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Safe sex norm questionnaire for female sex workers: development and validation study in Iran



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ABSTRACT

Objectives: The aim of the present study was to develop and validate a safe sex norm questionnaire as an appropriate instrument which would be adaptable to the female sex worker (FSW) population.

Study design: A mixed method study.

Methods: Appropriate content was prepared through a literature review. Content validation indices were assessed using interviews with content experts and lay experts. A conservative approach was used to assess the inter-rater agreement among the participants about the instrument relevance and clarity. The scale content validity index was computed using the average method. Non-parametric Mokken scale analysis was used for assessing scalability and unidimensionality of the questionnaire in a sample of 170 FSWs in Tehran. To evaluate the reliability and internal consistency of the questionnaire intra-class correlation and Cronbach's alpha were employed.

Results: A list of 34 items was finalized, with subscales for actual behavioral norms and for perceived norms. The relevance of the actual and perceived norms subscales in the final questionnaire was higher than 96%; clarity of the subtests was 99% and higher. The comprehensiveness of the actual and perceived norms subscales was 85% for both. Mokken scale analysis showed that the two subscales were distinct constructs, and all items are good indicators for the constructs.

Conclusion: Our findings support that the safe sex norm questionnaire is a valid and reliable measure that would be useful to harm reduction programs and help effective HIV prevention among female sex workers.

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Introduction

Nowadays, after about four decades since the first reports of the human immunodeficiency virus (HIV), the HIV pandemic is one of the important public health concerns in the world, especially in developing countries.¹ Globally, in 2016, 36.7 million people had HIV and 2.1 million of them were new HIV infections.¹ The evidence shows that the pattern of HIV transmission in many developed and developing countries, including Iran, has shifted from injecting drug use to sexual transmission.^{2–5}

Female sex workers (FSWs) are among the most important groups at risk of HIV/AIDS, especially in the phase of the HIV epidemic because HIV transmission through sexual intercourse is increasing.^{3,6} This is related to their multiple risk behaviors such as unprotected sex, having multiple partners, drug or alcohol use before sexual intercourse, and injecting drug use. FSWs not only are at risk for HIV but may also act as a bridge group for HIV transmission to the general population.^{7,8}

FSWs' vulnerability to HIV not only depends on one's own risk behaviors but also on the behaviors of members in one's social or sexual networks.^{9–11} A growing body of literature shows the importance of social networks for HIV risk behaviors and transmission.^{12–19} In addition to biological transmission through networks, social networks can enforce members' adherence to healthy or risk behaviors.^{20–24} For example, Peterson et al. reported that men who have sex with men in the high-risk group, compared with those in the no-risk group, perceived lower supportive and positive reactions about condom use among their sexual networks.²⁵

One of the important social network characteristics that affects health and risk behaviors is social norms and support of network members for existing social norms.^{22,25,26} According to the literature, social norms can be associated with several health and risk behaviors such as smoking,^{27,28} exercising,^{29,30} weight-control behaviors,³¹ use of contraception,³² exchanging sex for money and drugs,³³ alcohol use,^{34–36} injecting drug use,³⁷ and sexual behaviors.³⁸

Social norms are attitudes or behaviors that are considered acceptable in a peer group or community.^{25,37} People who do not follow norms may suffer negative consequence from network or community members.

Social norms include actual norms that are the real attitudes and behaviors of people (e.g. attitudes about appropriateness of condom use in sexual relationships); and perceived norms that are people's perceptions or beliefs about how others think or act (e.g. perception about peers' condom use).^{25,39} For research about social effects on safe sex behavior, measurement of social norms is important. Although there are some studies that measure social norms in populations of adolescents and young people who used drugs or alcohol,⁴⁰ men who have sex with men,²⁵ and injection drug users,³⁷ there is no published scale measuring social norms about safe sex behavior among FSWs.

The aim of the present study was to develop and validate a Safe Sex Norm Questionnaire (SSNQ) as an appropriate instrument that would be adaptable to FSW populations.

Methods

This mixed method study (qualitative-quantitative) followed four steps for developing and validating the SSNQ. First, appropriate content was prepared through a literature review and a qualitative study. Second, content validation indices were assessed for the prepared items using interviews with content experts and lay experts (FSWs). Third, the reliability of the questionnaire was evaluated in a pilot study. Finally, scalability of the items and unidimensionality of the questionnaire was explored using Mokken scale analysis based on a large sample of FSWs in Tehran (N = 170).

Development of the questionnaire

Literature review

Based on the standard procedures for the development of valid and reliable questionnaires,^{41,42} in the first step, the relevant literature on social norms and sexual behaviors was critically assessed to recognize the social norms theory and theoretical frameworks in the previous studies, determine the content domain of the social norm construct, and find the relevant instruments/questionnaire for adaptation. The reviewed literature provided strong evidence for association of social norm and risk behaviors^{15,25,37,43,44} and highlighted the lack of a social norm scale for safe sex practices among FSWs. According to the social norms theory, a behavior is more often influenced by people's perceptions of how others think or act than by their own beliefs or behaviors.³⁹ Some studies have shown that following safer sex practices is associated with perceptions of supportive norms from peers and sexual partners for condom use.^{25,45,46} Miner et al. found that condom use norms indirectly influenced unsafe sex through condom self-efficacy and safer sex intention among men who have sex with men.⁴⁴ It has been shown that social norms influence a number of HIV risk behaviors including condom use,^{25,47} needle sharing,^{37,48} and drug or alcohol use.^{36,40} These studies highlighted the important role of perceived network norms in for HIV risk behaviors. The existing studies and instruments in the literature for related populations^{25,44,49} were used for item generation in the SSNQ and modified to be applicable to social networks of FSWs.

In this step, the qualitative data collected in the interview with FSWs who had experience regarding social network of FSWs, sexual relationship, and sex work also help to enrich and develop what has been identified in the literature regarding the concept and considered as a valuable resource to generate questionnaire items.

Qualitative study

Given that social norms about safe sex will be specific, to some extent, for the particular population of FSWs, a qualitative content analysis study with directed approach was conducted to identify the social norms, related to sexual behaviors, in the social network of FSWs.⁵⁰ According to this approach, the qualitative data were collected and analyzed based on the social norm theory and relevant existing study's findings as a guidance for initial codes.⁵⁰ The qualitative data along with

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