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Stereotypes About AIDS Scale

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The spread of AIDS (i.e., Acquired Immune Deficiency Syndrome) poses such a severe threat to society that a variety of stereotypes have proliferated about this disease. Snell, Finney, and Godwin (1991) conducted an investigation to examine several stereotypes about AIDS. More specifically, they developed and provided preliminary validation of the psychometric properties of the Stereotypes About AIDS Scale (SAAS), a multidimensional measure of stereotypes about AIDS. The selection of the particular stereotypes about AIDS measured by the SAAS was based on a literature review about AIDS stereotypes. Four categories of AIDS-related stereotypes (with multiple subscales in each category) are measured by the SAAS: (a) global stereotypic beliefs about AIDS, (b) personal attitudes about AIDS, (c) medical issues about AIDS, and (d) sexual issues about AIDS. The items in Section A of the SAAS (Global Stereotypes about AIDS) form four separate subscales concerned with stereotypes about the need for AIDS-related education, AIDS-related confidentiality, the transmission of AIDS, and AIDS is caused by homosexuality. The items in Section B of the SAAS (Personal Attitudes About AIDS) form five separate subscales concerned with stereotypes about the desire to avoid those afflicted with AIDS, AIDS is not perceived as self-relevant, a closed-minded approach to AIDS, the issue of AIDS is being exaggerated, and the notion that AIDS is a moral punishment. The items in Section C of the SAAS (Medical Issues About AIDS) form four separate subscales concerned with stereotypes about the belief that AIDS is a threat to medical staff, protecting the U.S. blood supply system from AIDS, a cure for AIDS, and AIDS testing should be conducted. The items in Section D of the SAAS (Sexual Issues About AIDS) form two separate subscales concerned with stereotypes about the relationship between AIDS and sexual activity and the prevention of AIDS through the use of condoms.

Reliability

Snell, Finney, and Godwin (1991) found that for Section A (Stereotypic Beliefs About AIDS) of the SAAS, the reliabilities ranged from a low of .75 to a high of .85; for Section B (Personal Attitudes About AIDS) of the SAAS, the reliabilities ranged from a low of .72 to a high of .87; for Section C (Medical Issues Related to AIDS) of the SAAS, the reliabilities ranged from a low of .64 to a high of .83; and for Section D (Sexuality and AIDS) of the SAAS, the Cronbach alphas were .86 and .78, respectively.

Response Mode and Timing

People respond to the SAAS by using a computer scan sheet to darken a response (either A, B, C, D, or E) for each item. The entire questionnaire (i.e., all four sections) usually takes about 35–45 minutes to complete.

Scoring

The SAAS consists of 15 separate subscales. Several SAAS items are reversed-scored (A8, A20, A21, C2, C12, and D4) before the subscales are computed. The four subscales for Section A are the need for AIDS-related education (A4, A6, A12, A18, A20, A22, A24, A28, A30), AIDS-related confidentiality (A2, A3, A8, A9, A14, A21, A26, A27), the transmission of AIDS (A5, A11, A15, A17, A23, A29), and AIDS is caused by homosexuality (A1, A7, A13, A19, A25). The five subscales for Section B are the desire to avoid those afflicted with AIDS (B1, B22, B23, B24, B34, B35), AIDS was not perceived as self-relevant (B5, B6, B7, B8), a closed-minded approach to AIDS (B13, B16, B17), the issue of AIDS is being exaggerated (B3, B10, B25, B29), and the notion that AIDS is a moral punishment (B9, B32, B33). The four subscales for Section C are the belief that AIDS is a threat to medical staff (C3, C4, C6, C11, C12, C18), protecting the U.S. blood supply system from AIDS (C2, C5, C7, C17, C25, C27), cure for AIDS (C9, C10, C23), and AIDS testing should be conducted (C13, C14). The two subscales for Section D are the relationship between AIDS and sexual activity (D1, D2, D4 to D12, D13) and the prevention of AIDS through the use of condoms (D3, D10, D17, D18, D19).
Validity

Snell et al. (1991) reported that those individuals who endorsed a wide range of “negative,” inaccurate stereotypes about AIDS, as measured by their responses to SAAS, reported greater AIDS-related anxiety. In particular, people who believed that AIDS was not relevant to them, who were closed-minded about AIDS, and who believed that the media was exaggerating the issue of AIDS indicated that they felt sufficient AIDS anxiety to inhibit their sexual activity. Additionally, it was found that those who believed in the importance of AIDS education reported that they would be more likely to use direct, rational strategies to start a conversation about AIDS with a potential sexual partner. One other set of findings reported by Snell et al. dealt with the issue of men’s and women’s stereotypic reactions to AIDS. It was found that both males and females were supportive of greater educational efforts about AIDS, although, interestingly enough, they also were somewhat supportive of widespread mandatory testing for AIDS.

In addition, other evidence indicated a consistent pattern of gender differences in men’s and women’s stereotypic beliefs about AIDS, with the findings generally suggesting that women expressed more positive and less prejudicial AIDS-related attitudes than did males. Snell et al. also found that females’ endorsement of several socially undesirable stereotypes about women was predictive of their agreement (and disagreement) with a number of prejudicial (and nonprejudicial) stereotypes about AIDS and AIDS-afflicted individuals, as measured by the SAAS. Females who held a set of disparaging beliefs about women (e.g., that women are more passive, vulnerable, and moral than men; that women are sexually passive and sexual teases) reported adhering to a variety of stigmatizing beliefs and attitudes about AIDS, as measured by the SAAS.

Reference


Exhibit

The Stereotypes about AIDS Scale

AIDS – Section A

Instructions: The items listed below refer to people’s beliefs about the topic of AIDS (Acquired Immune Deficiency Syndrome). We are interested in whether you agree or disagree with these statements. As such, there are no right or wrong answers, only your own individual opinions. To indicate your reactions to these statements, use the following scale:

A = Agree
B = Slightly agree
C = Neither agree nor disagree
D = Slightly disagree
E = Disagree

Remember: There are no right or wrong responses; only your opinions. Be sure to respond to each and every statement; leave no blanks.

1. Homosexuality is the cause of AIDS.
2. People with AIDS don’t really have a right to confidentiality about their disease.
3. People ought to notify their employees if they contract AIDS.
4. Not enough money is being spent on AIDS-related research.
5. AIDS can be transmitted by being in the same room with an AIDS patient.
6. People need education to learn how to avoid getting the virus AIDS.
7. If it weren’t for homosexuals, we wouldn’t have the disease AIDS.
8. AIDS victims have a right to privacy about their lives and lifestyles.
9. Businesses should have the right to fire people if they have AIDS.
10. The cost of medical care for AIDS patients should be paid by the government.
11. AIDS can be transmitted by shaking hands with an AIDS patient.
12. AIDS education is an appropriate task for schools to perform.
13. The sexual promiscuity of homosexuals is the reason why AIDS exists.
14. The government should be able to test anyone for AIDS.
15. A person can get AIDS from fellow workers at a job.
16. The government is not doing enough to fight AIDS.
17. AIDS can be transmitted by sharing eating utensils with an AIDS patient.
18. Sexual education about AIDS is necessary at school.
19. AIDS is really a punishment sent from God for the sinful acts of homosexuality.
20. AIDS infected children should be kept out of public school.
21. Having a co-worker with AIDS would not bother me.
22. AIDS is a serious national problem that deserves government attention.
23. AIDS can be transmitted by kissing an individual with AIDS.
24. It is important that students learn about AIDS in their classes.
25. AIDS is God’s way of getting rid of homosexuals.
26. Identifying those people with AIDS should be a high priority.
27. Employees have a right to know if any of their co-workers have AIDS.
28. The Federal government ought to fund education on AIDS.
29. People can catch AIDS by giving CPR to an individual with AIDS.
30. Children need instruction about AIDS in their school curriculum.

AIDS – Section B

Instructions: The items listed below refer to people’s beliefs about the topic of AIDS (Acquired Immune Deficiency Syndrome). We are interested in whether you agree or disagree with these statements. As such, there are no right or wrong answers, only your own individual opinions. To indicate your reactions to these statements, use the following scale:

<table>
<thead>
<tr>
<th>A</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Slightly agree</td>
</tr>
<tr>
<td>C</td>
<td>Neither agree nor disagree</td>
</tr>
<tr>
<td>D</td>
<td>Slightly disagree</td>
</tr>
<tr>
<td>E</td>
<td>Disagree</td>
</tr>
</tbody>
</table>

Remember: There are no right or wrong responses; only your opinions. Be sure to respond to each and every statement; leave no blanks.

1. I don’t want to talk or interact with anyone with AIDS.
2. We have a social obligation to help those with AIDS.
3. People who describe AIDS as an epidemic are exaggerating its true nature.
4. As always, science will eventually find a cure for AIDS.
5. AIDS is really not my problem; it’s somebody else’s.
6. AIDS is not my problem.
7. AIDS is not a threat to me.
8. The AIDS crisis is really removed from me.
9. People who die from AIDS are being punished for their past wrongs.
10. People are blowing the issue of AIDS way out of proportion.
11. People should test themselves for AIDS.
12. People who get AIDS can blame only themselves.
13. Only people from California have been affected by AIDS.
14. Part of the problem with AIDS is that people don’t talk about it.
15. The AIDS epidemic will soon be a financial burden on the U.S. economy.
16. You can’t teach young children about AIDS.
17. Men and women don’t really need to discuss AIDS with each other.
18. AIDS has become a significant problem in prison populations.
19. A cure for AIDS is inevitable.
20. AIDS is easy to get.
21. AIDS may eventually bankrupt the U.S. health care system.
22. People with AIDS should not be allowed to work in public schools.
23. People with AIDS should not be allowed to handle food in restaurants.
24. People with AIDS should not be allowed to work with patients in hospitals.
25. AIDS is not as big a problem as the media suggests.
26. I am not the kind of person who is likely to get AIDS.
27. I am less likely than most people to get AIDS.
28. I’d rather get any other disease than AIDS.
29. I’ve heard enough about AIDS, and I don’t want to hear any more about it.
30. Living in San Francisco would increase anyone’s chances of getting AIDS.
31. If a free blood test was available to see if you have the AIDS virus, I would take it.
32. AIDS is God’s punishment for immorality.
33. AIDS patients offend me morally.
34. If I knew someone with AIDS, it would be hard for me to continue that relationship.
35. Children with AIDS should not be allowed to attend public schools.

**AIDS – Section C**

*Instructions*: The items listed below refer to people's beliefs about the topic of AIDS (Acquired Immune Deficiency Syndrome). We are interested in whether you agree or disagree with these statements. As such, there are no right or wrong answers, only your own individual opinions. To indicate your reactions to these statements, use the following scale:

- **A** = Agree
- **B** = Slightly agree
- **C** = Neither agree nor disagree
- **D** = Slightly disagree
- **E** = Disagree

*Remember*: There are no right or wrong responses; only your opinions. Be sure to respond to each and every statement; leave no blanks.

1. The family of AIDS victims ought to have the right to participate in medical decisions.
2. People with AIDS should not be admitted to medical hospitals.
3. Doctors can catch AIDS if they treat patients with this disease.
4. AIDS patients will contaminate medical staff and other hospital patients.
5. It’s important to maintain a safe blood banking system, because of AIDS.
6. Health care workers can catch AIDS in medical situations.
7. Medicine has a test to identify whether a person has AIDS.
8. The medical test for AIDS will not always identify a recently-infected person.
9. There’s a vaccine that prevents the spread of AIDS.
10. There are effective medical treatments for those with AIDS.
11. Doctors and nurses are at risk for catching AIDS from infected patients.
12. No medical assistance person has ever caught AIDS from a patient.
13. AIDS blood tests should be administered to everyone in hospitals.
14. Hospitals should have the right to test all patients for AIDS.
15. A doctor with AIDS should not be allowed to treat patients.
16. A hospital worker should not be required to work with AIDS patients.
17. AIDS patients have as much right to quality medical care as anyone else.
18. AIDS makes a medical job a high-risk occupation.
19. Dealing with AIDS patients is different from dealing with other types of patients.
20. The high cost of treating AIDS patients is unfair to other people in need of care.
21. Working with AIDS patients can be a rewarding experience for medical personnel.
22. Hospital personnel should go out of their way to be helpful to a patient with AIDS.
23. People with AIDS can be cured if they seek medical attention.
24. To get AIDS, a person must have intimate sexual or blood contact with an AIDS carrier.
25. The disease AIDS can be transmitted by the exchange of blood (or blood products).
26. AIDS has been identified in hemophiliacs (people who bleed easily).
27. AIDS has been linked to blood transfusion.
28. AIDS is probably in most of the nation’s blood supply.
29. A blood test can identify testing for AIDS.
30. People get AIDS from blood transfusion.

**AIDS – Section D**

*Instructions*: The items listed below refer to people’s beliefs about the topic of AIDS (Acquired Immune Deficiency Syndrome). We are interested in whether you agree or disagree with these statements. As such, there are no right or wrong answers, only your own individual opinions. To indicate your reactions to these statements, use the following scale:
A = Agree
B = Slightly agree
C = Neither agree nor disagree
D = Slightly disagree
E = Disagree

Remember: There are no right or wrong responses; only your opinions. Be sure to respond to each and every statement; leave no blanks.

1. AIDS is a serious challenge to the notion of recreational sex.
2. Because of AIDS, everyone has a responsibility to practice healthful sexual behaviors.
3. Condoms offer protection against the spread of AIDS.
4. AIDS cannot be transmitted by heterosexual (male-female) sexual activity.
5. People catch AIDS from their sexual partners.
6. The more sexual partners people have, the greater their chance of acquiring AIDS.
7. AIDS is associated with multiple anonymous sexual contacts.
8. AIDS is transmitted by intimate sexual contact.
9. People can contract AIDS even though they have had sex with only one person.
10. Condoms are a safe shield against AIDS.
11. AIDS is essentially a sexually transmitted disease.
12. People can contract AIDS from sexual contact with a single infected person.
13. Any sexually active people can get AIDS.
14. People get AIDS from sex.
15. People don’t engage in sex very much nowadays because of AIDS.
16. AIDS is transmitted primarily through sexual relations.
17. Proper use of condoms can reduce the risk of catching AIDS.
18. The use of condoms can prevent the spread of AIDS.
19. Heterosexuals who use condoms can lessen their risk for getting AIDS.
20. People who have “one-night stands” will probably catch AIDS.

Alternate Forms of HIV Prevention Attitude Scales for Teenagers

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The lack of valid devices for measuring attitudes toward HIV prevention for adolescents has remained an obstacle to HIV/AIDS education evaluation. Many national authority groups, such as the National Research Council (Coyle, Boruch, & Turner, 1989), have recognized the importance of construction of reliable survey questionnaires in evaluating HIV prevention programs. In addition to knowledge and behavioral outcomes, it is imperative to determine attitude status and how it changes in health education settings.

Research indicates that attitudes are best described as multidimensional, having the three components of cognitive (belief), affective (feeling), and conative (intention to act; Ajzen & Fishbein, 1980; Kothandapani, 1971; Ostrom, 1969). This model has been successfully applied in measurement of attitudes toward alcohol among teenagers (Torabi & Veenker, 1986), prevention of cancer for college students (Torabi & Seffrin, 1986), and sexually transmitted diseases (Yarber, Torabi, & Veenker, 1989).

In testing situations, especially for test-retest design, there is a need for parallel, equivalent, or alternate forms of tests. Tests are considered to be parallel whenever their information functions are identical (Timminga, 1990).

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