



Research Article

Psychometric Properties of a Measure Assessing Attitudes and Norms as Determinants of Intention to Use Oral Contraceptives



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SUMMARY

Purpose: Asian immigrant and Asian American women are less likely to use oral contraceptives (OCs) and tend to rely on low-efficacy methods of contraception. This contraceptive pattern remains poorly understood, in part, because no theory-driven measurement exists to assess psychosocial determinants essential in explaining behaviors related to OC use in this population. The current study aimed to evaluate the psychometric properties of a measure of attitudes and subjective norms toward OC use among Korean American women as a first step to determine whether the measure can be used in this population and, potentially, in other Asian ethnic groups.

Methods: The sample consisted of 329 Korean immigrant women living in New York City. The theory of reasoned action guided the development of the measure assessing attitudes and norms. Psychometric evaluation included item analysis, internal consistency estimates of reliability, and construct validity (i.e., factorial, discriminant, and predictive).

Results: All item-total correlations were above the recommendation of .30. The Cronbach's alpha for the attitudes and subjective norms measure was .88 and .86, respectively. Exploratory factor analyses revealed four interpretable factors, and confirmatory factor analyses confirmed that the factor structures derived from the exploratory factor analyses fit the data well. Discriminant and predictive validity of the measure were also established.

Conclusions: The study provides support for the validity and reliability of the measure and its use for determining the degree to which Korean immigrant women intend to use OCs.

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Introduction

Oral contraceptives (OCs) are the most preferred method of contraception among women in the United States [1,2]. One reason for this popularity is that they not only prevent pregnancy when used consistently and as directed [3,4], but they also provide women with noncontraceptive health benefits, such as a decreased risk of ovarian cancer and relief from troublesome symptoms associated with menstruation [1,5,6]. Despite these benefits, Asian American women are less likely to use them [7] and are more likely to rely on condoms, withdrawal, or rhythm methods as their primary method of contraception compared with other ethnic groups [8–11].

Currently, there are no studies on Asian immigrant women's contraceptive practices and attitudes in the United States (but see ref. 8). However, there is strong reason to believe that their contraceptive patterns are very similar to women living in Asian countries [12]. In Asia, the intrauterine device is one of the most prevalent forms of reversible contraception (29.7%), and only 10% of women report using OCs [12]. Although some regional differences among different Asian countries can be expected, studies show that East Asian countries (e.g., China, Japan, and Korea) have very similar patterns with respect to OC use [13–15]. Among this population, Korean women rank OCs as their least preferred method (2.0%–2.7%) of contraception [15,16]. They instead choose to use less reliable temporary methods of contraception, such as rhythm and withdrawal [16].

The improvement in our understanding of contraceptive use behavior among Asian women in general (including Asian immigrant women) is of particular interest because Asians are the fastest growing racial group in the United States, and Asian immigrants

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constitute an important segment of this population (74.1% of Asian American adults are immigrants) [17]. According to the U.S. Census Bureau, from 2000 to 2010, the Asian population increased four times faster (45.6%) than the total U.S. population (9.7%) [18]. Similarly, the latest census data show that in 2010, of all new immigrants in the United States, 36% were Asian, compared with 31% who were Hispanic. Among Asian immigrants, Koreans (864,125) represent the seventh-largest immigrant group in the United States. This group has increased by 52% since 1990 [18,19]. There is direct evidence that suggests that their contraceptive use patterns are very similar to their counterparts in Korea [8,20].

From our perspective, research that focuses on Asian immigrant women's contraceptive use behavior (including Korean immigrant women) can contribute to our understanding of contraceptive use behavior in Asian American women, in general. Accordingly, programs and policies designed to prevent and reduce unintended pregnancy in the United States could be strengthened by research that explores how psychosocial factors, such as attitudes and social norms, influence Asian women's choices for OCs (as well as other contraceptive methods) and their willingness to use them [21,22].

Recently, Lee and colleagues conducted a study to explore the relationship between acculturation and psychosocial factors regarding OC use among Korean immigrant women [8]. In this study, a scale was developed to assess Korean immigrant women's attitudes and norms toward OC use. The purpose of the current research was to validate and evaluate the psychometric properties of this scale among Korean women in the United States. This is the first attempt to determine whether the scale can be used as a valid and reliable measure to assess attitudes and norms related to OC use among Korean women and, potentially, other Asian groups.

Theoretical framework

The framework guiding the conceptualization of this study derives from the theory of reasoned action (TRA) [23]. The TRA has been widely used to examine various reproductive health behaviors (e.g., condom use) and applied to various racial and ethnic groups, including Koreans and other Asian groups [24,25]. The TRA corresponds to an expectancy-value model that is useful in the explanation of motivation, expectations, and goals underlying individuals' behaviors [26].

The theory posits that behaviors (e.g., OC use) are predominantly determined by the individual's intention to engage in a particular behavior [26]. Intentions, in turn, are influenced by the attitudes and subjective norms that the individual holds about the certain behavior (e.g., OC) [22]. Attitudes refer to an individual's positive (or negative) evaluation of, or favorable (or unfavorable) feeling about, his or her performing the behavior. Subjective norms refer to an individual's perception that most of his or her important others think that a certain behavior should (or should not) be performed and are determined by the degree to which an individual perceives significant others' expectations of his or her performing the behavior [21]. Both attitudes and subjective norms, separately or in combination, contribute to determining the degree to which people are willing to engage in specific health-related behaviors.

In addition, the relative importance of attitudes and subjective norms to the prediction of intention differs from one person to another, depending on the intention in question. That is, whether a person would intend to perform the behavior in question more under the influence of subjective norms or his or her own attitudinal consideration depends, in part, on the intention under study. For some intentions, attitudes might be more important than subjective norms, whereas for other intentions, subjective norms might be predominant in determining intention [21].

Methods

Instrument development

The standard guidelines suggested by Ajzen and Fishbein [23] were used to develop the items that assess attitudes and subjective norms in this study. First, we conducted a preliminary study to elicit the attitudes and subjective norms related to OC use among Korean immigrant women ($n = 40$) living in Buffalo, New York. The questionnaire used in this elicitation study was composed of seven open-ended questions assessing the general attitudes held by Korean immigrant women. Participants were asked to list their feelings, opinions, and thoughts about OCs and their overall evaluation of using them. They were also asked to list significant individuals or groups who would approve (or disapprove) of their using OCs.

Next, the content of the various emotions, general evaluation, and significant referents emerged from the elicitation study were analyzed and used to construct two subscales with items measuring attitudes and subjective norms. The attitudes subscale consisted of 12 items. Semantic differential scales were used to assess participants' general evaluations or favorableness of OC use. Each item in the attitudes subscale started with the statement, "Using oral contraceptives daily as directed," followed by bipolar adjectives (e.g., unpleasant vs. pleasant). A 7-point scale was used for each pair of adjectives, ranging from -3 (e.g., *extremely unpleasant*) to $+3$ (e.g., *extremely pleasant*). Participants were asked to indicate the point that most accurately reflected their attitudes toward OC use. The responses to each item were summed to evaluate their attitude toward OC use. The subjective norms subscale consisted of seven items assessing individuals' perceived social pressure from significant referents regarding their OC use (e.g., "My parents think that I should use OCs") and was measured on a 7-point scale, ranging from -3 (*extremely unlikely*) to $+3$ (*extremely likely*).

Finally, a panel of seven reviewers established the content validity of the measurement of attitudes and subjective norms. Four of them were experts in the areas of women's health or child health and welfare; three of them were lay Korean women whose characteristics were similar to a sample of the study population. The reviewers were asked to assess each item in the measures, based on whether (a) the items were relevant to the constructs measured, (b) the content of each item was concise and clear, and (c) the response format (e.g., sentence structure, readability, accuracy) of each item was conducive to collecting information on the attributes in question. The reviewers were asked to rate the appropriateness of each item on a 3-point ordinal scale: 1 = *unacceptable*, 2 = *possibly usable if reworded*, 3 = *acceptable*. If any item was rated 1 (*unacceptable*), they were instructed to add comments. One item (i.e., punishing vs. rewarding) was deleted from the attitudes subscale because the majority of the reviewers rated it as unacceptable; another item (i.e., unhealthy vs. healthy) was rewritten to reflect more accurately the construct of attitudes. Content validity indices were calculated across all reviewers' ratings of each item's relevance in the measure. The indices ranged from .91 to 1.00, indicating satisfactory agreement.

Study design

An explanatory cross-sectional design was used in this study to evaluate and validate the psychometric properties of a measure assessing attitudes and subjective norms as determinants of intention to use OCs.

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