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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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.
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.

Condoms Fit Fine, Condoms Feel Too Loose, Condoms Feel Too Tight, Condoms Are Too Long, and Condoms Are Too Short. Each item is assessed using a 4-point response option (1 = Never Applies to Me; 2 = Sometimes Applies to Me; 3 = Often Applies to Me; 4 = Always Applies to Me).

Response Mode and Timing
Respondents are asked to read a series of 14 statements and to indicate the extent to which the specific perception of condom fit and feel has applied to them over the course of their past sexual activities during which condoms were used. The scale is preceded by the instruction: “Please rate the extent to which each of the following statements has applied to you as you have used condoms for sexual activities in the past.” Completion of the scale takes approximately 5 minutes.

Scoring
A mean score for each subscale is calculated by summing the scores on items within each subscale and dividing the total subscale score by the number of items in each subscale. The subscale mean scores can be used independently to assess men’s experiences with specific aspects of condom fit and feel. One can also calculate an overall score of Condom Fit and Feel Problems by reverse scoring the two positive items in the Condoms Fit Fine subscale and creating a summed score.

Reliability
Reliability coefficients of the subscales have ranged from .60 (Condoms Are Too Long subscale) to .89 (Condoms Feel Too Loose subscale) during administration to samples of heterosexual, bisexual, and gay men (Reece, Dodge, Herbenick, Fisher, & Alexander, 2007; Reece, Herbenick, & Dodge, 2009). In addition to the English version of the scale, similar levels of reliability have been demonstrated in multiple languages including Spanish, German, French, Dutch, and Slovenian (Dodge, Reece, & Herbenick, 2009). Reliability of the scale has also been established among individuals living with HIV (Briggs, Reece, Dodge, Glover, & Herbenick, 2009).

Validity
Factorial validity was established through exploratory and confirmatory factor analyses (Reece et al., 2008) following its initial implementation among a sample of 1,842 men with a history of condom use in the United States. Factor analyses indicated a five-factor solution (the five subscales) that explained 54.3% of the variance. Known-groups validity has been established by exploring the extent to which subscale scores converge with self-reported measures of erect penile circumference and penile length (Reece et al., 2009). Convergent validity of the total scale and individual subscales has been further established through the use of the scale with measures of condom use, condom breakage, and condom slippage (Reece et al., 2007; Reece et al., 2009).

References


Exhibit

Condom Fit and Feel Scale

Please rate the extent to which each of the following statements has applied to you as you have used condoms for sexual activities in the past.

Response Options:

1. Never Applies to Me
2. Sometimes Applies to Me
3. Often Applies to Me
4. Always Applies to Me
Condom Embarrassment Scale

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Embarrassment as a construct inhibiting effective contraceptive use has been supported in the literature (Baffi, Schroeder, Redican, & McCluskey, 1989; Beckman, Harvey, & Tiersky, 1996; Bell, 2009; Dahl, Gorn, & Weinberg, 1998; Herold, 1981; Hingson, Strunin, Berlin, & Heeren, 1990; Hughes & Torre, 1987; Kallen & Stephensen, 1980; Moore, Dahl, Gorn, & Weinberg, 2006; Moore et al., 2008; Valdiserri, Arena, Proctor, & Bonati, 1989). The Condom Embarrassment Scale (CES) was developed to measure the level of embarrassment in college men and women regarding condom use (Vail-Smith, Durham, & Howard, 1992). Condom embarrassment is here defined as the psychological discomfort, self-consciousness, and feeling of being ill at ease associated with condom use. The researchers hypothesized that this psychological discomfort would be experienced when an individual makes an acquisition of condoms, negotiates with a partner to use condoms, and actually uses a condom as a part of a sexual encounter.

Description

The 18-item CES employs a Likert scale (5-point) with response options labeled from Strongly Disagree to Strongly Agree. From the responses of a sample of 256 college students, a principal factor analysis with varimax rotation revealed three major components of condom embarrassment that accounted for 59.4% of the total variance. Items 1, 2, 3, 4, 5, 6, 7, and 12 loaded heavily on the first factor. This factor accounted for 45.0% of the shared variance explained by the three factors and appears to be character-

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