



Translation and validation of the Karitane Parenting Confidence Scale in Nepali language[☆]



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ABSTRACT

Background: a mother's lack of confidence in the early postnatal period may negatively influence their ability to care for their infant. Parenting confidence contributes to the parent–infant relationship and other aspects of infant development. The Karitane Parenting Confidence Scale is a 15-item self-report questionnaire designed to measure parents' subjective confidence in their parenting abilities, or 'perceived parenting self-efficacy', and is designed for mothers with infants aged 0–12 months.

Objectives: to translate the Karitane Parenting Confidence Scale into Nepali language and assess the validity and reliability among Nepalese postnatal mothers.

Design: cross-sectional study.

Setting: outpatient department of maternity and women's hospital in Kathmandu, Nepal.

Participants: one hundred postnatal mothers within 5–6 weeks of childbirth were recruited using the convenience sampling method.

Methods: following back-translation procedures, mothers completed questionnaires during follow-up visit at immunisation/postnatal clinics. For the validity and reliability have been assessed internal consistency, discriminant validity, and construct validity.

Results: the translated Karitane Parenting Confidence Scale mean score was 35.47 ± 5.48 , ranging from 32 to 42. Cronbach's alpha coefficient for internal consistency was 0.87. A difference was found between primiparous and multiparous mothers' confidence scores. There was a significant correlation between maternal confidence and anxiety scores. Demographic response patterns suggest that the maternal confidence level was affected by education level.

Conclusions: the Nepali version of Karitane Parenting Confidence Scale showed adequate reliability and validity. Therefore, the Nepali Karitane Parenting Confidence Scale is considered a suitable instrument to assess maternal confidence in Nepali postnatal mothers.

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Introduction

Maternal confidence is an important factor for proper growth and development of newborn babies. A mother's lack of confidence in the early postnatal period may negatively influence their ability to care for their infant. Parenting confidence contributes to the parent–infant relationship and other aspects of

infant development. Maternal confidence can also influence how much energy mothers spend in teaching, playing, and parenting their children (Bornstein et al., 2003). Maternal confidence means a mother's perception of her ability to take care of her children and understand them (Badr, 2005; Goto et al., 2010), which is closely related to motherhood adjustment and caring behaviours for infants. Parenting confidence, maternal self-efficacy, parenting self-agency, parenting self-definition, and parental sense of competence have become the key concepts (Hess et al., 2004). A mother's feelings of self-confidence and self-efficacy are determined by various factors, including contextual characteristics, such as social support, infant temperament, and maternal mental health (Leerkes and Burney, 2007). Maternal self-confidence is defined as

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the mother's perception of her own ability to take care of the child and to correctly interpret the child's signals (Zahr, 1991). In the early postnatal period, mothers' lack of confidence may negatively influence their ability to care for their infants (Warren, 2005; Poobalan et al., 2007). Parents' confidence in their parenting ability is a key factor in predicting a range of parent and child outcomes (Jones and Prinz, 2005). Maternal confidence has been shown to facilitate maternal role development and promote positive infant nurturing and development (Mercer and Ferketich, 1995). Mothers with lower levels of parenting confidence were more likely to use an aggressive, punitive, low-warmth parenting style (Bondy and Mash, 1999). High parenting confidence has been shown to act as a buffer against factors, such as parental depression, relationship difficulties, stress, and compromised child development; it is also associated with actual parenting competence and positive child outcomes (Coleman and Karraker, 1997). Furthermore, maternal sensitivity and engagement has been directly related to maternal confidence (Teti and Gelfand, 1991).

There had some preliminary evidence that the KPCS is an applicable, reliable, and valid measure to assist maternal confidence in infant care (Kohlhoff and Barnett, 2013; Bernardi, et al., 2012; Jones et al., 2013). No study in Nepal has measured maternal confidence comprehensively using this questionnaire. Thus, we translated the Karitane Parenting Confidence Scale (KPCS) into Nepali language to use in our research and future studies in Nepal. Before applying any psychometric tool to different ethnic population settings it should be translated, validated and adapted according to local cultural and social needs. Therefore the aim of this study was to develop a valid and reliable Nepalese version of KPCS. The main purpose of this study was to translate and validate KPCS among postnatal mothers in Nepal and to examine the relationship between KPCS and demographic variables.

To promote the conceptual development of maternal confidence, Bandura's (1977) social cognitive theory and self-efficacy concept may be used. According to Bandura (1977), self-efficacy is one's perceived belief to perform a specific task or behaviour. Self-efficacy perception affects an individual's preferences, efforts and how much they will struggle against obstacles. People who have low self-efficacy think that events are more difficult than they seem to be, look at things with a narrow perspective and have trouble solving problems that they face. Conversely, people with high Self-efficacy are more comfortable and confident when confronted with difficult tasks and events (Bandura, 1998).

Background of Nepal

Nepal is a small landlocked country, with a total area of 14,7181 km², that lies between India and China. It has a population of 30 million people (Index Mundi, 2012) and more than 60 ethnic groups. The people of Nepal are poor, and there are limited communication systems and infrastructure throughout the country, resulting in a lack of access to health care for many people (Shrestha et al., 2013). A comparison of men and women's literacy rates revealed that the literacy rate of women is lower than that of men, being 73.0% for men and 48.3% for women in 2010 (Index Mundi, 2012). The total fertility rate is 2.36 births per woman. In Nepal, early marriage and adolescent pregnancy are common, 74% of women married by age 20. In Nepal, the maternal mortality rate is 170/100,000, neonatal mortality rate is 24/1000 births, and infant mortality rate is 34/1000 birth (United Nations Children's Fund (UNICE), 2012).

Methods

The KPCS (Crncec et al., 2008) was developed primarily for health professionals experienced in working with parent craft and psychosocial issues of early parenthood, including maternal, child and family health nurses, and allied health and medical professionals. It was designed to measure perceived parenting self-efficacy in the parents of children aged 0–12 months. It was developed within the Australian context, in English, and has not been translated into other languages until now. Furthermore, the scale is grounded in self-efficacy theory (Bandura, 1977) and has a three-factor structure: efficacy, support, and child development. Each item on the KPCS is scored 0, 1, 2, or 3, with scores summed to produce a total score. A high score indicates the parent is feeling confident on that item. It contains 15 items with a possible range of scores of 0–45. The rating scale and scoring is simple and user friendly for both client and professional.

Design and participants

This questionnaire was translated, and then the validity and reliability of the KPCS among postnatal mothers were examined. Participants who met the eligibility criteria were recruited from outpatient departments of immunisation and/or postnatal units from maternity and women's hospital located in Kathmandu, Nepal. After further assessing the eligibility of the participants, the researcher explained the study to them. A convenience sample of 126 postnatal mothers was recruited and among them, 100 postnatal mothers participated. Eligible participants were postnatal mothers within 5–6 weeks of childbirth, who had delivered a healthy infant (i.e. full term, appropriate gestational weight \geq 2.5–4 kg, no any birth defect), able to speak and read the Nepali language, and with no history of obstetric, medical, and psychological problems. Mothers were excluded if they had a factor that could significantly interfere with newborn care such as multiple births, complications for infant and/or mother after childbirth.

Outcome measures

Karitane Parenting Confidence Scale (KPCS)

The KPCS is a 15-item self-report questionnaire designed to measure parents' confidence in their parenting abilities, or 'perceived parenting self-efficacy'. The KPCS was developed in an Australian context to use with mothers and fathers of infants aged 0 to 12 months. Its four-point response format is as follows: 0 (no, hardly ever), 1 (no, not very often), 2 (yes, some of the time), and 3 (yes, most of the time). The range of possible scores on the KPCS is 0–45, with higher scores indicating greater perceived parenting self-efficacy. The cut-off score for the KPCS was determined as being 39 or less. The Range Score is as follows: non-clinical range 40 or more; mild clinical range 36–39; moderate clinical range 31–35; and severe clinical range 31 or less. Cronbach's alpha coefficient for the KPCS was 0.81 and test-retest reliability was 0.88 (Crncec et al., 2008).

State-Trait Anxiety Inventory for Adults (STAI-AD)

In this study, the Nepali version of the State-Trait Anxiety Inventory for Adults (STAI-AD) scale; developed by Spielberger et al. (1983), was used to measure anxiety during the postnatal period. The STAI-AD has been translated in more than 30 languages for cross-cultural research and clinical practice. Various reliability and validity tests have been conducted on the STAI-AD and provided sufficient evidence that the STAI-AD is an

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