Coping with condom embarrassment

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Abstract
This study assesses the embarrassment associated with purchasing, carrying, storing, using and disposing of condoms. It incorporates coping theory into the investigation of embarrassment by analysing the strategies individuals use to cope with embarrassment during condom purchase. The results of a survey show that individuals are embarrassed at various stages related to condom use. Purchasing condoms elicits the most embarrassment, followed by carrying and disposing, while using and storing are the least embarrassing. To cope with their embarrassment while purchasing condoms, people use multiple cognitive and behavioural coping strategies, with embarrassed people using more strategies. Both embarrassment and the number of strategies used decrease with age and experience. It appears that embarrassment associated with condoms remains a barrier to condom acquisition and consistent condom use, particularly among young adult populations. Coping strategies help individuals to bridge the gap between embarrassment and use.

Keywords: Embarrassment, condoms, coping, purchasing

Introduction
Embarrassment is a reaction to, or the anticipation of, a negative evaluation of oneself by a real or imagined audience, leading to an “aversive and awkward emotional state” (Dahl, Manchanda, & Argo, 2001, p. 474). Embarrassment is associated with situations that are perceived to be threatening and often involves fearful or anxious feelings (Folkman & Lazarus, 1988a). These situations would include those associated with condoms. The embarrassment associated with condoms is becoming an issue of concern for health practitioners, as past research has shown that embarrassed individuals purchase and use condoms less often, and purchase fewer condoms when they do buy (Dahl, Gorn, & Weinberg, 1998), increasing their risk of experiencing unwanted pregnancy or of acquiring STDs, including HIV/AIDS (Helweg-Larsen & Collins, 1994).

Consistent condom use includes five stages: purchasing, carrying, storing, using and disposing of condoms. Each of these stages is potentially embarrassing, and thus a possible barrier to consistent condom use. The types of potentially embarrassing situations are likely to be quite different for each stage—compare the embarrassment while shopping in a store...
for a price check on condoms to the embarrassment of asking a partner to use a condom. How embarrassing the specific situations are for the individual should determine the level of embarrassment they feel. Hence, the amount of felt embarrassment is likely to be different across the various stages. For example, an individual can be embarrassed to purchase condoms as this involves a social audience and public behaviour, but may not be embarrassed about using condoms, where the interaction is with one other person. To remove the potential barriers to consistent condom use, the level of embarrassment at each stage and the coping strategies that people use to overcome, reduce or prevent embarrassment must be identified and understood. This research examines embarrassment across five stages and identifies the importance and impact of coping behaviours specifically during condom purchase. Our examination of coping strategies focuses on the condom purchase situation, as previous research has shown high levels of embarrassment at this stage and has suggested that individuals may use coping strategies in this context (Dahl et al., 2001).

The coping concepts used in this study are based on Folkman and Lazarus’ (1988a) model of stress and coping, where coping is defined as cognitive and behavioural efforts to manage troubled “person–environment encounters” (Folkman & Lazarus, 1988a). In this model, the emotions elicited by an encounter will depend on how it is appraised. In the case of condoms, embarrassment may occur at, or in anticipation of, situations that are perceived to be challenging, harmful or threatening. For example, embarrassment may occur during condom purchase if an individual perceives a disapproving audience (e.g., friends, strangers, cashiers). Coping can be problem-focused (behavioural), where the emphasis is on changing the person–environment relationship (e.g., “I go to a store outside my neighbourhood”), or emotion-focused (cognitive), where the emphasis is on managing the distressing emotions by changing the interpretation of the situation (e.g., “I shouldn’t be embarrassed because everybody buys condoms”). Often both types of coping are used in a given situation and one type of coping can serve both functions (Folkman & Lazarus, 1988a).

A survey was conducted to investigate these two primary issues: embarrassment at each stage and coping strategies during condom purchase. We attempt to add to previous research that suggests that individuals are embarrassed about both purchasing and using condoms. We also extend this research by examining the embarrassment associated with the carrying, storing and disposal of condoms—something we believe can occur at these stages. For example, research suggests that people often do not carry condoms even in situations where there is the possibility of having sex with a new partner (Dahl, Gorn, & Weinberg, 1999). One reason for this may be that they are embarrassed to do so. Importantly, embarrassment during any stage may have consequences for consistent condom purchase and use.

We expect the condom purchase stage to be one of the most embarrassing, and hypothesize that embarrassed individuals will use cognitive and behavioural coping strategies to control their emotions or the situation during condom purchase. For example, as a conscious strategy to cope with embarrassment, individuals may purchase at a store outside their neighbourhood or buy other items along with condoms. When purchasing non-embarrassing products, people might do similar things; however, they would do so either because they intended to buy multiple items in the first place or because of impulse purchasing, rather than out of any embarrassment. Only for embarrassing products such as condoms are these behaviours strategic and seen as necessary. We expect that individuals who are embarrassed to purchase condoms will invoke deliberate coping strategies to reduce or prevent their embarrassment. Finally, consistent with previous research, we expect embarrassment to decline with age and experience (Dahl et al., 2001).
Methods

Procedure

To begin developing the survey instrument, two focus groups were conducted: one with males (six participants) and one with females (seven participants). All participants were required to have had experience purchasing condoms to participate and were paid $25 for a 90-min session. The focus groups provided insight into different stages of condom use and provided the basis for developing the coping strategies measure. Participants were asked what they found embarrassing about condoms—all five of the stages discussed earlier (purchasing, carrying, storing, using and disposing) were mentioned by participants during discussion as potentially embarrassing stages of condom use. Although individuals were later asked about the specific coping strategies they used to combat purchase embarrassment, numerous strategies were brought up spontaneously during the discussion about embarrassment. Coping behaviours and strategies appeared closely tied to embarrassment about purchasing condoms.

The focus group discussion revealed that purchasing condoms is indeed different from purchasing other products—it requires planning and strategizing, even about behaviours that for other products are normal, such as buying multiple items. When purchasing toothpaste, one might remember that one needs lemons and milk. When purchasing condoms, one purposely chooses to buy other products; some participants reported that they not only purposely purchase other items, but that they deliberate about which items to choose.

Surveys were collected at three locations in a major North American city: night clubs, shopping malls and on a university campus. To ensure privacy, respondents completed a survey instrument anonymously in isolation, and were provided with an envelope in which to seal their finished questionnaire. They received $5 for participation. Only individuals between the ages of 18 and 26 who stated that they had previously purchased condoms were eligible to participate.

Sample

A total sample of 497 individuals (209 females, 280 males) was obtained from three locations: night clubs (34.6%), shopping malls (28.6%) and a university campus (36.8%). Heterosexual individuals comprised 93.3% of the sample, with homosexual and bisexual individuals making up 4.1% and 2.7% of the sample, respectively. Only four individuals (0.8%) identified themselves as lesbian and, as mentioned, all individuals who participated had previously purchased condoms.

Measures

Embarrassment was assessed by five scales drawn from previous research that asked participants to rate the degree to which they felt embarrassed, self-conscious, awkward, uncomfortable and exposed in each of the five stages (Dahl et al., 2001). Scales were anchored at 1 (not embarrassed at all) and 7 (very embarrassed). These five embarrassment scales were combined to create a measure of total embarrassment for the purchasing, carrying, using and disposing stages (α ≥ .91 for all stages). The embarrassment measure for the storing stage included only the embarrassment item and not the four alternate items, as preliminary research indicated that embarrassment at storage was not as critical as at the other stages.
The coping measure consisted of a checklist of various strategies that a person might use when purchasing condoms. The strategies were generated and grouped based on focus group pretesting and Folkman and Lazarus’ Ways of Coping Scale (Folkman & Lazarus, 1988b; e.g., Table I). This resulted in 29 coping strategies grouped into four categories, named and defined according to Folkman and Lazarus’ Ways of Coping Scale: emotion-focused, planful problem solving, escape avoidance and social support (Folkman & Lazarus, 1988b). The emotion-focused grouping was composed of seven positive thought items that individuals use to manage negative affect during purchase (e.g., “I shouldn’t be embarrassed because condoms are important to have and use”). For this measure, individuals were asked to picture themselves buying condoms and were asked which of the following thoughts, if any, they would have in coping with the purchase situation. In contrast to these cognitive strategies, the other three categories represent problem-focused coping as they focused on actual behaviours. Here, individuals were asked which of the following they had done to cope with embarrassment while purchasing condoms, and were instructed to check all the strategies that applied, if any. The planful problem solving grouping included 12 strategies engaged in to prevent or reduce embarrassment by controlling the purchase event (e.g., “I spend as little time in the aisle as possible, I go to the shortest cash line”). Escape avoidance (six items) assessed the individual’s attempts to evade purchasing condoms (e.g., “I steal condoms, I go to health clinics”). The four social support items measured respondents’ attempts to manage a purchase audience during purchase (e.g., “I go to the cashier closest to my age, I go with my partner”).

Additional background variables included gender, age, frequency and location of condom acquisition, number of condoms normally purchased, number of condoms stored, frequency of condom use, frequency of sex in the past 3 months, relationship status, and number of lifetime sexual partners. Frequency of condom purchase and frequency of sex both contained six levels, with frequency of purchase ranging from “less than once a year” to “more often than once a month” and frequency of sex ranging from “I have not had sex in the past 3 months” to “more than once a week”. Frequency of condom use was measured on a 5-point scale that ranged from “never” to “always”.

No significant differences were found on measures of embarrassment or coping among the survey locations (shopping malls, night clubs or campus). When controlling for age, no significant differences among locations were found for other variables such as frequency of condom purchase. Consequently, data for the three sample locations were combined.

Results

The vast majority of individuals, 90%, most often purchased condoms in retail stores such as drug stores, supermarkets and grocery stores. Nearly 5% (4.7%) of the sample obtained condoms from health clinics, 2.5% obtained condoms from vending machines, and 0.4% purchased condoms on the Internet. Thus, most individuals purchase condoms in a retail environment.1

Embarrassment

Sixty-four per cent of respondents (70.8% of females and 58.9% of males) indicated feeling moderate embarrassment (3 or higher on our 7-point scale) in at least one stage. Figure 1 shows the percentage of respondents in each stage whose embarrassment levels were 3 or higher on our 7-point scale; percentages by gender and for the total sample are shown. As expected, the purchasing stage is particularly embarrassing, with 55.2% of males and 68.5%
of females feeling at least moderate embarrassment. In every other stage, a substantial minority of individuals indicated moderate levels of embarrassment; the lowest percentage was identified for the storing stage, with 21.7% of individuals reporting at least moderate embarrassment.

Using the embarrassment index as a dependent variable, a significant one-way repeated-measures analysis of variance \( F(4,426) = 88.36, p < .001 \) followed by Tukey’s HSD post-test shows that purchasing is the most embarrassing stage overall (all \( p < .05 \)). Using and storing condoms are the least embarrassing stages, with disposing and carrying in between (all \( p < .05 \)); \( t \)-tests revealed two significant gender differences by stage: females are more embarrassed about purchasing condoms than males \( t(454) = 4.46, p < .001 \), and males are more embarrassed about using condoms than females \( t(478) = 3.08, p < .002 \). Interestingly, relationship status (single vs. partner or married) did not affect embarrassment at any of the stages, including use (all \( p > .15 \)).

As expected, age was significantly negatively correlated with purchase embarrassment \( r(453) = - .17, p < .01 \), disposing embarrassment \( r(473) = - .17, p < .01 \), and storing embarrassment \( r(479) = - .10, p < .05 \). Frequency of sex and number of lifetime sexual partners were also used as experience measures. Although directionality cannot be determined for these variables as it can with age, there was a relationship between these experience measures and embarrassment. Individuals who had sex less often or who had fewer lifetime sexual partners were significantly more embarrassed in each of the five stages \( .11 < r(453–481) < .24, all \ p < .01 \).

*Correlations between embarrassment and background variables illustrate the consequences of embarrassment. Given the relationship between frequency of sex and embarrassment described above, all of the correlations reported below are partial correlations using frequency of sex as a control variable. Embarrassed individuals in each stage (except disposing) purchase fewer condoms \( -.13 \geq r(419) \geq -.17, \ all \ p < .001 \) and store fewer condoms \( -.17 \geq r(419) \geq -.24, \ all \ p < .001 \). Further, individuals who are embarrassed about purchasing, carrying and storing condoms purchase condoms less often \( -.10 \geq r(419) \geq -.21, .001 < p < .05 \). As might be expected, the correlations between embarrassment and frequency \( r(419) = -.20, p < .001 \) and amount \( r(419) = -.13, \)
of condoms purchased, and number of condoms stored \([r(419) = -0.16, p < .001]\), were highest for the purchasing stage than for any other stage. Clearly, embarrassment during the various stages has consequences for condom acquisition and storage, particularly purchase embarrassment.

We next investigated the consequences of condom acquisition and storage for condom use. These analyses also control for frequency of sex. First, individuals who purchased condoms more frequently used condoms more often \([r(460) = 0.33, p < .001]\). Further, individuals who purchased more condoms at a time used condoms more frequently \([r(460) = 0.14, p < .001]\) and individuals who stored more condoms used condoms more frequently \([r(460) = 0.26, p < .001]\). Thus, the (embarrassed) individuals who acquire and store fewer condoms use condoms less often.

When we tested for a direct relationship between purchasing embarrassment and condom use, the correlation was not significant in the overall sample. One reason for this could be that embarrassed individuals may have partners who acquire condoms. Future research should examine this relationship in more depth to determine when purchase embarrassment will directly impact condom use. Given our earlier significant effects for age and gender, we investigated the relationship between purchase embarrassment and use in a young female subset of the overall sample. Purchase embarrassment significantly and directly predicted frequency of use for females aged 19 and younger \((n = 55)\). Regression analyses that included frequency of sex as a control variable revealed that purchase embarrassment (negatively) and frequency of sex (positively) each predicted frequency of condom use \([F(2,49) = 3.425, p < .05]\). Females in the subset sample who were embarrassed to purchase condoms used condoms less often \((\beta = -0.285, p < .05)\). This relationship is mediated by frequency of condom purchase and amount of condoms purchased. Mediation is shown using path analysis in Figure 2.

As shown in Figure 2, the relationship between purchase embarrassment and frequency of use was non-significant when either purchase frequency or amount purchased were put into the equation. Thus, condom purchasing behaviours seem to be involved in the relationship between condom purchase embarrassment and use.

**Coping**

Coping questions were designed to assess how participants dealt with purchase embarrassment. Table I lists the strategies we assessed and how frequently each strategy was employed. Across all strategy types, 96.9% of respondents used at least one coping strategy, and the median number of strategies used by an individual was 8.00, suggesting that a diverse range of approaches are used to cope with purchase embarrassment. Overall, the distribution of coping strategies approached normality, though it was somewhat flat and slightly positively skewed, indicating that more scores were concentrated at the lower end of the distribution.

On average, respondents used 3.71 emotion-focused coping strategies \((SD = 1.90)\), with 91.8% of the sample using at least one such strategy. Across the three types of problem-focused coping (planful problem solving, escape avoidance, social support), individuals used an average of 4.39 \((SD = 3.12)\) purchase strategies, and 86.3% of respondents used one or more of these strategies. The average number of planful problem solving strategies used was 3.03 \((SD = 2.25)\), with 82.8% of respondents using at least one of these strategies. Participants used an average of 0.85 \((SD = 0.91)\) social support strategies, and an average of 0.50 \((SD = 0.75)\) escape avoidance strategies; 56.4% of participants used at least one social support strategy, and 37.7% used one or more escape avoidance strategies.
Our data support the notion that purchasing condoms can turn normal purchasing behaviours into coping strategies. Behaviours such as purchasing multiple items that are common when purchasing non-embarrassing items become part of a larger constellation of behavioural and emotional coping strategies when individuals acquire condoms. For example, individuals who stated that they purchase multiple items to reduce their embarrassment used an average of nine other strategies, and individuals who stated that they purchase only condoms to reduce their embarrassment used an average of six additional strategies.

Our data show a stable relationship between purchase embarrassment and coping—the more embarrassed an individual feels, the more coping strategies he or she uses when purchasing condoms. Multiple regression analyses were run using gender, age and purchase embarrassment to predict each of the four coping categories. Each regression was significant overall (all $p < .001$), and purchase embarrassment was a significant (positive) predictor of the total number of strategies used for each type of coping: planful problem solving

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**Figure 2.** Purchase frequency and purchase amount as mediators of purchase embarrassment and use for females aged 19 and under. Solid lines indicate significant paths, while dashed lines indicate non-significant paths.
Females were shown to use more planful problem solving \[ t(480) = 3.54; p < .001 \] and social support \[ t(480) = 3.70; p < .001 \] strategies than males. Females also used more total coping strategies, both behavioural and emotional, than males \[ t(480) = 3.48; p < .001 \]—this is not surprising given females’ greater purchase embarrassment, and the positive relationship between embarrassment and coping. Finally, use of each type of coping strategy except escape avoidance was (negatively) significantly related to age \[ -10 < r(446 – 478) < -.14, all p < .05 \].

**Discussion**

Embarrassment has clear consequences; embarrassed people do not buy, carry or keep condoms to the same extent as their less embarrassed counterparts. Our results suggested that embarrassment extends beyond the actual usage occasion. Indeed, the carrying, storing and purchase stages, the latter in particular, were associated with higher levels of embarrassment than that reported for the usage situation.

In general, we found an indirect relationship between purchase embarrassment and condom use in our sample, and a direct mediated relationship between these variables was found for females aged 19 and younger. This direct relationship emphasizes the importance of experience and time in reducing embarrassment, and highlights the gender differences in embarrassment that exist. Further, this analysis shows the potential serious consequences of purchase embarrassment: younger females who are embarrassed to purchase condoms use condoms less often. Purchase embarrassment appears to influence their use of condoms; this underlines the importance of understanding this type of embarrassment, and the ways in which individuals cope with purchase embarrassment, our second area of focus in this study.

We found that in the purchasing stage, individuals employ numerous strategies to prevent, reduce or control their purchase embarrassment. In fact, 96.9% of respondents used at least one coping strategy in the purchasing stage. Interestingly, the majority (83.6%) of individuals who indicated they felt no embarrassment still used one or more strategies. Clearly, embarrassment and coping are real, and embarrassment remains an important issue.

Since both embarrassment and coping decrease with age, coping could be viewed as a bridge to experience. Until experience reduces their embarrassment, coping strategies may enable younger people who are embarrassed about purchasing condoms actually to purchase them (although not to the same extent as individuals who feel no embarrassment). As Folkman and Lazarus (1988a) suggest, coping strategies can lead to a reappraisal and a lessening of uncomfortable emotions like embarrassment. Future research might explore reappraisal, perhaps using a shopping intercept approach, to determine whether coping does in fact decrease felt embarrassment at the time of purchase and to determine whether these strategies are indeed enabling. This study looked in great depth at the variety of coping strategies that individuals use, and at the different types of coping available to individuals. Future research might seek to refine the coping behaviours identified using instead of a checklist, scales amenable to factor analysis or other data reduction techniques.

To be eligible for our study, participants were required to have purchased condoms at least once, and more than half of the sample (52.6%) indicated that they purchased condoms once every 3 months or more often. Their purchase experience may have made the condom purchase situation less threatening than it might be (or “is”) for newer purchasers. A younger or less experienced sample would probably feel more embarrassment and utilize
more coping strategies. Future research should focus on younger samples. Such research is especially crucial given that 39% of Grade 9 and 65% of Grade 12 students in the United States report having had sexual intercourse (U.S. Department of Health and Human Services, 2004).

This study has important implications for clinics and especially retail stores, where individuals obtain condoms most frequently. Stores might consider design features that “streamline” the purchaser’s behaviour by speeding up the locating, choosing and purchasing of condoms; this would suggest making condom displays visible and easy to approach from the store or clinic entrance. At the same time, embarrassed individuals who are worried about being seen (or potentially being seen) may not wish to approach visible condom displays. Clinics might solve this problem by placing free condoms in obvious but relatively private places. Placement of free condoms in restrooms versus in waiting rooms has increased the number of condoms acquired, possessed and used within populations involved in high-risk sexual behaviour (Amass, Bickel, Higgins, Budney, & Foerg, 1993; Calsyn, Meinecke, Saxon, & Stanton, 1992). Such results likely apply to other populations such as university students or adolescents, and 15.6% of our sample had obtained condoms from clinics at least once. In addition to ensuring availability and privacy in clinics, the use of distribution channels such as vending machines or the Internet could be encouraged to a greater extent. These alternate means of distribution might enable individuals to acquire condoms without the embarrassment that typically accompanies acquisition from stores or clinics.

Implications also arise for public policy. The historical focus of public health campaigns has been on encouraging condom use. Interestingly, embarrassment about condom use was relatively low in our sample. This finding may be a consequence of effective mass media campaigns promoting condom use (Keller & Brown, 2002), which gives us optimism that purchase embarrassment may also be lessened in the future through campaigns that focus on normalizing condom purchase behaviour. Also, school sexual education programs might include, along with discussions of the importance of consistent condom use, a discussion of the embarrassment associated with purchasing condoms and how to cope with it.

Note

1. The analyses below show similar results when done with the entire sample or with the 90% of individuals who most often purchase condoms in a retail environment; the results reported in this paper use the entire sample.

References


