

A SCALE DEVELOPMENT STUDY TO DETERMINE COUPLES' ATTITUDES TOWARDS THE WITHDRAWAL METHOD OF FAMILY PLANNING¹

ÇİFTLERİN GERİ ÇEKME YÖNTEMİNE İLİŞKİN TUTUMLARININ BELİRLENMESİNE YÖNELİK ÖLÇEK GELİŞTİRME ÇALIŞMASI

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Öz: Geri çekme yöntemi bir çok toplumda doğurganlığı kontrol etmek için çiftler tarafından bilinen ve kullanılan en eski aile planlaması yöntemidir. Veriler, veri toplama formu aracılığı ile 198 çifte (396 kişi) uygulanarak toplanmıştır. Geri Çekme Yöntemi Tutum Ölçeği, 36 madde ve beş alt boyuttan (i-güvenilirlik, ii-cinsel eylemin niteliği, iii-kullanılabilirlik, iv-sağlığa etkisi ve v-dini ve sosyal etkenler) oluşmaktadır. Ölçeğin tüm maddeleri arasında istatistiksel olarak anlamlı fark olduğu belirlenmiştir ($p<0.01$). Ölçeğin, Kaiser Meyer Olkin (KMO) değerinin 0,875 olduğu, ölçeğin beş alt boyutunun, ölçeği açıklama oranı toplam %46.079 ve Cronbach Alfa Güvenilirlik Katsayısı 36 madde için "0.86" olarak bulunmuştur. Faktör analizi sonuçları, tutum ölçeğinin yararlı ve kullanılabilir, faktör yapısının güçlü olduğunu göstermektedir. Aynı zamanda bu ölçek, çiftlerin geri çekme yöntemine ilişkin tutumlarını belirlemede istenen düzeyde geçerli ve güvenilir bir ölçme aracıdır.

Anahtar Sözcükler: Ölçek Geliştirilmesi, Geri Çekme Yöntemi, Aile Planlaması, Çiftler, Tutum

Abstract: The oldest and most widely-known and used family planning strategy in many societies is the withdrawal method of contraception. Data was collected using a questionnaire filled out by 198 couples (396 individuals). The Attitude Scale for Withdrawal Method consists of 36 items and five sub dimensions (i- reliability; ii- the nature of the sexual activity; iii-usability; iv- effect on the health and v- religious or social influences). A meaningful difference in statistical terms among all items of the scale was determined ($p<0,01$). For instance, where the Kaiser Meyer Olkin (KMO) value was 0.875 and the Cronbach Alfa Reliability Coefficient was found as "0.86" for 36 items. The results of factor analysis indicate that the scale is beneficial and usable and its factor structure is strong. At the same time, this scale is a valid and reliable measurement tool for determining the attitudes of couples towards the withdrawal method.

Key Words: Scale Development, Withdrawal Method, Family Planning, Couples, Attitude

Doi: 10.17363/SSTB.20161816494

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SSTB

www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

January / February / March Winter Term Issue: 18 Year: 2016

GEL CODE: I1-I12-I19 ID:275 K:362

ISSN Print: 2146-8508 Online 2147-1711

(ISO 9001-2008 Document No: 12879 & ISO 14001-2004 Document No: 12880)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

INTRODUCTION

The United Nations reported that the most widely used family planning method among couples was withdrawal with a rate of 3.1%. The withdrawal method of contraception is especially high in the countries of West Asia (14.5%) and South Europe (14.4%) (World Contraceptive Use 2011). Couples in Turkey use this method at a higher rate of 26.2%. According to the data of the TNSA (Turkish Population and Health Research), 67% of married women in Turkey do not want another child. The same study revealed that 22% of married women had deliberately caused a miscarriage during their period of fertility (Turkey Demographic and Health Survey 2008).

The studies demonstrated that the last method used before deliberate miscarriage by nearly 40% of the women was the withdrawal method 39% (Kitapçioğlu and Yanikkerem 2008: 87-92), 38% (Finger 1996: 15-6, 24). Study results also found that one of three women 32.3% (Goldberg and Toros 1994: 122-8), 31% (Kitapçioğlu and Yanikkerem 2008: 87-92), did not use any family planning after the miscarriage, and about one of four women 21.7% (Turkey Demographic and Health Survey 2008), 26% (Goldberg and Toros 1994: 122-8) continued to use the withdrawal method.

In recent years, although women have been encouraged to use more modern methods of birth control, couples continue to use the withdrawal method. This accounts for an increase in the number of studies which suggest providing withdrawal method information in family planning programs and supporting couples in the correct use of this method (Ergöçmen et al. 2004: 221-224; Ortaylı et al. 2005: 164-173). Some studies have indicated that couples using the withdrawal method believe that the method is effective and has several other positive aspects. For example, couples find it natural, harmless, in accordance with Islamic beliefs and practices, and they also believe it prevents undesired pregnancies. In addition, couples emphasized the negative aspects of modern methods which they believe are detrimental to health and do not provide effective protection (Cebeci et al. 2004:94-101).

The opinions, feelings and beliefs of both users and health personnel about the use of the withdrawal method directly affect whether they adopt positive or negative attitudes towards this contraceptive method (Ergöçmen et al. 1998; Yılmaz 2001). The current literature on this topic emphasizes that societal values, beliefs and attitudes regarding family planning influence the method used by the individuals (Sable and Libbus 1998: 262-275; Family Planning and Unwanted Pregnancies



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International Refereed Academic Journal of Sports, Health and Medical Sciences

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(ISO 9001-2008 Document No: 12879 & ISO 14001-2004 Document No: 12880)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

2009). Therefore the attitude scale for the withdrawal method will give health professionals or particularly nurses and midwives, a better understanding of the individuals they serve. It will also be beneficial in planning needed services and in assessing the presentation and results. The objective is to be able to provide family planning services which offer couples up-to-date information and support.

The Study Aim: To develop a valid and reliable measurement tool for determining the attitudes of couples towards the withdrawal method.

Development of the Withdrawal Method Attitude Scale

In order to identify the attitudes of couples towards the withdrawal method (WMAS), the literature on this topic was first researched and the items thought to express attitudes towards the use of the withdrawal method were determined. At that point a semi-structured interview form was prepared for the couples using the withdrawal method. The form was then tested on 25 couples (50 individuals) who practice the withdrawal method of family planning. In the interview form, the items which were believed to convey an “expression of attitude” were added to the item pool.

The expressions included in the item pool which concerned attitudes towards the use of the withdrawal method were then referred

to experts in the fields of Obstetrics and Maternal Health Nursing, Measurement and Assessment and Turkish Language. The experts assessed these expressions for appropriateness for the use of the withdrawal method, expression of attitude, fitness for purpose, and Turkish language grammar rules. These expert assessments resulted in the addition of 52 items to the withdrawal method scale. The items on attitudes of couples towards the withdrawal method were then resent to a team of nine experts which included one each in the departments of Public Health Nursing, School of Medicine Public Health, Social Services, Measurement and Assessment, and one Turkish Language and four Obstetrics and Maternal Health Nursing experts. The experts indicated their opinions for each item as “totally appropriate”, “correction is necessary” or “not appropriate.” The experts’ input contributed greatly to improving the structural validity of scale. Consequently, five items were added to the 52-item scale, and the scale with 57 items was used in the validity and reliability study. The 36-item scale was developed as a result of the validity and reliability analyses.

Attitude Scale for Withdrawal Method

The scale developed for determining couples’ attitudes towards the withdrawal method is a “5 point Likert scale.” This scale assigns a value for the sentences reflecting a couple’s



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International Refereed Academic Journal of Sports, Health and Medical Sciences

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(ISO 9001-2008 Document No: 12879 & ISO 14001-2004 Document No: 12880)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

positive attitude as “5” if the couples totally agree, as “4” if the couples agree, as “3” if they are indecisive, as “2” if they don’t agree and finally as “1” if they absolutely don’t agree. Scoring for the sentences reflecting a couple’s negative attitude, in contrast to the aforementioned scoring, gave “1” point for couples’ total agreement, “2” points, if they agree, “3” points, if they are indecisive, “4” points, if they don’t agree, and “5” points if they absolutely don’t agree (Tezbaşaran 1997).

METHOD

The research sample consisted of 198 couples (396 individuals) who were using the withdrawal method of family planning. They ranged in age from 15 to 49.

Selection and Training of Interviewers

The research data was compiled by the researchers and interviewers. The interviewers were selected from students of the third and fourth classes of various health departments at the university of the selected province (4 female and 5 male students), and they were trained using the interviewer’s hand book developed by the researchers. The hand book provided basic information about family planning, aim of the research, characteristics of the survey, and explanations of the scale items.

Application of the Research

The survey form and the scale were applied to 198 couples (396 individuals) living in a northeastern Turkish province and using the withdrawal method as a means of contraception. Researchers collected the data between May 21, 2011 and July 15, 2011. Couples were selected by a simple random sampling method and researchers telephoned them to determine an interview date. During the home visits, female participants were interviewed by females, and male participants were interviewed by males. This process was carried out in different rooms at the same time. The gathering of the data lasted about 45-60 minutes.

Data Analysis

To determine the inherent consistency of the scale, the Pearson Moments Multiplying Correlation Coefficient was used. A substance analysis was conducted based on the differences of sub-super group averages. This was done to determine the extent of the contribution to the assessment instrument and the relationship to it. Varimax factor analysis was used to determine the compliance of the scale’s structural validity.

In order to test whether or not the results of factor analysis are beneficial and usable and whether or not they are convenient for implementing factor analysis of data, the Kaiser



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Meyer Olkin (KMO) and Barlett Sphericity tests were applied. The variance explanation rates of the WMAS and the five sub dimensions were analyzed. The “Scree Test Graphic” was created to see the distribution of items of scale in terms of their full meaning. In order to determine whether or not the 36-tem scale was divided into independent and meaningful factors, the basic components converted according to principal axis analysis was applied. Since the WMAS would be a Likert-type rating scale, the Cronbach Alfa Reliability Coefficient (Cr μ) was used to calculate its reliability.

Ethical Considerations: Written permission was obtained from the departments where the research was conducted and from the Hacettepe University Board of Ethics.

RESULTS

Demographic Features

The average age of women in our study was 32.60 (SD=7.499), and the average age of the men was 36.68

(SD=7.759). Thirty-five percent of the women and 42.4% of the men had received a high school education.

Table 1. İtem-Total Test Correlations Of The Scale

n=396

İtem No	r	p
“The Withdrawal Method;...”		
A. Reliability		
İ1. Absolutely prevents pregnancy.	0,4	0,000**
İ4. Prevents unintended pregnancy	0,47	0,000**
İ5. Ineffective in contraception.	0,42	0,000**
İ9. Does not have an adverse effect when compared to the other contraceptive methods (pill, intra uterine device, condom, etc...).	0,4	0,000**
İ12. Is more effective than the other contraceptive methods (pill, intra uterine device / wireless / antenna, condom / preservative, etc...).	0,44	0,000**
B. The Nature Of The Sexual Activity		
İ11. Prevents the active participation of women in the sexual intercourse.	0,38	0,000**
İ13. Interrupts the sexual intercourse.	0,3	0,000**



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İ17.Results in sexual frigidity.	0,5	0,000**
İ19. Results in stress in sexual intercourse.	0,4	0,000**
İ22.Lowers my sexual desire.	0,44	0,000**
İ24.Results in nervousness after the sexual intercourse.	0,35	0,000**
İ25.Results in sexual a incompatibility between spouses.	0,5	0,000**
İ28Lowers the interest in sexual life.	0,35	0,000**
İ31.Shortens the duration of sexual intercourse.	0,39	0,000**
İ32.Its use is irritative for the spouses.	0,51	0,000**
İ35.Prevents the enjoyment sexual intercourse.	0,45	0,000**
C. Usability		
İ2. Is easy to use when compared to the other contraceptive methods (pill, intra uterine device / wireless / antenna, condom / preservative, etc...).	0,42	0,000**
İ7.Involves experience for a successful application.	0,35	0,000**
İ10.Is at no cost.	0,32	0,000**
İ14.Is used by experienced men.	0,21	0,000**
İ21.Is used by men who have self-control.	0,5	0,000**
İ23.Increases the trust between spouses.	0,52	0,000**
İ26.Is easy to use.	0,37	0,000**
İ29.Develops the communication between spouses.	0,45	0,000**
İ30.Is used by men who know the women's value.	0,46	0,000**
İ36.Satisfy the spouses who use it.	0,62	0,000**
D.Religious or Social Influences		
İ18.Is a shame to use.	0,28	0,000**
İ15.Indicates that women are not valued.	0,36	0,000**
İ16.Required vaginal flushing.	0,21	0,000**
İ27.Is wrong in religious terms.	0,28	0,000**
İ33.Its use is disgusting.	0,51	0,000**
E. Effect on the Health		
İ13.Results in pain in men's legs.	0,25	0,000**
İ6.Results in infertility.	0,21	0,000**



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İ18.Results in pain in men’s waist.	0,28	0,000**
İ20.Disorders the mental health.	0,54	0,000**
İ34.Disorders the health of men who use it.	0,39	0,000**

*: $p < 0,05$, **: $p < 0,01$

Validity of Withdrawal Method Attitude Scale

In order to test the structural validity of the WMAS scale, item analysis and Varimax factor analysis were applied. For the item analysis the Pearson Moments Multiplying Correlation Coefficient and item-total score correlations were calculated. When the item-total score correlations of the scale were investigated, the correlation coefficients were between ($r = 0.21-0.62$), which were considered statistically meaningful ($p < 0.01$, Table 1). As a result of such analysis, the three items were

removed from the scale, since their total test correlation was less than 0.20. Thus the number of items decreased to 54.

The analysis of unconverted basic components and basic components divided by principal axis was used to calculate the factor loads for each or the items were decided to remove eighteen items from the scale which these items were inconsistent in terms of the scope validity, and they do not fall into any dimension After the factor analysis and deletion of the aforementioned items, the scale had 36 items. The results are shown in Table 1.



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Table 2. "t" and "p" Values For Comparing Results Of The Upper And Lower Groups Constituting 27% Of The Scale

n=396

Item No	r	p
"The Withdrawal Method;..."		
A. Reliability		
İ1. Absolutely prevents pregnancy.	7,08	0,000**
İ4. Prevents unintended pregnancy	9,396	0,000**
İ5. Ineffective in contraception.	9,147	0,000**
İ9. Does not have an adverse effect when compared to the other contraceptive methods (pill, intra uterine device, condom, etc...).	7,986	0,000**
İ12. Is more effective than the other contraceptive methods (pill, intra uterine device / wireless / antenna, condom / preservative, etc...).	8,812	0,000**
B. The Nature Of The Sexual Activity		
İ11. Prevents the active participation of women in the sexual intercourse.	6,278	0,000**
İ13. Interrupts the sexual intercourse.	3,783	0,000**
İ17. Results in sexual frigidity.	9,492	0,000**
İ19. Results in stress in sexual intercourse.	6,846	0,000**
İ22. Lowers my sexual desire.	8,438	0,000**
İ24. Results in nervousness after the sexual intercourse.	5,807	0,000**
İ25. Results in sexual a incompatibility between spouses.	9,099	0,000**
İ28. Lowers the interest in sexual life.	6,61	0,000**
İ31. Shortens the duration of sexual intercourse.	7,495	0,000**
İ32. Its use is irritative for the spouses.	11,661	0,000**
İ35. Prevents the enjoyment sexual intercourse.	8,591	0,000**
C. Usability		
İ2. Is easy to use when compared to the other contraceptive methods (pill, intra uterine device / wireless / antenna, condom / preservative, etc...).	6,068	0,000**
İ7. Involves experience for a successful application.	7,909	0,000**



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(ISO 9001-2008 Document No: 12879 & ISO 14001-2004 Document No: 12880)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

İ10.Is at no cost.	6,513	0,000**
İ14.Is used by experienced men.	4,467	0,000**
İ21.Is used by men who have self-control.	10,139	0,000**
İ23.Increases the trust between spouses.	10,537	0,000**
İ26.Is easy to use.	5,707	0,000**
İ29.Develops the communication between spouses.	8,424	0,000**
İ30.Is used by men who know the women's value.	9,352	0,000**
İ36.Satisfy the spouses who use it.	12,289	0,000**
D.Religious or Social Influences		
İ18.Is a shame to use.	5,71	0,000**
İ15.Indicates that women are not valued.	4,649	0,000**
İ16.Required vaginal flushing.	6,133	0,000**
İ27.Is wrong in religious terms.	5,299	0,000**
İ33.Its use is disgusting.	11,771	0,000**
E. Effect on the Health		
İ13.Results in pain in men's legs.	4,293	0,000**
İ6.Results in infertility.	3,013	0,003**
İ18.Results in pain in men's waist.	5,112	0,000**
İ20.Disorders the mental health.	12,177	0,000**
İ34.Disorders the health of men who use it.	8,301	0,000**

*: $p < 0,05$, **: $p < 0,01$

During the second stage of the item analyses, the items were analysed based on the averages of the lower-upper group. According to the

results of these analyses, the 'p' values calculated for the lower and upper groups of 27% were found to be associated on a meaningful level ($p < 0.01$, Table 2).



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International Refereed Academic Journal of Sports, Health and Medical Sciences

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**Table 3. Factor Loadings And Distribution Of The 36 İtems According To Sub Dimen-
sions Constituting Withdrawing Method Attitude Scale For Couples n=396**

	İtem No	Attitudes Relatet To Nature Of The Sexual Activity	Attitudes Related To Usability	Attitudes Toward The Reliability	Attitudes Relatet To Effect On The Health	Attitudes Dependent To Religious or Social İnfluences
		F1	F2	F3	F4	F5
Attitudes Toward The Reliability	İ1			0,743		
	İ4			0,768		
	İ5			0,64		
	İ9			0,444		
	İ12			0,603		
Attitudes Relatet To The Nature of The Sexual Activity	İ11	0,464				
	İ13	0,492				
	İ17	0,665				
	İ19	0,597				
	İ22	0,623				
	İ24	0,712				
	İ25	0,719				
	İ26	0,701				
	İ31	0,643				
	İ32	0,506				
İ35	0,568					
Attitudes Related To Usability	İ2		0,472			
	İ7		0,652			
	İ10		0,609			
	İ14		0,567			
	İ21		0,635			
	İ23		0,567			
	İ26		0,609			
	İ29		0,429			
	İ30		0,573			
İ36		0,389				



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Attitudes Relatet To Religious or Social Influences	İ8					0,581
	İ15					0,577
	İ16					0,558
	İ27					0,423
	İ33					0,546
Attitudes Relatet To Effect on the Health	İ3				0,576	
	İ6				0,511	
	İ18				0,504	
	İ20				0,511	
	İ34				0,386	

The factor load of all items other than the one item was above “0.30”. However, it was decided to remove the items from the scale including one item and other seventeen item these were inconsistent in terms of the scope validity, and they do not fall into any dimen-

sion. The scale removed totally eighteen items. After the factor analysis and deletion of the aforementioned items, the scale had 36 items. It was determined that the factor loads of items varied between “0.386 and 0.768” (Table 3).

Table 4. The Results of Testes KMO and Bartlett

		n=396
Kasiyer Meyer Olkin (KMO)		0,875
	X ²	4696,209
Bartlett Sphericity Test		
	Sd	630
	P	0,000*

Nevertheless, as a result of the Withdrawal Method Attitude Scale and Barlett Sphericity test, meaningfully high correlations between the variances were found and the data were appropriate for applying factor analysis. (X²:4696,209, Sd:630 P<0,05). This means that there are high correlations between the

variances and the data derived from multiple normal distribution. Apart from this, the Kasier Meyer Olkin (KMO) value was found to be 0.875 (Table 4). Furthermore, the variance explanation rate of five sub dimensions of the scale was 46.079%.



Table 5. Cronbach’s Alpha Reliability Coefficients For The Sub Dimensions Of Withdrawing Method Attitude Scale For Couples

n=396

Sub Dimension	Total Number of Item	N	Cronbach Alfa	Level Of Reliability
1. Reliability	5	396	0,73	Quite Reliable
2. The Nature of The Sexual Activity	11	396	0,88	Highly Reliable
3. Usability	10	396	0,82	Highly Reliable
4. Effect on The Health	5	396	0,65	Quite Reliable
5. Religious or Social Influences	5	396	0,60	Quite Reliable

The WMAS scale consists of 36 items and five sub dimensions. The sub dimension of “Attitudes Towards Reliability” consists of 5 items; the sub dimension of “Attitudes Towards Naturel of the Sexual Activity” consists of 11 items; the sub dimension of “Attitudes Towards Usability” consists of 10 items, the sub dimension of “Attitudes Towards Effect on the Health” consists of 5 items, and the sub dimension of “Attitudes Towards Religious or Social Effect” consists of 5 items (Table 5).

Reliability of Withdrawal Method Attitude Scale

The reliability of the scale was measured with the reliability coefficient of Cronbach α . The

Cronbach c reliability coefficient of the scale was found to be 0.86 for 36 items. When the sub dimensions were evaluated in terms of the inherent consistency analyses, it was found that the sub dimension of “Attitudes Towards Reliability” was highly reliable ($\alpha =0.73$), the sub dimension of “Attitudes Towards The Nature of the Sexual Activity” was highly reliable ($\alpha =0.82$), the sub dimension of “Attitudes Toward Effect on the Health” was quite reliable ($\alpha =0.65$), and the sub dimension of “Attitudes Towards Religious or Social Effect” was quite reliable ($\alpha =0.60$). The average of total scores obtained from all items of the scale was 194.12 (minimum 134 and maximum 265), while the standard deviation was 22.60. All items were found to



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have a statistically meaningful correlation (Table 5).

DISCUSSION and CONCLUSION

Validity of Withdrawal Method Attitude Scale

As a result of such analysis, the three items were removed from the scale, since their total test correlation was less than 0.20. Other items were high correlations with the scale scores (Table 1). The meaningful correlation coefficients among the scale items are regarded as indicator or consistency. The fact that the items' total test correlation coefficient was positive and high demonstrates that the related item is highly appropriate for the measures structure and that the inherent consistency of the scale is also high. On the other hand, an item's negative total correlation coefficient requires it to be removed from the scale, as it disrupts the summability feature of the scale (Tavşancıl 2006; Streiner and Norman 2003). An item's total correlation coefficient remaining below "0.20" indicates that it should be removed from the scale (Tavşancıl 2006; Nahcıvan 1993). For this application most of the researchers used the "0.20" sub level as the correlation coefficient (Eryılmaz 1999: 114-18; Alpar 2003).

It is recommended to conduct/use item analysis based on the differences of the lower-upper group average to determine the extent to

which the scale items contribute to the measurement tool and also their correlations with the measurement tool (Alpar 2003; Büyüköztürk 2004). In terms of the items being distinguishable, it is desired that the difference between these groups are statistically significant and that the t value is not with (-) mark (Büyüköztürk 2004). In our study, the calculated "t" and "p" values were used as "selectivity power coefficient" for scale items. Based on the results of this analysis, it was decided not to take out any item which was included in the scale (Table 2).

The factor analysis method is the procedure whereby the items measuring the same factor in the scale are brought together to constitute the sub dimensions of the scale. As a result of the analyses conducted, the items whose factor load remain below "0.30" had to be removed from the scale (Büyüköztürk 2004; Özdamar 2004; Field 2005). In order to determine the appropriateness of the responses given by couples to the items of scale with the structural validity of the scale, the Varimax factor analysis was applied. The analysis of unconverted basic components and basic components divided by principal axis was used to calculate the factor loads for each or the items were decided to remove total eighteen item. According to, for remain below 0,30 factor load of one item of the scale which other seventeen items were inconsis-



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International Refereed Academic Journal of Sports, Health and Medical Sciences
January / February / March Winter Term Issue: 18 Year: 2016
GEL CODE: I1-I12-I19 ID:275 K:362
ISSN Print: 2146-8508 Online 2147-1711
(ISO 9001-2008 Document No: 12879 & ISO 14001-2004 Document No: 12880)
(TRADEMARK)
(2015/04315- 2015-GE-18972)

tent in terms of the scope validity, and they do not fall into any dimension After the factor analysis and deletion of the aforementioned items, the scale had 36 items (Table 3). This reveals that the structure validity of the Withdrawal Method Scale is appropriate. Results of this analysis showed that the factor loads of items ranged between “0.386 and 0.768”, and that the scale consisted of five sub dimensions.

To determine the sufficiency of data obtained from the sample, the Kasier Meyer Olkin (KMO) test was conducted (Field 2005; Nakip 2003). According to the KMO, if the value approaches 1, it is perfect (Field 2005); if the value is lower than 0.50, it is unacceptable; if the value is 0.50, it is weak; if the value is 0.60, it is mediocre; if the value is 0.70, it is good; if the value is 0.80, it is very good; and if the value is 0.90, it is perfect (Field 2005; Altunışık et al. 2005). Indeed, the results of the KMO test (0,875) for this research showed it to be beneficial and usable (Table 4).

The Bartlett test is used to determine whether the data derive from normal distribution with multiple variance. The higher the result of the Barlett test, the higher the possibility of meaningfulness (Field 2005). Analysis results using the Barletti Sphericity test on the Withdrawal Method Attitude Scale show meaningfully high correlations between the

variances. In addition, the data are appropriate for applying factor analysis ($X^2:4696,209$, $Sd:630$ $P<0,05$) (Table 4). This means that there are high correlations between the variances and the data derive from multiple normal distribution.

The higher the variance rates obtained as a result of the analysis, the stronger the factor structure of the scale. In social areas, this level is accepted as sufficient, if it is between 40% and 60% (Field 2005). In sensitive sectors such as medicine and medication, such rates can be as high as 95 percent (Nakip 2003). In our study, the scale explanation rate of five dimensions was found to be a total of 46.079%. This result indicates that the factor structure of the scale is strong.

Reliability of Withdrawal Method Attitude Scale

There are not any scales in Turkey or across the world which have been developed to determine the attitudes of couples towards the withdrawal method. This study is the first one conducted on the subject matter. The Cronbach α value of the WMAS was found to be high (0.86). Cronbach’s α reliability coefficient indicates the internal consistency (homogeneity) of items constituting a scale. Linn and Gronlund (1995) state that the internal consistency coefficient is important in scales which are developed for the purpose of



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International Refereed Academic Journal of Sports, Health and Medical Sciences

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(ISO 9001-2008 Document No: 12879 & ISO 14001-2004 Document No: 12880)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

measuring features such as attitude (Linn and Gronlund 1995). The Cronbach's α coefficient shows that the items constituting the scale are consistent with each other and yield stable measurement (Tezbaşaran 1997; Dempsey and Dempsey 2000). If the Cronbach reliability coefficient is below 0.40, the scale is regarded as "unreliable"; if it is between 0.40 and 0.59, the scale is regarded as "poorly reliable"; if it is between 0.60 and 0.79, the scale is regarded as "reliable"; and finally, if it is between 0.80 and 1.00, it is regarded as "highly reliable" (Tezbaşaran 1997; Streiner and Norman 2003). The scale items have high internal consistency with each other high reliability. Research results indicate that the scale and its sub dimensions are reliable.

As a result this scale is important in that it is the first measurement tool developed on this subject matter, which can give an accurate picture of couples' attitudes toward the withdrawal method. Our study findings suggest that the scale is a valid and reliable measurement tool on the desired level for determining the attitudes of couples towards the withdrawal method, and it can be used with confidence for future studies on this subject matter.

Competing Interests

The authors declare that they have no competing interests.

Funding

This study was funded partly by the Hacettepe University Scientific Research Unit, project support #011D04401001.

Presented at a meeting: Presented at the First global conference on contraception, reproductive and sexual health, Denmark, May, 22 to 25, 2013.

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International Refereed Academic Journal of Sports, Health and Medical Sciences

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(TRADEMARK)

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