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Partner Communication Scale

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The Partner Communication Scale (PCS) was developed to assess frequency of communicating about sexual topics with a male sex partner among African American adolescent females (Milhausen et al., 2007).

Description

The PCS was developed as part of an NIMH-funded intervention grant (Milhausen et al., 2007). Domains pertinent to sexual communication were selected based on a review of the empirical literature. These were (a) pregnancy; (b) STDS; (c) HIV/AIDS; (d) condom use; and (e) partner’s sex history. Focus groups of African American adolescent females were conducted to verify that these topics were relevant in their sexual relationships. Thirty-six items were created to assess communication in these domains. Health educators assessed face validity of the items. The measure was pilot-tested on 15 African American adolescent females, 14 to 18 years of age. Based on their suggestions, items were revised to enhance reading comprehension. Items that were highly correlated and thought to assess the same construct, as well as items that decreased the Cronbach’s alpha below .90, were deleted, leaving a 5-item scale. Data from three studies were used to validate the measure (Milhausen et al., 2007).

Though the PCS was designed for, and validated with, samples of African American adolescent females, the items are likely more broadly applicable to individuals of other racial or ethnic backgrounds, to other age groups, and, as well, to males.

Response Mode and Timing

A single stem is used for all items, “During the past 6 months, how many times have you and your sex partner discussed . . .” Each item requires a response based on a Likert-type scale: 0 (Never); 1 (Sometimes, 1–3 Times); 2 (Often, 4–6 Times); 3 (A Lot, 7 or More Times). The scale typically takes less than 5 minutes to complete.

Scoring

All items are coded so that higher values indicate more frequent sexual communication. Scores on the five items are summed to create a scale score. Scores range from 0 to 15. The mean score for participants in Study 1 was 8.47 (SD = 4.31); in Study 2 the mean score was 7.59 (SD = 5.04; Milhausen et al., 2007). In Study 3, the mean score was 6.46 (SD = 4.32; Milhausen et al., 2007).

Reliability

Stability of the measure was assessed by Pearson correlation. Because it has been suggested that the length of time between reliability assessments should mirror the length of time in intervention studies (Gliner, Morgan, & Harmon, 2001), measurement stability was assessed with 6 months between administrations. In Study 1, baseline and 6-month follow-up responses were correlated at .44. Baseline and 12-month follow-up responses were correlated at .38 (Milhausen et al., 2007). In Study 2, baseline and 6-month follow-up responses were correlated at .37. Correlations may be low because participants were referring to different partners at each completion point. In Study 1, the Cronbach’s alpha was .80 at baseline (N = 522), .87 at 6-month follow-up, and .87 at 12-month follow-up. In Study 2, the Cronbach’s alpha for the PCS was .90 (N = 243). In Study 3, the Cronbach’s alpha was .84 at baseline (N = 715) and .89 at 6-month follow-up (N = 313; Milhausen et al., 2007).

Validity

The PCS was correlated with other related constructs in the direction that was predicted in both Study 1 and Study 2 (Milhausen et al., 2007). Specifically, in Study 1, the PCS was correlated with frequency of sexual communication with a parent (Sales et al., 2008) and sexual communication self-efficacy (with new partner and boyfriend), and the effect sizes were moderate (Cohen, 1988). Small but significant positive correlations were found between the PCS and relationship satisfaction and self-esteem. Small but significant negative correlations were found between the PCS and fear of consequences of condom negotiation and partner-related barriers to condom use (St. Lawrence et al., 1999). The PCS was correlated positively with condom use at last vaginal sex with steady and nonsteady partners, condom use during the past 30 days with steady

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and nonsteady partners, and condom use with a steady partner over the previous 6 months. Discriminant validity was assessed by correlating the PCS with measures of watching movies or television. These correlations were not significant. In Study 2, the PCS was correlated with sexual communication with parents (Sales et al., 2008), self-esteem (Rosenberg, 1965, 1989), sexual refusal self-efficacy, and receiving sex education in schools (Milhausen et al., 2007). In Study 2, the PCS did not correlate significantly with partner-related barriers to condom use (St. Lawrence et al., 1999).

Other Information

The PCS is a brief, self-administered behavioral scale measuring frequency of sexual communication with a male partner, suitable for low-literate samples (requiring a fourth grade reading level). Researchers may find the PCS particularly useful in sexual health education interventions, assessing frequency of sexual communication pre- and postintervention to evaluate intervention efficacy. The authors would appreciate receiving information about the results obtained with this measure.

References


Exhibit

Partner Communication Scale

<table>
<thead>
<tr>
<th>During the past six months, how many times have you and your sex partner discussed . . .</th>
<th>Never</th>
<th>Sometimes (1–3 Times)</th>
<th>Often (4–6 Times)</th>
<th>A Lot (7 or More Times)</th>
</tr>
</thead>
<tbody>
<tr>
<td>. . . how to prevent pregnancy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>. . . how to use condoms</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>. . . how to prevent the AIDS virus</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>. . . how to prevent STDs</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>. . . your partner’s sex history</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>