29, a small number of error covariances were also added. According to modification indices, fit would be enhanced by permitting theoretically justified covariances among items on the same factor (Kano, 2002). Resultantly, the revised 29-item model showed an improved and generally acceptable fit with χ^2/df = 1.87, CFI =.91, TLI =.90, RMSEA =.05, and RMR =.08. When taken as a whole, the relative chi-square, incremental fit indices, and RMSEA supported the adequacy of the revised measurement model (Kline, 2023). Furthermore, the null hypothesis of close approximate fit was not rejected, according to the nonsignificant test of close fit, PCLOSE =.110. The results confirmed the factorial validity of the Multidimensional Fatalism Scale in Urdu. The revised model retained the original five-factor structure despite the need for modest adjustments, indicating that the multidimensional conceptualization of fatalism was substantially maintained after cross-cultural adaptation and validating the factorial validity of the scale. These results are in line with suggestions that translated psychological measures should show conceptual equivalency while permitting small, theoretically sound adjustments to account for linguistic and cultural variations during validation (Boateng et al., 2018).

The final 29-item Urdu version of the Multidimensional Fatalism Scale's internal consistency was further supported by the reliability analysis. With a Cronbach's alpha coefficient of .85, the scale as a whole showed good internal consistency. All dimensions showed acceptable to good internal consistency, with reliability estimates for the five subscales ranging from .79 to .87. In particular, the alpha for the Fatalism subscale was .79, but the coefficients for Pessimism/Helplessness, Internality, Luck, and Divine Control were .84, .82, .87, and .84, respectively. These values indicate satisfactory

internal consistency within each subscale, as they surpass the widely recognized minimal criterion of .70 for research instruments (Taber, 2017). This improvement implies that the homogeneity of the remaining Luck items was improved by eliminating the poorly functioning reverse-worded item. Moreover, none of the alpha coefficients were unduly high indicating that the items were adequately related without looking redundant or unduly repetitious. By showing score stability over a one-week period, the test-retest results reinforced the reliability evidence for the final Urdu version of the Multidimensional Fatalism Scale. The subscale coefficients varied from .81 to .95, and the total scale demonstrated high test-retest reliability (ICC =.94). According to Koo and Li (2016), ICC values between .75 and .90, suggest good reliability, while values greater than .90 indicates excellent reliability. These results, together with the satisfactory internal consistency coefficients, imply that MFS-U has consistent and reliable scores over time.

Limitations and Suggestions

The current study's lack of convergent and discriminant validity evaluation is one limitation. These important aspects of construct validity could not be investigated due to time and resource limitations. Therefore, although factorial structure and internal consistency were established, it is still unknown how well the subscales correlate with theoretically related (convergent) or unrelated (discriminant) constructs. These analyses should be included in future studies to offer a more thorough validation of the Multidimensional Fatalism Scale in Urdu.

Conclusion

The Urdu MFS demonstrated itself to be a reliable and culturally significant instrument that reflects the different facets of fatalism as they are perceived and experienced in the Pakistani context, including luck, divine control, helplessness, and internality. For further research and applications that examine belief systems and psychological health in Urdu-speaking communities, this scale can be a useful tool.

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