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AIDS Attitude Scale

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The purpose of the AIDS Attitude Scale (AAS) is to measure attitudes about AIDS and people who have AIDS or HIV infection. The scale can be used to discriminate people who are more empathetic or tolerant toward people who have HIV infection from those who are less tolerant or empathetic. Subject areas on the AAS include fears related to contagion and casual contact, moral issues, and topics related to legal and social welfare issues.

Description
This scale is a 54-item Likert scale (5 points) with response options labeled Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, and Strongly Disagree. The items on the scale were selected from an initial pool of 94 items written by undergraduate students in health education and nursing classes, or derived from literature review and interviews with experts knowledgeable about AIDS. They were reviewed for readability by five different undergraduate and graduate students and for acceptability for inclusion on the scale by a panel of four expert judges. The judges agreed on 67 of the original items for inclusion in the scale. The scale was administered to 164 undergraduate students in health education courses, and an item analysis was conducted to identify the statements that could best discriminate high and low scorers. Fifty-four items had statistically significant item-total correlations (p < .001). These items were arranged in random order, and the scale was tested for reliability. This scale was designed to measure college students’ attitudes about AIDS, but could be used for other populations.

Response Mode and Timing
Respondents circle or blacken one response option for each item on a separate answer sheet. Most respondents complete the scale within 15 minutes.

Scoring
The 25 tolerant items (2, 3, 5, 6, 9, 12, 14, 15, 19, 21, 22, 23, 24, 26, 28, 31, 32, 34, 36, 38, 41, 46, 51, 52, and 53) are scored such that Strongly Agree has a value of 5, Agree a value of 4, and so forth. For the intolerant items (1, 4, 7, 8, 10, 11, 13, 16, 17, 18, 20, 25, 27, 29, 30, 33, 35, 37, 39, 40, 42, 43, 44, 45, 47, 48, 49, 50, 54), reverse scoring is used. The total attitude score is obtained by the following formula: AAS score = (X − N)(100)/(N)(4), where X is the total of the scored responses and N is the number of items properly completed. This formula standardizes scores such that they may range from 0 to 100; higher scores indicate more empathy or tolerance related to AIDS and people who have AIDS.

Reliability
To measure internal consistency (split-half reliability), 135 undergraduates completed the scale. Reliability was high (Cronbach’s alpha = .96; Shrum, Turner, & Bruce, 1989). Reliability was confirmed in another independent sample of students (Cronbach’s alpha = .94; Bruce & Reid, 1998).

Validity
Content and face validity were evaluated by a panel of four expert judges: a social worker, a university health educator, a health education faculty member, and an experimental psychologist. Experts were chosen because of their expertise related to AIDS, either in education, counseling, or support services, or related to attitude scale development. The panel assessed the relevance of each item, as well as the content of the entire scale (Shrum et al., 1989). Evidence for construct validity through factor analysis shows three consistent factors related to contagion concerns, moral issues, and legal/social welfare issues. These account for over 40% of the variance (Bruce, Shrum, Trefethen, & Slovik, 1990; Shrum et al., 1989). Evidence for known-groups, concurrent, convergent, and discriminant validity of the AAS has been documented by Bruce and Reid (1998) and Bruce and Walker (2001). In addition, AAS scores predicted AIDS-related information seeking, as measured before and after celebrity announcements about having AIDS (Bruce, Pilgrim, & Spivey, 1994). The AAS also differentiated attitudes of college students and clients at sexually transmitted disease clinics (Bruce & Moineau, 1991). Further, females consistently score more tolerantly than males across college samples (Bruce & Walker, 2001).

Other Information
The scale is published in its entirety in Shrum et al. (1989). In the original scale, “AIDS” was used throughout. Now half of the references to AIDS have been changed to “HIV infection” as more appropriate.

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Other References
[References not provided in the text]
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References


Exhibit

**AIDS Attitude Scale**

For each of the following statements, please note whether you agree or disagree with the statement. There are no correct answers, only your opinions. Use the following scale:

- **SA**: Strongly Agree With the Statement
- **A**: Agree With the Statement
- **N**: Neither Agree nor Disagree With the Statement
- **D**: Disagree With the Statement
- **SD**: Strongly Disagree With the Statement

1. Limiting the spread of AIDS is more important than trying to protect the rights of people with AIDS.
2. Support groups for people with HIV (Human Immunodeficiency Virus) infection would be very helpful to them.
3. I would consider marrying someone with HIV infection.
4. I would quit my job before I would work with someone who has AIDS.
5. People should not be afraid of catching HIV from casual contact, like hugging or shaking hands.
6. I would like to feel at ease around people with AIDS.
7. People who receive positive results from the HIV blood tests should not be allowed to get married.
8. I would prefer not to be around homosexuals for fear of catching AIDS.
10. Only disgusting people get HIV infection.
11. I think that people with HIV infection got what they deserved.
12. People with AIDS should not avoid being around other people.
13. People should avoid going to the dentist because they might catch HIV from dental instruments.
14. The thought of being around someone with AIDS does not bother me.
15. People with HIV infection should not be prohibited from working in public places.
16. I would not want to be in the same room with someone who I knew had AIDS.
17. The “gay plague” is an appropriate way to describe AIDS.
18. People who give HIV to others should face criminal charges.
19. People should not be afraid to donate blood because of AIDS.
20. A list of people who have HIV infection should be available to anyone.
21. I would date a person with AIDS.
22. People should not blame the homosexual community for the spread of HIV infection in the United States.
23. No one deserves to have a disease like HIV infection.
24. It would not bother me to attend class with someone who has AIDS.
25. An employer should have the right to fire an employee with HIV infection regardless of the type of work s/he does.
26. I would allow my children to play with children of someone known to have AIDS.
27. People get AIDS by performing unnatural sex acts.
28. People with HIV should not be looked down upon by others.
29. I could tell by looking at someone if s/he had AIDS.
30. It is embarrassing to have so many people with HIV infection in our society.
31. Health care workers should not refuse to care for people with HIV infection regardless of their personal feelings about the disease.
32. Children who have AIDS should not be prohibited from going to schools or day care centers.
33. Children who have AIDS probably have a homosexual parent.
34. HIV blood test results should be confidential to avoid discrimination against people with positive results.
HIV/AIDS

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35. HIV infection is a punishment for immoral behavior.
36. I would not be afraid to take care of a family member with AIDS.
37. If I discovered that my roommate had AIDS, I would move out.
38. I would contribute money to an HIV infection research project if I were making a charitable contribution.
39. The best way to get rid of HIV infection is to get rid of homosexuality.
40. Churches should take a strong stand against drug abuse and homosexuality to prevent the spread of AIDS.
41. Insurance companies should not be allowed to cancel insurance policies for AIDS-related reasons.
42. Money being spent on HIV infection research should be spent instead on diseases that affect innocent people.
43. A person who gives HIV to someone else should be legally liable for any medical expenses.
44. The spread of AIDS in the United States is proof that homosexual behavior should be illegal.
45. A list of people who have HIV infection should be kept by the government.
46. I could comfortably discuss AIDS with others.
47. People with AIDS are not worth getting to know.
48. I have no sympathy for homosexuals who get HIV infection.
49. Parents who transmit HIV to their children should be prosecuted as child abusers.
50. People with AIDS should be sent to sanitariums to protect others from AIDS.
51. People would not be so afraid of AIDS if they knew more about the disease.
52. Hospitals and nursing homes should not refuse to admit patients with HIV infection.
53. I would not avoid a friend if s/he had AIDS.
54. The spread of HIV in our society illustrates how immoral the United States has become.

AIDS Discussion Strategy Scale

In order to gain insight into the nature of how people discuss sexual topics, such as AIDS, with a potential sex partner, Snell and Finney (1990) developed the AIDS Discussion Strategy Scale (ADSS), an objective self-report instrument designed to measure the types of interpersonal discussion strategies that women and men use if they want to discuss AIDS with an intimate partner. The ADSS was found to have subscales involving the use of six specific types of discussion tactics: rational strategies, defined as straightforward, reasonable attempts to discuss AIDS in a forthright manner with an intimate partner; manipulative strategies, defined as deceptive and indirect efforts to persuade an intimate partner to engage in conversation about AIDS; withdrawal strategies, defined as attempts to actually avoid any extended interpersonal contact with an intimate partner until this individual agrees to a discussion about AIDS; charm strategies, defined as acting in pleasant and charming ways toward an intimate partner in order to promote a discussion about AIDS; subtlety strategies, defined as involving the use of hinting and subtle suggestions in order to elicit a conversation about AIDS; and persistence strategies, defined as persistent and continuous attempts to try to influence an intimate partner to discuss AIDS.

Description

The ADSS consists of 72 items. Subjects respond to the 72 items on the ADSS using a 5-point Likert-type scale: –2 = definitely would not do this, –1 = might not do this, 0 = not sure whether I would do this, 1 = might do this, and 2 = would definitely do this. To determine whether the 72 items on the ADSS would form independent clusters of items, a principal components factor analysis with varimax rotation was conducted. Six factors with eigenvalues greater than 1 were extracted. Those items that loaded on unique factors (coefficients greater than .30) were used to construct six subscales for the ADSS. The number of items on the respective subscales were as follows: Rational (26 items), Manipulation (20 items), Withdrawal (4 items), Charm (5 items), Subtlety (3 items), and Persistence (4 items).

Response Mode and Timing

Respondents indicate their response on a computer scan sheet by darkening in a response from A to E for each item. The questionnaire usually requires about 45 minutes to complete.

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