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Language barriers continue to exclude refugee-background communities from oral health research, policy, and service delivery. This study addresses that gap by developing the first validated Amharic-language tools to assess oral health-related quality of life (OHRQoL) among Ethiopian refugees in Aotearoa an essential step toward equitable oral health care and data inclusion.

The project focused on translating, culturally adapting, and pilot testing two internationally recognised tools: the Oral Health Impact Profile (OHIP-14) and selected items from the World Health Organisation's Oral Health Assessment Form. Following Beaton et al.'s five-stage cross-cultural adaptation framework, bilingual Amharic-English speakers carried out forward and backward translations (Beaton et al., 2000). These translations were then reviewed by a panel of Ethiopian oral health professionals and community leaders to ensure linguistic accuracy and cultural appropriateness. Pilot testing was conducted with Amharic-speaking participants in Auckland. Participants completed the translated tools and participated in semi-structured interviews to explore their clarity, cultural relevance, and ease of understanding. Quantitative analysis using the Wilcoxon signed-rank test was performed to assess internal consistency and early reliability of the tools. The study contributes to oral health equity by supporting culturally grounded data collection and inclusive research practices and offers a replicable model for adapting health assessment tools in other linguistically diverse and underserved communities.

In this presentation, I will share key findings from the pilot phase including challenges encountered in translating clinical terminology, the importance of community collaboration and the value of using a culturally responsive, participatory methodology to ensure the tools are both linguistically accurate and socially meaningful.

## References

Beaton, D. E., Bombardier, C., Guillemin, F., & Ferraz, M. B. (2000). Guidelines for the process of cross-cultural adaptation of self-report measures. *Spine*, 25(24), 3186–3191.