



Just Cover Up: Barriers to Heterosexual and Gay Young Adults' Use of Condoms

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ABSTRACT: Transmission of human immunodeficiency virus (HIV) among gay and heterosexual young adults has become a growing concern for public health officials. Public health advice encourages safer sex practices, including using condoms. This study employed focus group methodology to explore the psychological and behavioral factors involved in purchase and use of

condoms among a group of multi-ethnic gay and heterosexual young adults. Findings identified factors (embarrassment, store selling locations, packaging, and store personnel behavior) irrespective of individuals' sexual orientation or ethnic group that influenced purchase of condoms. The importance of recognizing these factors in public health interventions is discussed.

Efforts focusing on preventing human immunodeficiency virus (HIV) transmission have been carried out primarily through health education, with an emphasis on "safer sex" practices. Using a latex condom with non-oxynol-9 spermicide during sexual contact is believed to be the most effective means for preventing trans-

mission of the virus, apart from sexual abstinence.^{1,2}

Although the general public seems aware of the need for condom use, sexual practices do not necessarily reflect this awareness.³ One notable exception can be found in the gay male community, where a study conducted by Schmid Laboratories, a leading condom manufacturer, found that use of condoms by gay men, rare in the 1970s, was reported by nearly half of men surveyed.⁴ The general disparity between HIV-related knowledge and sexual behavior is particularly evident in the college population, where understanding of the disease risk and its prevention is assumed to be high, but actual behavior continues to exhibit risk taking through inconsistent or inadequate condom use.^{5,6}

Much of the research on barriers to condom use focuses on its contraceptive properties, although many of the issues may carry over to disease prophylaxis. For example, whether a condom is to be used for preventing pregnancy or disease, it must first be acquired. Indeed, Byrne and Byrne⁷

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developed a five-step model of effective contraceptive behavior in which the third step (after "acquiring accurate contraceptive information" and "acknowledging the likelihood of sexual intercourse") is "obtaining a contraceptive method." Factors influencing the other steps have been discussed at length. However, issues surrounding a young person's ability to obtain a contraceptive have not been sufficiently explored.⁸ Some previous studies have shown that many young people are uncomfortable purchasing condoms⁶ or find the process embarrassing.^{3,9} Carter-Wallace, a major producer of condoms, addresses the embarrassment issue both in their advertising campaigns directed at men and in package modifications for condoms aimed at female purchasers.¹⁰ Many drug stores use marketing strategies, such as multiple product locations, placing condoms in the feminine hygiene section, and providing an expanded selection of products.¹¹

Individual differences in potential condom purchasers and relationship factors also influence condom procurement.¹² For example, both parental attitudes toward sex and extensiveness of sexual experiences influence young people's attitudes regarding buying condoms.¹³ Those whose parents demonstrate negative attitudes or those who have had little sexual experience tend to have negative attitudes toward purchasing condoms.

There is another possible influence on condom choice. According to Richwald et al.,¹⁴ instructions included in condom packages are written at a reading level beyond the comprehension of many users. Most instructions require at least a college level reading ability for full comprehension.

As part of questionnaire development for a large multi-ethnic study of HIV-related behaviors of young adults, we conducted

with young college students an experiential activity in purchasing condoms followed by a focus group where they could discuss their undertaking. We explore here their experiences.

METHODOLOGY

As part of a research mentorship program, undergraduate and graduate college students were solicited to participate in a 10-week research team project on close intimate relationships of young adults that included assessment of sexual behaviors and contraceptive practices. Students interested in this project contacted the principal investigator; six students were accepted onto the research team. Acceptance was based on availability for meeting times and similarity to the populations we wished to study (18-24 year old heterosexual and gay sexually active young adults).

The Experiential Task

Each student was given the same set of instructions. Prior to the first meeting, each was to purchase condoms from a drugstore in the Los Angeles area, spending no more than \$1.00, the amount they would be reimbursed. They were asked to note the location of condoms in the store condoms and the particulars of their experiences. Students were told they could consult the pharmacist if they wished. Each then wrote a narrative of his or her observations and brought notes and the purchased condoms to the first research team meeting. At the time of the assignment, students were ignorant of the overall purposes of the activity although they were informed that they would later participate in a focus group on college students' experiences in using and purchasing condoms. They were also informed that they could choose not to do the activity without penalty, although none declined.

Focus Group

After the assignment was completed, a focus group using standard focus group methodology^{15,17-18} was then conducted. Four additional students with experience in using condoms were recruited as additional focus group participants in order to keep the focus group size manageable¹⁵⁻¹⁶. They were recruited through contacts with various local AIDS, sexual behavior, and contraceptive research groups for heterosexual or gay students. Consent for the 10 participants was obtained prior to the start of the focus group. Standard focus group methodology

was employed to elicit perceived barriers to the purchase and use of condoms and language used in describing condoms and sexual practices.¹⁵⁻¹⁸ During the two-hour group, each described personal experiences in purchasing condoms.

Narratives from the majority of students are presented here in order to illustrate important behavioral factors that may influence condom purchase and use by diverse young adults.

Use and Purchase of Condoms

From the focus group, several general themes emerged regarding interactions with pharmacists in buying condoms and other general difficulties. Almost all expressed frustration with the lack of clear information provided on the outside of the package. Most complained that even after reading the entire package they could not readily determine important information, such as whether or not the condoms were lubricated or what the expiration date was. Standing in the aisles perusing package information often proved embarrassing. The following vignettes help to illustrate their experiences.

Using Condoms

"In general, my past experiences with condoms have been negative. This has been changing, gradually, as condoms are becoming now more readily available and accepted as a means of both birth control and disease prevention. My previous experiences have included: Breaks and tears (most likely the condoms were very old), having it slip off, but the worst experience of all is when it is a struggle to open the package. Nothing can destroy a man's ego more than when he is unable to open a tiny plastic package. If there was one packaging difference I would make, it would be to add a tab for ease when opening."

Condom Displays

"Perhaps the most dramatic change I have noticed recently is the way condoms are displayed. Condoms are no longer placed next to the pharmacist's counter; instead they are located in the women's hygiene aisle. The store's view of condoms can best be inferred by the care of the display. Packages are often opened and there seems to be no organization; the area is always in disarray. But "Lifestyles" brand of condoms is always artfully and prominently arranged. Unfortunately though, "Lifestyles" condoms are also very expensive."

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Condom Packaging

"The condom package is often confusing, misleading. I have bought unlubricated condoms when I had hoped to purchase lubricated condoms with spermicide. I was told that I could tell just by the box color--green means lubricated. In addition, condoms are now being packaged in larger quantities. So, not only was I stuck with what I didn't want, but with lots of it too."

Condom Availability

"Condoms can be found everywhere. It seems that their role has changed from a male means of birth control to novelty gift. The car wash sells "Camouflage Condoms" which are wrapped in khaki green. The card shop near campus sells 'Rubber Ducky Condoms' packaged with a cartoon duck on the front."

Pharmacists

"I have never asked a pharmacist for assistance, nor has one ever offered to help me with a prescription or any other purchase. I doubt my experience typifies most college-aged girls, but I have noticed that pharmacists are becoming increasingly distant and unavailable."

The Assignment:

Purchase a Condom for One Dollar

Students had various experiences with the task of purchasing condoms for a \$1.00 before attending the focus group.

Experiences of a Gay Puerto Rican Male

"My boyfriend and I went to visit his parents in another town. We decided to go to his local pharmacy. As we approached the prescription counter, I noticed their condoms were placed behind the counter, next to the cashier. Wondering if there was any reason to have the condoms displayed there, I asked the old lady at the register

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about this. As my boyfriend looked at me with dismay, the woman said 'No, there is no particular reason!' The pharmacy's owner, who overheard my question, approached us saying, 'Of course there is a reason. We put them there because of five-finger discounts.' I had never heard the expression before so I asked him what he meant. He responded that the condoms were being stolen. Walking away, I thought how I might also steal them instead of confronting that old lady. All the while, my boyfriend was complaining about my asking such a question at his family pharmacy."

**Experiences of a
Heterosexual Asian Female**

"My boyfriend and I were at a drug store by my house to buy condoms. In the past, he had been the one to get them, but on that particular day he decided it was 'my turn.' Since I am a woman of the '90s, I, too, felt that it was my turn to accomplish 'the feat.' I went to the area where the condoms were displayed (right by the pharmacist counter). So as not to be noticed, I stood to the side in front of the vitamins display. I thought I would be able to just pick up a condom and run, but to my dismay I was not able to do that. There was a whole array of different types. I made a futile attempt to read what options each condom offered without being noticed. I finally gave up, found my boyfriend, and told him to buy the condoms. I must be a great example of a woman of the '90s."

**Experiences of a Gay
African-American Male**

"I have always been more shy about buying clothes than purchasing items for under my clothes. This attitude carries over to everything whether shopping for socks, underwear, jock straps, or condoms. Knowing that others know what condoms are for still has not kept me from boldly going into

a store and announcing in full voice, 'Let me have a box of lubricated Trojans, you know, the blue box.' I do it, in part, to have fun with the sales people."

"This technique has not always served me well. I had just moved and found one of those small carry-everything, open-all-night stores. The woman behind the counter must have been over sixty and had a very distinct foreign accent. I said in my best voice, 'Do you have condoms here?' She smiled, pointed to the condom display above her head, and shook her head no. 'Can you get them for me please,' I said in a rather disgusted tone. She smiled, pointed to the condom display above her head, and shook her head no. Becoming annoyed I said, 'I can't reach them from over here, what do you expect me to do?' A look of shock came over her face. Suddenly in a very soft whisper she said, 'These things not work good, you no want these condoms, buy from drugstore.' Imagine my surprise. I thought I was going to have a little fun with her but instead she gave me advice about where to go buy condoms. I stood there for a few moments and then decided I needed some fruit, ice cream, ramen, and vegetables."

**Experiences of a Gay
African-American Male**

"I was faced with a task that up until now I had avoided. I usually got my condoms, as well as safer sex kits, from bars, festivals, and other local events where they're passed out for free. Now, I had to actively procure them. Therefore the public would have to know that I was a sexually active young adult. I decided to make a day of it. In the three and one-half mile perimeter that I planned, I would stop in each drug store and pharmacy until I found the dollar condom. I first approached a popular drug store chain. Taking a deep breath, I composed myself. This was to be my first attempt. I entered the store determined."

"Initially I went to the back of the store searching the pharmaceutical aisles for my bounty. Feminine hygiene products, hemorrhoidal suppositories, laxatives...NO CONDOMS. After searching in vain, I gathered my nerve and approached the pharmacy counter to inquire as to the location of the prophylactics. (That wasn't too difficult.) I was directed to a display located in a check-out aisle at the front of the store. The line at the check out aisle appeared long, and the condoms were, of course, located near the origin of this line. I edged my way through

and was faced with at least four rows and six columns of choices. (Was I being watched?) A queer sensation came over me. I'm not sure if it was embarrassment, shame, or guilt; I wanted to turn around and leave. Finally, though, I realized that I did not know these people nor did they know me. Therefore I started examining the boxes of condoms. Textured, lubricated, multicolored, lambskin, latex, with spermicide, or without. Quite a selection, but none was less than one dollar. I decided to ask the pharmacist for help. 'Do you have any condoms that cost less than one dollar?' Head turned down, and in a barely audible voice, the pharmacist, in his sixties, responded, 'No.' 'Do you know where I can get condoms for a dollar or less?' By now, he was aimlessly fumbling with miscellaneous papers. 'No.' As I questioned the pharmacist more, it became apparent that he was more embarrassed than I was."

"After this interaction, I was on a high. Although I did not find the one dollar condom, in that store I was successful. I had made an active effort to purchase a condom in an average drug store. Now, I could (and did) go into any other pharmacy on my journey and inquire about condoms without the fear of public judgment. In fact, I was even able to purchase the one dollar condom."

Experiences of a Lesbian Hispanic Female

"I went to a pharmacy in West Hollywood to purchase the condoms. They were behind the cashier counter and one needed to ask for them. I was comparing prices, when a teenage male asked to purchase a package of lamb skin condoms. Overhearing him, I was curious about his knowledge and understanding of condoms. I followed him outside and asked him if he knew that lamb skin condoms do not prevent the transmission of the AIDS virus. He was very surprised and said, 'No.' He mentioned he was not aware of any difference between latex and lamb skin condoms. He also said that a man waiting for him in a car had asked him specifically to purchase the lamb skins. After we finished our discussion, the boy went back into the pharmacy and exchanged the condoms for a package of latex condoms."

Experiences of a Lesbian Hispanic Female

"I took my 18-year old sister to the local market in order to purchase some condoms. She had told me she was too embarrassed to

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purchase condoms and that boys usually do not want to buy them. The market we went to is located in a predominantly Hispanic neighborhood close to her house. We had some difficulty locating the condoms which were placed next to the liquor department on a shelf. It was also difficult deciding what kind to buy. The packaging was a bit confusing especially to a person who had never purchased condoms before. We finally decided on a package of Trojans. We were standing in line trying not to be noticed. My sister was very nervous and the wait seemed to be an eternity. Finally we gave the condoms to the cashier whom we happened to know from the neighborhood. He looked at the condoms and then at us. He spoke to us in Spanish telling us we did not need to be buying this, then lectured us on what he thought good behavior was, and basically refused to sell us the condoms. My sister was so embarrassed she wanted to leave right away. I had to convince her to go to another store to buy some condoms. If I not been with her, I am sure she would not buy condoms."

DISCUSSION

The preceding stories raise a number of important issues relating to young adults' experiences when purchasing condoms. First, location of condoms in a store delivers a strong message to potential consumers. If they are physically inaccessible to shoppers as, for example, when placed behind counters, people's perceptions may be that condoms are a forbidden item they should not be buying. In addition, placing condoms behind counters and/or selling them in the pharmacy attributes to the condom a status different from that of other drugstore items, such as shampoo or toilet paper. Nowadays, buying a condom involves a commercial ritual much different from that used in buying most items in a drugstore or supermarket. Consumers frequently must approach the counter, get the attention of the pharmacist or another employee, transmit

Clearly the location of condoms in a store can present an important initial barrier to purchasing condoms.

their request, and complete the necessary financial transaction. Thus the purchase frequently opens young adults' behavior to the scrutiny of older adults who may be viewed as disapproving.

In some students' experiences condoms were easy to find, reflecting progress by stores toward incorporating condoms into the category of a "normal" purchase item. In other cases, condoms were situated so that potential buyers had to request assistance. Proximity to the liquor department may serve as an inadvertent message to young adults that condoms go with drinking. Clearly the location of condoms in a store can present an important initial barrier to purchasing condoms.

Once the shopper has located the condoms, problems can occur in deciphering the packaging. This issue presented a problem for several students. Desire to choose a condom for its safety can be confused by marketing techniques that promote one feature or another that may or may not be relevant to HIV prevention. Fear of being noticed by others while trying to sort through the various options can complicate the process. The desire to avoid acknowledgment of one's sexuality, especially in public settings, may be a particular problem for the young condom consumer, who by the very act of purchasing a condom may feel he or she is making a public statement about his or her sexual activity. This may be particularly problematic when store personnel actually know the individual. Condom purchase may invite unwanted comments from cashiers and pharmacists who may have their own attitudes about who should and should not be sexually active. On the other hand, discomfort may also lead young adults to draw store personnel into the morality of their sexual behavior by making a scene when buying condoms.

Although many retailers have changed their condom displays, it is important to

recognize that pharmacists and other store personnel serve as information gatekeepers for young adults not familiar with important elements in condom buying--use of latex, lubrication, and/or spermicides. Providing these personnel with adequate information to discuss condom purchases and sensitizing them to the negative effects of judgmental attitudes toward condom purchases by young people might ease some of the embarrassment and difficulties (V.M. Mays, A Pharmacist Intervention: Increasing Condom Purchases By Young Adults, Unpublished manuscript). These efforts, combined with continued strategic placement of condoms in stores, would assist young adults in their condom-buying efforts.

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