# TRANSLATION AND VALIDATION OF PERSONALITY INVENTORY FOR PAKISTANI YOUTH

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*ABSTRACT-The objective of this research paper is to translate and validate PIY English version into Urdu language for Pakistani Youth, age range 9 ~ 18 years. In 1st phase, PIY English version was translated into Urdu language and then backward translation into English. In 2nd phase, PIY English version and Urdu translated version were administered on N=50 bilingual students (N=25 Male; N=25 Female) to measure the validity. It was highly significant at Alpha α = .967. In 3rd phase, a sample of N = 200 Pakistan Youth of which 100 Non-Clinical (Male = 50; Female = 50) sample of students of level 4~12 grade of age range 9~18 Years of various schools and colleges and 100 clinically referred (Male = 50; Female = 50) sample of inpatient and out-patient of various public/private hospitals were taken. The overall results revealed that PIY Urdu translated version was highly significant, reliable and valid personality measuring tool for both Non-Clinical and clinical referred youth in Pakistani society.*

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## 1.INTRODUCTION

## 1.1. Background of study:

The special qualities of people which make them different from others are the part of their personality. These include attitude, temperament, behavioral tendencies and some stable pattern of actions. During adolescence phase, many physical, psychological and psycho-social changes may occur in an individual. So many standardized self-reported personality inventories are constructed to measure different dimensions of personality and psychopathology such as Minnesota Multiphasic Personality Inventory (MMPI – I, II), Million Clinical Multiaxial Inventory (MCMI – III), California Psychological Inventory (CPI), Personality Assessment Inventory (PAI) and Personality Inventory for Children (PIC).

Pakistan is developing country with an estimated total population of about 203 million (Population Reference Bureau, 2016). It was estimated that there is 35% youth population in Pakistan. 53% of the population falls under the age of 25 years. While 23% population is concentrated in the age range of 10-24 years old (Population by 5 Year Age Group – Pakistan). The majority of youth in Pakistan do not have the opportunity to experience a childhood due to endemic poverty. Pakistan is facing severe issues such as terrorism, target killings, economic crisis, and disunity. The Pakistani Youth may take its nation on the path towards development. Although, Pakistani Youth had always been oppressed by teachers, parents and leaders. The role of Youth in Pakistan politics has always been limited due to corrupt political system. But in 21st century, due to globalization, it became harder for teachers, parents and the leaders to hold back youth in home. These young Pakistanis created their own demand and became their own suppliers. By the use of internet, media and self-realization, the youth instilled with great zeal and zest where they could lead their lives with contemporary and cultural trends. Now the young(s) working in almost all the fields in across Pakistan from education to films to arts to engineering to medicine

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to politics, no one could find a place where this talented youth are not performing their duties.

## 1.2 Youth Issues in Pakistan:

In Pakistan violence against women has been categorized into crimes including, abduction / kidnapping, domestic violence, murder, honour killing, suicide, rape/gang rape, acid throwing, sexual assault, and burning (Aurat Foundation, Annual Report 2013). As per the Human Rights Commission of Pakistan, 828 raped, 597 women and girls were gang raped, and 36 stripped in public in Pakistan in the year 2014 (Human Rights Commission of Pakistan, March 2015). The Aurat Foundation estimated a total of 7,852 cases of violence against women were reported across Pakistan in 2013 (Aurat Foundation, *Annual Report 2013*). The saddest aspect of this situation is that the attackers largely go unpunished due to our incompetent justice system. About 80% cases of violence against women are still pending in lower courts. It is shocking and nothing less than a nightmare (Rizwan Anwer, 2014). The young (s) constitute a major chunk of Pakistani population. They may have a vital role in country's development. Due to lack of support, young(s) are facing many challenges. They are facing by an identity crisis, a sense of hopelessness and confusion, lack of self-confidence, and ambiguity regarding moral issues and the future. They have been trapped by violence, guns, and drugs. All this is because of an unstable economy, lawlessness, and a shattered confidence of foreign investors. At present, youth is facing frustration that is eating up the youth slowly and gradually. The young(s) do not have jobs, health resources, means of healthy entertainment, and awareness.

## 1.2.1 Education:

It is a very powerful weapon of the youth. An educated young may lead their people towards progress. Skill based quality education is still a dream for the youth.

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No unified education system exists in Pakistan. Our educational institutions have become degree distributing machines.

### 1.2.2 Unemployment:

It is one of the other problems. The young do not have jobs in their respective field to utilize their skills. Deteriorating condition is one of reason for low investment in the country. Unemployment is a complex issue which associated various problems like involvement of youth in radical politics, burglaries, lawlessness, and use of drugs.

### 1.2.3 Poverty:

It is another major problem of Pakistani young. Young(s) are unable to get quality education due to lack of resources. Poverty is like a disease which weakens our young(s).

### 1.2.4 Child Labour:

It is draining away our precious talent. Parents prefer sending their kids to labour instead of to school, to support their family and use them as earning hands from the early age. This can push young(s) into bad company, immoral activities or otherwise such as drugs and crime.

### 1.2.5 Use of Narcotics:

It is another major problem of the young. They find it, the cheapest source to overcome their miseries. They waste their lives without keeping in mind their worth. Use of drugs, unemployment, poverty, and failure in life are the major reasons behind this curse. Many adolescents may face pressures to use alcohol, cigarettes, or other drugs, to initiate sexual relationships at earlier ages; putting themselves at high risk for intentional and unintentional injuries like unintended pregnancies, and infection from sexually transmitted infections (STIs), including the human immunodeficiency virus (HIV) (WHO, 2016).

Last but not least, Pressure from parents and a rigid system is another curse for our youth. The young cannot decide freely about their future. This may lead them to escape from their responsibilities of family and society as well (Rizwan Anwer,

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2014). Adolescents depend on their families. Parents, service providers and social institutions have the obligation to promote adolescent development and adjustment, and to intervene effectively when trouble come up (WHO, 2016). The phase of human life that starts with many biological and physiological growth and ends before adulthood is the adolescent phase. The development during this phase, it can be categorized into three stages; *early-adolescence*, ages 9 years to 12 years; *middle-adolescence*, ages 13 years to16 years; and *late-adolescence*, ages 17 years to19 years. Because various physiological growth, psychological changes and social developmental tasks are squeezed into these years (American Psychological Association, 2002).

## 1.3 Personality Inventory for Youth (PIY):

Lachar & Gruber, (1995) stated that **although** different types of self-reported measures for assessment of young people have been available, especially in the form of brief scales. It deals with specific personality traits or dimension. No well-known widely used measure was available especially in Urdu language. So there was a need of a valid and valuable assessment tool like Personality Inventory for Youth. The psychologists use it for the evaluation of children and adolescents. PIY is a well -known personality Inventory for Youth. It was developed from parents, reported PIC-Revised. It describes a subject characteristic broadly and measure similar aspects of psychological functioning. PIY is designed for youth of age range 9~18 years grade 4th to 12th. It can be used to measure emotional and behavioral problems. The PIY consists of 270 True False items. It was designed to assess academic, ability, family adjustment, social interactions, children and adolescents' behavioral problems.

PIY English version has been normalized and developed, according to USA norms. So, it may be inappropriate for the children and young people of different cultural context (Anastasi, 1988).

## 1.4 Scales of Personality Inventory for Youth (PIY):

There are three basic scales: -

1-        Validity Scales

2-        Clinical Scales

3-        Sub Scales

**1.4.1 Validity Scales:** The four PIY Validity measures are helpful to evaluate children or Adolescent responses.

**i)        Validity (VAL)** provides an additional assistance, to clear the meaning of other scales.

**ii)        Inconsistency (INC)** measures the degree of carelessly given answers of the respondent.

**iii)        Dissimulation (FB)** is a fake bad measure of validity scale; it measures an individual's symptoms of exaggeration and malingering or fake bad responses.

**iv)        Defensiveness (DEF)** measures the opposite tendency of respondent that an individual tries to hide his or her psychopathology.

## 1.4.2 Clinical Scales and Sub Scales:

PIY consist of nine clinical scales which provides highly reliable measures of the overt behaviour and some other adjustment difficulties, externalizing system reported by parents, teachers and peers of the children and the adolescents (Lachar & Gruber, 1995). The 24 subscales provide a clinical analysis. It helps to find the details to diagnose some issues like Distractibility and over activity (ADH), Hallucination and Delusions (RLT2) Psychosomatic Symptoms (SOM1) and Depression (DIS2).

## 1.5 Rational of Study:

This research will be aimed translation and validation of PIY inventory. This study will help us to provide Urdu translated scales availability for measurement of different aspects of personality dimensions, such as Delinquency, family dysfunction, somatic concerns, psychological discomfort, Learning Disabilities, Cognitive ability, social withdrawal and social deficits. The translation and validation of inventory will help to overcome the language barriers and cultural limitations in Pakistan. The personal interest was also involved in this research.

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**1.6 Objectives of study: -**

● To translate the PIY English version into Urdu language.

● To validate the PIY Urdu version as a reliable and valid measurement tool for assessment of personality of Pakistani clinically referred (CL) and Non-Clinical (NCL) young(s) according to Pakistani's culture and language.

● To make PIY Urdu translated scales available as a reliable and valid measurement tool for assessment of different aspects of personality dimensions.

**2. REVIEW OF CASE STUDIES:**

A study was conducted by Lachar & Kline in 1994. Some children and adolescents show serious problem of social violation. The parents do not trust their children due to bad attitude and behaviour problems. Children and youth are much argumentative and irresponsible. The study results diagnose the conduct disorder, attention deficit, hyperactivity disorder and adjustment disorder during the elementary school years.

Wrobal & Lachar (1998), reported that a child is more aware of his problems then of their parents such as internal symptoms disturbed thought and delinquency. Another case study was conducted on a 17 years old white male a clinically referred out patient. The PIY diagnostic hypothesis suggested a border line personality disorder. The 17 years old male was a student of high school and has a chromic history of conflict with his parents and school authority. He demonstrated difficulty in learning clients' mother completed PIC—R – resulting the elevation of delinquency and hyperactivity with conduct disorder with symptomatic of a bad attitude or defective character.

Bellack, Hercon, & Reynolds (1998) expressed the same thoughts that the youth can describe problem itself very well. It is a direct accurate source of expression of personal thoughts and one's feelings of self. A case study conducted by Lachar & Kline in 1994. In which a 5 years old was evaluated because of his suicidal threats and significant loss in weight. Patient was experienced and intensified feeling of

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worthlessness and hopelessness. All three dimensions of PIY scales were administered the results displayed the symptoms of depression, anxiety, tension, nervousness, fearfulness and worry. Some emotional disturbances were also diagnosed.

Lynch & Turner, (2000) examined a case study in which they determine a significant difference in Psychopathology treatment of a male and female in residential setting by PIY scales. The males indicate impulsivity; distract ability, cognitive deficit and antisocial behaviours. The female sample also indicates a delinquent behaviour, antisocial behaviour and social dis-conrol. The results show the difference between male and female adolescents. A case study of PIY reports a 17 years old young male, a self-report and parent observation of disturbances. They reported poor peer relationship, social withdrawal, hyperactive behaviour and some psychotic features.

An outdoor patient's case history was evaluated in a private hospital in neuropsychology. When the patient was of 10 years old, her mother tells about his musical talent but he has a severe difficulty in learning mathematic and non-verbal learning deficiencies. The children who suffered from above mentioned problem may experience significant psychological distress and problematic relationship with peer and other members of society (Rourake & Fuerst, 1991). Adolescents holding psychiatric often looks like a personality. PIY validity scale DEF should support the differentiation of normal and psychiatric person (Achenbach, Meconaughy & Howell, 1987).

A white male of age 16 years was taken as an in-patient. In his case study, the PIY defensive response set effects were measured and the similar effect on other personality inventory was also evaluated. Validity scale of PIY as well as MMPI was administered. The results of MMPI Profile demonstrate that the similar defensiveness was reported with T-Scores 50T. Obviously, the patient was refusing psychopathology on the MMPI as well as on PIY (Lachar & Gruber, 1994).

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Negy; Lachar, Gruber & Garza (2010), conducted a study in which the validity of PIY English version was compared by the PIY Spanish version on Juvenile Justice and regular education sample of Mexican and American Male and Female. Regular education students who completed the PIY Spanish version reported a lower level of symptom than the English version. The overall result of the study suggested that both English and Spanish versions of PIY may be applied usefully for the diagnosis of various serious disorders.

Gullone, Ollendick & King (2006) stated that there is a relationship between attachment representation, social withdrawal, and depressive symptomatology in childhood. The PIY subscale of social withdrawal and a children's Depression Inventory both were applied on 8 to 10 year children in the study. The results were found significantly moderate and positive relationship among social withdrawal and depression.

## 3.RESEARCH METHODOLOGY:

A special permission has been taken from the author of the original version of PIY inventory to use it for translation into Urdu language and validation of the translated inventory according to Pakistani culture. The present study was conducted into three phases.

**Phase – I:** PIY English version (1995) was translated into Urdu language.

**Participants:** The original English version of PIY was translated into Urdu language. A committee approach was used. A focused group of three clinical psychology experts Ph.D and two bilingual English language experts and two professional translators were contacted.

**Instrument:** Personality Inventory for Youth (PIY) by David Lachar and Christian P. Gurber (1995) was used as a measuring instrument.

**Procedure:** The panel of experts was briefed about the construct measured in the inventory according to Pakistani culture. All were aware to follow the standardized international guidelines for translation which were directed by MAPI International

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Institute (2008). This process was completed by forward translation, backward translation, pilot testing and validation.

**Forward Translation:** The original English version of PIY was given to two professional translators; Translator – 1 and Translator – II. They did forward translation into Urdu language. The forward translated inventory was then critically reviewed by three Clinical Psychologists. They gave their comments and suggestions. Then a final Urdu version was compiled and a draft was prepared for backward translation.

**Backward Translation:** The Urdu translated version of PIY was given to the two bilingual experts for backward translation. The experts have not seen before the PIY original inventory. They translated the Urdu version of PIY back into English language. After that, a group of three Clinical Psychologists compared backward translation with original version for its equivalence. They rephrased and modified some items. They crossed matched and checked it with original English version of PIY for content analysis. A final draft was prepared for pilot study.

**Phase – II:** In phase – II the construct validity was measured.

**Participants:** The total of 50 bilingual N = 50 (25 males and 25 Female) of age range 9~18 years were taken from various educational institutions of the city Multan, Punjab, Pakistan. For this purpose, a convenience sampling technique was used.

**Instrument:**

1)      PIY English version by David Lachar and Christian P. Gruber.

2)      Personality Inventory for Youth (PIY) Urdu translated version by researcher.

**Procedure:** An informed consent was taken from bilingual students' N = 50 (male = 25 and   Female = 25) of various institutes of Multan city age range 9~18 years. The participants were given both Urdu versions and English version of PIY in original. Through this reliability of scale was measured. The participants were asked to respond the whole PIY inventory. Then data analysis was done to measure construct validity.

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**Phase – III:** It was the final phase of the study which focused upon sampling and findings through Cronbach's Alpha, Split Half, Spearman Brown Coefficient, t-test analysis, and ANOVA analysis of Urdu version of PIY inventory. Least Significant Difference (LSD) of level group was also analyzed and fined the significance level on Mean.

**Sampling Technique:**

The random sampling technique was used N = 200 participants (100 = clinical (CL) referred (50 = Male; 50 = Female); 100 = Non-Clinical (NCL) referred (50 = Male; 50 = Female)) have been taken of age range 9 ~ 18 years.

**Instruments:** PIY Urdu translated version by researcher.

**Procedure:** After taking the formal consent for research from Institute of Southern Punjab, Multan management. The Regular Education sample (N = 100) consists of Male = 50 and Female = 50, was collected to represent youth in the Pakistan in the 4th through 12th grades (9 to 18 years of age). Data were collected from Southern Sindh, Southern Punjab and Upper Punjab areas including a solid representation of the major ethnic group (Punjabi, Sindhi, Saraiki, Pashtun, Balouchi, others). Public and private schools / colleges in cities Karachi, Rahim Yar Khan, Bahawalpur, Multan, Lahore and Rawalpindi/Islamabad, of the cited geographical regions participated in this study of regular education classrooms. All data collection procedures were under the direction of site coordination familiar with the administration in similar surveys. Appropriate permission was obtained depending on the requirements of local district authority. A 280 items research edition (Urdu version) of the instrument was administered, and students were also asked to fill out brief information.

A permission was taken from the Medical Superintendents of various hospitals to recruit some sample from hospital, the researcher approached various private / Govt. hospitals of upper Punjab, Southern Punjab and South Sindh of Pakistan. The clinically referred sample (N = 100) consists of Male = 50 and Female

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= 50 to represent youth 9 to 18 years of age, was collected during the same period that the Non-Clinical (NCL) sample was collected. Participating sites including in-patient / out-patient clinics, school special service clinics, hospitals and various private practice settings. Geographic representation was diverse with data submitted from various cities of Pakistan.

The Urdu translated PIY inventory was administered which consist of 9 clinical scale and 24 sub-scales with 270 items. The scale takes 45 minutes for completion. All the clinical / non-clinical participants were given consent form and briefed the purpose of the study. They were requested to fill demographic information on the left side of the separate answer sheet. Directions were given to use pencil to complete the answer sheet. The demographic information consists of Youth Name, ID, Date of Test, Gender, Grade, Birth Date, Age, Ethnicity and Administration.

A separate administration booklet (PIY Urdu version) has been given and asked the respondent to learn it, give answer in true or false and mark it on separate Answer Sheet. If agree to the statement, put 'x' on true box and otherwise put 'x' on false box.

**Statistical Analysis**

After data collection, PIY Answer Sheets were scored according to the standardized procedure given by Urdu version keys – Different statistical measures were applied for data analysis and drawing results.

**4. RESULTS:**

To estimate the internal consistency reliability of the PIY Urdu version, four statistical analysis tools: (i) Cronbach's Alpa Coefficient (ii) Split-half Reliability Analysis (iii) Independent-Sample T-Test Analysis. (iv) ANOVA Test, were used.

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Table 1: Gender (Male / Female) description of Non-clinical (NCL) and
clinically referred (CL) sample of total cases N = 200

| Gender | Clinically Referred | Non-Clinical | Total |
| --- | --- | --- | --- |
| Male | 50 | 50 | 100 |
| Female | 50 | 50 | 100 |
| Total | 100 | 100 | 200 |

Table   2: PIY Urdu version Cronbach's Alpha for all items N=270.

| Scale | Cronbach's Alpha |
| --- | --- |
| PIY Urdu version | .967* |

Table 2 show that the Coefficient Alpha $\alpha = .967$ which shows the inter–item consistency based on the inter-item correlation, which shows high level of internal consistency.

Table 3: Split Half Reliability estimates for all items N = 270.

| Cronbach's Alpha | Part 1 | Value | .984* |
| --- | --- | --- | --- |
|  |  | N of Items | 135 |
|  | Part 2 | Value | .985* |
|  |  | N of Items | 135 |
|  |  | Total N of Items | 270 |
|  |  | Correlation Between Forms | .937* |
| Spearman-Brown Coefficient |  | Equal Length | .967* |
|  |  | Unequal Length | .967* |
|  |  | Guttman            Split-Half Coefficient | .967* |

*Note: Note: * Correlation is significant at the .01 level.*

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Table 3 shows the Cronbach's Alpha (part 1 = .984, part 2 = .985); Spearman-Brown Coefficient of equal length = .967, unequal length = .967; and Guttman Split-Half Coefficient = .967; which shows the inter–item consistency based on the inter-item correlation, which shows high level of internal consistency.

Table   4: Reliability estimates of Critical Item Endorsement; Coefficient Alpha

| Critical Item(s) | No. of Items | Coefficient Alpha ($\alpha$) |
|---|---|---|
| Depression and Worry (D & W) | 9 | .867* |
| Reality Distortion (RD) | 7 | .787* |
| Peer Relations (PR) | 12 | .902* |
| Dyscontrol and Antisocial Orientation (D & A) | 16 | .907* |
| Cognitive Ability and School Adjustment (C & S) | 10 | .862* |
| Distractibility and Hyperactivity (D & H) | 6 | .801* |
| Health Concerns (HC) | 13 | .897* |
| Family Discord   (FD) | 14 | .936* |

*Note: * Correlation is significant at the .01 level.*

Table 4 shows the inter–item consistency based on the inter-item correlation; that presents the high level of internal consistency in PIY Urdu version scales.

Table   5: Split half reliability of Critical Item Endorsement of PIY Urdu version

| Critical Item(s) | 1st split Half Scores | 2nd split Half Scores | Sig. |
|---|---|---|---|
| Depression and Worry (D & W) | .830 | .656 | .001* |
| Reality Distortion (RD) | .732 | .600 | .001* |

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|---|---|---|---|
| Peer Relations (PR) | .   760 | .894 | .001 * |
| Dyscontrol and Antisocial Orientation (D & A) | .744 | .898 | .001 * |
| Cognitive Ability and School Adjustment (C & S) | .719 | .834 | .001 * |
| Distractibility and Hyperactivity (D & H) | .645 | .679 | .001 * |
| Health Concerns (HC) | .881 | .724 | .001 * |
| Family Discord (FD) | .888 | .880 | .001 * |

*Note: * Correlation is significant at the 0.01 level. No. of items = 27*

Table 5 shows the inter–item consistency based on the inter-item correlation; that presents the high level of internal consistency among items; and the Correlation is significant.

Table   6: Correlation between the English and Urdu versions of PIY by Cronbach's Alpha

| PIY English Version | PIY Urdu Version |
|---|---|
| .967* | .967* |

*Note: * Correlation is significant at the .01 level.*

Table 6  shows the Cronbach's Alpha (N = 50) α = .967 and α = .967 respectively; which shows the inter–item consistency based on the inter-item correlation; that presents the high level of internal consistency in both PIY English version and PIY Urdu version.

## 5. DISCUSSION:

The present study was conducted to translate and validate the Personality Inventory for Youth (1995) English version into Urdu language. Its translation in other language is continuing but its reliability and validity has not been examined in South Asian studies. This study was conducted in Southern Punjab (Multan, Rahim

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Yar Khan), Upper Punjab (Lahore, Rawalpindi/Islamabad) and Southern Sindh (Karachi), Pakistan with N = 100 Non-Clinical and N = 100 clinically referred male / female participants. For this purpose, several important steps were taken. To translate PIY inventory into Urdu language, the standardized international guidelines for translation by MAPI International Institute, (2008) was followed. A special permission has been taken from the author of the original version of Personality Inventory for Youth (PIY) to use it for translation into Urdu language and validation of the translated inventory according to Pakistani culture. The present study was conducted into three phases.

In phase – I, PIY English version (1995) was translated into Urdu language to overcome language barriers. PIY was translated into Urdu by following four steps. a) Translation b) Committee Approach c) Forward Translation d) Backward Translation.

In phase – II, bilingual adolescents were tested. The participants were given both Urdu versions and English version of PIY in original. Through this reliability of scale was measured. The participants were asked to respond the whole PIY inventory. Then data analysis was done to measure construct validity. The results of this phase revealed that translated scales are reliable and valid. The results indicated that Urdu version of PIY was appropriate for measurement of personality of Youth in Pakistan.

In phase – III, it was the final phase of the study which focused upon sampling and findings through Alpha, Split Half, t-test analysis, and ANOVA analysis; of Urdu version of PIY Inventory. Least Significant Difference (LSD) of 'Level Group' was also analyzed and fined the significance level on Mean.

In the study, the reliability estimates of PIY Inventory Urdu translated version was measured by using statistical package for social sciences (SPSS), Cronbach's Alpha was used to assess the internal consistency of items. Table 2 indicates the Cronbach's Alpha (N = 270) value (.967) was good which demonstrate that Urdu version of PIY Inventory has high level of internal consistency between the items.

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Table 3; the results present the coefficient Cronbach's Alpha; Part 1 α = .984 and Part 2 α = .985, which indicates that the Urdu version of PIY has high internal consistency between the items and the highly significant level at Split Half Reliability. Correlation r = .937 indicates the positive correlation between forms. Table 4 shows the reliability analysis estimate of Critical Items Endorsement of the critical item(s). The results indicate the coefficient α of the Critical Item(s) Endorsement with No. of cases (N = 200); which indicates the highly significant level of reliability. Table 5 shows the split half reliability analysis of Critical Item Endorsement of N = 200 cases. To calculate the split half reliability coefficient, the no. of items was divided into two parts with 135 items in the 1st half and 135 items in the 2nd half. Subscales were also divided into two parts. The result of these statistics clearly states that the correlation is highly significant and Personality Inventory for Youth (PIY) Urdu version has satisfactory reliability. For validity analysis of English and Urdu versions of PIY, a Peerson product moment has done. The results show the coefficient α = .967 which indicates the inter-item consistency, based on the inter-item correlation, which shows high level of internal consistency between both English and Urdu version of PIY Inventory. Like original PIY English version, the Urdu version also has high homogeneity. Correlation between validity scales of PIY Urdu and English versions are mentioned in Table 6.

On the whole, the result revealed that the translated Urdu version of PIY has good reliability and construct validity and could be recommended for the further cross cultural study for the measurement of personality of youth to further strengthen its reliability and validity and its role in understanding of the personality of youth across the culture.

## 6. CONCLUSIONS:

It is concluded here that the Urdu translated version of Personality Inventory for Youth is a very comprehensive psychometric which has an excellent Cronbach's alpha value and highly significant inter item Correlation. PIY Urdu version is a valid

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and reliable instrument to measure the personality of Pakistani Youth and can be useful in measuring clinically referred Inpatient and out-patient as well as for Non-Clinical male and female both.

## 7. PRACTICAL IMPLICATIONS:

The PIY Urdu version is now a useful and a comprehensive tool to measure the personality of youth and it is a reliable and valid psychological assessment inventory for the both clinical and non-clinical youth population. Further studies while keeping the cultural background in mind, we try to develop and improve several items to increase internal consistency of PIY are required

## 8.LIMITATIONS AND SUGGESTIONS FOR FURTHER RESEARCH:

This study was conducted on the urban sample of male and female adolescents. The results may have been limited by the selection process as the sample was taken from the urban areas. However, it can be extended to the sub urban and rural areas sample to get a comprehensive picture of the indigenous sample. It was difficult to find the in-patient and out-patient which cover the required youth age sample, because, most of the parents, especially, uneducated did not bring their children early to the hospitals for the proper diagnosis and treatment of their disorders but they bring them when their disorder become sever. In the data collection process, another limitation was in the collection of the Female data. Most of the female(s) were trying to hide their symptoms of their disorder as their parents reported that the diagnosis of their female child disorder may cause complications in their lives in future. The small number of in-patient(s) data was collected in the present study form public health institutions because of high security threats in Pakistan. This lead to another limitation in collecting in-patient data. Another limitation of present study was the length of the item of the inventory as it consisted on 270-items. It was too long to self-reported inventory. It was found difficult to complete it by clinically refereed sample. It can be administered via audio tape, especially, for the individually with poor reading, comprehension, and for slow learners of special education.

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Many youngsters were scared of talking about their parents' interpersonal relations and about their drug addiction. Most respondents were deliberately falsified their answers which would affect the reliability of the results. It is suggested that further study should be done with PIY Urdu version to validate the finding of this study. So for, further researches on PIY Urdu version, it is required that nine clinical scales and sub scales should be administered separately for quick assessment of the personality dimension. As this study suppose that the PIY Urdu version makes a valuable contribution in clinical referred and Non-Clinical assessment of adolescent populations sample in Pakistan. It should be used on urban, sub-urban and rural area large sample through longitudinal research design

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