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Standardisation of Behavioural Inhibition Questionnaire Parent form – Tamil Version

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Abstract:

- ***Background:***

The Behavioural Inhibition Questionnaire is a tool for assessing Behaviour Inhibition (BI) among children, and there is no instrument to evaluate BI for the Tamil-speaking population. The purpose of this study is to assess the validity and reliability of the Behavioural Inhibition Questionnaire (Parent form) in Tamil.

- ***Method:***

The Behavioural Inhibition Questionnaire (Parent form) has undergone the forward and backward translation process. Expert reviews were conducted to establish the Content Validity Index (CVI). The BIQ (Parent form) Tamil version was administered to a sample of 150 parents of children aged 3 to 7 years. Data were collected and analysed to establish Internal consistency and Content validity.

- ***Result:***

The internal consistency reliability was determined using Cronbach's alpha. The value >.70 shows an acceptable internal consistency. The content validity was established by taking the reviews of experts. It was quantified using the Content Validity Index (CVI) of 0.864, indicating good Content validity.

- ***Conclusion:***

The Tamil version of the Behavioural Inhibition Questionnaire (Parent form) has acceptable Internal consistency and good Content validity.

keywords: *Behaviour Inhibition Questionnaire, Parent form, BIQ (Tamil).*

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I. INTRODUCTION

- *Behaviour:*

Behaviour is a dynamic and multifaceted concept that encompasses the actions, reactions, and interactions of an organism in response to internal and external stimuli. Watson (1913) defined behaviour as 'the observable responses of an organism to its environment'. Skinner argued that behaviour is not only a response to the immediate environment but also shaped by past reinforcement and punishment, thus seeing it as a function of its consequences [1].

Various factors, including genetics, environment, culture, and individual experiences, influence behaviour. Genetic predispositions play a significant role in determining temperament and behavioural tendencies Additionally, cultural norms and practices influence how behaviours are expressed and understood within different societal contexts [2]. Understanding behaviour enables caregivers, educators, and healthcare professionals to design supportive environments that foster positive development and address challenges effectively, contributing to healthier outcomes for individuals [3].

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➢ *Behavioural Inhibition:*

Behavioural Inhibition (BI) is a child's emotional reaction to circumstances and strangers. Kagan et al. developed the term "behaviour inhibition" in 1984 [4]. A fixed pattern of behaviour and emotional reactions to novel or unknown people, places, situations, or items is known as behavioural inhibition [4]. BI affects 15% of children and is typified by decreased approach, caution, and withdrawal in reaction to unfamiliarity [5]. The World Health Organisation (WHO) ranks anxiety as one of the most common medical conditions worldwide. One of the factors responsible for the development of anxiety among children is behavioural inhibition [6].

In later childhood and adolescence, behaviour inhibition (BI) is known to be an important indicator of risk for anxiety disorders, especially social anxiety disorder [7]. Furthermore, Behaviour Inhibition plays a role in the manifestation of other psychological disorders, including autism spectrum disorders, schizophrenia, selective mutism and depression in young adulthood [8].

➢ *The Role of Behavioural Inhibition in Child Development:*

Behavioural inhibition typically develops as early as 4 to 8 months, and this temperament can become more pronounced and stable by toddlerhood (12 to 24 months), and preschool age (3 to 4 years) with long-term implications for emotional and social development [4].

Behavioural inhibition (BI) plays a significant role in shaping a child's social and cognitive development. Children with BI may struggle with forming peer relationships due to their tendency to avoid social interactions, which can lead to social withdrawal and feelings of isolation [6]. Additionally, their reluctance to engage with new experiences can limit cognitive flexibility, although they may excel in familiar settings through their strong attention to detail [9]. However, not all children with BI go on to develop psychological challenges. Environmental influences, particularly parenting styles, are crucial in shaping outcomes. Its impact is complex and multifaceted, influencing everything from emotional regulation , peer relationships, social withdrawal, and social competence to attention biases, executive functions, and academic performance due to the impact of learning environments [9].

➢ *Behavioural Inhibition and Temperament:*

Behavioural inhibition is one of the many temperamental traits that emerge early in life. Individual differences in behaviour, emotional reactivity, and regulation that are biologically grounded and noticeable from birth are referred to as temperament. BI is a specific dimension of temperament, reflects a child's tendency to exhibit fear, wariness, and avoidance in response to unfamiliar people, objects, or situations. As a particular temperamental trait, BI describes a child's tendency to show fear, nervousness, and avoidance in reaction to unfamiliar individuals, with odd events or circumstances. This makes BI a temperamental manifestation, especially regarding an increased emotional response to novelty. Generally, temperament comprises several components, including emotionality, activity level, attention span, and affection. BI belongs within the negative emotion dimension, which is characterized by higher levels of anxiety, frustration, and sadness [10].

Among these, Fearfulness and shyness fall under Behavioural Inhibition [15]. BI correlates with temperamental traits like fearfulness and shyness, which predispose individuals to anxiety disorders, particularly social anxiety. Children with BI exhibit avoidance and caution in novel situations, which reflect temperament-driven regulatory behaviours [7].

A key similarity between BI and temperament is their biological basis. Both are influenced by genetic predispositions and neurobiological systems such as heightened amygdala reactivity, which is associated with fear responses and emotional regulation. Children who exhibit BI often display temperamental traits like negative affectivity (tendency to experience fear, discomfort, or frustration) and low approach tendencies, which are considered core components of temperament [6].

➢ *Behavioural Inhibition Questionnaire:*

The Behavioural Inhibition Questionnaire (BIQ) is a standardized tool designed to assess behavioural inhibition (BI) in children. Children with behavioural inhibition exhibit a temperamental tendency to respond to new or unfamiliar situations by becoming cautious, nervous, and withdrawing. Because it is linked to an increased risk of anxiety disorders, this characteristic has significance in developmental psychology and child psychiatry. Gillian Bishop, Susan H. Spence, and his colleaguesoriginally developed the BIQ to measure BI in a variety of social and non-social situations [11].

There are two versions: the teacher's form and the parent's form. This questionnaire's translation has been published in Portuguese, Turkish and Italian. Numerous research studies have assessed the BIQ's psychometric qualities, and it has typically demonstrated strong validity and reliability as a measure of behavioural inhibition [5].

➢ *Behavioural Inhibition and Occupational Therapy:*

BI is linked to temperament traits, such as shyness, avoidance, and heightened sensitivity to environmental stimuli, which often lead to difficulties in social participation, play, and education. Occupational therapy can play a crucial role in addressing these challenges by providing interventions that improve social skills, emotional regulation, and participation in everyday activities [6].

The study emphasizes how temperamental characteristics, including BI, affect occupational performance, particularly in children with developmental disabilities. It suggests that therapists must consider these characteristics when designing interventions tailored to individual needs [12]. Another study discusses how sensory processing patterns, which are closely tied to temperament can influence behaviours and therefore experience

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difficulties in managing new or challenging environments [13]. Integrating knowledge of BI with occupational therapy allows for more effective, individualized treatment plans that enhance the child's ability to adapt to social novelty, engage in activities, and improve overall functioning [19].

II. AIM AND OBJECTIVES

➢ *Aim:*

To determine the standardisation of the Behavioural Inhibition Questionnaire (Parent Form) –Tamil version.

➢ *Objectives:*

- Forward and Backwards translation of Behavioural Inhibition Questionnaire (Parent form)
- To establish the content validity (CVI) of the Behavioural Inhibition Questionnaire (Parent form) – Tamil Version by considering reviews of experts.
- To test the internal consistency reliability of the Behavioural Inhibition Questionnaire (Parent form) – Tamil Version.

III. NEED OF THE STUDY

Anxiety disorders are highly prevalent among adolescents, with a study reporting that 51% of individuals in Tamil Nadu experience these conditions[14]. Behavioural inhibition (BI) in childhood is one of the causes of anxiety in later life[6]. Behavioural inhibition a temperament linked to childhood anxiety disorders, requires accurate assessment tools tailored to specific cultural and linguistic contexts. These studies recommend rigorous translation, content validation, and expert review to make tools relevant for diverse populations.

This project aims to bridge the gap by translating, establishing reliability and validating the BIQ Parent Form in Tamil, enabling better assessment of BI for the Tamil-speaking population.

IV. REVIEW OF LITERATURE

Gillian Bishop and Susan H. Spence (2003) carried out a study on **'Can Parents and Teachers Provide a Reliable and Valid Report on Behavioural Inhibition?'** examined the validity and reliability of teacher and parent reports about behavioural inhibition (BI) in children aged three to five by using 613 mothers and 506 fathers report. The teacher and parent reports demonstrated moderate stability over a year, acceptable internal consistency (> 0.80), and a strong connection with a temperament questionnaire's brief inhibition subscale. The researchers also discovered that children who were rated as having a high BI by their mothers and teachers displayed particular behavioural patterns, such as a longer latency to make contact with a stranger, shorter and less frequent speech, and a greater need for prompting, when compared to their peers with low BI [11].

Francesca Agostini and Mariagrazia Benassi (2021) conducted a study on **'Validation of the Italian Version of the Behavioral Inhibition Questionnaire (BIQ) for Preschool Children'.** This study aimed to validate the behavioural inhibition (BI) scale used to measure BI in preschoolers, the Behavioural Inhibition Questionnaire (BIQ), in its Italian adaptation, by the report of 417 parents (230 mothers and 187 fathers). Internal consistency (Cronbach's Alpha=0.92), inter-rater reliability ($r=0.63$, $p<0.001$), convergent validity, and discriminant validity were among the psychometric qualities of the Italian BIQ that were investigated in this study. The findings demonstrated that the Italian BIQ has high psychometric attributes and is a useful and reliable tool for assessing how parents view BI in Italian preschoolers [15].

Saliha Kılınç and Ayhan Bilgiç (2022) performed a study on '**Turkish Adaptation and Validation of Behavioral Inhibition Questionnaire Parent Form'**. This study aimed to evaluate the validity and reliability of the Turkish parent form for the Behavioural Inhibition Questionnaire (BIQ) for children ages three to seven by the report of 250 parents. With a total Cronbach's alpha of 0.92, the study concluded that the Turkish version of the BIQ parent form is highly reliable. The BIQ showed good convergent validity, with moderate positive correlations with measures of shyness and other problems. Overall, the study indicates that the Turkish BIQ parent form is a reliable and valid tool for assessing behavioural inhibition in young Turkish children [16].

Catarina Cova Fernandes and Ana Teresa Martins (2024) executed a study on '**Portuguese adaptation of the Behavioral Inhibition Questionnaire (BIQ)'** This study aimed to modify and assess the Behavioural Inhibition Questionnaire's (BIQ) psychometric qualities in a sample of 435 Portuguese preschoolers. The researchers found support for the original six-factor structure of the BIQ, with each factor loading onto a higher-order BI factor. The BIQ demonstrated good reliability, convergent validity, and measurement invariance across gender and age groups. According to this study, the BIQ's Portuguese translation is a relevant and reliable questionnaire for evaluating BI in young children [17].

Nathan A. Fox and Selin Zeytinoglu (2023) carried out a study on **'Annual Research Review: Developmental pathways linking early behavioural Inhibition to later anxiety'.** This review provides a historical perspective on the research documenting the origins of behavioural inhibition (BI), a temperament identified in the first years of life that enhances the risk for the development of anxiety during adolescence and late childhood. The review examines within-child and socio-contextual factors that support differing developmental pathways, as well as research findings from longitudinal cohorts that have identified moderators of BI in understanding pathways to anxiety. The authors present the Detection and Dual Control (DDC) framework to explain how specific cognitive and socio-contextual factors influence differential pathways to anxiety versus resilience among behaviourally inhibited

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children [18].

Ayelet Lahat, Melanie Hong & Nathan A. Fox (2011) carried out a study on **'Behavioral inhibition: Is it a risk factor for anxiety?'.** The review examines the link between behavioural inhibition (BI), a stable temperamental trait characterized by fearful reactivity to novelty, and the risk of developing anxiety disorders. Research suggests that this risk may be modulated by extrinsic factors such as parental beliefs, parenting styles, and childcare contexts, as well as intrinsic factors like executive function capacities, including attention bias, attention shifting, inhibitory control, and self-monitoring. Although BI is a risk factor for anxiety disorders, the review emphasizes that not all children with BI go on to develop an anxiety disorder and that a significant part of anxiety development is influenced by the interplay of genes, temperament, and environment [19].

V. METHODOLOGY

➢ *Research Design:*
This is a quantitative research study.

➢ *Sampling Technique:*
Convenience sampling was used for this study.

➢ *Sample Population:*
Parents of children aged 3 to 7 years.

➢ *Sample Size:*
(n) = 150

➢ *Selection Criteria*

- *Inclusion Criteria:*

✓ Parents of children aged 3-7 years.
✓ Children of both genders.

- *Exclusion Criteria:*

✓ Parents who are separated from their children for any reason.
✓ Parents who are unable to understand and respond to questions in Tamil.

➢ *Tool Description:*

- *Behavioural Inhibition Questionnaire (Parent Form)*

The Behavioral Inhibition Questionnaire (BIQ) is designed to assess children's behavioural inhibition (BI). The parent form gathers information from parents about their child's behaviour across different contexts. The questionnaire provides insights into how a child may react to social, physical, and environmental challenges, to identify patterns that might indicate a predisposition to anxiety disorders or other emotional difficulties. It includes 30 items across multiple contexts, such as social novelty, situational novelty, separation anxiety, and performance anxiety. Rated on a 7-point Likert scale ranging from 1- Hardly Ever 7- Almost Always.

- *Subdomains & Items of Biq (Parent Form):*

✓ **Social Novelty** – Evaluate the child's reactions to unfamiliar people or social situations.
✓ **Separation** – Assesses the child's response to separation from a caregiver or familiar person.
✓ **School and Preschool** – Evaluate the child's behaviour in academic or structured group settings.
✓ **Performance Situations** – Looks at the child's anxiety and inhibition in situations that require performance or evaluation (e.g., speaking in front of a group).
✓ **Situational Novelty** – Focuses on the child's reactions to unfamiliar places or changes in routine.
✓ **Physical Challenges** – Assesses the child's hesitation or caution when engaging in physical activities involving a perceived risk.

➢ *Scoring & Interpretation*

BIQ (Parent form) has 30 items; Social Novelty has 14 items, and Situational Novelty has 16 items. Each item ranges from 1 – Hardly Ever to 7 – Almost Always and the Total score of BIQ (Parent form) is 210. A higher score indicates a Higher Behavioural Inhibition and 16 items among the subscale have Reverse scoring (i.e. score 1-> 7; 2-> 6 etc 7-> 1).

➢ *Psychometric Properties*

The components have Cronbach's alpha values above >0.80, which indicates acceptable Internal consistency, and the Physical component has 0.72, which is barely acceptable. The test-retest reliability has strong correlation coefficients ranging from 0.70 to 0.90 and good construct validity, making it a reliable measure for assessing BI in both research and clinical settings.

VI. PROCEDURE

Permission was requested from Professor Susan H Spence, who developed the Behavioural Inhibition Questionnaire (Parent form) to standardise this questionnaire in Tamil. The permission was granted via email by the concerned authors. The questionnaire was then translated into Tamil through forward and backward translations with the help and guidance of two Professors who were well-versed in both English and Tamil. The translated version of the Behavioural Inhibition Questionnaire (Parent form) was then sent to five experts to establish its content validity Index. The questionnaire was then modified based on the changes suggested by the experts. An informed consent form was obtained from the parents, and the purpose of the study was explained to them. Those who consented to participate were given the Tamil version of the BIQ (Parent form). They were asked to complete the questionnaire. Finally, the collected data was analysed and interpreted to check the internal consistency of the questionnaire using the Reliability test.

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➢ *Schematic Representation of Translation Process*

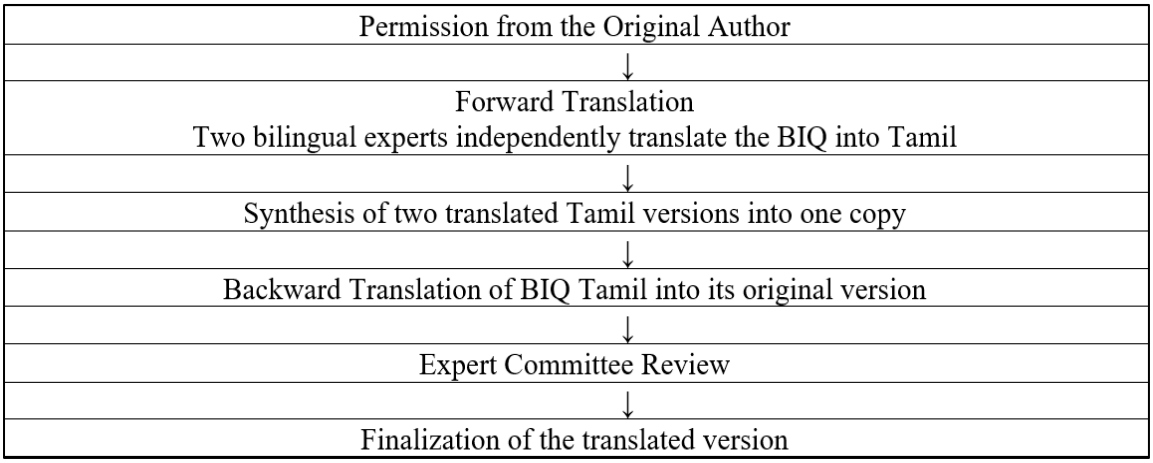

Fig 1 Schematic Representation of Translation Process

➢ *Schematic Representation of Research Design*

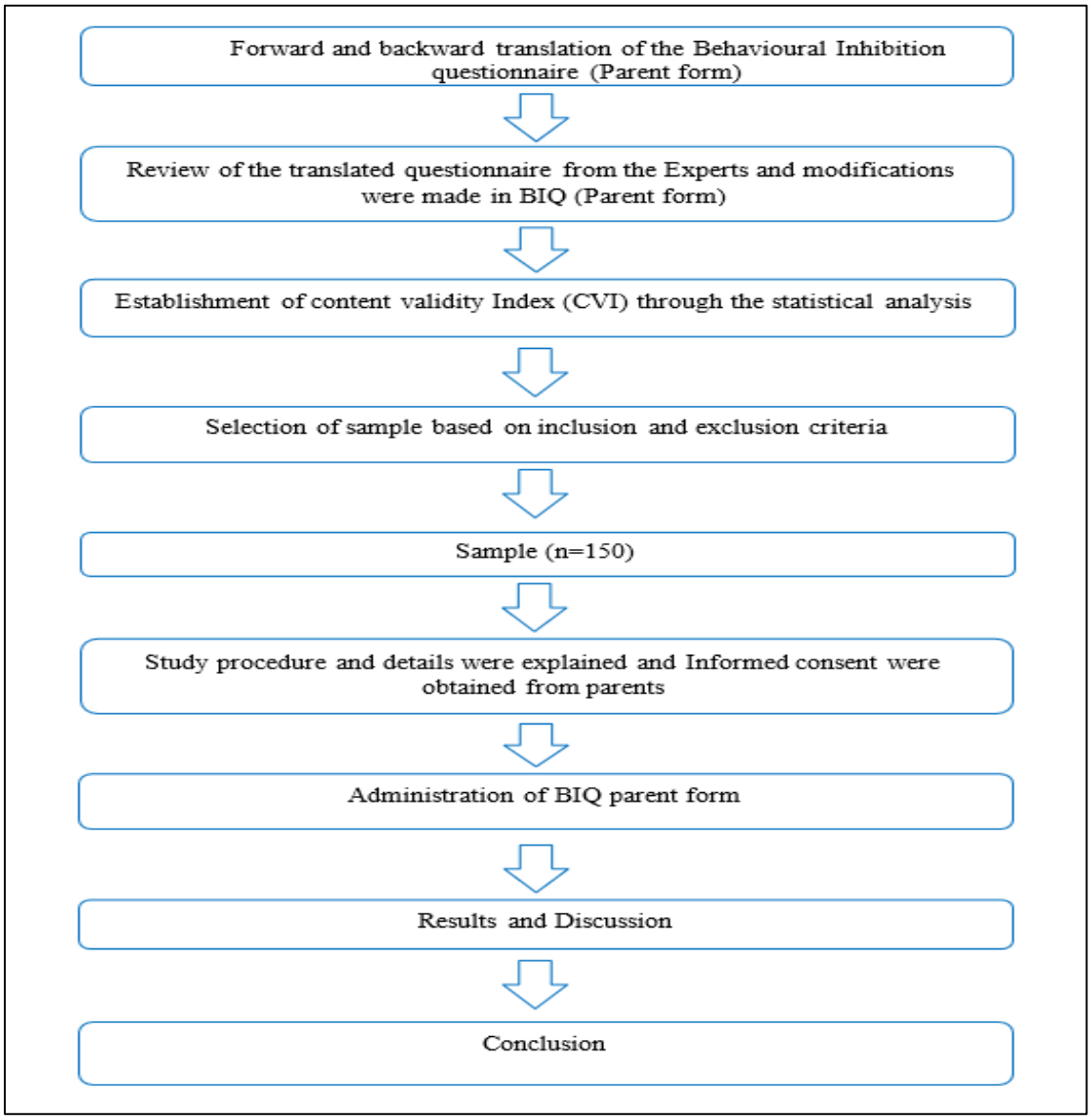

Fig 2 Schematic Representation of Research Design

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VII. RESULTS

The internal consistency of the behavioural inhibition questionnaire (parent form) was evaluated using the reliability test in SPSS software.

➢ *Internal Consistency*

Table 1 Reliability Statistics for the Behavioral Inhibition Questionnaire - 30 items

Scale / Subscale(s)		Number of Items	Cronbach Alpha / Intraclass Correlation Coefficient	P value	95% CI (ULCI- LLCI)
BIQ (Parent form)		30	0.747	0.000	0.685 - 0.802
Social Novelty Inhibition		14	0.620	0.000	0.524 - 0.703
Social Novelty Inhibition	Adults	4	0.402	0.000	0.229 - 0.544
	Peers	6	0.566	0.000	0.449 - 0.665
	Performance	4	0.301	0.003	0.099 - 0.468
Situational Novelty Inhibition		16	0.586	0.000	0.483 - 0.677
Situational Novelty Inhibition	Separation / Preschool	4	0.289	0.004	0.084 - 0.458
	New Situations	8	0.535	0.000	0.413 - 0.640
	Physical Challenges	4	0.019	0.434	-0.265 - 0.253

The internal consistency of the BIQ (Parent form) and its subscales was assessed. The BIQ (Parent form) with 30 items, showed good reliability with a Cronbach's alpha of 0.747 (p = 0.000, CI: 0.685 to 0.802). The Social Novelty subscale, consisting of 14 items, had an alpha of 0.620 (p = 0.000, CI: 0.524 to 0.703), with acceptable reliability. Internal consistency was scored based on Streiner 2003 [20].

➢ *Content Validity*

Content validity was established based on the reviews and suggestions of five experts on the subject. The degree of content validity was calculated using the Scale- content validity index (S-CVI). It is calculated as the ratio of the number of items agreed by all the experts to the total number of items.

The value of S-CVI/Average for this questionnaire is **0.864**, which indicates good content validity.

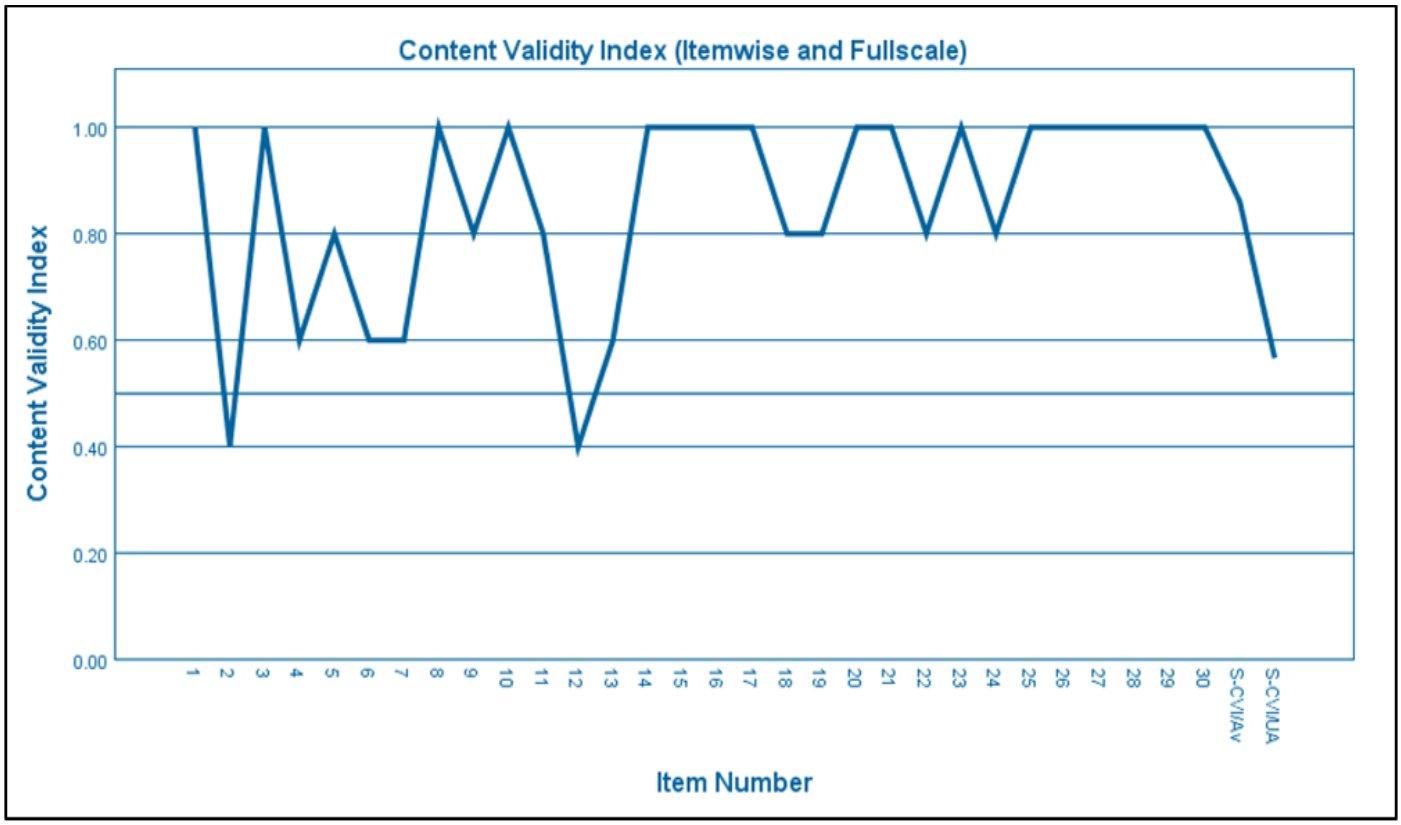

Fig 3 Represents Item Content Validity Index (I-CVI) of BIQ (Parent form)

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The graphical representation of the Item-Content Validity Index (I-CVI) shows that Question numbers 2 and 12 have a low content validity of 0.4 compared to the other items, and Question numbers 4, 6, 7, and 13 have a 0.6 value. Also, Question numbers 5, 9, 11, 18, 19, 22, and 24 have 0.8 values, and the rest of the 17 items have a value of 1.

VIII. DISCUSSION

The findings provide the basis for implementing the Tamil version of the BIQ in clinical and research settings to assess behavioural inhibition in children aged three to seven years.

As measured by Cronbach's alpha, internal consistency revealed that the Tamil Behavioural Inhibition Questionnaire (Parent form) has a reliability coefficient of 0.747, indicating that the scale is reliable for measuring behavioural inhibition in children.

In Table- 1, Social Novelty Inhibition Subscale: With an alpha value of 0.620, the Social Novelty subscale demonstrated acceptable reliability. The Peers subgroup (α = 0.566) exhibited relatively better internal consistency compared to the Adults (α = 0.402) and Performance (α = 0.301) subgroups. This suggests that parental perceptions of their child's interaction with peers may be more consistent than perceptions of their child's interaction with adults or performance-related situations.

Situational Novelty Inhibition Subscale: This subscale showed poor reliability, with an overall alpha of 0.586. The New Situations subgroup (α = 0.535) demonstrated moderate reliability compared to the Separation/Preschool (α = 0.289). The physical Challenges (α = 0.019) subgroup, showed unacceptable internal consistency, which has already been mentioned in the previous studies [16] .

The subscales of the Tamil BIQ (Parent form) exhibit variability in reliability, a pattern consistent with other translated versions of the BIQ, such as Portuguese, Turkish, and Italian versions [15–17].

The Tamil version of the BIQ Parent form demonstrated a good Content Validity Index (CVI), with an S-CVI of 0.864, indicating that most of the items were considered relevant and appropriate by subject matter experts. Graph - 1 highlights that Questions 2 and 12 had the lowest Item-Content Validity Index (I-CVI) scores 0.4, while Questions 4, 6, 7, and 13 showed moderate I-CVI values 0.6. The remaining items scored 0.8 or higher, with 17 items exhibiting high content validity, with several achieving an I-CVI of 1. Based on reviews from five experts, necessary adjustments were made to enhance the inclusivity and relevance of the questionnaire for the target population adjustments contributed to the overall good content validity of the Behavioural Inhibition Questionnaire (Parent form), as evidenced by the calculated Scale Content Validity Index (S-CVI) of 0.864.

Through expert reviews, the Tamil BIQ Parent form has a content validity index of 0.864, indicating a good level of content validity and also good reliability, with a Cronbach's alpha value of 0.747, demonstrating its effectiveness in assessing behavioural inhibition in children.

IX. CONCLUSION

On statistical analysis, the Tamil version of the Behavioural Inhibition Questionnaire (Parent form) has good internal consistency. Overall, the Questionnaire scored a Cronbach's alpha of 0.747. It also has good content validity, with a content validity index (CVI) value of 0.864.

LIMITATION

- The study was conducted in a small geographical area.

RECOMMENDATIONS

- Parallel studies can be done in different cultures and languages in India.
- Similar studies can be done using the Teacher's form of BIQ.

Declaration by Authors

Ethical approval: Approved

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