Handbook of Sexuality-Related Measures

Terri D. Fisher, Clive M. Davis, William L. Yarber, Sandra L. Davis

Contraceptive Attitude Scale

Publication details

Kelly J. Black
Published online on: 12 Aug 2010

How to cite:- Kelly J. Black. 12 Aug 2010, Contraceptive Attitude Scale from: Handbook of Sexuality-Related Measures Routledge
Accessed on: 12 Jul 2023

PLEASE SCROLL DOWN FOR DOCUMENT

Full terms and conditions of use: https://www.routledgehandbooks.com/legal-notices/terms

This Document PDF may be used for research, teaching and private study purposes. Any substantial or systematic reproductions, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The publisher shall not be liable for an loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.
Contraceptive Attitude Scale

KELLY J. BLACK,1 University of Washington

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.

1Address correspondence to Kelly Black, University of Washington, WaNPRC, Box 357330, Seattle, WA 98109; e-mail: kellyblack@wanprc.org
9. Contraceptives make sex seem less romantic.
10. Females who use contraceptives are promiscuous.
11. I would not have intercourse if no contraceptive method was available.
12. I do not believe that contraceptives actually prevent pregnancy.
13. Using contraceptives is a way of showing that you care about your partner.
15. I would feel embarrassed discussing contraception with my friends.
16. One should use contraceptives regardless of how long one has known his/her sexual partner.
17. Contraceptives are difficult to obtain.
18. Contraceptives can actually make intercourse seem more pleasurable.
19. I feel that contraception is solely my partner’s responsibility.
20. I feel more relaxed during intercourse if a contraceptive method is used.
21. I prefer to use contraceptives during intercourse.
22. In the future, I plan to use contraceptives any time I have intercourse.
23. I would practice contraception even if my partner did not want me to.
24. It is no trouble to use contraceptives.
25. Using contraceptives makes a relationship seem too permanent.
26. Sex is not fun if a contraceptive is used.
27. Contraceptives are worth using, even if the monetary cost is high.
28. Contraceptives encourage promiscuity.
29. Couples should talk about contraception before having intercourse.
30. If I or my partner experienced negative side effects from a contraceptive method, we would use a different method.
31. Contraceptives make intercourse seem too planned.
32. I feel better about myself when I use contraceptives.

Contraceptive Utilities, Intention, and Knowledge Scale

LARRY CONDELLI, University of California, Santa Cruz

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.

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 (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.

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

1Address correspondence to Larry Condelli, American Institutes for Research, 1000 Thomas Jefferson Street, NW, Washington, DC 20007; e-mail: LCondelli@air.org