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Genital Herpes Perceived Severity Scales

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The Genital Herpes Perceived Severity Scales (GHPSS; Mirotznik, 1991) measure attitudes about contracting this sexually transmitted disease. The scales were developed to test the speculations, frequently reported as facts in the media, that (a) single, sexually active, and consequently at-risk young adults had become highly anxious about infection with the herpes virus; and (b) as a result of this heightened concern, those at risk had dramatically altered their dating behaviors. Although several researchers had addressed these issues (Aral, Cates, & Jenkins, 1985; Simkins & Eberhage, 1984; Simkins & Kushner, 1986), they used measures that suffered from important limitations, including vague conceptualizations and operationalizations in terms of a single questionnaire item. Single-item measures tend to be less reliable and, as such, have the untoward effect of attenuating associations with other measures. Another limitation concerned the use of dichotomous response options. Dichotomous response options fail to capture the variability of reactions to genital herpes. Finally, little evidence was presented regarding these measures’ psychometric properties. (See Mirotznik, 1991, for a detailed discussion of these limitations.)

The primary theoretical orientation guiding the conceptualization of the GHPSS was the Health Belief Model (HBM; Janz & Becker, 1984). In the HBM it is hypothesized that people are likely to take steps to avoid a particular disease if they perceive that disease as personally threatening. A major component of perceived threat is the degree to which a disease is thought to be severe. Perceived severity, in turn, has been defined not just in terms of a disease’s medical/clinical consequences but also its social and psychological effects. Accordingly, the GHPSS were constructed to measure the degree to which people believe that contracting genital herpes would lead to the latter type of consequences.

**Description**

Three scales were developed de novo. Each scale was hypothesized to measure a particular social or psychological consequence of infection. To enhance content and face validity, all items were constructed with the help of two clinicians, a sex therapist and a psychologist, both with expertise in treating people with genital herpes.

*The Fear Scale* measures whether subjects are frightened about contracting this disease by determining the degree to which they endorse seven items that characterize herpes and those who contract it in highly negative, stigmatizing terms. Each item has a 6-point Likert-type response format ranging from (1) *strongly disagree* to (6) *strongly agree*.

*The Family Impediment Scale* measures the degree to which respondents believe that contracting genital herpes would be a hindrance in establishing a family. It consists of one overall question asking respondents to rate how difficult it would be for a single person with genital herpes to experience each of five family life-course events. Each item has a 6-point Likert-type response format ranging from (1) *not difficult at all* to (6) *very difficult*.

*The Emotional Response Scale* assesses possible emotional reactions to infection with genital herpes. The scale lists seven emotions. For each emotion, respondents indicate on a 4-point Likert-type format whether they would (1) *not react* with the emotion or (4) *strongly experience* the emotion.

**Response Mode and Timing**

For the items for each scale, respondents can circle on the questionnaire the number of the response option that best corresponds to their attitude, or they can mark the number on separate machine-scoreable answer sheets. The three scales take approximately 5 minutes to complete.

**Scoring**

Items within each scale and between scales are keyed in the same direction with higher scores indicating that respondents perceive herpes to be more severe. For each scale, a total score is calculated by first summing the response number for all answered items and then dividing by the number of answered items. The resulting mean score has the beneficial properties of having the same range as the individual items and also of adjusting for any missing items.

**Reliability**

To assess the psychometric properties of the GHPSS and the consistency of those properties across varied populations, the scales were initially administered to two convenience samples: 998 college and graduate students, and 178 residents of a therapeutic community for alcohol and drug rehabilitation (Mirotznik, 1991). Subsequently, the questionnaire was administered to an additional sample of 439 college students. Each sample was subdivided into those who were single, sexually active and thereby at risk of infection and those not at risk. For each of the resulting six...
subsamples, internal consistency reliability was then calculated using Cronbach’s alpha. For the Fear Scale the mean alpha across the six subsamples was .80 with a range of .73 to .83. The mean alpha for the Family Impediment Scale was .77 with a range of .73 to .81, and for the Emotional Response Scale, it was .77 with a range of .75 to .82. Generally, the scales exhibited somewhat better reliability for the student subsamples than for the therapeutic community subsamples.

Validity

Two tests were conducted to assess validity (Mirotznik, 1991). Given that these three scales were hypothesized to measure the same overarching construct, perceived severity of genital herpes, they should be more highly correlated with each other than with measures of other constructs. As Nunnally (1978) pointed out, an indication that variables cluster as theoretically predicted is important evidence of construct validity. A principal-components factor analysis with varimax rotation conducted on the initial subsample of at-risk students indicated that the GHPSS generally factored as expected. Specifically, all three scales loaded highly on one factor (i.e., Fear Scale, .76; Family Impediment Scale, .75; Emotional Reaction Scale, .68), whereas measures of knowledge about genital herpes and preventive behaviors loaded on other factors. When the factor analysis was rerun on the remaining five subsamples, generally the same factor structure appeared.

A second important test of construct validity involves determining if a measure of a construct fits predictions from a well accepted theory (Nunnally, 1978). According to the HBM, the greater people’s perceived severity of disease, the more likely they are to engage in preventive health behaviors. To assess this, a measure of preventive behavior (i.e., change in dating behaviors in light of knowledge about genital herpes) was correlated with the three perceived severity scales separately for the at-risk respondents from each of the three convenience samples. Each scale was significantly associated in the theoretically predicted direction, albeit modestly so, with the measure of preventive behavior in the two subsamples of at-risk students. The mean correlations for these two subsamples were .25 for the Fear Scale, .17 for the Family Impediment Scale, and .18 for the Emotional Response Scale. It is conceivable that the magnitude of these correlations may have been attenuated by the single-item used to operationalize preventive behavior.

References


Exhibit

**Genital Herpes Perceived Severity Scales**

*Instructions*: The following items measure your beliefs about genital herpes. Some of the questions concern your views about others who have contracted the virus and the general consequences of infection. Other questions concern how you would personally react if you contracted the virus. For each item, please circle the response option that best corresponds to your feelings.

**Fear Scale**

For the following statements please select a number from 1 to 6, 1 meaning that you strongly disagree and 6 that you strongly agree.

1. Genital herpes will ruin your sex life.
2. Having genital herpes is as bad as having cancer.
3. No one will want me if I had genital herpes.
4. Genital herpes is a dirty disease.
5. I would not trust anybody who has genital herpes.
6. My opinion of a person would change if I found out he/she had genital herpes.
7. Even though I would be very understanding of people I knew had genital herpes, I would be tempted to stay away from them.

**Family Impediment Scale**

How difficult to deal with would each of the following things be for a single person who has genital herpes? Choose a number from 1 to 6, 1 indicating not difficult at all and 6 very difficult.
1. Meeting a boyfriend/girlfriend.
2. Telling a boyfriend or girlfriend that you have genital herpes.
3. Having sex.
5. Having children.

Emotional Reaction Scale

People may have different reactions to contracting genital herpes. How would you react? For each emotion listed below indicate if you would: 1. not react with the emotion, 2. mildly feel the emotion, 3. moderately feel the emotion or 4. strongly experience the emotion.

1. Angry.
2. Punished.
3. Fearful.
5. Damaged.
6. That it was expected.
7. Guilty.

Inventory of Dyadic Heterosexual Preferences and Inventory of Dyadic Heterosexual Preferences—Other

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The Inventory of Dyadic Heterosexual Preferences (IDHP) was developed to measure men’s and women’s affinity for a broad range of fairly conventional sexual behavior preferences within the context of a dyadic heterosexual relationship. Six scales, reflecting different domains of behavioral preference, are derived. The IDHP allows researchers to explore relationships between specific preferences or profiles of preference and various behavioral, personality, or dyadic correlates. Sex therapists may be interested in comparing the profile of one’s sexual preferences with that of one’s partner. An other-focused version of the inventory (IDHP-O) asks the respondent to indicate how he or she believes the partner would respond to the IDHP.

Description

A complete description of the IDHP and its development may be found elsewhere (Purnine, Carey, & Jorgensen, 1996). The IDHP is a 27-item self-report inventory that measures the following six areas of sexual preference: Erotophilia, Use of Contraception, Conventionality, Use of Erotica, Use of Drugs/Alcohol, and Romantic Foreplay. Seventy-four statements, applicable to both men and women, were generated to elicit responses to specific behaviors or elements of a sexual scene. Each item was followed by a 6-point Likert-type scale, ranging from strongly agree to strongly disagree. Items regarding fantasy, opinion, or motivation were generally excluded. The perfect tense (“I would enjoy”) rather than the present tense (“I enjoy”) was employed in order that items outside one’s habitual range of experience may be applicable. This use of the hypothetical allows the IDHP to be applicable to those not currently involved in a sexually intimate relationship.

The 74 items were administered to 258 undergraduate and graduate university students (Sample 1), aged 18 to 59 years of age (M = 23). After eliminating items that failed to elicit a broad range of responses or that were unreliable over a 1- to 2-week period, 46 items remained. Factor analyses suggested a six-factor, 27-item solution. This solution was based on a covariance matrix in which the variance attributable to gender had been removed. A gender-neutral factor structure was considered necessary in order to allow meaningful comparisons between the profiles of male and female partners.

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