

CHAPTER III

METHOD

Participants

Participants will be recruited from local high schools and colleges. Approximately 100 adolescents per grade (9th/10th, 11th/12th, and college freshmen) will be obtained. Participants who are married or over the age of 19 will be excluded from the analyses. The demographic characteristics of the sample are expected to mirror the characteristics of the larger population.

Description of your proposed sample (defining characteristics)

Measures

The following information demographic information will be obtained: Age, birth date, gender, ethnicity, parents' marital status, grade, religion, number of younger and older siblings, fathers' and mothers' occupation (See Appendix A, for complete demographic questionnaire).

The Parent-Peer Orientation Scale (PPO; Floyd & South, 1973) will measure the relative influence of parents and peers. The PPO is a 20-item Likert-type scale which assesses whether the adolescents are more oriented toward their parents or their peers. Responses are rated on a 5-point Likert scale ranging from 1 (*Strongly Agree*) to 5 (*Strongly Disagree*). The 20 items cover three areas of behavior: (1) dress and taste of the respondent, (2) identification and decision making, (3) companionship. Sample items include: "It is more important for me to be popular with my friends than to have my parents' approval", I am more likely to consider the advice of my friends than of my parents before making important decisions", and "I'd rather watch the T.V. shows that

Description of the measure, # of items, response type, sample item(s),

my friends like than the shows my parents like”. Total PPO scores can range from 20 (extreme peer orientation) to 100 (extreme parent orientation).

The PPO has been found to have high internal consistencies ranging from .80 to .87 (Busch, 2000) and high test-retest reliability over a 2 week period (Busch, 200). In terms of construct validity, the PPO has been related to self-esteem (Di Cindio, Flyod, Wilcox & McSeveney, 1983; Floyd & Zimani, 1983), locus of control (Di Cindio & al., 1983) and parenting styles (Floyd & Zimani, 1980).

The Contraceptive Knowledge Questionnaire (CEQ, Reichlet & Werley, 1981) will measure the contraceptive knowledge of participants. The questionnaire consists of 30 statements. Twenty-five questions ask about specific methods of contraception: the pill, IUD, diaphragm, condom, spermicides, withdrawal and rhythm. Five questions pertain to knowledge about reproduction. Originally, the questionnaire contained three questions about abortion. These questions will be omitted in this study because abortion is not considered to be a contraceptive method. Participants were required to respond to each statement by circling *True*, *False* or *Don't Know*. The 3-point scale allows to distinguish between those who are unformed (*Don't Know*) versus misinformed (incorrect response). All correct responses are summed to yield a total contraceptive knowledge score that can range from 0 to 30.

In terms of validity, Reichlet and Werley (1981) found that the questionnaire was related to contraceptive use in a sample of 13 to 19 year olds, and older adolescents were more knowledgeable than younger adolescents and females were more knowledgeable than males.

**Scoring
information
(meaning of
low and high
scores**

**Reliability
and
validity of
assessment**

To measure intelligence the The Henmon-Nelson Test of Mental Ability (Lamke & Nelson, 1973) will be used. This measure is a timed, paper-and pencil measure of general intellectual ability. It is an established measure, most recently standardized in 1973, which yields a single score (for reviews, see Buros, 1965; Jensen, 1980; Thorndike, Cunningham, Thomdike, & Hagen, 1991). This 90-item multiple-choice test includes vocabulary, patterns of number sequences, and analogies and can be administered in less than 20 min. Alpha reliabilities range between .85 and .95 (Thorndike et al., 1991). Henmon-Nelson scores correlate well with other group test assessments of intelligence, with grades and achievement tests, and the IQ score can be used as a basis for estimating WAIS Full Scale IQ scores (Kling, Davis, & Knost, 1978; Sternberg, Conway, Ketron, & Bernstein, 1981; Tborndike et al., 1991).

Procedure

High school principals will be contacted. In accordance to APA ethical guidelines, participants will be explained the nature of the study, the types of questions they will be asked and the time commitment. (See Appendix B for instructions to participants). Parental consent and adolescent assent will be obtained (see Appendix C for consent and assent forms).

Participants will be completing the questionnaires during class time. To insure the confidentiality of responses, participants will be asked to space their chairs far apart so that peers cannot see their responses. Moreover, the order of the scales within the questionnaires will be changed to create different forms. After the demographic questionnaire and the Parent-Peer Orientations Scale, the order of the scales will be counterbalanced in a Latin-square design.

**Reliability
and
validity of
assessment**

**Description
of how you
are going to
conduct the
study,
including
ethics**