Handbook of Sexuality-Related Measures

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Contraceptive Attitude Scale

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The Contraceptive Attitude Scale (CAS) is a measure of attitudes toward the use of contraceptives in general as opposed to attitudes toward a specific type of contraceptive (Brown, 1984), or toward the premarital use of contraceptives (Parcel, 1975). Potentially the scale could help distinguish between an attitude toward using a particular method of contraception (e.g., the condom) versus an attitude toward using any contraceptive.

Description
The CAS consists of 17 positively and 15 negatively worded items to which respondents indicate their agreement or disagreement. The final set of statements was selected based on the responses of 75 male and 60 female college students to a larger set of 80 statements.

Response Mode and Timing
Participants respond to each item by indicating their level of agreement with each statement. Possible responses range from 1 (strongly disagree) to 5 (strongly agree). The scale requires about 10 minutes to complete.

Scoring
All statements are scored using a 5-point scale. For positively worded statements, strongly disagree receives a score of 1 and strongly agree receives a score of 5. Negatively worded statements are reverse scored so that strongly disagree receives a score of 5 and strongly agree receives a score of 1. The total score is the sum of the responses to each item. Lower scores indicate more negative attitudes toward contraception.

Reliability
Test-retest reliability of the 32-item scale is very good, \( r(166) = .88, p < .001 \). Internal reliability, as measured by corrected item-total correlations is also good (rs range from .26 to .68; Black & Pollack, 1987).

Validity
Scores from the CAS correlated significantly with scores from the Premarital Contraceptive Attitude Evaluation Instrument (Parcel, 1975), \( r = .72 \). It also correlated with reported frequency of contraceptive use among nonvirgin male and female college students, \( r = .60 \).

References


Exhibit

Contraceptive Attitude Scale
Below are several statements about the use of contraceptives (birth control). We are interested in knowing your opinion about each statement. Using the scale below, please indicate your level of agreement or disagreement with each statement. Keep in mind that there are no right or wrong answers. Also remember that we are interested in your personal opinion. Therefore, we want to know how you feel about these statements and not how you think your family or friends might feel about these statements.

SA = Strongly agree; A = Agree; U = Undecided; D = Disagree; SD = Strongly disagree

1. I believe that it is wrong to use contraceptives.
2. Contraceptives reduce the sex drive.
3. Using contraceptives is much more desirable than having an abortion.
4. Males who use contraceptives seem less masculine than males who do not.
5. I encourage my friends to use contraceptives.
6. I would not become sexually involved with a person who did not accept contraceptive responsibility.
7. Teenagers should not need permission from their parents to get contraceptives.
8. Contraceptives are not really necessary unless a couple has engaged in intercourse more than once.

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The Contraceptive Utilities, Intention, and Knowledge Scale (CUIKS) was developed to test a social psychological model of contraceptive behavior developed by Condelli (1984). This model combined elements of the health belief model (Rosenstock, 1974), Luker’s (1975) model of contraceptive risk taking, and Fishbein and Ajzen’s (1975) behavioral intention model. Consequently, it is appropriate for use when examining any of these models or the unified model. It can also be used to study women’s knowledge and perceptions about contraceptive methods, their attitudes about pregnancy, and to measure intention to use contraception.

Description

The scale is designed to be used with women and is divided into three parts. Part one has nine items (Questions 1–6 in the Exhibit) and measures perceived likelihood of becoming pregnant, both when the respondent is using her chosen method of contraception and with unprotected intercourse. Part two of the scale (Questions 7 and 8 in the Exhibit) has 16 items and measures respondent attitudes about four methods of contraception. The respondent indicates her perceptions of the effectiveness of each method. Her concerns about effects from using each method are also measured.

It also asks the likelihood she will use her method at each act of intercourse over the next year. This item is designed to measure intention to use contraception. One item measures attitude about becoming pregnant at the present time. This part of the scale also has the respondent rate the degree of subjective social support she expects from “people who are most important” to her for using each of four methods of contraception (diaphragm, IUD, the pill, and condoms). Part one also includes an item asking the respondent to state her current method of contraception.

Part two of the scale has 16 items and measures respondent attitudes about four methods of contraception. The respondent indicates her perceptions of the effectiveness of each method. Her concerns about effects from using each method are also measured.

The third part of the scale is a multiple-choice knowledge test. This test is divided into two parts. The first part is an 8 item test of general knowledge of conception and contraception. The second part is a 4 item test that measures