

COMFORT AND EMBARRASSMENT IN CONDOM USE IN SHORT, MEDIUM
AND LONG-TERM RELATIONSHIPS

By

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Abstract

Studies of condom use, as a major means of prevention of STDs including HIV/AIDS, continually demonstrate widespread awareness of the effectiveness of condoms. However, this knowledge has little to no impact upon actual condom use. Surveys of sexual behavior have had limited usefulness in explaining why there is such a large discrepancy between knowledge and behavior in this arena. The purpose of this study was to look at relationship length, condom use and embarrassment and comfort while using a condom to get a better understanding of why some sexually active people are still deciding not to use condoms and potentially passing on STDs.

Two-hundred and twenty sexually active adults from Humboldt State University participated in this study. Participants completed an anonymous on-line survey composed of a two part Sexual Intercourse Summary, as well as the Attitude Toward Condoms Scale (Brown 1984), with its five subscales measuring; safety, comfort, embarrassment, sexual arousal/excitement, and interruption of sexual activity.

This study found that people in short-term relationships reported using condoms more than people in medium and long-term relationships. Scores indicated that males in short term-relationships show less embarrassment than males in long-term relationships. Males also reported more negative overall attitudes toward condoms and higher levels of embarrassment towards condoms than females. Participants who used condoms had more of an overall favorable attitude toward condoms than those who did not use condoms.

Also, participants who reported using condoms were on average, younger than participants who reported not using condoms.

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Introduction

Studies of sexual behavior among sexually active individuals continue to reveal an interesting contradiction: young people in the United States and elsewhere in the world engage in unsafe sexual practices regardless of high levels of awareness of Human Immunodeficiency Virus (HIV) risks, interest in avoiding these risks, and knowledge about best prevention strategies (O'Sullivan, Udell, & Patel, 2006).

HIV, AIDS, and other STDs are a continuing problem in maintaining sexual and overall health. In fact, HIV strains have mutated to become more virulent since their original transmission to humans decades ago in Africa (Lal, Chakrabarti & Yang 2005). It seems that HIV is an unpredictable, quickly changing entity and could continue to adjust to new vaccines (Lal, Chakrabarti & Yang 2005). This makes the designing of an applicable vaccine for this growing problem more difficult.

In the United States alone (out of 33 states) the estimated number of individuals being infected with HIV/AIDS increased from 35,012 in 2004 to 37,331 in 2005 (Center of Disease Control, 2007). Half of the new cases of HIV in the United States are women ages 13-24 years of age (Kennedy & Roberts 2009).

The problem of HIV is most serious in South Africa, where 25% of the entire population is infected. In parts of South Africa HIV is thought to be a form of witchcraft. Also contributing to risk is the belief that the exchange of fluids represents a gift of oneself to another (Wieand, 2004). South Africa is one of many places where human beings need help with the fight against HIV/AIDS. The following are estimates of adults and children living with HIV as of the 2009 Aids Epidemic Update from the World Health Organization and UNAIDS: Western and Central Europe: 850,000, Eastern Europe: 1.5 million, East Asia: 850,000, South and South East Asia: 3.8 million, Latin America: 2.0 million, North America: 1.4 million with a total of 33.4 million worldwide (http://data.unaids.org/pub/Report/2009/JC1700_Epi_Update_2009_en.pdf).

Estimations from the Center of Disease Control indicate that there are about 19 million new STD infections each year in the United States. STDs have a huge impact on America's youth. Out of those new infections almost half are young people 15 to 24 (CDC, 2008). The numbers from the CDC are just the ones that have been reported. Chlamydia and gonorrhea are the two most reported contagious diseases in the USA, with 1.5 million cases reported in 2008 (CDC, 2008).

Not only is being tested for and dealing with contraction of an STD emotionally straining, it is also physically and economically trying as well. Findings from a study analyzing the existing literature on the 8 major STDs, which are HIV, genital herpes, hepatitis B, Chlamydia, gonorrhea, trichomoniasis and syphilis, reported the cost of dealing with STDs in the health system is estimated at 6.5 billion dollars a year (Chesson, Blandford, Gift, Tao & Irwin 2000). Since 2000, the medical cost of STDs has increased.

The CDC reports STDs are costing 16.5 billion dollars annually in the United States alone (CDC, 2008). Furthermore, the research shows that millions of STD cases a year go unreported and untreated.

The most deadly STD by far is HIV with an estimated total of 557,902 deaths in the USA (CDC, 2007) and 2 million world-wide (UNAIDS, 2009). STDs have other serious consequences as well. Research from the Centers of Disease Control has reported that untreated STDs have caused close to 24,000 women to become infertile each year in the United States. Also, untreated syphilis can lead to complications such as brain and organ damage and even death (CDC 2008).

STD and AIDs are serious public health issues, affecting every community in every geographic location. Although there are many organizations and individuals helping this cause by educating others, data collection, gathering knowledge and treatment provision, efforts must continue in order to eradicate these preventable diseases.

Review of Literature

The capability of latex condoms to prevent most chance transmissions of HIV/STDs has been scientifically demonstrated (CDC , 2001), and remains the most effective strategy for controlling the spread among sexually active people. Laboratory studies have found that condoms provide a resistant barrier to particles the equal size of STD pathogens (CDC 2010). This is one of the only available methods to protect oneself against HIV/AIDS and STDs.

Why, then, are many sexually active individuals still choosing not to use condoms when there is information and interest in protecting themselves? Data from self-report surveys suggest that both men and women rate unprotected sexual intercourse as significantly more pleasurable than sexual intercourse while using a condom (Randolph, Pinkerton, Bogart, Celil, & Abramson, 2005).

Another reason for not using a condom during sexual intercourse and oral sex may be embarrassment for the partners involved, especially when the relationship is new. Time spent together helps couples become closer, more intimate and hopefully develop trust. Can being in a relationship for longer periods of time help lessen embarrassment and increase comfort in dealing with condoms? Research has shown when sexual partners are comfortable with issues regarding condoms; condoms are reported as being used more often, although still only about 50% of the time (Wieand, Maclin, & Brennan, 1998).

Research that took place in rural areas of England between 2002 and 2004 found that embarrassment does play a role in dealing with condoms. In the study, 309 participants were adolescents 12-17 years old who were involved in discussion groups with the researchers. Group interviews were also put together that included older participants, with 116 people ages 16-30 years old. The group discussions were composed of semi-structured and open-ended questions dealing with sex education, knowledge of sexual health, contraception, how and where to get advice and contraception, and attitudes towards unprotected sex, young parenthood and underage sex.

The researchers' findings reported that when participants were asked why they might not use information they had been given about contraception, the answer most suggested was because of embarrassment. Participants cited embarrassment with purchasing condoms as well as using them in sexual encounters (Bell, 2009).

In another study looking at condom use and embarrassment, researchers used a sample of 497 people from university campuses, night clubs and shopping malls. Participants were asked to rate 1 (not embarrassed at all) to 7 (very embarrassed) to each of the five different stages of dealing with condoms; purchasing, carrying, storing, using and disposing. Sixty-four percent of participants reported feeling moderate (3 or higher) embarrassment in at least 1 out of the 5 stages. Sixty percent of individuals reported the purchasing stage to be particularly embarrassing while twenty-one percent found using condoms to be moderately embarrassing. (Moore, Dahl, Gorn & Weinberg, 2006). Also, there seem to be some differences between gender and condom embarrassment.

Researchers revealed that females found purchasing condoms more embarrassing than males, while males found using condoms more embarrassing than females (Moore, Dahl, Gorn & Weinberg, 2006). With findings like these, embarrassment is an issue that cannot be ignored while researching condom use, and seems to be a worthy arena to explore.

Not only do individuals feel embarrassment in regards to condoms, but they also feel discomfort. In an anonymous survey, researchers looked at college students' condom-use errors and problems related to condoms. Out of the 194 students that replied, 31.4% reported having a problem with the way the condom felt or fit. The study also revealed men and women were almost equally likely to report discomfort, with 33.3% of women and 29.2% of men indicating discomfort (Crosby, Yarber, Sanders & Graham, 2005).

In a study researching condom use and gender, 393 undergraduate students, ages 18 to 24 in Los Angeles California, completed an anonymous 16 page questionnaire. The questionnaire included questions about dating experiences and sexual history as well as a 20 item measurement of condom attitudes that was devised for this study. The 20 item condom scale included 4 domains; comfort and convenience, effectiveness of condoms, interpersonal aspects of condom use and sexual sensation (Campbell, Peplau & Debro 1992).

Researchers reported that they found gender differences in regards to attitudes toward condom use. Females' scores were time and again more positive about condoms than men. Women found condoms to be more comfortable and convenient than men, while men reported that condoms reduced sexual enjoyment more than women.

Researchers also found that men more than women were concerned that condom use would produce embarrassment and negative experiences (Campbell, Peplau & Debro 1992).

In Southern California fifteen 18-24 year old women were interviewed from a YMCA in the area. The researchers in this study used a descriptive qualitative design. The women were given HIV and STD questionnaires and their voices were recorded while they were asked questions concerning how they made decisions about their sexual activities. Some of the woman's responses were alarming; "Most of us know we can get a disease or HIV. All this disease prevention was made clear to me in high school, but I'm still not going to use a condom. There are situations when both are in the mood, and you just don't want to do it (use a condom). And even if a condom is not there, you're like 'I don't care, I want it now. I'm still gonna do it'" (Kennedy & Roberts 2009).

Perceived Risk of AIDS/STDs

Research indicates that young individuals perceive themselves to be at low risk to become infected with HIV even though they are participating in activities that are placing them at high risk. Sexually active individuals neglect to apply their knowledge concerning HIV to their own sexual interactions (O'Sullivan, Udell, & Patel, 2006). Not only are individuals aware of the specific dangers concerning sexual intercourse without the use of a condom, but in many areas in the world they are misinformed and motivated by cultural factors.

In a recent study using a diary format documenting sexual risk interactions, subjects documented their sexual encounters in their diaries. The study reported whether sexual activity occurred that day, what type of activity, if condoms were used, and information on their sexual partner. Similar to other findings, researchers found that neither awareness of risk nor safety were associated with the amount of sexual activity or the number of unprotected intercourse occasions (O'Sullivan, Udell, & Patel 2006).

Abstinence

Abstinence is the most effective way to avoid the transmission of sexually transmitted diseases and HIV (CDC, 2001). But promoting abstinence has had a limited effect on STD transmission rates. Former President George W. Bush set aside 15 billion dollars for abstinence based programs for schools and faith groups. Yet information from multiple studies suggests that in most places in the world later adolescence and prior to marriage is when the first sexual experience occurs (Wellings et al., 2006).

Researchers compared four Abstinence-Only education programs with control groups in which the participants were in a district wide health and sex education curriculum for middle school students. They found that the participants in the abstinence programs were just as likely as the control group to have unprotected sex. They also found that both groups reported being unsure about how effective condoms were at preventing STDs (Trenholm, Devaney, Fortson, Clark, Quay & Wheeler, 2008). Considering these research findings, promoting abstinence as means of controlling

and protecting sexually active people from HIV and STDs should be considered as part of a broader plan that includes condoms and education.

Measuring Sexual Activity and Condom Use

Many studies have used self-report surveys to collect information on sexual behaviors and condom use. There have been studies conducted to look at the difference between classic paper and pencil data collection and more modern data collection of over the internet. A study testing the reliability and validity of an internet traumatic stress survey compared to paper and pencil data collection, found that it is practical to collect psychological data over the internet (Fortson, Scotti, Del Ben & Chen, 2006). This study found that the internet did not increase or detract from participants' feelings about how confidential their responses would be. With the internet becoming a way of life for many individuals around the world it is important to make sure research is keeping up with modern technology.

There are many scales that gather sexual information. One such scale is the Contraceptive Attributes Questionnaire by Beckman, Harvey & Murray developed in 1992. The Contraceptive Attributes Questionnaire (CAQ) was designed to review birth control methods of women. Researchers collected data on importance of the women's method and apparent characteristics of their specific birth control method.

In designing this scale the researchers gathered data from a national survey of women. They interviewed 1,187 who were sexually active. The women involved in the study were currently using the sponge, had formerly used the sponge or were using

another form of protection; the pill, IUD, or a diaphragm. The CAQ has “alpha levels for factors with three to eight items are all .60 or above” (Beckman, Harvey & Murray, 1992). Because this measure was meant to gather data on contraceptive methods and did not specifically gather data on condom use and attitudes, this scale was not used in the present study.

Another scale measuring sexual activity is the Condom Attitude Scale (CAS). This scale was developed to examine both AIDS related condom use and self-reported data on past and present condom use. Researchers designed the scale to gather information on how attitudes toward condoms are related to actual condom use.

In construction and testing of this scale researchers involved two groups, one of 45 volunteers and a second group of 248 undergraduate students. In the construction phase researchers gave participants open-ended questions intended to produce responses dealing with condom use. After gathering responses researchers scaled the statements down to 143 items intended to be answered on a Likert-scale format.

The measure was ultimately reduced to 57 items dealing with condom use including; interpersonal impact, effect on sexual experience, self-control, global attitude, perceived risk, inhibition, promiscuity, and relationship safety (Sacco, Levine, Reed, Thompson 1991). The CAS has an internal consistency .90 and test-retest reliability of .76. Although this is a dependable measure, the present study aimed to gather information on embarrassment and comfort. Therefore this measure was not used.

In agreement with Sacco et al. (1991) and Brown (1984) the UCLA Multidimensional Condom Attitudes Scale (MCAS) published in 1994 was created with

the assumption that there is not just a single component to explain why people chose to use or not use condoms. The MCAS was created to gather information on five different factor of dealing with condoms: reliability and effectiveness, pleasure, identity stigma, embarrassment about negotiations, and use and embarrassment about purchase.

The MCAS is a 25 item scale, each of which are rated on a 7-point scale ranging from strongly disagree to strongly agree. This is similar to the 5-point scale of Brown's Attitudes Toward Condoms Scale. MCAS is a reliable scale with alpha values for men and women range from .74 to .94 (Helweg-Larsen & Collins 1994). The MCAS is another example that condom use is a multidimensional arena that continues to need exploration. The present study will not be using MCAS because Brown's scale has a comfort section within the questionnaire that the researchers will be including in the survey that the participants fill out.

There are many studies linking an individual's attitudes toward condoms with their decision to use condoms. However, Brown's Attitudes Toward Condoms Scale includes not only attitudes toward condoms but also scales for embarrassment and comfort which this study is researching. The Attitudes Toward Condoms Scale is a five factor 40 item Likert-type scale that is measured on five-points. The factors are: 1 (strongly disagree), 2 (disagree), 3 (undecided), 4 (agree) and 5 (strongly agree). This instrument was first tested with 191 undergraduate students. Brown's scale has an internal consistency reliability coefficient of .93 with an average inter-item correlation of .24. Cronbach's alpha internal consistency for overall Attitudes Toward Condoms Scale

(40 items) = .927. the Comfort Subscale, has a Cronbach's alpha = .885. the Embarrassment subscale = .656.

Other studies have found Brown's Attitudes Toward Condoms Scale to be an effective method to gather data. In a study researching the effect that erotic instructions have on condom use and attitudes toward condoms, Brown's scale was successfully applied. The researchers implemented the scale at the beginning of the study and then divided the participants up into three groups. One group was given condoms with both verbal and written erotic instructions, group two was given condoms with no instructions, while group 3 received neither instructions nor condoms. All groups were given the Attitudes Toward Condoms Scale again after 2 weeks (Tanner & Pollack 1988). Researchers found that the test-retest showed that the reliability coefficient was $r(70) = .84$, $p < .001$ (Tanner & Pollack 1988). They also found that there was a significant difference between the group who received condoms with instructions and the group that only received condoms. The condom with instruction group scored higher attitudes toward condoms on the retest, while the condom only group's scores decreased (Tanner & Pollack 1988).

This study is also implementing a Sexual Intercourse Summary to gather data on participants' demographics and sexual background. The summary includes questions such as: are you sexually active, yes or no? How long have you had a sexual relationship with the partner of your last sexual encounter, 1 day-1 week, 1 month-6 months, 1 year or longer? Please check the box that was true for you during your last sexual encounter. Was it extremely pleasurable, mostly pleasurable or not pleasurable? Please check the

box that was true to you during your last sexual encounter. Was it extremely embarrassing, somewhat embarrassing or not embarrassing. There were also questions pertaining to participants' sexual orientation, what type of sexual activity occurred on their last sexual encounter and if they used a condom or not.

A study that looked at the interaction of relationship length and memories of turning points in relationships, recruited 100 undergraduate students in heterosexual romantic relationships from a western university. Of the 50 participant couples their relationships averaged 21 months, participants' average age was 21 with a range of 19-47 years old (Baxter & Pittman, 2001).

The researchers of the current study determined that the prior study was a good measure of relationship lengths of undergraduate college students. We wanted to include sexual relationships with couples who had just met, couples who had been together for a few months and couples in longer committed relationships. Using Baxter and Pittman's data that reported the undergraduate college students in romantic relationships had been together for an average of 21 months. The current study's long-term couple length is reported as 1 year or longer.

The following study has been designed to address some existing gaps in the literature dealing with our understanding of relationships and condom use and how they interact. What if couples were comfortable with each other and with the idea of using a condom? Would there still be problems and inconveniences with condom use? If this study does find that there are problems with condom use in long term couples, how can society expect new couples, young individuals, and partners in a one night stand to use

condoms? And if condoms are not being used, what other safe options could be designed for sexually active people in the United States and elsewhere in the world who want to protect themselves from HIV and STDs?

Hypotheses

This study gathered self reported data from males and females over the age of 18 about a person's sexual practices on their last sexual intercourse encounter. This study predicts;

1. People in long term relationships use condoms significantly more often than people in medium or short term relationships.
2. People in long term relationships will show significantly less embarrassment in regards to condoms than people in medium or short term relationships.
3. People in long term relationships will show significantly more comfort in regards to condoms than people in medium or short term relationships.

Methodology

Participants

Participants in this study consisted of 227 students from Humboldt State University in Northern California. Out of the 227 participants, seven were discarded for missing data. All department majors at the University were given an opportunity to participate. Students received the Sexual Intercourse Survey and Attitudes Toward Condoms Scale via e-mail from the chair of their department. All departments at the University were sent the survey and given an opportunity to participate. Participation was voluntary.

Of the 220 participants, 78% were Caucasian (N=171), 7.3% Hispanic/Latino (N=16), 1.8% Black (N=4), 1.8% Asian (N=4), 1.8% Filipino/Pacific Islander (N=4). Eighty-eight percent were heterosexual, 3 people reported being homosexual, 4 people didn't answer, and 19, or 8.6% reported being bisexual. There were 141 females and 79 males, ranging from ages 18 to 61. Ten percent (N=24) of participants reported being in a short-term relationship (1 day-1 week), thirty-eight percent (N=84) of participants reported being in a medium-term relationship (1 week-12 months) and fifty percent (N=112) of participants reported being in a long-term relationship (1 year or longer) (see Table 1).

Fifty-five (N=121) percent of participants reported their last sexual intercourse encounter as being extremely pleasurable, while 40.5% (N=90) reported it being mostly

Table 1

Frequency Distributions of Participant Demographic Information

	Frequency (N)	Percentage
<i>Sex</i>		
Male	79	35.9
Female	141	64.1
<i>Sexual Orientation</i>		
Homosexual	3	1.4
Heterosexual	194	88.2
Bisexual	19	8.6
Other	4	1.8
<i>Ethnicity</i>		
White	171	77.7
Black	4	1.8
Hispanic/Latino	16	7.3
Asian	4	1.8
Pacific Islander	4	1.8
Native American	1	.5
Other	16	7.3
<i>Type of Sexual Activity During Last Sexual Encounter</i>		
Vaginal-Penile Intercourse w/ Condom	81	36.8
Vaginal-Penile Intercourse w/out Condom	108	49.1
Oral-genital sex w/ condom	1	.5
Oral-genital sex w/out condom	22	10
Anal sex w/ condom	1	.5
Anal sex w/out condom	2	.9
Vaginal non-penile intercourse w/ condom	0	0
Vaginal non-penile intercourse w/out condom	5	2.3
<i>Relationship Length</i>		
Short Term (1 to 7 days)	24	10.9
Medium Term (7 days to 12 months)	84	38.2
Long Term (12 months+)	112	50.9

pleasurable and 4.1% (N=9) reported it as being not pleasurable. In addition, 88.6% (N=196) participants reported their last sexual intercourse experience as not being embarrassing, with 8.2% (N=17) reporting it being somewhat embarrassing, and 3.2% (N=7) reporting it as being extremely embarrassing.

One participant reported having HIV/AIDS, and 9.5% (N=21) reported not knowing whether or not they had HIV/AIDS. Nearly 7% (N=15) of participants reported having sexually transmitted diseases (STDs), with 7.3% (N=16), not knowing whether or not they had an STD. 16.4% of participants reported believing they are at risk for AIDS or an STD, and 48% of participants reported that their current sexual partner has been tested for HIV, with about 22% of participants reportedly not knowing whether their partner had been tested for HIV. About 44% of participants reported not knowing whether or not their partner has HIV/AIDS. Nine percent of participants reported believing that their partner was at risk for contracting or having HIV/AIDS, and 17.7% reported believing their partner is at risk for having an STD. Nearly 75% of participants reported having two or fewer sexual partners in the last 12 months (58.2% reported having one partner). Three people reported having more than 10 partners in the past year.

Forty-nine percent (N=108) of participants reported their last sexual encounter as vaginal/penile intercourse without a condom, and 36.8% (N=81) reported their last encounter as vaginal/penile intercourse with a condom, indicating that the majority of participants did not use condoms during their last sexual encounter. Ten percent (N= 22) of the participants indicated participating in oral-genital sex without a condom, 2.3% (N=5) indicated participating in vaginal non penile intercourse without a condom, 2

participants reported anal sex without a condom, and one participant reported oral-genital sex with a condom and anal sex with a condom.

Missing Data

If participants skipped more than five items on any of the subscales of the Attitudes towards Condoms Scale, their data were discarded for that scale rather than estimated. Eighteen participants skipped questions relevant to the comfort subscale and seven participants skipped questions on embarrassment, with a total of 24 overall participants being excluded in the total attitude score. Seven participants were removed prior to running descriptive statistics and analyses due to uninterpretable answers. All participants who responded to demographic questions were included in descriptive statistics (e.g., ethnicity, gender, HIV status, etc.) whereas participants who skipped five or more items on the scales that were measured were excluded.

Measures

Each participant completed The Attitudes Toward Condoms Scale (Brown, 1984) (Appendix E). The Attitudes Toward Condoms Scale is a five factor 40 item Likert-type scale that is measured on five-points: 1 (strongly disagree), 2 (disagree), 3 (undecided), 4 (agree) and 5 (strongly agree). The five factors are safety, comfort, embarrassment, sexual arousal/excitement, and interruption of sexual activity. When this instrument was first tested with 191 undergraduate students it had a Cronbach's alpha internal consistency reliability coefficient of .927 with an average inter-item correlation of .24.

The Comfort Subscale (13 items: items 3,13,14,18,19,20,22,23,25,28,31,32,39), had a Cronbach's alpha of .885; the Embarrassment subscale (7 items: items 6,7,8,16,21,24,36) = .656. The Sexual Intercourse Summary Part I (appendix C) and Sexual Intercourse Summary Part II (appendix D) are behavioral measures constructed for this study.

Procedures

Participants were recruited from all departments at Humboldt State University. The Department Chairs of all departments were informed of the project (Appendix A) and were asked to send out a bulk e-mail to their students notifying them of the on-line survey (Appendix B). After receiving the e-mail, participants were given the information that they must be 18 years or older, that their information would remain anonymous and that they were to participate only if they were sexually active. Students were able to click on a URL on the e-mail they received from their professor or department chair to access the survey. Participants were then able to log onto *googledocs.com*, and were told that it would take approximately 15 minutes to complete the questionnaire. Participants were informed of the risks and benefits and the management of those risks by the researcher.

Participants were all treated in accordance with the "Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2002). Participation was on a volunteer basis and subjects were able to terminate from the website at any time. Students were identified by their age and gender. Participants under the age of 18 were asked to not participate.

The participants then filled out the Sexual Intercourse Summary Part I(Appendix C) and the Sexual Intercourse Summary Part II(Appendix D) as well as the Attitudes Toward Condom Scale (Brown, 1984) (Appendix E). After completing the survey participants were informed of crisis hotline numbers, and e-mail and phone numbers of the researchers of this study (Appendix F). Data were used for the planned statistical analysis, and then destroyed.

Risks, Benefits, and Management of Risks

Benefits

A potential benefit of this study is the possibility of gaining more knowledge about condom use. New information can help shape local to worldwide public policy concerning how societies approach the education of young people about condom use and disease prevention. It is beneficial to get people thinking and talking about sexual activity and safety.

Another potential benefit of this study is that participants can gain knowledge about their decisions to use condoms during sexual intercourse. This study gives participants the chance to self-reflect on their past sexual experiences and to make room for growth and knowledge about why they make certain decisions. This new self-reflection and understanding can lead to new information designed to aid in increasing safer sex between couples.

Risks

A potential risk of this study was the matter of anonymity. It is extremely important that participants feel confident that their personal information is not seen by others while working on or participating in this study. There was also the possibility that a participant under the age of 18 could have filled out the surveys, even though there is a warning against this.

Since this study focuses on information that was of a highly personal nature, another potential risk of this study was the possibility of bringing up past experiences with condom use and one's potential exposure to STDs and HIV. This could have brought up feelings of guilt and anxiety which could be a potentially negative experience for some participants. Also this could be a difficult and/or upsetting questionnaire to a survivor of sexual violence.

Management of Risks

To manage the potential risks associated with this study, it was essential to make sure this study was anonymous; therefore no identifiable characteristics were included in the surveys and questionnaires. In completing the on-line survey, no identifying information was revealed. *Googledocs.com*. allowed the researcher to collect data by creating a URL without a customized ending in the link to ensure return of anonymous results. *Googeldocs.com* gave the researcher the option to choose to not send the participants' email addresses along with their results. Because participants filled out the survey on-line they had the choice of answering the questions in the privacy of their

home and to make sure their answers were not seen by others. Participants were advised to take the survey in a safe place and warned that this survey contained sexual material and could only be taken by an adult who is 18 years or older. Participants were able to email their concerns and questions to these researchers at Humboldt State University (Appendix B). There was a National Crisis Hotline telephone number provided for participants who felt the need to use it. There was also a Sexually Transmitted Disease & AIDS/HIV Information Hotline provided. It was stated that if any participant felt uneasy or no longer wished to continue that they were free to terminate answering questions at any time with no consequence and no questions asked.

Results

The goal of this study was to examine the length of time individuals had been in a sexual, romantic relationship and to assess how that influenced their condom use, their embarrassment using condoms and their general comfort level in dealing with condoms. A total of 227 participants completed The Attitude Toward Condoms Scale (Brown, 1984). Participants also fill out the Sexual Intercourse Summary Part I (See appendix C) and Sexual Intercourse Summary Part II(See appendix D). Of the 227 participants 141 (64.1%) were female and 79 (35.9%) were male. The mean age was 22 with the minimum age being 18 and the maximum age being 61.

Hypothesis 1

(1) People in long term relationships use condoms more often than people in medium or short-term relationships.

A Chi-square test was run to test whether people in long term relationships used condoms more often than people in medium or short term relationships, finding marginally significant differences between the groups, χ^2 (df=2) = 5.28, $p = .071$. Participants in long-term relationships (N=112) used condoms 30.4% of the time compared to participants in medium term relationships (N=84), who used condoms 45.2% of the time, and people in short term relationships (N=24) used condoms about

45.8% of the time. Results indicated that people in short-term relationships tended to use condoms more than people in long-term relationships, and slightly more than people in medium-term relationships. It was more common for participants in long term relationships to not use condoms at all.

Because of the small number of short-term relationship participants, we did an additional analysis. Short and medium term relationship lengths were combined into one category in order to compare condom use against participants in long term relationships. Another Chi-square test was performed, examining whether people in short/medium term relationships used condoms less or more than participants in long term relationships. Of the people in medium and short term relationships 45.3 % reported using condoms, whereas about 54.7% of these participants reported not using condoms. For participants in long term relationships, about 30.4% reported using condoms compared to the 70.6% who reported not using condoms, $\chi^2 (df=1) = 5.28, p = .022$.

These results indicate that participants in long term relationships tended to use condoms significantly fewer times than those in short or medium term relationships.

Hypothesis 2

(2) People in long term relationships will show less embarrassment in regards to condoms than people in medium or short term relationships.

A univariate analysis of variance (ANOVA) was run using length of relationship status as the independent variable, and embarrassment as the dependent variable. No significant differences were found among participants in long term, medium term, or short term relationships and embarrassment in regards to condom use, $F(2,210) = 1.81, p = .167, \eta^2 = .02$ (See Table 2).

A 2 (gender: male & female) x 3 (relationship length: 1 to 7 days, 1 week to 12 months, more than 12 months) factorial ANOVA was run to test differences in attitudes of embarrassment towards condoms. There was no significant effect for relationship length, $F(2,207) = .99, p = .37$ however there was a significant effect for gender, $F(1,207) = 19.53, p < .001, \eta^2 = .086$, with females ($M = 32.35, SD = 2.6$) reporting less embarrassment than males ($M = 30.58, SD = 3.6$). There was also a small but significant interaction between gender and relationship length, $F(2,207) = 3.12, p = .046, \eta^2 = .029$, with males in short term relationships ($M = 30.61, SD = 4.997$) reporting slightly higher levels of embarrassment than males in long term relationship ($M = 31.95, SD = 2.97$) (See Table 3).

Hypothesis 3

(3) People in long term relationships will show more comfort in regards to condoms than people in medium or short term relationships.

A univariate analysis of variance (ANOVA) was run using length of relationship status as the independent variable, and comfort as the dependent variable. No differences were found among relationship status in regards to participants' comfort in using condoms, $F(2, 199) = .56, p = .57, \eta^2 = .006$. A 2x3 factorial ANOVAs were run using comfort toward condoms as the dependent variable and gender and relationship length as independent variables. No significant main effects or interactions were found among gender and relationship length in terms of comfort attitudes toward condoms.

Overall attitudes toward condoms and relationship status

A univariate analysis of variance (ANOVA) was run using length of relationship status as the independent variable, and overall attitudes toward condoms as the dependent variable. Again, no significant differences were found among relationships status in regards to participants overall attitudes toward condom use, $F(2, 193) = .55, p = .58, \eta^2 = .006$ (See Table 2). A 2x3 factorial ANOVA using gender [Males ($M=140.04, SD=26.03$); Females ($M=146.77, SD=24.07$)] as well as relationship length as the independent variables showed no differences in overall attitudes toward condoms.

Gender and relationship status

A Chi-square was run to test whether there were gender differences in length of relationship status. No significant differences were found among relationship status by gender.

Condom use and comfort, embarrassment and overall attitudes toward condoms

An independent means t-test was used to test for differences in levels of comfort for people who used condoms (N=83) versus people who did not use condoms (N=137). Participants who reported using condoms reported significantly higher comfort levels ($M = 48.39, SD = 10.37$) than did participants not using condoms ($M = 41.19, SD = 11.21$), $t(200) = 4.52, p < .001$.

For overall attitudes, people who used condoms ($M = 153.23, SD = 21.47$) reported significantly more favorable attitudes toward condoms than people who didn't use condoms ($M = 139.16, SD = 25.99$), $t(194) = 3.9, p < .001$.

Age & condom use

There was a marginally significant difference in the age of participants who used condoms versus those who did not use condoms, $t(218) = 1.75, p = .081$. Participants who reported using condoms were, on average, younger ($M = 22.7, SD = 4.59$) than participants who reported not using condoms ($M = 24.08, SD = 6.23$).

Table 2

Means for Study Variables by Relationship Status

	Short Term	Medium Term	Long Term	Overall
% using condoms*	45.8%	45.2%	30.4%	37.7%
	(11 of 24)	(38 of 84)	(34 of 112)	(83 of 220)
	M (SD)	M (SD)	M (SD)	M (SD)
Comfort	43.1 (14.78)	42.68 (11.26)	44.81 (10.91)	43.83 (11.43)
Embarrassment	30.48 (5.21)	31.84 (2.46)	32.14 (2.85)	31.73 (3.09)
Attitude Total	140.57 (37.15)	143.24(24.35)	146.11 (23.01)	144.41 (25.29)

**The percentages are taken out of the total number of people in that particular group (e.g., 11 of 24 people in short-term relationship status; 84 in medium term; 112 in long term; 220 overall).*

Table 3

Means & Standard Deviations for Study Variables by Gender & Length of Relationship

	<i>Female</i>				<i>Male</i>			
	<i>Overall</i>	<i>Short</i>	<i>Medium</i>	<i>Long</i>	<i>Overall</i>	<i>Short</i>	<i>Medium</i>	<i>Long</i>
Comfort	44.57 (11.22)	44 (12.4)	42.37 (11.24)	46.34 (10.89)	42.62 (11.75)	42.75 (14.52)	43.89 (11.37)	41.24 (10.21)
Embarrassment	32.35 (2.6)	32.82 (2.52)	32.02 (2.56)	32.51 (2.64)	30.58 (3.6)	28.58 (5.9)	31.28 (2.33)	30.7 (3.3)
Attitude Total	146.77 (24.07)	150.56 (32.74)	143.54 (24.38)	149.38 (22.47)	140.04 (27.03)	133.08 (39.84)	144.58 (24.74)	138.94 (22.92)

Status

Cronbach's alpha internal consistency for overall Attitudes Toward Condoms Scale (40 items) = .927.

Comfort Subscale (13 items: items 3,13,14,18,19,20,22,23,25,28,31,32,39), Cronbach's alpha = .885.

Embarrassment subscale (7 items: items 6,7,8,16,21,24,36), Cronbach's alpha = .656.

Discussion

Discussion of Results

This study examined the influence that relationship length has on condom use, embarrassment and comfort. Three hypotheses regarding condom use were analyzed. The first hypothesis tested whether or not people in long-term relationships used condoms more than people in medium or short-term relationships. Results of the analysis revealed that individuals in long-term relationships did use condoms significantly less frequently than those in medium or short-term relationships. It was more common for long-term relationship participants to not use condoms than it was to use them. It was found that people in short-term relationships used condoms more than medium and long-term relationships. One possible explanation for these results is that the longer couples are together the more trust and communication grows. Instead of wearing condoms, there may be other options long-term couples have for protecting themselves, like getting tested for STDs and/or monogamy. It is also more likely that couples in long-term relationships know each other's level of risk better and perhaps also their HIV and TD status.

A study on college students and reasons for not using a condom found condom use changes during a relationship. In the first month of dating 77% of couples used condoms and 14% reported using hormonal birth control. Couples who reported using

condoms in the first month of their relationship used condoms fewer times in the most recent month they were together with only 34% of them still using condoms. Forty percent of the participants decreased their use of condoms during the course of their relationship. When asked why couples condom use went down, the number one response was that one or the other person in the relationship used a birth control option other than condoms (Civic, 2000). It seems that people in continuing relationships switch from condoms as a birth control device to other forms of birth control such as the pill, and therefore, feel the need to worry less about protection from HIV/STDs.

Researchers studying condom attitudes and behaviors among drug users in California found that participants reported that they did not want to use condoms with steady partners because condoms can symbolize distrust between couples and less intimacy. The participants' also reported that condom use seemed unnecessary when in a long-term relationship (Bogart, et al., 2005).

Hypothesis two tested whether or not people in long-term relationships show less embarrassment than people in medium and short-term relationships. In the current study relationship length did not affect embarrassment towards condoms. People in medium and short-term relationships did not report more embarrassment in regards to condoms than individuals in long-term relationships. A possibility for this finding may be that although an individual is in a certain relationship (short, medium, long) at the time of this study, it does not mean that they have never been in other sexual relationships prior to this one. They might feel that this is a natural experience to be in, and therefore have low

embarrassment levels. Embarrassment may rely more on the person's lack of experience and sexual history rather than their present relationship.

Similar to prior research, this study found that men and women differ significantly in embarrassment. Women reported less embarrassment in regard to condoms than males. Also, an interesting finding was that males in short-term relationships reported higher levels of embarrassment than males in long-term relationships.

One study that explored condom use and embarrassment without factoring in relationship status found that embarrassment in regards to condoms is present in different stages of acquisition and does affect their use. The researchers reported that embarrassment is found in purchasing, carrying and keeping condoms and that people who are more embarrassed to buy condoms are less likely to use them (Moore, S. G., Dahl, D. W., Gorn, G. J. 2006). There is evidence to suggest that embarrassment does play a role in condom use and nonuse and should be considered when educating individuals about practicing safe sex.

Hypothesis three tested if people in long-term relationships will show more comfort in regards to condom use than people in medium or short-term relationships. This current study found that people in long-term relationships do not show more comfort in regards to condoms than medium or short-term relationships. Although research has shown that both men and women experience problems with the fit and feel of condoms during sex (Crosby, Yarber, Sanders & Graham, 2005), this study indicates that relationship status does not seem to affect comfort levels of condoms with individuals.

Secondary Analysis

While running additional analyses, these researchers found no significance between overall attitudes towards condoms and relationship length. A marginally significant difference was found between males and females in regards to their overall attitudes towards condoms. Males reported more negative overall attitudes towards condom use than did females. Males showed higher levels of embarrassment towards condoms and fewer overall positive attitudes in dealing with the male condom.

Having experience with an activity such as condom application can create more comfort in that arena. Or vice versa, being more comfortable can increase condom use. That is what we found in this study in regards to comfort. Participants who used condoms reported greater comfort levels in dealing with condoms. Also participants who used condoms had more of an overall favorable attitude toward condoms than those who did not use condoms. No difference was found between those who did use condoms and those who didn't in terms of embarrassment.

More experience with condom use can create more comfort and better attitudes towards condoms than less experience. So it was interesting when we found a marginal significant difference with condom use and age. Participants who reported using condoms were younger on average than participants who reported not using condoms. One might think that experience and comfort would come with age but it does not appear so in this case. However, the age difference could be due to older people more often involved in long-term relationships.

Limitations of the Study and Implications for Future Research

This study was conducted in Northern California at Humboldt State University. 227 participants with an average age of 22 completed our on-line survey. This convenience sample may not have been representative of the population. This was demonstrated in that the majority of participants (78 %) were Caucasian, (88%) heterosexual, and (64%) female.

A major limitation of this study was the number of participants in the short-term relationship group (24), compared to (84) in medium-term and (112) in long-term relationships. Thus the short-term relationship sample was less well-represented.

This study was an on-line survey that was sent out to all Humboldt State University Department Chairs. Researchers were not informed of what departments sent out the survey to their students. Yet there was at least one department with negative feedback indicating that they would not participate in this study because of its sexual content. They felt that this topic was not appropriate to send to their students. Because of this potential participant loss, there may have been an underrepresentation in certain disciplines of the student population.

Collecting data on sexual information can be difficult because ethical and practical issues inhibit collection of any other types of data besides self-report. It is important to understand that participants might not have answered the questionnaire and survey with complete honesty. Yet an on-line study researchers conducted in Sweden found that people might report more accurate sexual history with on-line surveys than person-to-person interviews (Ross, Mansson, Daneback, Cooper & Rikkanen (2005).

They found that while conducting a survey on a sexual interest cite, people reported no sex in the past 12 months more times than participants did using an in-person survey.

Although there have been many studies over the years of sexual research this is still a sensitive subject to some individuals. The researchers warned the participants that this study contained sexual material which would ask them to reflect on previous sexual experiences. This may have caused some students to withdraw from participating. As a result this study may have drawn in individuals who were comfortable with sexuality which might not be representative of a larger population with individuals who are more private about their sexuality.

This study looked at condom use, embarrassment and comfort within different relationship lengths. We have found that relationship length does not seem to play a role in comfort and embarrassment. This leads the researchers to believe that individuals may feel similarly about their attitudes toward condoms no matter what relationship they are presently in. Our data showed that individuals who use condoms are more comfortable and reported more favorable attitudes towards condoms than people who do not use condoms. Future research should pay attention to individuals past sexual relationship history and condom use to continue to understand condom use and nonuse.

Our data suggests that. This is an interesting area that could use further attention. If men demonstrate more embarrassment and fewer positive attitudes toward condom use of the male condom, this is of concern, especially since providing the condom is more often than not the duty of the male sexual participant (Sacco, Thompson, Rickman, Levine & Reed 1991).

It would be beneficial for future research to look at the effects frequent TD testing has on individuals. Seven percent of participants in the present study reported not knowing whether or not they had an STD. Sixteen percent reported that they believe they are at risk for an STD and seventeen percent believed their sexual partner was at risk for an STD. Furthermore, forty-four percent of participants reported not knowing if their sexual partner had HIV/AIDS. Many STDs do not have any symptoms and individuals can live without knowing or detecting the problem. With regular medical tests that are routine with doctor checkups these STDs could be brought to the individuals attentions sooner and reduce the stigma that is attached to them.

Finally, many couples in the United States use hormonal options as their birth control of choice. In a study looking at factors dealing with condom use and women, researchers reported that women who were using hormonal contraceptives or who reported not using a usual method of birth control were 5 to 9 times more likely to not use a condom during sex than woman who were using a usual method, like the male condom for birth control (Yarnall, K. H. et al., 2003). When women are taking hormonal birth control they are less likely to use a condom, even if birth control does not protect from STDs.

Hormonal birth control should be researched along with condom use and non use in the future. These two options go hand in hand when researching STD/AIDS, as many couples appear to make a switch to hormonal birth control during a relationship. Questions surveying condom use as a birth control device were not included and would be beneficial to add in future research.

By talking about the importance of getting tested for STDs and condom use as a part of sex education, we can continue to de-stigmatize these topics. It is essential in helping sexually active people protect themselves. In addition to talking about condom use as a method of birth control, we need to communicate the importance of condoms for protection against HIV and STDs. Even in long-term relationships condoms are the most available means we have to protect ourselves from STDs until we acquire vaccines or other methods that offer sexually active people 100% protection.

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Appendix A

E-Mail to Department Chairs

Hello, my name is Kate Sipma and I'm in my 2nd year of the counseling psychology master's program here at Humboldt State University. As a part of my graduate thesis I've composed an online survey. I'm trying to announce participation for this on line survey to any students here at HSU via email. All departments are asked to participate in order to obtain an unbiased representation of students. I was wondering if you would consider sending out this email to your students to announce my research, so that interested students could participate. This project has been approved by the IRB, the participants will be over 18 and their information will be anonymous. Please let me know if you agree to send this out or if you have any questions. I'm sending you a copy of the email I would like to be sent to the students, so you can take a look at it.

Thank you for your time,

Kate Sipma

Appendix B

E-Mail to Potential Participants

My name is Kate Sipma and I'm a master's student in the Counseling Psychology Program. I'm working on research concerning the sexual behaviors of people as a part of my Master's Thesis. I would appreciate it if you would take the time to add to this research by filling out this anonymous and brief survey. There will be no extra credit given for participating in this study, but your participation is greatly valued. This survey contains sexual material. If you feel you may be offended, please do not participate. Please do not answer these questions if you are under the age of 18. If you are over the age of 18 and are interested in learning more about this project, please click on the following link. If at any time you wish to with-draw you may do so with no consequences. Your completion and submission of this survey acknowledges your consent to participate.

Please click on the following to link to access this survey:

<http://spreadsheets.google.com/viewform?formkey=dE83LVVyQWt2eXRuTUxIYm55TVoyREE6MA..>

If you have any questions or concerns please contact:

Dr. Wieand in the Psychology Department of Humboldt State at 707 826-5263.

Kate Sipma k8sip@yahoo.com

Appendix C

Sexual Intercourse Survey

You are being asked to volunteer to participate in a study of sexual behavior. It should take you approximately 15 minutes to complete this questionnaire. **Please do not continue and answer these questions if you are under the age of 18.** If you are 18 years or older please answer these questions honestly and completely. All information will remain anonymous. Please do not put your name anywhere while you are answering the questions. You have the right to withdraw at any time. If you copy down this web address you will be able to find the results of this study by summer 2010. If you have any questions prior to that time please feel free to call Dr. Wieand in the Psychology Department of Humboldt State at 707 826-5263.

Part I

My age is _____

My gender is Female _____ Male _____

Select the group that best describes you

_____ Asian, Asian-American

_____ Black, African-American

_____ Latin, Hispanic, Mexican, Mexican –American, Chicano, Spanish Heritage

_____ Native American Indian

_____ Alaskan Native

_____ Filipino or Pacific Islander

_____ White, Caucasian

Other (specify) _____

Select one of the terms below that best describes how you think of yourself:

Heterosexual

Homosexual, gay , lesbian

Bisexual

Other (specify) _____

Are you currently:

Single, never been married

Married or living with partner

Divorced or separated, not living with partner

Other (specify) _____

Have you been tested for HIV? _____

Do you have HIV/AIDS _____ or an STD? _____

Do you believe you are at risk for AIDS or an STD? _____

Has your current sexual partner been tested for HIV? _____

Do you know if your partner has HIV/AIDS _____ or an
STD? _____

Do you believe your partner is at risk for HIV/AIDS or an STD? _____

How many sexual partners have you had in the last year (12 months)?

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ More than 10 ___

Appendix D

Sexual Intercourse Survey Part II

These are questions about your sexual behavior. All answers are anonymous. Please answer the questions open and honestly by selecting the response that fits you best.

Do you consider yourself sexual active? That is do you currently have genital sexual relationships (Sexual intercourse, oral-genital sex or anal sex) with another person?

Yes _____

NO _____

If you answered yes to #1 please check the box that is true for your last sexual encounter:

Vaginal/penile intercourse with a condom _____

Vaginal/penile intercourse without a condom _____

Oral-genital sex with a condom _____

Oral-genital sex without a condom _____

Anal sex with a condom _____

Anal sex without a condom _____

Vaginal non penile intercourse with a condom _____

Vaginal non penile intercourse without a condom _____

Please check the box that was true for you during your last sexual intercourse encounter:

Extremely pleasurable _____

Mostly Pleasurable _____

Not pleasurable _____

Please check the box that was true for you during your last sexual intercourse encounter:

Extremely embarrassing _____

Somewhat embarrassing _____

Not embarrassing _____

How long have you had a sexual relationship with the partner of your last sexual encounter?

1 day-1 week _____

1 week-12 months _____

1 year or longer _____

Appendix E

Survey of Sexual Behaviors

The following items are intended to measure people's opinions about the use of male condoms. There are no right or wrong responses to any of these statements. Please respond even if you are not sexually active or have never used a condom (or had a partner who used) condoms. In such cases indicate how you think you would feel in such a situation.

Please read each of the following statements and indicate by circling the number of the response that best fits your feeling about the statement.

For example, if you agree with a certain statement, circle 4. If you strongly disagree, circle 1 and so forth.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
	1	2	3	4	5
1.	In my opinion, condoms are too much trouble.				1 2 3 4 5
2.	Condoms are unreliable.				1 2 3 4 5
3.	Condoms are pleasant to use.				1 2 3 4 5
4.	The neatness of condoms, for example, no wet spot on the bed, makes em attractive.				1 2 3 4 5
5.	I see the use of condoms as adding to the excitement of foreplay if the partner helps put it in place.				1 2 3 4 5

6. I would be willing to try a condom, even if I have never used
one before 1 2 3 4 5
7. There is no reason why a woman should be embarrassed to suggest a
Condom 1 2 3 4 5
8. Women think men who use condoms show concern
and caring. 1 2 3 4 5
9. I intend to try condoms. 1 2 3 4 5
10. I think proper use of the condom can enhance sexual
pleasures. 1 2 3 4 5
11. Many people make use of the condom as an erotic
part of foreplay. 1 2 3 4 5
12. All things considered, condoms seem safer to me than any
other form of contraception except abstinence. 1 2 3 4 5
13. I just don't like the idea of using condoms. 1 2 3 4 5
14. I think condoms look ridiculous. 1 2 3 4 5
15. Condoms are inconvenient. 1 2 3 4 5
16. I see no reason to be embarrassed by the use of condoms. 1 2 3 4 5

17. Putting a condom on an erect penis can be a sexual turn-on. 1 2 3 4 5
18. Condoms are uncomfortable. 1 2 3 4 5
19. Using a condom makes sex unenjoyable. 1 2 3 4 5
20. I would avoid using condoms if at all possible. 1 2 3 4 5
21. I would be comfortable suggesting that my partner and
I use a condom. 1 2 3 4 5
22. Condoms ruin the sex act. 1 2 3 4 5
23. Condoms are uncomfortable for both partners. 1 2 3 4 5
24. Women think that men who use condoms are jerks. 1 2 3 4 5
25. The idea of using a condom doesn't appeal to me. 1 2 3 4 5
26. Use of the condom is an interruption of foreplay. 1 2 3 4 5
27. What to do with a condom after foreplay is a real problem. 1 2 3 4 5
28. The thought of using a condom is disgusting. 1 2 3 4 5
29. Having to stop to put on a condom takes all the
romance out of sex. 1 2 3 4 5
30. Most women don't like for their partners to use condoms. 1 2 3 4 5

31. I don't think condoms interfere with the enjoyment of sex. 1 2 3 4 5
32. There is no way that using a condom can be pleasant. 1 2 3 4 5
33. Using a condom requires taking time out for foreplay, which
interrupts the pleasure of sex. 1 2 3 4 5
34. I think condoms are an excellent means of contraception. 1 2 3 4 5
35. Condoms seem unreliable. 1 2 3 4 5
36. There is no reason why a man should be embarrassed to suggest using a
condom. 1 2 3 4 5
37. To most women, a man who uses a condom is sexier than one who leaves
protection up to the woman. 1 2 3 4 5

38. The condom is a highly satisfactory form of disease prevention. 1 2 3 4 5
39. I would have no objection if my partner suggested that we use a condom. 1 2 3 4 5
40. The skillful partner can make placing a condom a highly erotic experience. 1 2 3 4 5

Appendix F

Sexual Intercourse Survey Conclusion

Please print this out and keep for yourself

If any of these questions in the survey have raised concerns for you, here is a list of resources that may address your concerns.

National AIDS Hotline: 800-342-AIDS (2437) Information and referrals to local hotlines, testing centers, and counseling. Open 24 hours, seven days a week.

National Sexually Transmitted Disease Hotline: 800-227-8922

Information and referrals to free and low-cost public clinics. Operators can answer general questions on prevention, symptoms, transmission and treatment of sexually transmitted diseases. Open 8 a.m. to 11 p.m. Eastern Standard Time, Monday through Friday.

National Crisis Hotline 1-800-784-2433

Humboldt State University Referrals:

HSU Community Mental Health Clinic

707 8263921

Sliding Scale

Counseling and Psychological Services (CAPS)

HSU Health Center (free to students)

707 826-3236