



Developing a Scale for Attitude towards HIV/AIDS

Education

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ABSTRACT

The purpose of this study was to develop a valid and reliable attitude scale which measures the attitude of adolescents towards HIV/AIDS. The criteria for writing statements as suggested by Wang (1932), Thurstone and Chave (1929), Likert (1932), Bird (1940) and Edward & Kilpatrick (1948) was used. The first draft of test containing 62 items was administered on a sample of 262 students (+1 & +2 class) selected from both government and private senior secondary schools. The 't' was computed as recommended by Edwards (1957). Thurston (1961) suggested that 't' value equal to or greater than 1.75 may be considered significant. So, the top 36 statements with the largest 't' values (greater than 1.75) was retained as final draft of the scale. The correlation between the scores of the two halves of the attitude scale was computed by product-moment method. The reliability of scale was 0.90 and content validity of the attitude scale was determined while considering the items in the scale in preliminary draft and getting the language of each item checked by language expert.

KEYWORDS:

Attitude Scale, Validity, Reliability, Item analysis & Experience.

Introduction

Attitudes are a way of responding either favourably or unfavourably to objects, persons, concepts etc. They are evaluative statements. They reflect how one feels about something. Attitudes are related to behaviour. It is a one-dimensional variable i.e. positive or negative. It is something inside a person. Attitudes in a person could be observed in three ways: direct experience with the person or situation; association with other similar persons or situations; learning from others and their association with the person or situation. Direct experience is the concrete experience stage of learning whereas association is similar to abstract conceptualization and generalization. Learning from others is like reflection and observation. Attitudes evolve out of perception and learning process. One is not born with attitudes but acquires them through life experiences. Attitude Scale is a set statements rating psychological objects and these statements are selected on a psychological continuum from least to the most favourable. These statements are then presented in some random order to individual with instruction to indicate whether they agree or disagree with each one. It is assumed that these agree and disagree responses are a function of degree of affect associated with the psychological object, by the subject. An attitude scale, to measure the attitude of adolescents towards HIV/AIDS was developed and standardized by using the Likert's (1932) Method. The procedure adopted in the development of attitude scale is as under.

Development Process of Attitude Scale

Selection of Statements for Preliminary Draft: The criteria for writing statements suggested by Wang (1932), Thurstone and Chave (1929), Likert (1932), Bird (1940) and Edward and Kilpatrick (1948) was used. According to this criterion, 80 items were constructed for preliminary draft of the scale. The statements were discussed with the AIDS Counselors working in this area, Doctors working in VCTC Centers of Government as well as private Hospitals for their valuable suggestions. After final approval of the different experts, the preliminary draft of scale was developed by arranging the items in random order. After this exercise 62 items were retained for the first draft. Every item was rated on five-point scale as suggested by Likert i.e. Strongly Agree (SA), Agree (A), Uncertain (U), Disagree (DA), Strongly Disagree (SDA). Each of the five points were given numerical values ranging from 1 to 5 all positive statements were to be evaluated in such a way that strongly agree carried the value of 5 and strongly disagree the value of 1 and three points has proportionate value i.e. 4, 3, and 2. The process is reversed in case of negative items. The total score on the scale for each respondent was obtained by adding the scores of individual items in the scale. The first draft of test containing 62 items was then administered on a sample of 262 adolescents selected from Government and Private Senior Secondary Schools. After scoring the test booklets were arranged in descending order of score for item analysis.

Item Analysis: After scoring the responses of 262 adolescents, the answer-books were arranged in order by keeping highest scores at the top and lowest at the bottom. Then adolescents with 25 percent top and

25 percent bottom scores were taken for item analysis. The middle answer-books were weeded out and not taken for future analysis. Then 't'-ratio for the difference in the mean of high and low groups was computed for each statement. The 't' was computed by the formula recommended by Edwards (1957). The 't' value for all 62 statements were computed and arranged in descending order. Thurston (1961) suggested that 't' value equal to or greater than 1.75 may be considered significant. So only those items having 't' values equal to or greater than 1.75 were selected for the final draft. After arranging the statements in descending order according to their 't' values the investigators selected 36 top statements with the largest 't' values. The 36 selected statements were put in the final draft of the scale as

Annexure-I Reliability and Validity of the Attitude Scale: The reliability of the attitude scale was obtained by split half method. The correlation between the scores of the two halves of the attitude scale was computed by product-moment method. The coefficient of correlation came out to be 0.82. This gives the reliability of the half scale. The reliability of full scale was computed with the help of Spearman-Brown Prophecy formula. The reliability co-efficient of full scale came out to be 0.90 which is considered to be quite satisfactory. The content validity of the attitude scale was determined while considering the items in the scale in preliminary draft and getting the language of each item checked by language expert. For the selection of items for the final draft the item analysis was performed on the extreme groups. Thus 36 items selected for the final draft were those, which differentiate between high and low scoring groups. The differentiation was taken as evidence for the validity of the scale.

Annexure-I Attitude Scale to Assess the Attitude towards HIV/AIDS (Final Draft)

Name: Class:.....
Sex: Male/Female Location of School:
Rural/Urban
Type of Management of the School: Govt./Private
Type of School: Residential/Non-Residential
Medium of Instruction: Hindi/English
Parents/Guardian's Annual Income

Instructions

There are 36 items in this attitude scale on HIV/AIDS. Read each statement carefully and then mark your answer in the sheet. Record your first impression, the feeling that comes to your mind, as you read the items. Therefore you are requested to indicate the extent of your agreement with respect to the following statement by putting a tick mark () against each item in the five point rating scale. The data collected from this attitude scale will kept confidential.

SA=Strongly Agree, A=Agree, U= Undecided, D = Disagree, SD= Strongly Disagree

S. N.	ITEMS	SA	A	U	D	SD
1.	I will leave my parents, if I find them HIV positive or having	:SA	A	U	D	SD
2.	I think people with AIDS should be treated at par with normal people.	:SA	A	U	D	SD
3.	Individuals suffering from AIDS or HIV positive should not be allowed to marry.	:SA	A	U	D	SD
4.	If, I worked with a person who had AIDS, I would worry about putting my family and friends at risk of getting the disease.	:SA	A	U	D	SD
5.	I dislike people with AIDS who acquire it from sexual promiscuity	:SA	A	U	D	SD
6.	I feel comfortable while hugging/touching persons who are infected with HIV/AIDS.	:SA	A	U	D	SD
7.	I like to do something to make life easier for person suffering from HIV/AIDS.	:SA	A	U	D	SD
8.	I usually try to escape from a place where I find HIV/AIDS people.	:SA	A	U	D	SD
9.	If I come to know that one of my teachers has affected with HIV/AIDS, then I will leave the school.	:SA	A	U	D	SD
10.	I am least interested in knowing about HIV/AIDS affected people.	:SA	A	U	D	SD
11.	I think, government should provide free medical assistance to the people with HIV/AIDS.	:SA	A	U	D	SD
12.	In general, the media attention on worldwide HIV/AIDS statistics makes me feel restless.	:SA	A	U	D	SD
13.	I am least interested in knowing about AIDS.	:SA	A	U	D	SD
14.	Anxiety about the people having HIV/AIDS will affect my personal relationships at home and out.	:SA	A	U	D	SD
15.	I think, HIV/AIDS affected people should not be stopped to take education and employment.	:SA	A	U	D	SD
16.	I feel worried, when I think about the person infected with HIV/AIDS.	:SA	A	U	D	SD
17.	I feel tense, when I see the deteriorated health condition of AIDS patient.	:SA	A	U	D	SD
18.	The issue of HIV/AIDS affected people is a very stressful experience for me.	:SA	A	U	D	SD
19.	I am worried about getting AIDS virus while interacting with HIV/AIDS affected person.	:SA	A	U	D	SD
20.	The increased chances of being infected with AIDS leaves me feeling disturbed.	:SA	A	U	D	SD
21.	I think people having HIV/AIDS should be treated as criminals.	:SA	A	U	D	SD
22.	People having HIV/AIDS should be fired from their jobs.	:SA	A	U	D	SD
23.	I think, a person having HIV/AIDS should be put behind the bars.	:SA	A	U	D	SD
24.	The spread of HIV/AIDS is causing stress to me.	:SA	A	U	D	SD
25.	I think, there should be a law to prohibit people with HIV/AIDS to visit public places.	:SA	A	U	D	SD
26.	I shall feel highly uncomfortable with my HIV infected classmate.	:SA	A	U	D	SD
27.	I think, HIV/AIDS affected people should come forward to make the society aware about it.	:SA	A	U	D	SD
28.	I think HIV/AIDS affected students should be isolated in special schools.	:SA	A	U	D	SD

29.	I do not like to read any literature/story related to HIV/AIDS affected people.	:SA	A	U	D	SD
30.	I think HIV/AIDS affected babies should be sent to the agency that handle the adoption.	:SA	A	U	D	SD
31.	I think HIV/AIDS affected person should not have the right to have children.	:SA	A	U	D	SD
32.	I would continue to shop at HIV infected grocer's shop.	:SA	A	U	D	SD
33.	I think persons with HIV/AIDS should not be left to live freely in the community.	:SA	A	U	D	SD
34.	I think an HIV/AIDS affected teacher should not allowed continuing teaching.	:SA	A	U	D	SD
35.	I would hesitate to involve myself in school programmes concern with HIV/AIDS affected people.	:SA	A	U	D	SD
36.	I will accept any job concerning caring for HIV/AIDS patient.	:SA	A	U	D	SD

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