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Alternate Forms of HIV Prevention Attitude Scales for Teenagers

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A = Agree
B = Slightly agree
C = Neither agree nor disagree
D = Slightly disagree
E = Disagree

Remember: There are no right or wrong responses; only your opinions. Be sure to respond to each and every statement; leave no blanks.

1. AIDS is a serious challenge to the notion of recreational sex.
2. Because of AIDS, everyone has a responsibility to practice healthful sexual behaviors.
3. Condoms offer protection against the spread of AIDS.
4. AIDS cannot be transmitted by heterosexual (male-female) sexual activity.
5. People catch AIDS from their sexual partners.
6. The more sexual partners people have, the greater their chance of acquiring AIDS.
7. AIDS is associated with multiple anonymous sexual contacts.
8. AIDS is transmitted by intimate sexual contact.
9. People can contract AIDS even though they have had sex with only one person.
10. Condoms are a safe shield against AIDS.
11. AIDS is essentially a sexually transmitted disease.
12. People can contract AIDS from sexual contact with a single infected person.
13. Any sexually active people can get AIDS.
14. People get AIDS from sex.
15. People don’t engage in sex very much nowadays because of AIDS.
16. AIDS is transmitted primarily through sexual relations.
17. Proper use of condoms can reduce the risk of catching AIDS.
18. The use of condoms can prevent the spread of AIDS.
19. Heterosexuals who use condoms can lessen their risk for getting AIDS.
20. People who have “one-night stands” will probably catch AIDS.

Alternate Forms of HIV Prevention Attitude Scales for Teenagers

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The lack of valid devices for measuring attitudes toward HIV prevention for adolescents has remained an obstacle to HIV/AIDS education evaluation. Many national authority groups, such as the National Research Council (Coyle, Boruch, & Turner, 1989), have recognized the importance of construction of reliable survey questionnaires in evaluating HIV prevention programs. In addition to knowledge and behavioral outcomes, it is imperative to determine attitude status and how it changes in health education settings.

Research indicates that attitudes are best described as multidimensional, having the three components of cognitive (belief), affective (feeling), and conative (intention to act; Ajzen & Fishbein, 1980; Kothandapani, 1971; Ostrom, 1969). This model has been successfully applied in measurement of attitudes toward alcohol among teenagers (Torabi & Veenker, 1986), prevention of cancer for college students (Torabi & Seffrin, 1986), and sexually transmitted diseases (Yarber, Torabi, & Veenker, 1989).

In testing situations, especially for test-retest design, there is a need for parallel, equivalent, or alternate forms of tests. Tests are considered to be parallel whenever their information functions are identical (Timminga, 1990).
For most of educational evaluation using pretest/posttest design, the use of alternate forms is preferred over single forms. Our purpose was to develop alternate, attitude-scale forms, using the three-component model, to measure adolescents’ attitudes toward HIV and prevention of HIV infection.

Description

A large pool of Likert-type items was generated, guided by a table of specifications using a three-component attitude theory and conceptual areas related to HIV and HIV prevention. A preliminary scale with 50 items was prepared and reviewed by a jury of experts. The jurors provided feedback regarding clarity and content validity. Following revision, the preliminary scale was administered to 210 Midwestern high school students. After extensive item analyses, two comparable forms with 15 maximally discriminatory items were identified. These alternate forms were simultaneously administered to a representative sample of 600 teenagers in a Midwestern high school. Data were subjected to various techniques of item analysis, factor analysis, and reliability estimation.

The item analysis results provided strong evidence of internal consistency and comparability. The item correlation coefficients were positive and statistically significant for both forms. Additionally, the normative data regarding means, the standard deviations of item scores, and the total scale scores for the two forms were comparable.

Response Mode and Timing

Respondents indicate whether they strongly agree, agree, undecided, disagree, or strongly disagree to each statement. It takes about 10 minutes to complete the scale.

Scoring

The minimum and maximum possible points for each form are 15 and 75 points, with higher scores indicating more positive attitudes toward HIV and HIV prevention.

Scoring for Form A. For Items 7, 8, 11, 13, 15, strongly agree = 5 points, agree = 4, undecided = 3; disagree = 2, strongly disagree = 1. For the remaining items, strongly agree = 1, agree = 2, undecided = 3, disagree = 4, strongly disagree = 5.

Scoring for Form B. For Items 1, 3, 8, 9, 10, 11, 12, 13, 14, 15, strongly agree = 5, agree = 4, undecided = 3, disagree = 2, strongly disagree = 1. For the remaining items, strongly agree = 1, agree = 2, undecided = 3, disagree = 4, strongly disagree = 5.

Reliability

Alternate reliability across the form was .82. The alpha reliability for Forms A and B was .78 and .77, and split-half method was .76 and .69 (Torabi, & Yarber, 1992).

Validity

Evidence of content validity was provided by using a jury of experts, table of specifications, and factor analysis procedures. The factor analyses of both forms identified reasonably comparable factor structures for each form, indicating further evidence of content validity and comparability. It would have been ideal to provide evidence of criterion-related validity by surveying actual behaviors or practices. However, due to serious resistance to assessing minors’ sexual and injecting drug behaviors, no such data were obtained.

Because the evidence of validity and reliability of the alternate forms were obtained from a sample of predominantly White, in-school student, the forms may not be very appropriate for minority or out-of-school youth.

Other Information

The scales may be utilized for needs assessment and evaluation of HIV/AIDS education measuring teenagers’ attitudes toward prevention of HIV infection. The alternate forms are probably more suitable to pretest/posttest HIV education evaluation design.

References


Exhibit

Alternate Forms of HIV Prevention Attitude Scales for Teenagers

Form A
Directions: Please read each statement carefully. Record your immediate reaction to the statement by blackening the proper oval on the answer sheet. There is no right or wrong answer for each statement, so mark your own response. Use the below key:

KEY:  
A = Strongly agree  
B = Agree  
C = Undecided  
D = Disagree  
E = Strongly disagree

Example: Doing something to prevent getting HIV is the responsibility of each person.

1. I would feel very uncomfortable being around someone with HIV.  
2. I feel that HIV is a punishment for immoral behavior.  
3. If I were having sex, it would be insulting if my partner insisted we use a condom.  
4. I dislike the idea of limiting sex to just one partner to avoid HIV infection.  
5. I would dislike asking a possible sex partner to get the HIV antibody test.  
6. It would be dangerous to permit a student with HIV to attend school.  
7. It is easy to use the prevention methods that reduce one's chance of getting HIV.  
8. It is important to talk to a sex partner about HIV prevention before having sex.  
9. I believe that sharing IV drug needles has nothing to do with HIV.  
10. HIV education in schools is a waste of time.  
11. I would be supportive of a person with HIV.  
12. Even if a sex partner insisted, I would not use a condom.  
13. I intend to talk about HIV prevention with a partner if we were to have sex.  
14. I intend not to use drugs so I can avoid HIV.  
15. I will use condoms when having sex if I'm not sure if my partner has HIV.

Form B
Directions: Please read each statement carefully. Record your immediate reaction to the statement by blackening the proper oval on the answer sheet. There is no right or wrong answer for each statement, so mark your own response. Use the below key:

KEY:  
A = Strongly agree  
B = Agree  
C = Undecided  
D = Disagree  
E = Strongly disagree

Example: Doing something to prevent getting HIV is the responsibility of each person.

1. I am certain that I could be supportive of a friend with HIV.  
2. I feel that people with HIV got what they deserve.  
3. I am comfortable with the idea of using condoms for sex.  
4. I would dislike the idea of limiting sex to just one partner to avoid HIV infection.  
5. It would be embarrassing to get the HIV antibody test.  
6. It is meant for some people to get HIV.  
7. Using condoms to avoid HIV is too much trouble.  
8. I believe that AIDS is a preventable disease.  
9. The chance of getting HIV makes using IV drugs stupid.  
10. People can influence their friends to practice safe behavior.  
11. I would shake hands with a person having HIV.  
12. I will avoid sex if there is a slight chance that the partner might have HIV.  
13. If I were to have sex I would insist that a condom be used.  
14. If I used IV drugs, I would not share the needles.  
15. I intend to share HIV facts with my friends.