

UCLA Multidimensional Condom Attitudes Scale

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The purpose of the UCLA Multidimensional Condom Attitudes Scale (MCAS) is to measure condom attitudes in five independent areas: (a) the *reliability and effectiveness* of condoms, (b) the sexual *pleasure* associated with condom use, (c) the *stigma* associated with people proposing or using condoms, (d) the *embarrassment about negotiating and using* condoms, and (e) the *embarrassment about purchasing* condoms. The scale can be used with individuals who do and do not have personal experience with condoms.

Description

The 25-item MCAS assesses five independent factors associated with condom use. The MCAS was found to be reliable and valid in three studies using ethnically diverse samples of UCLA undergraduates (Helweg-Larsen & Collins, 1994). As of August 2008 it had been cited 97 times; the scale has been used in 31 of these articles (see companion website at www.routledge.com/textbooks/9780415801751 to view the complete list). The scale has been used with a range of populations, such as HIV-positive individuals from urban clinics in California (Milam, Richardson, Espinoza, & Stoyanoff, 2006), Chinese and Filipina American college women (Lam & Barnhart, 2006), sexually active adult cocaine or heroin users (Rosengard, Anderson, & Stein, 2006), cocaine-abusing, opioid-dependent HIV-positive adults entering a methadone program (Avants, Warburton, Hawkins, & Margolin, 2000), individuals in a large public psychiatric hospital diagnosed primarily with schizophrenia and mood disorders (Weinhardt, Carey, & Carey, 1997), American Indian men in New York City who identified as gay/bisexual/two-spirit and heterosexual (Simoni, Walters, Balsam, & Meyers, 2006), and HIV-positive Zambian women (Jones, Ross, Weiss, Bhat, & Chitalu, 2005). Furthermore, the MCAS has been translated to Spanish (DeSouza, Madrigal, & Millan, 1999; Unger & Molina, 1999), Japanese (Kaneko, 2007), and various Zambian languages such as Bemba, Nyanja, and Nsenga (Jones et al., 2005). Overall, the body of research using the MCAS shows that it has been a reliable and valid measure of condom attitudes in a wide range of participants. A complete list of studies which have used the MCAS may be found at the companion website for this book (<http://www.routledge.com/textbooks/9780415801751>).

Scoring

We found that the five dimensions of the MCAS cannot meaningfully be summed to generate a single global score because the factors are independent. The statistical independence of the five factors was established via factor analyses and confirmatory factor analysis in structural equation modeling which showed that a model with five independent factors was superior in fitting the data compared to a unidimensional model (all 25 questions averaged). Thus, it is important that the five factors are scored separately. If researchers do not have room to use all 25 questions, they may select one or several of the factors that they are particularly interested in and use all 5 questions in that factor. Another option is to select a few questions from each of the five factors; Table 1 in Helweg-Larsen and Collins (1994) shows factor loadings (separately for men and women) that can guide researchers in the selection of questions. Our research indicates that important information is lost if questions are added together across factors.

Our research also demonstrated the importance of examining condom attitudes separately for men and women. First, results indicated gender differences on several of the five factors; compared to women, men were less embarrassed about purchasing condoms but more concerned about stigma. Second, the MCAS factors showed different patterns of correlations with criterion variables for men and women. For example, women's past condom use was not correlated with any of the five MCAS factors, whereas men's past condom use was correlated with positive attitudes toward pleasure and embarrassment about buying condoms.

Some of the MCAS items are worded negatively (i.e., indicate a negative attitude toward condoms), and the score must therefore be reversed before adding or averaging the scores (higher scores will then indicate more positive condom attitudes). The scoring for these items is as follows:

1. Reliability and Effectiveness of Condoms: Reverse score Questions 6 and 14; then add Questions 4, 6, 9, 14, and 20.
2. Pleasure Associated With Condoms: Reverse score Questions 2, 8, and 25; then add Questions 2, 8, 15, 19, and 25.
3. Stigma Associated With Condoms: Reverse score Questions 3, 13, 18, 22, and 24; then add Questions 3, 13, 18, 22, and 24.

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- _____ 9. I think condoms are an excellent means of contraception.
- _____ 10. I don't think that buying condoms is awkward.
- _____ 11. It is very embarrassing to buy condoms.
- _____ 12. It is easy to suggest to my partner that we use a condom.
- _____ 13. If a couple is about to have sex and the man suggests using a condom, it is less likely that they will have sex.
- _____ 14. Condoms do not offer reliable protection.
- _____ 15. Condoms are a lot of fun.
- _____ 16. I never know what to say when my partner and I need to talk about condoms or other protection.
- _____ 17. It would be embarrassing to be seen buying condoms in a store.
- _____ 18. People who suggest condom use are a little bit geeky.
- _____ 19. The use of condoms can make sex more stimulating.
- _____ 20. Condoms are an effective method of birth control.
- _____ 21. I'm comfortable talking about condoms with my partner.
- _____ 22. Men who suggest using a condom are really boring.
- _____ 23. When I need condoms, I often dread having to get them.
- _____ 24. A woman who suggests using a condom does not trust her partner.
- _____ 25. Condoms are uncomfortable for both parties.

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Condom Fit and Feel Scale

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Those who promote condoms in their sexual health promotion efforts have been challenged by the assertion from some men that their resistance to condoms is based upon their perceptions that they do not fit properly or feel comfortable during use. The Condom Fit and Feel Scale was developed to provide the field with an empirical measure for assessing men's perceptions of the extent to which condoms fit and feel comfortable along specific points of the penis (e.g., base, shaft, glans). The scale was designed for use by both sexual health researchers and sexual health practitioners (e.g., clinicians, educators, therapists, and community-based organization staff and volunteers). For researchers, the scale is designed to provide a quantitative assessment of men's perceptions of condom fit and feel and can be used for studies that seek to include a construct such as "perceived condom fit and feel" in their work related to condom use, condom attitudes, and other cognitive, affective, and behavioral aspects of using condoms. For practitioners, the scale was designed to be a useful tool that would help condom-resistant men to articulate their specific concerns with the fit and feel of condoms in a way that is sensitive to the challenges that both men and providers

may face during discussions related to male sexual anatomy. For practitioners involved in the promotion of correct and consistent condom use, the scale can be quickly scored or individual items can be reviewed in order to assist providers with making recommendations for specific condoms that are designed for men with varying penile dimensions or that have properties (e.g., shape, texture, lubricant type) that men may perceive as better fitting or more comfortable given their particular concerns.

Description

The Condom Fit and Feel Scale is a 14-item Likert-type scale on which men indicate their experiences with the fit and feel of condoms. Items were developed by sexual health researchers in collaboration with sexual health practitioners, condom manufacturers, and condom distributors based upon the specific issues that men have presented during sexual health interventions and upon the specific issues with condom fit and feel that men have expressed to condom companies and condom retailers when seeking condom recommendations. The scale has five subscales, including

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