Translation and validation of the *Partner Communication Scale* – Brazilian version with female teenagers

TRADUÇÃO E VALIDAÇÃO DA ESCALA *PARTNER COMMUNICATION SCALE* – VERSÃO BRASILEIRA COM ADOLESCENTES DO SEXO FEMININO

TRADUCCIÓN Y VALIDACIÓN DE LA ESCALA *PARTNER COMMUNICATION SCALE* – VERSIÓN BRASILEÑA CON ADOLESCENTES DE SEXO FEMENINO

Fabiane do Amaral Gubert[1], Neiva Francenely Cunha Vieira[2], Patrícia Neyva da Costa Pinheiro[3], Mônica Oliveira Batista Oriá[4], Adriana Gomes Nogueira Ferreira[5], Gabriele Vasconcelos Arcanjo[6]

ABSTRACT

This study aimed to describe the process of adaptation and validation of the *Partner Communication Scale* with female adolescents in Fortaleza, CE, Brazil. This methodological research, with a quantitative approach, was conducted with 313 adolescent, aged 14–18 years who had already lost their virginity. The transcultural adaptation process was performed by using translation, back translation, evaluation of the translations by a committee of judges, and testing of the final-draft version. The scale was administered with a sociodemographic questionnaire including sexual and reproductive variables, from November 2010 to January 2011. The reliability was assessed by the Cronbach's alpha (0.86), which demonstrated that it can be successfully applied in the setting of primary health care, during nurse consultations. Moreover, the scale allows for the identification of factors that hinder or facilitate communication, especially concerning sexually transmitted diseases. The scale is an adequate way to verify communication between sexual partners in adolescence.

DESCRIPTORS
Adolescent
Sexually
Sexuality transmitted diseases
Scales
Communication
Validation studies

RESUMO

O objetivo do estudo é descrever o processo de adaptação e validação da escala *Partner Communication Scale*-PCS com adolescentes do sexo feminino em Fortaleza, CE. Pesquisa metodológica, de abordagem quantitativa, realizada com 313 adolescentes, entre 14 a 18 anos, que já haviam tido o primeiro intercurso sexual. O proceso de adaptação transcultural seguiu as etapas: tradução, retrotradução, avaliação das traduções por um comitê de juízes e teste da versão pré-final. A escala foi aplicada com um questionário sociodemográfico e de variáveis sexuais e reprodutivas, via computador, em novembro/2010 a janeiro/2011. A confiabilidade foi verificada por meio do teste alfa de Cronbach (0.86) e demonstrou que pode ser aplicada no cenário da atenção primária à saúde, durante as consultas de enfermagem ao adolescente, e que permite identificar fatores que dificultam/facilitam a comunicação, principalmente em relação às DST/HIV. A escala mostrou-se adequada para verificar a comunicação entre os parceiros sexuais na adolescência.

DESCRITORES
Adolescente
Sexualidade
Doenças sexualmente transmissíveis
Escalas
Comunicação
Estudos de validação

RESUMEN

El objetivo del estudio es describir el proceso de adaptación y validación de la escala *Partner Communication Scale*-PCS con adolescentes de sexo femenino en Fortaleza, CE. Investigación metodológica, con enfoque cuantitativo, realizada con 313 adolescentes, con edades entre 14 y 18 años que ya habían tenido su primera relación sexual. El proceso de adaptación transcultural siguió las siguientes etapas: traducción, traducción de vuelta, evaluación de las traducciones por un comité de jueces y prueba de la versión pre-final. La escala fue aplicada con un cuestionario sociodemográfico y de variables sexuales y reproductivas, por medio de una computadora, durante el período de Noviembre/2010 a Enero/2011. La confiabilidad se comprobó mediante la prueba alfa de Cronbach (0,86) y demostró que se puede aplicar en la atención primaria, durante las consultas de enfermería a la adolescente, permitiendo identificar los factores que dificultan o facilitan la comunicación, especialmente en relación a las ITS/VIH. La escala resultó ser adecuada para verificar la comunicación entre las parejas sexuales en la adolescencia.

DESCRIPTORES
Adolescente
Sexualidad
Enfermedades de transmisión sexual
Escala
Comunicación
Estudios de validación

[1] Nurse. PhD in Nursing. Professorship in Undergraduate Nursing, Universidade Federal do Ceará. Fortaleza, CE, Brazil. fabianegubert@hotmail.com [2] Nurse. Doctor. Professor of the graduate Program in Nursing, Universidade Federal do Ceará. Productivity Fellow by CNPq. Fortaleza, CE, Brazil. neivafrancenely@hotmail.com [3] Nurse. PhD in Nursing. Professor of the rgraduate Program in Nursing, Universidade Federal do Ceará. Fortaleza, CE, Brazil. neyva.pinheiro@yahoo.com [4] Nurse. PhD in Nursing. Professor of the graduate Program in Nursing, Universidade Federal do Ceará. Fortaleza, CE, Brazil. monica.oria@ufc.br [5] Nurse. PhD in Nursing, Universidade Federal do Ceará. Sobral, CE, Brazil. adrianagn2@hotmail.com [6] Graduating from the Undergraduate Nursing Program, Universidade Federal do Ceará. Fellowship from CNPQ. Fortaleza, CE, Brazil. gabriele_arcanjo@hotmail.com

OnLine
Português / Inglês
www.scielo.br/reeusp

Received: 08/15/2012
Approved: 01/18/2013

**Rev Esc Enferm USP
2013; 47(4):821-8**
www.ee.usp.br/reeusp/

821

INTRODUCTION

In the web of relationships surrounding the teenager, especially females, the family plays a fundamental role in the manner in which the adolescent developmental process takes place, including how he or she will relate to future sexual partners.

At this stage of life, knowledge about contraceptive methods and vulnerabilities stemming from unprotected sexual behavior are essential in order for the adolescent to experience sexual life in a healthy manner, ensuring a reduced incidence of teenage pregnancy and sexually transmitted diseases (STDs), including being infected by human immunodeficiency virus (HIV). However, the development of sexuality is not always accompanied by the maturation of cognitive and affective abilities, which makes adolescence a vulnerable phase accompanied by certain health risks[1].

An integrative review addressing the use of scales and instruments in preventing STDs and HIV among adolescents shows numerous validated materials that can be applied in healthcare settings. In the studies analyzed, one of the focuses was the absence of strategies that target sexual partners in adolescence, with the approach usually being directed only to the female. The results indicate that the promotion of sexual and reproductive health affects the future sexual behavior of the adolescents and their partners. The *Partner Communication Scale* (PCS), the *Sexual Communication Self-Efficacy Scale,* the 45-item *HIV Knowledge* and the 18-item *HIV Knowledge,* the *Rosenberg's 10 item Scale,* the *Female Condom Attitude Scale,* and the *Sexual Comfort Scale* are among the tools available[2].

Regarding the topic of communication between sexual partners in adolescence, the PCS[3] is prominent. It was developed as a result of extensive fieldwork and literature review, conducted within the last five years, about communication as a tool that serves to promote the experience of healthy sexuality. The PCS is comprised of five items that assess teenagers' perception of the frequency of communication issues related to sexuality with their partner.

The aim of this study was to translate, adapt, and validate the PCS for use in the city of Fortaleza, Ceará, because this city currently has the greatest concentration of HIV cases among females[4].

The strategies used to target adolescents are concentrated on the individual biologic consultation[5]. The search for theoretical and methodological references that provide a foundation for new propositions for nursing procedures with the teenagers is still recent, and although we can now make indications regarding knowledge and best practices, there is still a lack of insight, discussion, and widespread dissemination[6].

> The aim of this study was to translate, adapt, and validate the PCS for use in the city of Fortaleza, Ceará, because this city currently has the greatest concentration of HIV cases among females.

This fact justifies the need for validity and accuracy studies, as their use involves situations in which the nurse or other healthcare professionals will evaluate certain aspects that may affect the quality of life and health in an effective and evidence-based manner. The use of a scale that fails to provide adequate psychometric parameters may negatively affect the evaluation of adolescents in different contexts[7].

METHOD

The aim of this methodological study[8] was to verify the psychometric properties of the PCS for its application in Brazil. The study location was the city of Fortaleza, Ceará, which has 171 public and 142 private schools. The research was conducted in three educational institutions, two public and one private, with a sample of 313 adolescents in the age range of 14 to 18 years.

The adaptation of the PCS was performed following the steps that have been recommended internationally: translation, back translation, evaluation of the translations by a jury and then pilot testing of the final-draft version[9].

Upon completion of the initial translation by bilingual nurses with experience in the field, the instrument produced was subjected to the process of back translation (i.e., translation from the target language to the original language) by a native English-speaking American translator who worked in Brazil in the sector and was not informed of the reason for the translation.

Once the translation and adaptation phase was completed, we decided to deepen and ratify the translation and adaptation process by bringing it before a committee of experts in order to assess the equivalence between the original document and the version adapted for use in Brazil. Because there was a consensus among the experts as to the equivalence of the scale (semantic, cultural, idiomatic, conceptual), it was, therefore, approved for use in the pretest.

The pretest was completed in October 2010, with a representative sample of 30 Brazilian teenagers. The average age of respondents in this phase of the study was 15.8 years for those who attended a public school and 16.6 for those who attended a private school.

The completion of the scale was enabled by electronic means, access to which occurred at each school's computer lab. The scales were applied individually, in order for each teen to comment on the difficulties and the facilities at the time of filling out the questionnaire. After they had completed the questionnaire, the adolescents returned to the classroom in groups of three or four in order to discuss each item again.

With regard to the psychometric properties of the scales, two aspects of the scale's reliability stood out: stability (measured through the test-retest process; the scale

was applied with five weeks between the first and second application) and homogeneity (measured by Cronbach's alpha). Regarding content validity, we used the consensus among the judges[7]. The construct validity was evaluated by testing the hypothesis through a comparative analysis between the two adolescent groups (i.e., those who attended a public school versus those who attended a private school).

The PCS was administered from October 2010 to February 2011, along with a questionnaire for the analysis of sociodemographic variables (e.g., age, marital status, years of education, number of people living at home, income, religion, race/ethnicity, work), in addition to behavior and information about sexual and reproductive health. The database was generated via the Internet, by way of an *Online Database Management System.*

RESULTS

The Chart 1 shows the stages of translation and adaptation of the PCS for use in Fortaleza, CE, Brazil. The columns correspond to the phases of each scale item, from the original transcript to the final version to be used in Brazil, with (O) to indicate the original English version, (T) to indicate the version translated into Portuguese, (BT) to indicate the version translated back into English, and (F) to indicate the final version of the instrument, translated and validated.

Chart 1 – Stages of the translation and adaptation of the PCS for use in Fortaleza, CE, Brazil.

		Response Items - T		
O	**1 – A lot/7 or more times**	**2 – Often/4-6 times**	**3 – Sometimes/1-3 times**	**4 – Never**
F	**Muito/7 ou mais vezes**	**Frequentemente/4-6 vezes**	**Algumas vezes/1-3 vezes**	**Nunca**
Scale Itens				
	O	**T**	**BT**	**F**
1 –	During the past 6 months, how many times have you and your sex partner discussed how to prevent pregnancy?	Durante os últimos seis meses, quantas vezes você e seu parceiro sexual conversaram sobre como prevenir a gravidez?	During the past 6 months, how often you and your sexual partner have talked about how to avoid pregnancy?	Durante os últimos 6 meses, quantas vezes você e seu parceiro sexual (*namorado ou alguém que está ficando*) conversaram sobre como evitar a gravidez?
2 –	During the past 6 months, how many times have you and your sex partner discussed how to use condoms?	Durante os últimos seis meses, quantas vezes você e seu parceiro sexual conversaram sobre como usar o *preservativo*?	During the past 6 months, how often you and your sexual partner talked about using condoms?	Durante os últimos 6 meses, quantas vezes você e seu parceiro (*namorado ou alguém que está ficando*) conversaram sobre como usar a *camisinha*?
3 –	During the past 6 months, how many times have you and your sex partner discussed how to prevent the AIDS virus?	Durante os últimos seis meses, quantas vezes você e seu parceiro sexual conversaram como se prevenir *do vírus da AIDS*?	During the past 6 months, how often you and your sexual partner talked how to prevent the AIDS virus?	Durante os últimos 6 meses, quantas vezes você e seu parceiro (*namorado ou alguém que está ficando*) conversaram como se prevenir do vírus da *AIDS ou HIV?*
4 –	During the past 6 months, how many times have you and your sex partner discussed how to prevent STDs?	Durante os últimos seis meses, quantas vezes você e seu parceiro sexual conversaram como se prevenir das DSTs?	During the past 6 months, how often you and your sexual partner talked how to prevent STDs?	Durante os últimos 6 meses, quantas vezes você e seu parceiro (*namorado ou alguém que está ficando*) conversaram como se prevenir das DSTs?
5 –	During the past 6 months, how many times have you and your sex partner discussed about your partner´s sex history?	Durante os últimos seis meses, quantas vezes você e seu namorado conversaram sobre a *história dos seus parceiros sexuais?*	During the past 6 months, how often you and your sex partner talked about the history of your´s sexual partners?	Durante os últimos 6 meses, quantas vezes você e seu parceiro (*namorado ou alguém que está ficando*) conversaram sobre os *parceiros que você já teve?*

The final version of the scale (F), after the judges' evaluation and application of the pretest, experienced few changes. Regarding the title of the scale for Portuguese, the titled remained *Partner Communication Scale Brazilian version* (PCS-VB).

The term *sexual partners* was adapted for use with a teenage audience as a replacement for *boyfriend or someone you are sleeping with*. During the pretest, the adolescents sought clarification about whether the term *partner* could only mean *serious boyfriend* or if it could refer to someone they were *sleeping with*. In another study produced by the authors of the PCS, it was also suggested to use the term *boyfriend/steady partner* or, as translated into Portuguese, *boyfriend or someone who you are sleeping with* as a replacement for the term *sexual partner*[3]. It is important to reiterate that most of the suggested changes to the scale items were made by the group of individuals for which it was intended, a fact that reinforced the notion that the instrument was suitable for use in the target population.

Translation and validation of the Partner Communication Scale - Brazilian version with female teenagers
Gubert FA, Vieira NFC, Pinheiro PNC, Oriá MOB, Ferreira AGN, Arcanjo GV

Rev Esc Enferm USP
2013; 47(4):821-8
www.ee.usp.br/reeusp/

823

Profiling of the teenagers participating in the study

The average age of the participants was 16.57 years for those enrolled in a public school (SD=1.30) and 16.15 for those enrolled in a private school (SD=1.16). Regarding marital status, most of the teenagers reported they were single; 148 (86.5%) and 141 (99.3%) of those were enrolled in public and private school, respectively, reported they were single. Common law marriage status was more common among the adolescents from public school; 23 (13.5%) of those enrolled in public school reported common law marriage status. Regarding education, the average was 10.59 (SD=0.95) and 11.22 (SD=1.16) years of study in public and private school, respectively.

Among public school students, there were more people living in the same household, the income was lower, and there was an average of up to two minimum wages (52.6%) per household. Furthermore, the per capita income was predominantly up to 1.0 minimum wage among the 160 (95.4%) public school students.

With regard to the participants' self-designation of ethnicity/race, 88 (51.5%) and 96 (67.8%) of the participants from public and private school respectively reported that they were white. The ethnicity/race *mulatto* was reported by 68 (39.8%) of those attending the first public institution and 40 (28.2%) of those attending the private schools. For the item *living with*, living with both parents was predominant for both those in the public (99, 57.9%) and private schools (92, 64.8%).

Regarding sexual partners, there was a statistically significant association between condom use at first intercourse and communication with parents (p<0.0001) and current sex partners (p<0.0001). The average frequency of sexual intercourse in the last month was 5.91 (SD=0.85) among girls from the public schools, with an average condom use of 2.83 for vaginal intercourse (SD=0.45). In contrast, among the private school teenage girls, this average was slightly higher. The frequency of sexual intercourse was 6.04 times per month and condom use was 3.29 times.

The Snedecor's F distribution test revealed an association between the use of condoms in public schools (p=0.003) and greater communication between sexual partners. Furthermore, in the two school systems, there was a relationship between the mother knowing about the first intercourse (p < 0.0001), condom use (p < 0.0001), and communication with the current partner.

Application of the Partner Communication Scale: version used in Fortaleza, CE

For the application of the instrument in its entirety (scales and variables), the time taken for the procedure ranged from 7 to 18 minutes (M=8.7, SD=3.2). It can be inferred that the application time was shorter (about 5 to 8 minutes). The score can range from 4 to 20 points. In this study, in order to facilitate statistical analysis, the scores were transformed to scores that ranged from 0 to 100.

Table 1 – Performance of adolescents by school in the PCS-VB administered in Fortaleza, CE, Brazil, from November 2010 to January 2011

		A lot		Often		Sometimes		Never		p
		N	%	N	%	N	%	N	%	
1. Pregnancy	Public	31	18.1	41	24.0	64	37.4	35	20.5	0.246
	Private	16	11.3	43	30.3	58	40.8	25	17.6	
2. Condom	Public	11	6.4	20	11.7	72	42.1	68	39.8	0.227
	Private	13	9.2	23	16.2	64	45.1	42	29.6	
3. AIDS	Public	6	3.5	7	9.1	58	33.9	100	58.5	0.025
	Private	13	9.2	14	9.9	46	32.4	69	48.6	
4. STD	Public	6	3.5	8	4.7	35	20.5	122	71.3	0.286
	Private	12	8.5	6	4.2	31	21.8	93	65.5	
5. Partners	Public	5	2.9	12	7.0	24	14.0	130	76.0	0.622
	Private	8	5.6	12	8.5	18	12.7	104	73.2	

p: chi-square test.

In statistical terms, no significant associations were detected. However, based on an examination of the proportions between scale items, we inferred that the topic of pregnancy was raised between partners most often. In fact, 18.1% of those in public schools and 24% of those in private schools responded that they held a dialogue with their partners a lot (7 or more times) or often (5 or more times).

Psychometric properties of the scale

Regarding the analysis of reliability and internal consistency of the scale, the Cronbach's alpha value was 0.86, indicating high internal consistency. The splitting coefficient or the Guttman Split-Half Coefficient test was used to measure the internal consistency of the scales. The value of the splitting coefficient was 0.884, effectively showing consistency.

Translation and validation of the Partner Communication
Scale - Brazilian version with female teenagers
Gubert FA, Vieira NFC, Pinheiro PNC, Oriá MOB, Ferreira AGN, Arcanjo GV

The Wilcoxon test was applied to analyze the differences before and after within the same group of subjects. The probability values for the Wilcoxon tests for all pairs of items were greater than 0.15, indicating that there was no difference between the two conditions (before and after).

Regarding the Spearman correlation coefficients, all values of r_s were greater than 0.760 and the corresponding probability values were less than 0.0001, revealing significant correlations between the responses in the two applications conducted with an interval of five weeks.

The validation of the content, performed by three nurses with over six years of experience in the field, involved a critical examination of the basic structure of the instruments. We used the analysis of content validity of the items, and the participants in consensus classified all items as equivalent, which showed that the instrument had semantic, cultural, and idiomatic coherence[7].

The validation of the construct by comparing the contrasted groups indicates that teens were divided by school and obtained scores divided into satisfactory (≥60) and unsatisfactory (≤59) communication with sexual partners. It is important to point out that, for the purpose of this analysis, the scores were transformed into values ranging from 0 and 100.

The analysis also sought to identify the impact of school type (public school, private school) on the PCS scores. However, the relationship between the scale scores and school variable was not significant (p = 0.067). The average scores were very similar between the two types of schools. In fact, public school students achieved 54.93 while the private school students obtained 51.41. Thus, the communication of the teenagers with their partners was similar for both school types.

DISCUSSION

With regard to the adjustments made to the wording of the instrument items, few changes were made to the final version. In item 1, pregnancy-related, we used the term *avoid* in order to ensure the teenagers understood the item, since pregnancy is not considered an experience that needs to be prevented. Instead, it is a specific situation in the female life cycle. These were, in particular, regarding the use of the word *condom*. Regarding item 3, which refers to communication about acquired immune deficiency syndrome (AIDS), the acronym HIV was added. The suggestion was due to the doubt among the adolescents about which acronym represented the virus and which the disease. This aspect demonstrated the current knowledge gap regarding this subject. Moreover, the content validity was strengthened by the consensus of the committee of experts, demonstrating the relevance of the scale for use in nursing practice.

With regard to the psychometric properties of the PCS in terms of reliability and validity, the construct validity was not achieved by testing hypotheses, since there were no perceived differences between teenagers of the respective school types. However, in regard to the internal consistency provided by Cronbach's alpha (0.86), this was observed and was close to that of the original study 0.88[3,10].

The fact that there was no proof of construct validity through testing hypotheses does not prove the instrument has low construct validity. Instead, it reinforces the observation of a lack of communication between partners in adolescence, regardless of the socioeconomic status of the Brazilian families. Studies show that this lack of dialogue can be seen on different social levels[2].

It was observed that communication with the sexual partner was a predictive variable for healthy sexual behavior in adolescents and, therefore, the use of the PCS in healthcare practice is relevant. The behavior of adolescents in relation to early pregnancy and STDs/HIV infection can be promoted by strengthening sexual communication among peers[11].

Both the results from the initial information indicated by the teenagers as well as that arising from the application of the scale reflected little communication between the teenage partners, especially in terms of the theme of the HIV and AIDS prevention. A study in Fortaleza about sexual and reproductive health, with 182 teenagers serving as participants, indicated poor knowledge about HIV in 90% of participants[12]. Another study, conducted in the southeastern region of the country, revealed that of 400 teenage students, only 19.7% did not have information on the subject[13]. Given these studies, it can be inferred that even though these teens have already received information about HIV and AIDS from family members, peers, and/or member of society, this information does not change their behavior and their communication with sexual partners.

The notion of vulnerability to HIV appears to extrapolate the aspect relative to the sexual behavior of these adolescents and depends on the extent and quality of information about AIDS, its transmission and prevention, as well as the ability to interpret such knowledge and incorporate it as preventive practices. For this reason, it should be taken into consideration when treating the theme of adolescence and vulnerability[13].

The second issue addressed by the teens and their partners was condom use, with only 6.4% and 9.2% in the public and private schools, respectively, reporting condom use. The adolescence research concerning condom use shows that most teenagers know how to use condoms but do not use them. Prominent among the reasons given for the lack of condom use are: the lack of condoms at the time of intercourse, having sex only with a partner you trust, the reduced pleasure associated with condom use, and the belief that they do not run the risk of contracting AIDS[14].

Translation and validation of the Partner Communication
Scale - Brazilian version with female teenagers
Gubert FA, Vieira NFC, Pinheiro PNC, Oriá MOB, Ferreira AGN, Arcanjo GV

Rev Esc Enferm USP
2013; 47(4):821-8
www.ee.usp.br/reeusp/

825

Clearly, for a teenager in a sexual relationship, regarding prevention, it is not enough to know the methods. Sexually active teenagers should know about their effectiveness and importance, have access to them, know the correct way to use them, and the possible consequences of not using them. Educational practices aimed at teenage couples become necessary, according to their culture, their worldview, and the reality of the age group that is addressed, since the type of information provided, in most cases, is overly simplified, given the complexity of the subject[15].

The item referring to dialogue about past sexual partners, with the objective being to identify the degree of intimacy and relationships among peers, was only 2.9% in the public schools and 5.6% in the private schools. It is noteworthy that in the study by which the PCS was validated[3], the most common topic discussed among the teenagers was precisely one's past sexual partners, followed by STD prevention. Couples consisting of African American adolescents, the sample used in the original study, talked a lot about past sexual partners as a way to deepen the relationship and get to know the partner better. For these teens, to learn about how many *girlfriends* the partner had, or tell her boyfriend about her past experiences, was a form of complicity[16].

From the current Brazilian perspective, the teenagers were apparently afraid to expose certain aspects of their private life, which could communicate to the partner an erroneous perspective of promiscuity[17]. In research involving nurses specialized in adolescence and 16 female teenagers in the age group of 13–18 years, the main feeling that kept teenagers from deepen this conversation with a partner, according to the teenagers' testimony, was the fear of being judged by him or of encouraging *gossip* in the community[18].

Some young people carry communication barriers with them arising from childhood, which often stem from violent reactions by the parents when some intimate feelings had been exposed. According to some researchers, gender violence is so culturally naturalized that many men ignore that they are practicing it and many women do not perceive themselves as being violated. Gender violence is among the factors that may increase the vulnerability to STDs, as demonstrated in studies with teenagers[19].

In regard to the marital status of the adolescents from the public schools, there was a significant number of young people who were already in a stable sexual relationship with their partner, and were living together with the family (N=23, 13.5%). This may be related to the lack of economic resources and family structure, combined with the low expectation of employment, which influences the public school teenager to enter into a relationship early on with partners. These factors may be linked to the fact that they have no personal or professional aspirations for the future, an outlook that is different from that of the private school girls[20].

One of the consequences for the life of the teenager who engages in a common law marriage while still in this period is the risk of early pregnancy, increasing the incidence of unprotected sexual intercourse[21]. This aspect confirms the situation of the teenagers in this study, especially in public schools, because there is a decrease in condom use among those living according to common law marriage. In fact, on average, there were 7.1 incidences of sexual intercourse per month and condom use in just 2.1 of these events.

The data revealed that the socioeconomic conditions of the teenagers in public schools included a large number of persons residing in the same household. With regard to the participation of young people still living with their parents, we speculate that this may favor communication with the sexual partner. Communication with the sexual partner may be favored, in this case, because the young women who are in a healthy environment and are valued by family members feel more confident, which strengthens the dialogue about and negotiation of safe sex[22].

This context illustrates the scenario in which the teenagers in the public school system were inserted. Economic conditions are directly related to determinants of health[23]. The way of life determines certain health conditions, which must be secured indirectly through social policies and the promotion of healthier lifestyles.

Regarding sexual partners, there was a statistically significant association between condom use during the first act of intercourse and communication with current sex partners (p<0.0001). The average frequency of sexual intercourse in the last month was 5.91 (SD=0.85) among teenagers of the public institutions, and the average condom use was 2.83 (SD=0.45) for vaginal intercourse. In contrast, among teenagers from private schools, the average sexual intercourse was slightly higher, 6.04 acts of intercourse per month, with a condom use of 3.29, an amount that is also higher than the percentage of the teenagers in the public schools.

In view of the aforementioned, we agree with some authors regarding the conceptions of the beginning of sexual life and the use of contraceptives and condoms. Many young people tend not to use them when they start their sexual lives very early or define the relationship in which their sexual initiation occurred as casual, as in the case of the teenagers in this study, or female teenagers who have older partners (more than a seven-year age difference) or ones from another generation[24]. As observed in the adult population, there are significant differences in the patterns of condom use depending on the type of relationship with the partner (i.e., casual or steady/stable)[22]. The reasons associated with condom use tend to be very different in each of these situations.

CONCLUSION

Regarding the applicability of the scale, the translated version of the PACS-VB can be applied both in a primary healthcare setting, during nursing consultations with

**Translation and validation of the Partner Communication
Scale - Brazilian version with female teenagers**
Gubert FA, Vieira NFC, Pinheiro PNC, Oriá MOB, Ferreira AGN, Arcanjo GV

teenagers, previous diagnosis of health education activities, and in community activities and specialist clinics, as it allows for the identification of factors that hinder or facilitate the frequency of communication between teens, their parents, and sexual partners. Moreover, it contributes to the directed healthcare practice of nurses and other health professionals in this field.

The application of the scale allowed predictor variables to be observed that can be strengthened in the dialogue with teens, favoring the decision making in regard to sexual lifestyle, as well as protective factors that are essential for the promotion of self-esteem and empowerment. With this, the nurse can establish a precautionary and health promotion plan tailored to the needs of teenagers and their peers. By using the points in which the participants were more self-efficient in communicating with their sexual partners, it may be possible to stimulate improvements in other aspects of their lives.

We also suggest the need to apply the scale in other settings, including teenagers who have not yet had their first sexual intercourse, those who have a disability that leads to less frequent dialogue with parents or partners, or those with different sexual orientations, as this is a reliable and valid instrument that can be used to identify predictive variables that may influence the sexual and reproductive lives of teenagers in different situations.

REFERENCES

1. Gomes CN, Horta NC. Promoção de saúde do adolescente em âmbito escolar. Rev APS [Internet]. 2010 [citado 2012 jul. 27];13(4):486-99. Disponível em: http://www.aps.ufjf.br/index.php/aps/article/viewArticle/897

2. Gubert FA, Vieira NFC, Damasceno MMC, Lima FET, Ximenes LB. Escalas para medida de comportamento preventivo em meninas adolescentes frente às DST/HIV: revisão integrativa. Rev Gaúcha Enferm. 2010;31(4):794-802.

3. Milhausen RR, Sales JM, Wingood GM, DiClemente RJ, Salazar LF, Crosby R. Validation of a Partner Communication Scale for use in HIV/AIDS prevention interventions. J HIV/AIDS Prev Child Youth. 2008;19(3):14-28.

4. Fortaleza. Secretaria Municipal de Saúde, Coordenação Municipal de DST- Aids Boletim epidemiológico – 2º trimestre [Internet]. Fortaleza; 2009 [citado 2012 jul. 27]. Disponível em: http://www.saudefortaleza.ce.gov.br

5. Silva SÉDS, Padilha MI. Adolescents' attitudes and behaviors regarding the consumption of alcohol. Rev Esc Enferm USP [Internet]. 2011 [cited 2012 July 27]; 45(5):1063-9. Available from: http://www.scielo.br/pdf/reeusp/v45n5/en_v45n5a05.pdf

6. Rocha CLA, Horta BL, Pinheiro RT, Cruzeiro ALS, Cruz S. Uso de métodos anticoncepcionais em adolescentes sexualmente ativos de 15 a 18 anos em Pelotas, Rio Grande do Sul, Brasil. Cad Saúde Pública. 2007; 23(12):2862-8.

7. Pasquali L. Instrumentação psicológica. São Paulo: Artmed; 2010.

8. LoBiondo-Wood G, Haber J. Nursing research: methods and critical appraisal for evidence-based practice. New York: Mosby; 2005.

9. Beaton DC, Bombardier C, Guillemin F, Ferraz MB. Guidelines for the process of cross-cultural adaptation of self-report measures. Spine [Internet]. 2000 [citado 2012 jul 27]; 25(24):3186-91. Available from: http://emgo-extra.nl/kc/preparation/research%20design/vragenlijsten/Beaton.pdf

10. Sales JM, Milhausen RR, Wingood GM, DiClemente RJ, Salazar LF, Crosby RA. Validation of parent-adolescent communication scale for use in STD/HIV prevention interventions. Health Educ Behav. 2006;35(3):332-45.

11. Wight D, Fullerton D. A review of interventions with parents to promote the sexual health of their children. J Adolesc Health. 2013;52(1):4-27.

12. Albuquerque JG, Pinheiro PNC, Lopes MVO, Machado MFAS. Conhecimento deficiente acerca do HIV/AIDS em estudantes adolescentes: identificação de diagnóstico de enfermagem da NANDA. Rev Eletr Enferm [Internet]. 2012 [citado 2011 nov. 7];14(1):104-11. Disponível em: http://www.fen.ufg.br/revista/v14/n1/v14n1a12.htm

13. Oliveira DC, Pontes APM, Gomes AMT, Ribeiro MCM. Conhecimentos e práticas de adolescentes acerca das DST/HIV/AIDS em duas escolas públicas municipais do Rio de Janeiro. Esc Anna Nery Rev Enferm. 2009;13(4):833-41.

14. Monteiro AI, Medeiros JDD, Oliveira JRD. Estilo de vida e vulnerabilidade social dos adolescentes no Bairro de Felipe Camarão, Natal/RN. Rev Eletr Enferm [Internet]. 2007 [citado 2011 nov. 05]; 9(1):176-90. Disponível em: http://www.fen.ufc.br/revista/v9/n1/v9n1a14.htm

15. Beserra EP, Torres CA, Pinheiro PNC, Alves MDS, Barroso MGT. Pedagogia freireana como método de prevenção de doenças. Ciênc Saúde Coletiva. 2011;16 Supl.1:1563-70.

16. Mark KP, Janssen E, Milhausen RR. Infidelity in heterosexual couples: demographic, interpersonal, and personality-related predictors of extradyadic sex. Arch Sex Behav. 2011;40(5):971-82.

17. Borges ALV, Nichiata LYI, Schor N. Conversando sobre sexo: A rede sociofamiliar como base de promoção da saúde sexual e reprodutiva de adolescentes. Rev Latino Am Enferm [Internet]. 2006 [citado 2012 jul 27];14(3):422-427. Disponível em: http://www.scielo.br/pdf/rlae/v14n3/v14n3a17.pdf

Translation and validation of the Partner Communication
Scale - Brazilian version with female teenagers
Gubert FA, Vieira NFC, Pinheiro PNC, Oriá MOB, Ferreira AGN, Arcanjo GV

Rev Esc Enferm USP
2013; 47(4):821-8
www.ee.usp.br/reeusp/
827

18. Amaral MA, Fonseca RMGS. Entre o desejo e o medo: As representações sociais das adolescentes acerca da iniciação sexual. Rev Esc Enferm USP. 2006;40(4):469-76.

19. Young SD, Rice E. Online social networking technologies, HIV knowledge, and sexual risk and testing behaviors among homeless youth. AIDS Behav. 2011;15(2):253-60.

20. Van Empelen P, Kok G. Condom use in steady and casual sexual relationships: planning, preparation and willingness to take risks among adolescents. Psychol Health. 2006;21(2):165-81.

21. Woolf SE, Maisto SA. Gender differences in condom use behavior? The role of power and partnertype. Sex Roles. 2008;58(9-10):689-701.

22. Morisson-Beedey D, Nelson LE. HIV prevention interventions in adolescent girls: what is the state of the science? Worldviews Evid Based Nurs. 2004;1(3):165-75.

23. Bertolozzi MR, Nichiata LYI, Takahashi RF, Ciosak SI, Hino P, Val LF, et al. The vulnerability and the compliance in collective health. Rev Esc Enferm USP [Internet]. 2009 [cited 2010 Mar 15];43(espe 2):1326-30. Available from: http://www.scielo.br/pdf/reeusp/v43nspe2/en_a31v43s2.pdf

24. Paiva V, Aranha F, Bastos FI. Opiniões e atitudes em relação à sexualidade: pesquisa de âmbito nacional, Brasil, 2005. Rev Saúde Pública. 2008;42(1):54-64.

Correspondence addressed to: Fabiane do Amaral Gubert
Rua Alexandre Baraúna, 1115, Rodolfo Teófilo
CEP 60430-160 – Fortaleza, CE, Brazil