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UCLA Multidimensional Condom Attitudes Scale

Marie Helweg-Larsen, Dickinson College

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 Filipino 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), and men's and women's past condom use was correlated with positive attitudes toward pleasure and embarrassment about buying condoms.

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.

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4. Embarrassment About Negotiation and Use of Condoms: Reverse score Questions 1, 7, and 16; then add Questions 1, 7, 12, 16, and 21.

5. Embarrassment About Purchasing Condoms: Reverse score Questions 5, 11, 17, and 23; then add Questions 5, 10, 11, 17, and 23.

Reliability

We established internal consistency in three independent samples (separately for men and women) using factor analysis and confirmatory factor analysis in structural equation modeling (Helweg-Larsen & Collins, 1994). Acceptable Cronbach’s alpha values for each factor have been found in many subsequent studies (e.g., Maisto et al., 2004; Rosengard et al., 2006).

Validity

We established construct validity for the MCAS by showing that gender and sexual experience were associated with the five factors of the MCAS (Helweg-Larsen & Collins, 1994). Furthermore, past and intended condom use was related to the five factors of the MCAS, again showing different patterns for men and women. The MCAS has also been validated in a sample of low-acculturated Hispanic women (Unger & Molina, 1999) and among Mexican undergraduate students (DeSouza et al., 1999).

References


Exhibit

**MCAS Multidimensional Condom Attitudes Scale**

Please respond to all questions **even if you are not sexually active or have never used** (or had a partner who used) condoms. In such cases indicate how you **think you would feel** in such a situation.

Choose a number on the scale below that best represents your feelings about each statement. There are no right or wrong responses to any of these statements. Write the number that best represents your opinion in the blank beside each question.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It is really hard to bring up the issue of using condoms to my partner.</td>
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<td>2. Use of a condom is an interruption of foreplay.</td>
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<td>3. Women think men who use condoms are jerks.</td>
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<tr>
<td>4. Condoms are an effective method of preventing the spread of AIDS and other sexually transmitted diseases.</td>
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<tr>
<td>5. I always feel really uncomfortable when I buy condoms.</td>
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<td>6. Condoms are unreliable.</td>
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<tr>
<td>7. When I suggest using a condom I am almost always embarrassed.</td>
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<tr>
<td>8. Condoms ruin the sex act.</td>
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</table>
Condom Fit and Feel Scale

MICHAEL REECE,\textsuperscript{1} DEBBY HERBENICK, AND BRIAN DODGE, Indiana University

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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