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What is This?

Measurement Issues Addressing Social Support With Navajo Women

Patricia G. Higgins
Elisabeth K. Dicharry

Although the concept of social support has received considerable attention in the social and behavioral sciences, few studies have attempted to define and measure social support in Native American people. Social support has been linked to positive health practices, a sense of mastery, and effective coping behaviors (Caplan, 1981; Mercer, May, Ferketich, & DeJoseph, 1986; Muhlenkamp & Sayles, 1986; Pearlin & Schooler, 1978).

Social Support in Navajo Culture as It Relates to Health

The authors became interested in the determinants of positive health practices and their relationship to social support among Native Americans, since the life expectancy for all American Indians has dramatically increased in the past 20 years; currently 37% of the Indian population dies before reaching the age of 45, as compared to 12% of the total U.S. population. The four leading causes of illness and death among people of Indian ethnicity living in the southwestern part of the United States, including the Navajos of New Mexico and Arizona, are sequelae associated with alcohol ingestion, including accidents, cirrhosis, and death by exposure; heart disease; malignant neoplasms; and diabetes mellitus (New Mexico Health and Environment Department, 1981; U.S. Department of Health and Human Services, 1985). Most of this morbidity and mortality is preventable through the practice of positive health behaviors.

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Several instruments measured social support, but few have been used cross-culturally (Brandt & Weinert, 1981; Norbeck, Lindsey, & Carrieri, 1981; Tilden & Stewart, 1985). Differences in systems of social support do exist between ethnic groups; thus instruments construed from the interpersonal domains of one culture may not be valid in another. Measurement tools must be modified within the framework of a given culture if their information is to be useful.

PURPOSE

The purpose of this study was to assess content validity for the widely accepted and used Personal Resources Inventory (PRQ) Part 2 with Native American Women. To accurately measure social support in a Native American population, the authors wanted to identify any measurement issues for the PRQ Part 2 when applied to a sample of Navajo women.

Social Support

Family and other sources of social support influence health practices as a result of the social environment. Supportive social relationships have been linked to positive health practices such as seat belt use, exercise, nutrition, medical and dental care, and screening examinations (Hubbard, Muhlenkamp, & Brown, 1984; Langlie, 1977; Muhlenkamp & Sayles, 1986; Pratt, 1971). Marital status, a form of social support, is linked to health care behaviors, well-being, and a sense of competence (Wandersman, Wandersman, & Kahn, 1980).

The concept of social support as proposed by Kahn and Antonucci (1980) states that adults with a strong supportive relationship are able to cope better with the stresses in their environment. According to Kalish and Knudtson (1976), positive social support provides a sense of mastery, reducing feelings of helplessness. The security that arises from mastery can foster creating, generativity, and risk taking.

Social support is currently used by behavioral and health scientists to define supportive interactions. The link between social support and adjustment to functioning, health outcomes, and well-being has been established (Cassel, 1976; Cobb, 1976; Heller, 1979; Mueller, 1980). Individuals who have social and community ties have a lower mortality rate than those who lack social support.

According to Norbeck (1981), age influences the amount and type of social support required for high level wellness. People differ in the amount of social support they need and in the amount that is available to and used by them. She further reports that there is a need for consensus on the conceptual definitions of social support and its measurements.

Social Support in the Navajo Culture

Social support is not especially defined in the Navajo language; however, to give individual or group support is clearly defined. The Navajo word for support is *bee bininiilzhoozh*; its English translation means "we are supporting him." In Navajo, support is literally translated as "we are lying alongside and parallel to him as a slender object" (Young & Morgan, 1980).

Navajos define themselves not so much as individuals but as members of the family and tribal groupings. The Navajo family includes the nuclear family, extended family, and certain other individuals bound by ties of friendship or community. Certain women may be defined by a community as "aunt" and hold certain roles of respect and responsibility for all members of the community (Kekahbah & Wood, 1980).

A Navajo communicates social identity to a stranger by stating clan affiliations rather than one's given name. Clan membership is grounded in the Navajo concept of birth. Just as an individual is "born of" the mother and "born for" the father, one is "born of" the mother's clan and "born for" the father's clan. All those connected to the individual through birth, a concept which includes both clan affiliation and actual biological ties, are considered relatives (Lamphere, 1977). All members of every Navajo community can be categorized by clan, since members of the same clan and related clans see themselves as related to each other, address each other by kin terms, and do not intermarry.

Other Navajo groups are ceremonial in nature and perform rituals specifically aimed at restoring health, securing food, and insuring survival (Dutton, 1983). These rituals include the Navajo healing ceremonies, squaw dances, puberty rites of passage rituals, peyote meetings, and funerals. The Navajo people believe that the universe functions according to a certain set of rules and if the people learn the rules and live by them, they will be kept safe or be restored to safety. Chisholm (1983) reported that one of these rules may be that of silence, with the establishment of a social relationship considered a serious matter that calls for "caution, careful judgment, and plenty of time" (p. 50).

TABLE 1: Selected Demographics for Sample of Navajo Women (N = 29)

	<i>Number of Subjects</i>	<i>Percentage</i>
Age (in years)		
15-19	2	6.9
20-29	8	28.6
30-39	13	44.9
40-49	3	10.3
50-59	1	3.4
60-69	2	6.9
Marital status		
Married	10	34.5
Single	8	27.6
Living with partner	5	17.2
Divorced	4	13.8
Widowed	2	6.9
Language spoken		
Navajo	14	48.3
Navajo and English	9	31.0
English	6	20.7
Religious preference		
None	8	27.6
Navajo	6	20.7
Mormon	5	17.2
Protestant	4	13.8
Native American	3	10.3
Catholic	3	10.3
Educational level		
None	2	6.9
High school graduate	10	34.5
1 to 2 years of college	15	51.7
College graduate	2	6.9
Socioeconomic status (annual income)		
Less than \$5,000	14	48.3
\$5,000 to \$7,499	4	13.8
\$7,500 to \$9,999	2	6.9
\$10,000 to \$14,999	2	6.9
\$15,000 to \$19,999	2	6.9
\$20,000 to \$24,999	0	0.0
\$25,000 or more	5	17.2

METHOD

An exploratory-descriptive design was used to assess if the PRQ Part 2 could be used with Navajo women to measure social support from their cultural view.

Sample

The sample comprised 29 Navajo women who were recruited and interviewed by a Navajo-speaking nurse. Subjects (a) spoke fluent Navajo, (b) were between 15 and 69 years of age, (c) resided on the New Mexico or Arizona reservations, and (d) were all members of the same clan as the interviewer. All subjects were informed of the voluntary nature of the study, the confidentiality of responses, and its overall purpose: to develop a social support inventory for use with Native Americans. Navajo men were not included, since the society is matrilineal and men would not readily respond to a female interviewer.

The 29 subjects in the sample included 2 Navajo women from Arizona and 27 from New Mexico: 10 from Iyanbito, 4 from Gallup, 2 each from Churchrock and Pinedale and 1 each from Breadsprings, Crownpoint, Shiprock, Sheepsprings, Twinlakes, Prewitt, Sundance Coal Mine, Vanderwagon, and Gamerco (Houck and Windowrock). The demographic characteristics are found in Table 1. Subjects ranged in age from 15 to 69 years. Ten subjects were married and 19 were unmarried. Navajo was the primary language of 14 women, 9 were bilingual, and 6 only spoke English. A religious preference was expressed by 21 women; 8 had no religious affiliation. The sample was well educated, with 25 having completed high school or some college. Only 6 women received public assistance; 21 were employed and 8 were unemployed. The socioeconomic status of most of the women was less than \$5,000 income annually.

Instruments

The Personal Resource Questionnaire (PRQ; Brandt & Weinert, 1981), the Norbeck Social Support Questionnaire (Norbeck, Lindsey, & Carrieri, 1981, 1983), and the Tilden and Stewart (1985) cost and reciprocity social support questionnaire were reviewed for potential use based on the Navajo definition of social support.

TABLE 2: Items on the PRQ Part 2 Assessed for Cultural Acceptability by Sample of Navajo Women (N = 29)

-
- * 1. There is someone I feel close to who makes me feel secure.
 - 2. I belong to a group in which I feel important.
 - 3. People let me know that I do well at my work (job, homemaking).
 - * 4. I can't count on my relatives and friends to help me with problems.
 - * 5. I have enough contact with the person who makes me feel special.
 - 6. I spend time with others who have the same interests that I do.
 - 7. There is little opportunity in my life to be giving and caring to another person.
 - * 8. Others let me know that they enjoy working with me (jobs, committees, projects).
 - * 9. There are people who are available if I need help over an extended period of time.
 - *10. There is no one to talk to about how I am feeling.
 - 11. Among my group of friends we do favors for each other.
 - 12. I have the opportunity to encourage others to develop their interests and skills.
 - *13. My family lets me know that I am important for keeping the family running.
 - *14. I have relatives or friends that will help me out even if I can't pay them back.
 - 15. When I am upset there is someone I can be with who lets me be myself.
 - *16. I feel no one has the same problems as I.
 - 17. I enjoy doing little "extra" things that make another person's life more pleasant.
 - 18. I know that others appreciate me as a person.
 - 19. There is someone who loves and cares about me.
 - 20. I have people to share social events and fun activities with.
 - 21. I am responsible for helping provide for another person's needs.
 - 22. If I need advice there is someone who would assist me to work out a plan for dealing with the situation.
 - 23. I have a sense of being needed by another person.
 - *24. People think that I'm not as good a friend as I should be.
 - 25. If I got sick there is someone to give me advice about caring for myself.
-

*Items perceived as not culturally acceptable.

In 1981, Brandt and Weinert designed the PRQ using Weiss's (1969, 1974) model of relational functions and a synthesis of ideas from the literature. They defined social support as being composed of the following dimensions: (a) provision for attachment/intimacy, (b) social integration—being an integral part of a group, (c) opportunity for nurturant behavior, (d) reassurance of worth as an individual and in role accomplishments, and (e) the availability of informational, emotional, and material help.

Issues related to the validity and reliability of this social support measure have been repeatedly addressed. Moderate intercorrelations among the PRQ's five subscales have been consistently obtained across studies. Correlations among the subscales of Intimacy, Social Integration, Worth, and

Assistance have ranged from .52 to .73 (Iverson, 1981; Lobo, 1982; Murtaugh, 1982; Weinert, in press; Weinert & Brandt, 1987). However, lower correlations ranging from .27 to .59 have been obtained between the Nurturance subscale and the other four subscales. As a means of examining the substructure of the perceived social support scale, factor analysis was conducted using the computer software Statistical Package for the Social Sciences.

Brandt and Weinert (1981) combined two data sets with similar demographic characteristics to provide an adequate sample size for factor analysis. For this combined sample of 282 adults, Cronbach's alpha of .88 was obtained for the full 25-item scale. The reliability coefficients for the PRQ Part 2 ranged from .86 to .93. Validity coefficients of $r = .30$ to $r = .44$, $p = .001$, were reported between the PRQ, family functioning, and the Marital Adjustment Scale dyadic consensus, and Lock-Wallace Satisfaction Scale (Weinert, in press). Evidence of concurrent validity was established by correlating each support variable with each mental health and personality variable from the Beck Depression Inventory (Beck, 1972) and Spielberger Self-Evaluation Questionnaire (Spielberger, Lurine, Basham, & Sarason, 1983). Significant but moderate correlations existed between perceived support and depression, anxiety, neuroticism, and extroversion.

Brandt and Weinert (1981) incorporated the key social support issues addressed by other investigators and reported using the PRQ tool in rural settings as well as with individuals from various socioeconomic backgrounds. The PRQ Part 1 incorporates the spouse, family, relatives, friends, and groups as key people for social support (see Table 1). The PRQ Part 2 is a 25-item 7-point Likert-type scale which measures the respondents' perceived level of social support. Table 2 lists the 25 items. The scale scores range from 20 to 175, with higher scores indicating higher levels of perceived social support. Because of the strong social support network of Navajo families, the PRQ Part 2 seemed appropriate to use in this study.

The Norbeck Social Support Questionnaire (Norbeck et al., 1981, 1983) was based on the definition of social support by Kahn (1979). The instrument asks the subject to list social support network members. These individuals are then rated on a series of questions related to functional properties. Overall, the authors have provided evidence for content validity, internal consistency, and test-retest reliability (0.86) and concurrent predictive and construct validity (Norbeck, 1988). However, this instrument was not considered for this study because its focus is on tangible support and not perceived social support. Moreover, asking Navajo women to list and rank clan members would result in data difficult for the researcher to assess, as this information is kept secret from others outside the clan.

TABLE 3: Reasons Given Why 10 Items on the PRQ Part 2 Are Considered Unacceptable to Ask Navajo Women

<i>Item</i>	<i>n</i>	<i>Reasons Why Unacceptable</i>
1. There is someone I feel close to who makes me feel secure.	4	Too personal
4. I can't count on my relatives and friends to help me with problems.	8	Too personal You work out your own problems
5. I have enough contact with the person who makes me feel special.	4	Too personal Wouldn't want anyone to know
8. Others let me know that they enjoy working with me (jobs, committees projects)	5	Women work in the home and raise children
9. There are people who are available if I needed help over an extended period of time.	4	You rely on yourself for help
10. There is no one to talk to about how I am feeling.	5	You don't discuss your feelings; no one needs to know your feelings
13. My family lets me know that I am important for keeping the family running.	6	Being important is too personal and being important is strange
14. I have relatives or friends that will help me out even if I can't pay them back.	4	Never discuss financial matters with anyone
16. I feel no one has the same problems as I.	5	Too personal You do not discuss your problems
24. People think that I'm not as good a friend as I should be.	4	No one's business how you feel; even if a friend you cannot know how another person thinks

Tilden and Stewart (1985) reported that social support lacks theoretical density. Often, the negative aspects of costs and stressors of social support are omitted from instruments. In their study measuring cost and reciprocity of social support, Tilden and Stewart encountered low reliability of different scores and low construct validity of measures formed from different scores. The instrument was not selected for this study because of its unique focus of social support.

Procedure

A Navajo-speaking nurse interviewed all participants in the study. The interviewer and subjects were from the same clan. This protocol respected

the Navajo belief of “keeping things in the family” (Kluckhohn, 1964). A major problem with research when the investigator must rely on a Navajo speaker to do the interviewing is that informants will sometimes give the “ideal” response, or one that they believe someone from their own culture would think proper in light of cultural values which the subject is expected to reflect, especially those that refer to social support. Subjects were asked all 25 questions from the PRQ Part 2 to determine cultural acceptability. The interviewer asked each woman to respond if each question was culturally acceptable and applicable. An 80% level of acceptance was required of each item. If an item did not meet this criterion, the interviewer explored the reason for unacceptability with the subject. Translation errors were controlled by the interviewer recording in writing all responses given by the women.

FINDINGS

The 25 items on social support from the PRQ Part 2 were assessed for acceptance by the Navajo women. All but Items 1, 4, 5, 8 through 10, 13, 14, 16, and 24 were perceived as culturally acceptable. One woman felt that she did not know how to answer Item 2, stating that group importance is not discussed in the Navajo culture. Table 3 shows the reasons why the 10 rejected items were not relevant to the Navajo culture. Eight women stated that these items were personal and difficult to answer from their cultural view of social support. Items 1, 5, 8, 10, 13, 16, and 24 address subjects' feelings on how they are viewed by others. The Navajo women felt that it was not culturally acceptable to discuss personal feelings with anyone, not even family members. According to Kluckhohn and Leighton (1960a, 1960b), Navajos believe that one is not to complain or express feelings with others. Women are praised when they do not cry. Anger, “bad talk,” and quarrels should be avoided and self-control maintained, especially in front of those outside the immediate family. The Navajo is raised with the premise of being stoic, quiet, and inward (Kluckhohn, 1964). Specific virtues of personal independence, cooperation, autonomy, truthfulness, trustworthiness, obedience to parents, and control over impulses and feelings are prized (Kluckhohn, 1964).

Items 4, 9, and 14 asked the women about others helping with problems. The women felt that they needed to rely on themselves to solve their problems. According to Navajo beliefs, one is helpful and does not complain. Hobson (1954) confirmed these beliefs. In response to the items on others helping them solve problems, the women viewed this as an insult; these

feelings were not to be felt or discussed with anyone. The Navajo consider it inappropriate to discuss family problems (Kluckhohn, 1964). One has the right to make one's own decisions (autonomy) and to work out one's own problems. If one experienced difficulty in solving a problem, no help and cooperation would be offered unless it was requested. To discuss problems is viewed as gossiping and is not allowed (Lamphere, 1977). Attempts to solve problems are based on the woman's individual resources.

DISCUSSION

The Navajo and White cultures define the concept of social support in two distinct, yet similar ways. Through research we begin to appreciate the concept of social support from a Navajo woman's view of life and self. Fifteen items from the PRQ Part 2 were considered culturally acceptable. These describe the importance of belonging to a group (Items 2, 6, and 20), the opportunity for nurturant behavior (Items 7, 11, 12, 17, and 21), the provision for attachment/intimacy (Items 15, 18, 19, and 23), and to some extent, the availability of informational and emotional help (Items 3, 25, and 21). These data support the validity of social support as a construct for this participant cultural group. Ten items from the PRQ Part 2 were considered personal or culturally unacceptable by Navajo standards (see Table 3). The 10 items in question evolved from the concept of reassurance of worth as an individual, role accomplishments, and to a lesser degree, the availability of emotional and material help. Of these 10 items, 7 (Items 1, 5, 8, 10, 13, 16, and 24) asked for responses about feelings, such as "feeling close," "feeling special," "how others feel," "enjoying work," "talking about feelings," "feeling important," and "feeling not a good friend." According to Navajo belief, feelings are not discussed or shared. If one's feelings are unstable or causing conflict, the Navajo strives to put them back into harmony and create a sense of balance between the self and the environment (Dutton, 1983).

The family remains the basic unit of Navajo society, with women responsible for holding the family together (Clark, 1978). Items 4, 9, and 14, which concern others helping the family with problems, were reported as "personal." Information about family problems is not discussed with others. Based on the Navajo belief system, one never complains, gossips, thinks negative feelings, or discusses problems with others (Dutton, 1983). So, others would rarely help Navajo women with problems. A woman's self-concept is defined within the framework of her matrilineal Navajo family.

When social support is attributed to the Navajo, it includes the culturally determined definitions of family, kinship, and parenthood (Kekahbah & Wood, 1980). Social support is the interplay between these concepts as they are defined individually and how the culture defines these basic human institutions for the individual. This concept must be understood by the health care provider if delivery of holistic health care is to occur.

IMPLICATIONS

Concerns exist about the use of the PRQ Part 2 with Navajo women because their cultural values influence the acceptability of the questionnaire. Several conceptual issues arose regarding use of this instrument with Navajo women: The culture disapproves of positive statements about the self and discourages any activities which cause one to stand out from one's peer group (Dutton, 1983). Lamphere (1977) noted that the Navajo perceive themselves as "one," and even in crisis, they react as a group, emphasizing the tribe rather than the needs or concerns of the individual or family. Previous research (Arms, 1985) found differences in several personality traits when Native American subjects were compared to White or Black subjects. Thus findings related to social support measures with Native American subjects should be interpreted with caution. More testing is needed with this population.

In general, the PRQ Part 2 appears to be an internally consistent measure of social support. However, some questions may be raised with regard to the reliability of the scale's interpretation with this sample of Navajo women. The demographic variables manifested by the women in this study may confound their perceptions of social support. Norbeck (1988) suggested that drawing conclusions from cross-cultural studies in social support may not be appropriate because differences may occur from some demographic variables such as "employment, marital status, education, age, or extremes of health" (p. 98).

Social support carries considerable colloquial meaning and must therefore be defined within the confines of a particular culture. For Navajo women, one must ask if the concept of social support, as currently defined, is built into their culture or if there is a purposeful denial of the expressed need for social support. Given either of these reasons, can social support in this culture be objectively evaluated? The authors believe that some system of social support exists among the Navajo and that this system is based on their participation in tribal and religious practices, their extended family system, and their identification with a clan. Their traditional affiliation with their

cultural group, rather than their individual affiliation, provides the framework for social support.

Given these findings, the PRQ Part 2 is a valid tool to use with Navajo women. The measurement errors that occurred need to be addressed, using social support from a Navajo framework. This instrument must then be retested for reliability and validity. More broadly defined, all social support scales as currently written may need to be addressed with cultures that do not adhere to a Western technological-cultural framework. Although scales provide a certain degree of uniformity and simplicity, they must be modified for individual cultures. An alternative might be the ethnographic interview (Spradley, 1979) with culturally relevant subscales structured from those interviews. The differential effects of social environment and ethnic culture on social support need to be continually examined. While the PRQ Part 2 evidenced some measurement error when used with this sample of Navajo women, the authors chose not to revise the instrument, given the small sample size in this study and the fact that only a portion of the instrument is questionable within the cultural context of the Navajo. As Piers (1984) claimed, ethnicity alone does not seem to have a major effect on social support scores. Ethnicity implies both a culturally determined set of beliefs about oneself and a social milieu in which there is a response to one's ethnicity. Nurses need to understand each of these aspects in order to achieve an accurate, relevant measure of social support among Native Americans.

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