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Parenting Outcome Expectancy Scale

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The purpose of the Parenting Outcome Expectancy Scale (POES) is to measure the parent’s expectations about the outcomes associated with talking with his/her adolescent about sex-related topics.

Description

The development of the POES was based on the concept of outcome expectancy (OE), a central construct of social cognitive theory (Bandura, 1997). Bandura defines an outcome expectation as a judgment of the likely consequences that result from performance of a behavior. He proposes that people who hold more positive views about behavioral performances are more likely to perform the behavior. In the present situation, a parent who believes that talking with his/her children about sexuality issues has positive outcomes would likely initiate such discussions. Bandura further describes three types of OE—self-evaluative, social, and physical. Self-evaluative OE relates to personal reactions; social OE relates to the reactions of others; and physical OE addresses sensory effects related to a behavior. The POES includes items measuring only self-evaluative and social OE because there are no direct physical OEs that can be associated with discussions about sexuality.

For the development of the POES, outcome expectancy was defined as the parent’s expectations about the outcomes associated with talking with his/her adolescent about sex-related topics. The original 15 POES items were written following a review of the literature and focus group discussions with parents of adolescents (DiIorio et al., 2001). Content and measurement specialists reviewed the wording of each item and the consistency of the idea presented in each item with the concept of OE as defined by Bandura (1997). Based on their reviews, all 15 items were retained for the final version with some minor changes in wording.

The results of the initial reliability and validity testing using the 15-item version suggested that the POES could be improved by adding one item to measure cognitive self-evaluative OE and seven items to measure social OE. The addition of these eight items increased the total number of POES items to 23.

Response Mode and Timing

Each item is rated on a 5-point Likert scale ranging from (1) Strongly Disagree to (5) Strongly Agree. Each item begins with the stem “If I talk with [my child] about sex topics.” In an interview situation or when using computer-assisted

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interviewing, the name of the child can be substituted by the interviewer/computer for [my child]. The POES takes about 5 to 10 minutes to complete. The items do not usually require explanation.

**Scoring**

Fifteen of the 23 items are positively worded, and 8 are negatively worded. The negatively worded items are reverse coded prior to summing the items. A total score is found by summing responses to the 23 individual items. Total scale scores range from 23 to 115, with higher scores indicating more positive outcome expectancies.

**Reliability**

The 15-item POES was assessed for reliability using scale responses from a sample of 491 mothers of 11- to 14-year-old adolescents (DiIorio et al., 2001). Cronbach’s alpha for the total POES was .83, indicating an acceptable level of internal consistency among scale items. Item-to-total correlations ranged from .24 to .61, with a mean of .27. Means of individual items ranged from 3.15 to 4.50, with standard deviations ranging from .60 to 1.25. The item “Your adolescent will do what he/she wants no matter what you say” (the original form of Item 8) had the lowest item-to-total correlation and also demonstrated several weak (<.10) correlations with other items. The Cronbach’s alphas for three subscales (cognitive self-evaluative, emotional self-evaluative, and social) resulting from a factor analysis of item responses were .82, .77, and .67, respectively, and indicated low to moderate levels of internal consistency. The 15-item POES was used in a study with mothers of 6- to 12-year-old children (Pluhar, DiIorio, & McCarty, 2008). Cronbach’s alpha coefficient for responses from the 277 father participants was .85. The 23-item POES was used in a randomized controlled study of an HIV prevention intervention for fathers and their adolescent boys. Cronbach’s alpha coefficient for responses from the 277 father participants was .83 (DiIorio, McCarty, & Denzmore, 2006).

**Validity**

The 15-item POES was assessed for validity using the same sample of 491 mothers as was used for initial reliability assessment (DiIorio et al., 2001). Construct validity was assessed by examining the association of the total POES scores with the theoretically relevant variables of sex-based communication, general communication, parenting, and self-esteem. All correlations between the POES and these scales were significant and in the predicted directions. Further analysis revealed that mothers of daughters reported higher levels of parenting OE than did mothers of sons, as was expected based on the literature.

To assess the underlying dimensions of the POES, an exploratory maximum likelihood common factor analysis with oblique rotation was conducted. The initial analysis revealed four factors with eigenvalues greater than 1.0 and explaining 59.6% of the variance. Only one item loaded on Factor 4. Thus, a second analysis was conducted requesting three factors. The resulting three factors provided a better interpretation of the data and together accounted for 52.6% of the variance. The self-evaluative items were divided across two factors with one factor representing a cognitive self-evaluative component (three items) and the second factor, an emotional self-evaluative component (six items). The third factor represented a social component (six items). The underlying theme of the strongest factor, cognitive self-evaluation, seemed to be responsibility. The second factor related to emotional self-evaluation of discussions and consisted of six items about feelings of embarrassment, discomfort, and difficulty discussing some topics. The third factor, social OE, related to discussions with adolescents. Because the cognitive self-evaluative OE factor had only three items and the social OE factor had a slightly less than adequate reliability coefficient, eight new items were written. One item was written to measure cognitive self-evaluative OE and seven items to measure social OE. In a descriptive study of correlates of sexuality communication, the POES was significantly and positively correlated with sexuality discussions, meaning that mothers who had more positive OE were more likely to talk with their children about sexuality issues (Pluhar et al., 2008).

**Other Information**

The format of the scale can be modified to use with computer-assisted interview (CAI) programs or face-to-face interviews. If used with CAI programs, the term [child’s name] can be linked with the child’s first name and appear in each item as it is presented on the screen. For paper versions, the stem of each item (If I talk with my child about sex topics) can be placed at the top of the list of items and deleted from each of the statements.

**References**


Exhibit

**Parent Outcome Expectancy Scale**

Read these statements about talking with your child about sex. Talking with your child about sex includes topics such as how babies are made, names of the genitals, physical changes of puberty, menstruation, wet dreams, waiting to have sex until your child is older, birth control, and HIV or AIDS. For each statement, state how much you agree or disagree.

Response Options:
1. Strongly Disagree
2. Disagree
3. Neither Disagree nor Agree
4. Agree
5. Strongly Agree

Items

1. If I talk with [my child] about sex topics, I will feel proud.
2. If I talk with [my child] about sex topics, I will feel like a responsible parent.
3. If I talk with [my child] about sex topics, I will feel that I did the right thing.
4.* If I talk with [my child] about sex topics, I will be embarrassed.
5.* If I talk with [my child] about sex topics, I will find some things difficult to talk about.
7. If I talk with [my child] about sex topics, I will feel comfortable.
9.* If I talk with [my child] about sex topics, I will feel ashamed.
10. If I talk with [my child] about sex topics, I think it will do some good.
11. If I talk with [my child] about sex topics, [my child] will be less likely to have sexual intercourse as a young teen.
12.* If I talk with [my child] about sex topics, it would be unpleasant.
13. If I talk with [my child] about sex topics, [my child] will be less likely to get pregnant or get a girl pregnant.
14. If I talk with [my child] about sex topics, I will find these issues easy to talk about.
15. If I talk with [my child] about sex topics, I will feel relieved.
16.* If I talk with [my child] about sex topics, [my child] will be embarrassed.
17.* If I talk with [my child] about sex topics, [my child] will not want to talk to me.
18. If I talk with [my child] about sex topics, I will have done what parents should do.
19. If I talk with [my child] about sex topics, [my child] will remember the discussion when [my child] is older.
20. If I talk with [my child] about sex topics, [my child] will appreciate my willingness to provide further information.
21.* If I talk with [my child] about sex topics, [my child] will be uncomfortable during the discussion.
22. If I talk with [my child] about sex topics, [my child] will be more able to resist peer pressure to have sex.
23. If I talk with [my child] about sex topics, [my child] will know where I stand on teens having sex.

*Reverse code before summing.

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**Parenting Self-Efficacy Scale**

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The purpose of the Parenting Self-Efficacy Scale (PSES) is to measure parents’ confidence in their ability to talk to their children about sexuality issues.

**Description**

The development of the PSES was based on the concept of self-efficacy (SE), a central construct of social cognitive...