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Parenting Self-Efficacy Scale

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Family

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.

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

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theory (Bandura, 1997). Bandura defined self-efficacy as the belief in personal capability to organize and execute behaviors. People who have strong beliefs in their abilities are more likely to perform behaviors and more likely to be successful. Applied to the situation of parent-child sexual communication, this means that parents who are confident that they can talk to their children about sexuality issues are more likely to do so.

Bandura (1997) noted that self-efficacy is specific to each behavior. Thus, self-efficacy scales based on his conceptualization must be behavior-specific. For the purpose of the development of the PSES, self-efficacy was defined as parents’ overall belief in their capacity to talk with their children and adolescents about specific sex-related topics. Based on a literature review, three aspects of sex-based discussions were identified: (a) physiological processes (e.g., menstruation), (b) practical issues (e.g., where to get condoms), and (c) safer-sex messages (e.g., should use condoms if he/she decides to have sex). Sixteen items to measure self-efficacy related to these three aspects were developed based on a literature review of sexuality discussions and on focus groups conducted with mothers of adolescents (DiLorio 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 SE as defined by Bandura. Based on their reviews, all 16 items were retained for the final version with some minor changes in wording.

To assess the underlying dimensions of the PSES, an exploratory maximum likelihood common factor analysis with oblique rotation was conducted. The initial analysis revealed three factors with eigenvalues greater than 1.0 and explaining 51% of the variance. Only one item loaded on Factor 3. Thus, a second analysis was conducted requesting two factors. The resulting two factors provided a better interpretation of the data and together accounted for 44% of the variance. The first factor was composed of 10 items representing all three pre-specified aspects of sex-based discussions—physiological events, practical issues, and safer-sex messages and was labeled Basic Information. The second factor was named Relationship-Based Information, because it was composed of six items addressing relationship issues such as how to encourage a partner to wait, how to tell a partner no, and how to have fun without sex. Because the Relationship-Based Information factor had a slightly less than adequate reliability coefficient (.67), one new item was written to further define the factor; thus the current PSES has 17 items.

**Response Mode and Timing**

Each item is worded positively and rated on a 7-point scale anchored with the terms Not Sure at all (1) and Completely Sure (7). The midpoint of the scale is defined as Moderately Sure. Each item begins with the stem “I can always explain to [my child]. . . .” In an interview situation or when using computer-assisted interviewing, the name of the child can be substituted by the interviewer/computer for [my child]. The PSES takes about 5–10 minutes to complete. The items do not usually require explanation.

**Scoring**

All 17 items are positively worded. Total scores are found by summing responses to individual items. Total possible scores range from 17 to 119 with higher scores corresponding to a higher degree of self-efficacy to discuss sex-related issues with adolescents.

**Reliability**

The original 16-item PSES was assessed for reliability using scale responses from a sample of 491 mothers of 11- to 14-year-old adolescents (DiLorio et al., 2001). Cronbach’s alpha for the total PSES was .85, indicating a moderately high level of internal consistency among scale items. The mean inter-item correlation was .28, with item-to-total correlations ranging from .24 to .61. Means of individual items ranged from 4.46 to 6.76 with standard deviations ranging from .78 to 2.25. The Cronbach’s alphas for two subscales (Basic Information and Relationship-Based Information) were .84 and .67 and indicated low to moderate levels of internal consistency.

The 16-item POES was used in a study with mothers of 6- to 12-year-old children (Pluhar, DiLorio, & McCarty, 2008). Cronbach’s alpha coefficient for responses from the 277 father participants was .94. The 17-item PSES 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 .85 (DiLorio, McCarty, & Denzmore, 2006).

**Validity**

The 16-item PSES was assessed for validity using the same sample of 491 mothers as used for initial reliability assessment (DiLorio et al., 2001). Construct validity was assessed by examining the association of the total PSES scores with the theoretically relevant variables of sex-based communication, general communication, parenting, and self-esteem. All correlations between the PSES and these scales were significant and in the predicted directions. Further analysis revealed that mothers of daughters reported higher levels of parenting SE than did mothers of sons, as was expected based on the literature. In a descriptive study of correlates of sexuality communication, the PSES was significantly and positively correlated with sexuality discussions, meaning that mothers who had more positive SE were more confident in talking 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...
Exhibit

**Parenting Self-Efficacy Scale**

Read each statement about talking to your child about sexuality issues. Then chose a number on the scale from 1 (Not Sure at all) to 7 (Completely Sure) to say how sure you are about your ability to talk about each topic with [my child] as he/she grows up. Remember, 1 means Not Sure at all, 4 means Moderately Sure, and 7 means Completely Sure. You can also answer with the numbers in between. For example, a 5 or 6 would mean somewhere between Moderately Sure and Completely Sure.

Response Options:

1. Not Sure at all
2. 3
4. Moderately Sure
5. 6
7. Completely Sure

Items

1. I can always explain to [my child] what is happening when a girl has her period.
2. I can always explain to [my child] why a person should use a condom when he or she has sex.
3. I can always explain to [my child] ways to have fun without having sexual intercourse.
4. I can always explain to [my child] why [my child] should wait until [my child] is older to have sexual intercourse.
5. I can always explain to [my child] that [my child] should use condoms if [my child] decides to have sexual intercourse.
6. I can always explain to [my child] why wet dreams occur.
7. I can always explain to [my child] how to put on a condom.
8. I can always explain to [my child] how to use birth control pills.
9. I can always explain to [my child] how birth control pills keep girls from getting pregnant.
10. I can always explain to [my child] what I think about young teens having sex.
11. I can always explain to [my child] how to tell someone no if [my child] does not want to have sex.
12. I can always explain to [my child] how to make a partner wait until [my child] is ready to have sex.
13. I can always explain to [my child] how someone can get AIDS if they don’t use a condom.
14. I can always explain to [my child] where to buy or get condoms.
15. I can always explain to [my child] where to buy or get birth control pills.
16. I can always explain to [my child] how to tell if a girl or boy really loves [my child].
17. I can always explain to [my child] how to resist peer pressure to have sex.

References


