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Terri D. Fisher, Clive M. Davis, William L. Yarber, Sandra L. Davis

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Sexual Health Practices Self-Efficacy Scale

PATRICIA BARTHALOW KOCH,1 CLINTON COLACO, AND ANDREW W. PORTER,
The Pennsylvania State University

The World Health Organization defines sexual health as the state of physical, emotional, mental, and social well-being related to sexuality, not merely the absence of disease, dysfunction, or infirmity (World Health Organization, 2009). Sexual health has been identified as an important part of each person’s overall wellness and quality of life (Pan American Health Organization & World Health Organization, 2000; World Association of Sexual Health, 2008). Sexual health concerns and problems may generate and/or perpetuate other problems in the individual, family, community, and population at large. In order to be sexually healthy, individuals are encouraged to learn and demonstrate a variety of behaviors (Sexuality Information and Education Council of the United States, 2009). Thus, the Sexual Health Practices Self-Efficacy Scale (SHPSES) was developed to measure respondents’ confidence (self-efficacy) as described as their knowledge, skills, and comfort to carry out 20 different sexual health practices. Bandura proposed the concept of self-efficacy as the conviction or confidence that a person can successfully execute the behavior required to produce a certain outcome (Bandura, 1977, 1982). Self-efficacy is recognized as one of the most important prerequisites for behavior change (Bandura, 1997) and has been prolifically applied to research in diverse areas including smoking cessation, dietary practices, exercise behaviors, alcohol consumption, contraceptive use, and HIV prevention (Strecher, DeVellis, Becker, & Rosenstock, 1986). It has been incorporated into the frameworks of many influential theories, including social cognitive theory, the health belief model, and the transtheoretical model (DiClemente & Peterson, 1994; Glanz, Rimer, & Viswanath, 2008).

Description

The Sexual Health Practices Self-Efficacy Scale (SHPSES) consists of 20 items representing a variety of sexual health practices. Respondents indicate their confidence in performing these practices (self-efficacy) on a scale from 1 (Not at all Confident) to 5 (Extremely Confident). Through the use of factor analysis (see Validity section), six subscales were identified, including self-efficacy in regard to Sexual Relationships (5 items), Sexual Health Care (4 items), Sexual Assault (3 items), Safer Sex (4 items), Sexual Equality/Diversity (3 items), and Abstinence (1 item). SHPSES is appropriate for adolescents to older adults of all backgrounds.

Response Mode and Timing

Respondents are instructed to indicate how confident they are, at the time they are completing the survey, in carrying out each of 20 different sexual health practices. Confidence is defined as having the knowledge, skills, and comfort necessary to effectively perform the sexual health practice. Respondents use the following scale: 1 = Not at all Confident, 2 = Slightly Confident, 3 = Moderately Confident, 4 = Highly Confident, 5 = Extremely Confident. The term partner refers to whomever the respondent might share his or her sexuality with. The scale takes approximately 5 minutes to complete.

Scoring

Scores on the SHPSES can range from 20, indicating the least self-efficacy, to 100, indicating the most self-efficacy in performing the variety of sexual health practices. The subscales consist of the following items: Sexual Relationships (7, 8, 12, 13, 14), Sexual Health Care (1, 2, 3, 4), Sexual Assault (15, 16, 17), Safer Sex (5, 9, 10, 11), Sexual Equality/Diversity (18, 19, 20), and Abstinence (6).

Reliability

Internal reliability was calculated from 1,200 surveys completed by a convenience sample of undergraduate students attending a major northeastern university from 2004 to 2008. The Cronbach’s alpha coefficient for the entire scale was .89 (Koch, 2009). Subscale reliability coefficients were as follows: Sexual Relationships, .82; Sexual Health Care, .81; Sexual Assault, .78; Safer Sex, .71; Sexual Equality/Diversity, .73. Abstinence was a single item, so no individual alpha coefficient was calculated.

Validity

Content validity was determined through examination of the sexual health content of 10 major sexuality textbooks and the syllabi of 20 sexuality classes taught at differing colleges and universities throughout the United States. A panel of three sexuality educators/researchers reviewed the initial pool of items for relevance and redundancy. Using the 1,200 surveys collected from undergraduate students, construct validity was examined with a principal component analysis using a varimax rotation with Kaiser

1Address correspondence to Patricia Barthalow Koch, Professor of Biobehavioral Health, The Pennsylvania State University, 304B Health and Human Development Building East, University Park, PA 16802; e-mail: p3k@psu.edu
normalization. The rotation converged in six iterations, identifying the following six factors representing sexual health practices self-efficacy: Sexual Relationships (15.4% explained variance), Sexual Health Care (13.4%), Sexual Assault (11.2%), Safer Sex (10.1%), Sexual Equality/Diversity (10.0%), and Abstinence (5.8%). The SHPSES has been shown to discriminate undergraduate students who have taken sexuality education classes in comparison to students enrolled in nonsexuality or nonhealth-related classes at a major northeastern university (Koch, 2009). Scores from the SHPSES have also been significantly correlated with intentions to practice safer-sex behaviors in the next month and the actual practice of safer sex in the preceding month among a sample of students at a major northeastern community college (Millstein, 2006).

References


Exhibit

Sexual Health Practices Self-Efficacy Scale

Please indicate how confident you are, at this point in time, in carrying out the following sexual health practices if you needed to. Think of confidence as having the knowledge, skills, and comfort necessary to effectively do these things. The term “partner” refers to whomever you might choose to share your sexuality with. Use the following scale for your answers:

1 = Not at all Confident
2 = Slightly Confident
3 = Moderately Confident
4 = Highly Confident
5 = Extremely Confident

How confident are you with:

1. Performing breast or testicular self-exams
   1  2  3  4  5
2. Getting tested for a sexually transmitted infection (STI)
   1  2  3  4  5
3. Getting an HIV test
   1  2  3  4  5
4. Talking with a health care worker about a sexual health issue like an STI
   1  2  3  4  5
5. Making thoughtful, good decisions about your sexual behaviors
   1  2  3  4  5
6. Practicing sexual abstinence
   1       2       3       4       5
7. Establishing a fulfilling sexual relationship
   1       2       3       4       5
8. Talking with a (prospective) sexual partner about your sexual histories
   1       2       3       4       5
9. Using a condom
   1       2       3       4       5
10. Using another form of birth control other than a condom
    1       2       3       4       5
11. Negotiating with a sexual partner to practice safer sex
    1       2       3       4       5
12. Talking with a sexual partner about a sexual health issue, like an STI
    1       2       3       4       5
13. Talking with a sexual partner about a relationship issue
    1       2       3       4       5
14. Dealing with a sexual functioning difficulty (like difficulty achieving orgasm or ejaculating too quickly
    1       2       3       4       5
15. Preventing a sexual assault situation from occurring
    1       2       3       4       5
16. Dealing with a sexual assault if it occurs to you
    1       2       3       4       5
17. Helping a friend who has been sexually assaulted
    1       2       3       4       5
18. Eliminating sexual double standards (based on gender) in your life
    1       2       3       4       5
19. Eliminating gender stereotyping from your life
    1       2       3       4       5
20. Accepting diversity in sexual orientation (heterosexuality, homosexuality, bisexuality)
    1       2       3       4       5