Why embarrassment inhibits the acquisition and use of condoms: A qualitative approach to understanding risky sexual behaviour

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Abstract

This article is based on research commissioned by the UK Government’s Teenage Pregnancy Unit. The Living on the Edge (LOTE) study qualitatively explored factors that shape young people’s experiences and attitudes towards sexual behaviour and young parenthood in three linked seaside and rural areas in England. It identifies embarrassment as a key risk factor in young people’s sexual behaviour and demonstrates why engaging in protective behaviour and seeking information and advice, can be constrained by fear of embarrassment and concerns about how they are regarded by others. This paper also argues that embarrassment around condom use is not necessarily restricted to adolescence. Embarrassment is a deeply unpleasant experience for everyone and people (young and old) are motivated to avoid it. Implications and recommendations for future policy and service provision are highlighted.

Keywords: Embarrassment; Self-presentation; Sexual behaviour; Young people; Condom use; Qualitative

Introduction

This article is based on research carried out as part of a larger study commissioned by the UK Government’s Teenage Pregnancy Unit. The Living on the Edge (LOTE) study (see Bell et al.,...
qualitatively explored the factors that shape young people’s attitudes to, and experiences of, sexual behaviour and young parenthood in three linked seaside and rural areas in England. High rates of teenage pregnancy in the UK in comparison with other European countries were the impetus for this research which was carried out between 2002 and 2004. In recent years, teenage pregnancy in rural and seaside areas has elicited concern amongst public health policy makers, where rates of under-18 conceptions have been higher than national averages (Social Exclusion Unit, 1999).

The LOTE study suggested that young people in these areas face common factors in relation to sex, sexuality and relationships although these factors interact in ways that reflect the particular characteristics of the local context. Among the factors associated with risk behaviours (actions that increase undesirable health outcomes, for example unprotected sex) were embarrassment, low aspirations, low family expectations about educational and professional achievement, lack of self-esteem and easy access to alcohol. When participants in this study were asked why young people might not use condoms, the most common responses included embarrassment and the use of alcohol. This focus of this paper is on the first of these common responses.

The purpose of this paper is to expand previous research on the role of embarrassment and self-presentational concerns in adolescent sexual behaviour, specifically condom use, and add to the existing body of knowledge in the area. This paper begins by outlining some of the existing theories of embarrassment and self-presentation. Participants talked about embarrassment in a number of contexts which are presented in the main body and considered in relation to these theoretical frameworks. It is argued that embarrassment is a key risk factor in young people’s sexual behaviour. Self-presentational concerns can create barriers to both the acquisition and use of condoms. Theoretical arguments about why embarrassment inhibits the acquisition and use of condoms are presented together with a critical discussion on whether embarrassment may be increased for this population.

Because embarrassment is so distressing, individuals try to avoid self-presentational failures, or engage in behavioural efforts to repair the damage to their social image, to avoid embarrassment (Miller, 1986; Miller & Leary, 1992). Leary, Tchividjian, and Kraxberger (1999) go as far as to argue that self-presentational motives are often so strong that they lead people to engage in impression-creating behaviours that are, in the long run, dangerous to themselves or others. This suggestion has provided a basis for interpreting many of the findings reported in this paper and will be explored throughout.

Embarrassment

Existing concepts and theories of embarrassment vary somewhat in their theoretical underpinnings and emphasis. However, a number of unifying features that appear consistently in all usages can be identified. Whether the emphasis is on self-consciousness, self-regulation or social control, embarrassment is fundamentally associated with emotions about the self. Miller (1995) defines embarrassment as ‘an aversive state of mortification, abashment, and chagrin that follows public social predicaments’ (p. 322). Other conceptualisations have emphasised that the way in which we perceive how other people judge and evaluate us in social predicaments is crucial. For example, one usage draws on ideas from Goffman’s (1956, 1959) dramaturgical theory where embarrassment is seen to arise from our perception that our performance has been
spoiled; its symptoms are social discomfort and unease. Other theories suggest that embarrassment is associated with a loss of self-esteem when we perceive that others judge us as inadequate or incompetent, and that embarrassment expresses social anxiety as a consequence of perceiving that others have formed an undesirable impression of us (Parrott & Harré, 1996 in Buckingham & Bragg, 2004).

Tangney (2003) conceptualises embarrassment as belonging to the family of negative self-conscious emotions (including also shame, guilt, and pride) that are evoked by self-reflection and self-evaluation. According to this view, self-conscious emotions serve an important self-regulatory function by providing critical feedback to the self about one’s own thoughts, intentions and behaviour. When we violate (or anticipate violating) important standards, we are inclined to experience negative self-conscious emotions such as shame, guilt and embarrassment. These self-conscious emotions function as an emotional moral barometer, providing immediate and salient feedback on our social and moral acceptability and worth as human beings (Tangney, 2003). They play an important role in guiding behaviour, motivating us to adhere to social standards and respond appropriately (e.g. with contrition and reparation) when we don’t. They can exert a strong influence on our behaviour by providing critical feedback regarding both anticipated and actual outcomes.

Some theorists believe the crux of embarrassment is negative evaluation by others (Edelmann, 1981; Miller, 1996; Miller & Leary, 1992; Semin & Manstead, 1981). Edelmann (1998) argues that this is part of the socialisation process. From an early age, we learn the rules of behaviour and the sanction for breaking those rules which frequently involve being humiliated and embarrassed in front of our peers. Thus embarrassment is associated with the ability to understand that behaviour has social consequences in the eyes of others and an understanding of social norms violations (Keltner & Capps, 2003).

Edelmann (1998) also points out the developmental significance of embarrassment, suggesting that heightened self-consciousness and feelings of embarrassment reach their peak during adolescence. This of course is a phenomenon which has been noted by others before (e.g. Elkind, 1967) and one which will be discussed critically later in this paper. If this is the case then, adolescent sexual roles are particularly likely to be open to construction and redefinition. This lack of clarity in turn is likely to further intensify embarrassment associated with sexual behaviour at this developmental stage.

Self-presentation

In relation to the knowledge of and motivation to comply with the rules of behaviour, embarrassment is also associated with self-presentation concerns. Self-presentation refers to the processes by which people control how they are perceived and evaluated by others (Leary et al., 1999). As the discussion above outlines, maintaining and protecting public images and reputation matters to many people. Self-presentation emphasises the avoidance of potentially embarrassing situations which threaten reputation and status. This theory suggests that people attempt to strategically control the inferences that others make about them by deliberately presenting some aspects of themselves while concealing others, depending on the impressions they want others to form (Schlenker & Weigold, 1992).
Embarrassment, self-presentational concerns, and sexual behaviour in young people

Literature on the role of embarrassment in young people’s sexual behaviour is much less established than other ‘risk’ factors, although one review is provided by Leary et al. (1999). They examined research which demonstrates that self-presentational motives and attempts to avoid embarrassment play an important role in adolescent sexual behaviour.

For example, Leary et al. (1999) reviewed one American study where less than 20% of the sexually active college students surveyed reported using condoms regularly (Hanna, 1989). Further research suggests that the failure to use condoms is not due to lack of information about pregnancy, STIs, or condoms (Bruch & Hynes, 1987; Markova, Wilkie, Naji, & Forbes, 1990). Rather, one primary reason people fail to use condoms, according to Leary et al. (1999), seems to be self-presentational. In other words, these young people failed to use condoms because they were concerned about how they would be perceived by others if they obcondoms or discuss condoms with their sexual partners.

Other studies reviewed by Leary et al. (1999) have shown that between 30% and 63% of sexually active respondents reported being embarrassed when buying condoms (Hanna, 1989; Herold, 1981). A number of additional studies suggested that teenagers in particular are deterred from obtaining condoms and other forms of contraception by concerns about others’ perceptions of them (Clinkscales & Gallo, 1977; Herold, 1981; Sorenson, 1973; Zabin, Stark, & Emerson, 1991). Herold’s (1981) research on embarrassment arising from accessing contraception from a physician or pharmacist indicated that young women were more embarrassed about obtaining condoms than other forms of contraception. Leary et al. (1999) argue that this may be because they think that others associate condoms with casual sex, STDs, and promiscuity (Lees, 1986).

According to Herold (1981), not only can self-presentational concerns deter people from acquiring condoms, it can also deter people from using them in a sexual encounter. Leary et al. (1999) suggest this could be because with a new sexual partner, people may worry that having a condom will imply that they had anticipated having sex, or had actively worked to seduce the other person. Kisker (1985) reported that teenagers of both sexes indicated that making plans to use a contraceptive would be perceived as calculating, unless they were involved in a long-term relationship. Similarly, a study of Scottish teenagers (Abraham, Sheeran, Spears, & Abrams, 1992) revealed that women in particular may be reluctant to carry condoms because they are afraid that their partners will perceive them as very sexually experienced and too bold.

Method

Sample

The research took place between 2002 and 2004 in three seaside resorts and their surrounding rural areas in England. Participants were recruited through local schools, youth clubs, voluntary and statutory sector agencies and organisations and businesses with an involvement with local young people. The main data collection involved gendered discussion groups with school pupils in years 8 (aged 12–13 years), 10/11 (aged 14–16 years) and 12 (aged 16–17 years) in 14 schools. Sixty-three discussion groups comprising 309 pupils in total were completed (see Table 1).

Group interviews were also undertaken with young people not in mainstream schooling and excluded young people (10 groups in total comprising 32 individuals. See Table 2).
Finally, 116 individual interviews were completed with key professionals (i.e. youth workers, teachers, school nurses), young parents (aged 16–30 years) and transient workers (see Table 3). For a full discussion on sample information see Bell et al. (2004).

Young people were also involved through local advisory groups in three schools. These three groups (one in each research site) comprised male and female pupils in year 12. In addition, research sites recruited advisory groups of young parents and all groups contributed to the design of research tools and commented on the research and findings as it progressed. They were able to confirm or refute the extent to which the data reflected their own experiences and contributed to future directions for the study.

Participants were provided with information about the study and gave their written consent to participating, understanding that identifying information would be anonymised and protected. Parental consent for young people in schools was achieved by a nominated contact within the school.

**Data collection and analysis**

Interviews contained a combination of semi-structured and open-ended questions which were taped and transcribed. Young people in schools and young parents were asked the same questions about their experiences of school-based sex education, knowledge of sexual health and contraception including local knowledge of where and how to access advice and contraception, attitudes towards unprotected sex, underage sex, young parenthood, experiences of growing up in a seaside town or its surrounding rural area, and their own hopes and aspirations for the future. Key professionals, young parents and young people’s advisory groups were asked about their attitudes and opinions on key issues for young people and young parents in their locality with regard to service

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provision and advice, education, sexual health, lifestyle and opportunities for the future, why they
become pregnant, and the attitudes of those around them.

A Grounded Theory approach was adopted initially to analyse qualitative data. Analysis
remained close to participants’ own view of the world and the way they made sense of it (Riley,
1990). Themes and categories were developed from the data in individual sites so as to keep the
significance of the research context intact (Holloway & Jefferson, 2000). Such strategies allowed
the analysis to stay close to meanings that the participants had communicated.

Constant comparison methods were used to validate the thematic analysis from the separate
sites. Interpretations and analysis of themes within the sites were reviewed by the research
team who sought to compare themes, categories and emerging analysis across all three sites.
Emerging key themes were also fed back to the young people’s advisory groups and key profes-
sionals for comments on an ongoing basis to further check reliability and validity. For a fuller
discussion of data collection and analysis strategies see Bell et al. (2004).

Findings

In the context of asking open-ended questions about their experiences of sex education and
knowledge of sexual health and contraception, young people were asked why they might not
use the information they had been given about contraception. The majority spontaneously
suggested embarrassment. This provided a cue for further prompting and discussion which
formed the basis of the following analysis. Table 4 summarises the key themes developed
from the analysis. These themes were then inserted into theoretical frameworks and are dis-
cussed in turn.

Embarrassment as a barrier to accessing condoms

Much of the data from our research supports findings of previous research into embarrassment,
self-presentational concerns and sexual behaviour in young people (Clinkscales & Gallo, 1977;
for this study found the experience of obtaining condoms under the gaze of adults to be fraught
with embarrassment. The following extracts highlight these self-presentational concerns:

‘Getting condoms is really embarrassing...really embarrassing’ (boy aged 16–17).
Well you don’t want to go to [local shop] and buy them do you. Well they’re behind the counter.
You can’t just pick them up and go to the counter. You have to ask for them
And in chemists as well (girls aged 14–15).
The fear of being publicly exposed and humiliated whilst buying condoms is captured neatly in the following quote where this boy imagines everyone in the supermarket is laughing at him:

*I think if you got them condoms from a supermarket you'd be embarrassed...like the old advert about it and the woman hasn’t got a barcode and shouts it out into the speaker and everyone in there is looking at him and laughing...*(boy aged 12–13).

In the following extract this young girl describes how seeking information about condoms from the school nurse can be embarrassing when this is seen as a public activity:

...the nurse’s bit is like right next to the dinner hall. I don’t think it should be there because everybody knows you’re going into it, and it’s embarrassing going into it cos...it’s right near where everybody can see you...And they might get the wrong idea of what you are going in for (girl aged 12–13).

The value placed on privacy and anonymity expressed in this excerpt is consistent with previous research by Hillier, Harrison, and Warr (1998) who found that one of the main reasons that girls in particular found it difficult to obtain condoms was due to lack of anonymity.

Some young people talked about places where they preferred to obtain condoms such as vending machines in public toilets. Such places offer young people the privacy and secrecy they value; there will be no one to ask questions and make judgments about you:

*Vending machines don't look at you. There's no problem with a price check* (boys aged 12–13).

*...in the Odeon [toilets], if you go in the middle of a film there's hardly anyone there* (boy aged 12–13).

*Embarrassment factor enhanced by high visibility of rural areas*

An extra dimension in our research concerns the rurality and remoteness of the communities under study. This aspect had major implications for opportunities to access condoms anonymously and away from the scrutiny of disapproving others. Findings from our study and those of Hillier et al. (1998) suggest that these problems may be more salient in rural and remote areas where populations are small.

Hillier et al. (1998) surveyed 512 senior rural students in Australia on the meanings of safe sex and accessibility and use of condoms. They reported that girls found it significantly more difficult
than boys to obtain condoms. The reasons given had to do with embarrassment, lack of anonymity, and parental disapproval. Accessing and carrying condoms in advance of a relationship is a tacit acknowledgement that the young person is anticipating having sex. For young women, this is a highly undesirable label to have with their peers and most adults if the young woman is not in a stable relationship. Many young women and young men in this study believed that females who carry condoms will be thought of badly as they are ‘ready to have sex’ (girl aged 14–15):

Also, females that have condoms on them are labelled ‘slags’ all the time. They are. I’ve seen it (girl aged 16–17).

This supports the findings of Abraham et al. (1992), Hillier et al. (1998), and Kisker (1985). In the context of rural areas, Hillier et al. (1998) argue that knowledge that a girl is sexually active, particularly if she is unable to sustain a committed relationship (Kitzinger, 1995), can sour the townsfolk’s feelings and behaviours towards her, including limiting the types of relationships available to her in the future. For the girls in their research, living in a small town meant it was easy to gather a bad reputation where everyone was known and confidentiality and privacy were never assured. A bad reputation meant sexual harassment, loss of friends, feeling dirty, and general alienation.

Many of the findings from our study support those reported by Hillier et al. (1998) described above. Embarrassment around accessing condoms is heightened in small towns where visibility is increased and anonymity is decreased. As discussed earlier, young people in our research expressed concerns about other people’s reactions when they attempted to obtain condoms. Living in a remote area exacerbates these experiences:

It’s more embarrassing if you go to a big supermarket and there’s big queues and everything
Or if someone that you knew worked in there
In the villages everything gets round doesn’t it (girls aged 14–15).
Also if you live in a small community and the doctors live in the area and the nurses live in the area, you know them outside, you’re too embarrassed to go there to go on the pill
It’s like the chemists in [small rural town], there’s people who I went to primary school with there, one of them is my uncle’s girlfriend. You just can’t go in there at all. It doesn’t feel confidential
But the doctor’s son is in my class
Well the doctor I go to is married to one of the teachers (girls aged 16–17).

This school professional describes the embarrassment of two of her pupils who she unwittingly bumped into at the local family planning clinic in a rural area:

…it’s a bit embarrassing for the children. I remember going to the family planning clinic a few years ago and there were two girls from school and they looked horrified when I walked in (female key professional).

In rural areas where everybody knows everyone, the fear of being watched and evaluated is intensified. Whether it is in the GP’s surgery, the supermarket, the chemist or the sexual health clinic, what these young people describe is a fear that their privacy and anonymity cannot be protected, leaving them vulnerable to becoming the subject of village gossip.
Embarrassment as a barrier to using condoms

Data from our research support that of Herold (1981), and Leary et al. (1999) detailed previously that self-presentational concerns can deter young people from using condoms in a sexual encounter or discussing condoms with their sexual partners. Many young people, for example, reflected on how using condoms can be a source of embarrassment. For some, the difficulties were rooted in the discomfort of engaging in discussion about condom use in the context of a sexual encounter:

- You'd be embarrassed to pull a jonny out or something wouldn't you (boy aged 14–15).
- ‘It’s embarrassing to bring it up’ (boy aged 16–17).
- …Too embarrassed to ask if you’ve got one (boy aged 14–15).

Similarly, this extract illustrates the belief that embarrassment may also prevent girls from raising the issue of condom use with boys:

- Sometimes if the lad has a condom some girls are too embarrassed to ask if they have one…(- boy aged 14–15).

For young men, gender roles can have a significant impact on the willingness of some to use condoms. It may be that young men beginning to be sexually active are keen to present images of themselves as sexually experienced and reluctant to use a condom for fear of the potential embarrassment that may occasion if they stop to put on a condom, particularly if they are inexperienced at doing this:

- Lads would be embarrassed in case they didn’t put it on right… I know males to be like that… they don’t put one on because they don’t know how (girl aged 16).

Such occasions are embarrassing because the image young men are aiming to present — the sexually confident exemplar of masculinity — is threatened and an inability to conform to that identity is exposed.

Finally, this next quote neatly captures something that is perhaps at the heart of most of what is being expressed in the accounts given by young people above:

- You need confidence to say [to your partner] ‘use a condom’ (young mother).

Although confidence is conceptually distinct from self-esteem, this extract is consistent with the self-esteem theory of embarrassment described earlier (Parrott & Harré, 1996) and also with previous research by Herold, Goodwin, and Lero (1979) who found that high self-esteem, which is associated with self-presentational confidence and low need for social approval, is associated with more effective contraceptive use.

Embarrassment as a developmental feature of adolescence

Analysis of this theme is situated in relation to key literature identified earlier. The idea that young people are embarrassed and lack the confidence to access, discuss and use condoms with their partners could be viewed as fitting quite straightforwardly with the notion that embarrassment is endemic to
adolescence, a point referred to previously. This notion implies that embarrassment is something which is experienced as part of a developmental process and something that is transitional. For example, Elkind’s (1967) theory of adolescent egocentrism suggests that embarrassment peaks at adolescence and this is something young people grow out of as they reach adulthood. Others, however, have criticised this theory (e.g. Vartanian, 2000) and suggested that self-presentational concerns about what other people think are something individuals grow into, rather than something they grow out of (Bell & Bromnick, 2003). In other words these concerns may peak at adolescence but do not necessarily diminish in a linear fashion as young people move towards adulthood.

Previous research suggests that adults too may jeopardise their own health to avoid embarrassment in terms of condom use (Adetunji & Meekers, 2001; Catania et al., 1991; Gold, Skinner, Grant, & Plummer, 1991; Leary & Dobbins, 1983; and Marin, Tschann, Gomez, & Gregorich, 1998). Other research has explored adults’ embarrassment around issues of sexuality. Buckingham and Bragg (2004) reported that the most common words used by both parents and children to describe their experiences of encountering sexual material in the media, especially on television, in the company of family members, were drawn from the lexicon of embarrassment. This was also how children described their experience of parental attempts to discuss ‘the facts of life’ with them. Accordingly, Buckingham and Bragg (2004) suggest that young people’s embarrassment may actually be engineered by adults.

Similarly, although many participants in our research indicated that they found formal sex education in school and talking to parents about sex embarrassing, data also showed that young people were aware of adults’ own embarrassment around sex and talking about sex, particularly parents and those with responsibility for educating them on matters of sexual health:

Parents are like embarrassed to talk to you about it… (girl aged 13)
My dad would just be embarrassed (girl aged 12–13).
Some teachers get embarrassed themselves (girl aged 13).

An adult professional interviewed for the study described the embarrassment she experienced when she called at a local youth advice service to get condoms:

I went along as a test case - although I am not really a young person - and I went into there to get some condoms and I was really mortified when she went [in a loud voice] ‘what kind of condoms would you like’ and it was the receptionist handing them out, and my friend was there laughing her head off but it was very embarrassing - I am in my thirties and not likely to be embarrassed but if you were fifteen… (female key professional).

This perception is predicated on the assumption that an adult in their 30s would not be embarrassed about asking for condoms in the same way that a young person in their teens would be. Clearly, however, this was not the case here as the remainder of the extract demonstrates.

Our data fit with the findings of previous research which suggests that embarrassment about material of a sexual nature is not restricted to adolescence. Those involved in the development, implementation and delivery of such services need to acknowledge that accessing, discussing and using condoms and dealing with matters of sexuality can be embarrassing for everyone concerned, not just young people. Embarrassment is a deeply unpleasant experience for everyone and people (young and old) are motivated to avoid it.
Conclusion

Embarrassment is associated with self-presentation concerns, self-consciousness and knowledge of and motivation to comply with the rules of social behaviour (Edelmann, 1998). Our data are consistent with theoretical concepts discussed earlier; embarrassment is fundamentally associated with emotions about the self. It’s symptoms are social discomfort and unease (Goffman, 1956, 1959) and the crux of embarrassment is negative evaluation by others (Edelmann, 1981; Miller, 1996; Miller & Leary, 1992; Semin & Manstead, 1981). Such evaluations function as emotional moral barometers, providing salient feedback on our social and moral acceptability and worth as human beings (Tangney, 2003).

Data from this research are consistent also with previous research indicating that self-presentational motives and attempts to avoid embarrassment play an important role in adolescent sexual behaviour. Fear of embarrassment inhibits the extent to which young people seek sexual health advice and access and use condoms. The high value that the young people in our research placed on privacy and anonymity in accessing condoms, particularly in rural areas, verifies the fear of being publicly exposed, humiliated and alienated. Not accessing or using condoms is a way of avoiding a potentially embarrassing situation which may threaten or seriously undermine a young person’s public status and reputation.

Embarrassment depends on the context and who the real or imagined audience is. The sexual behaviours of young men and young women are judged by different standards. For young women, self-presentational concerns may be about carrying condoms; for young men it may be about their perceived ability to put one on. However, their motivation to protect their social image — to conform to the prevailing critical standards of the audience — to avoid embarrassment — is the same.

Thus fears about other people’s reactions may be different for boys and girls. Such fears, however, are not necessarily confined to adolescence as our data have shown. Such contentions indicate there is a need to recognise that embarrassment around sexual behaviour and material is an issue which affects adults and elders as well as young people and children. As this paper has argued, this distinction is important because it has the potential to impact upon the way services are run.

Whilst many recent intervention efforts have focused more broadly on issues of motivation, skills deficits, and other concerns facing young people when they become sexually active, our data suggest further areas for improvement. Sexual behaviour is most difficult to categorise rationally in terms of choice. Health promotion strategies and sex education aimed at young people that are based on an assumption of rational decision-making in sexual encounters often overlook the non-rational nature of arousal, desire and self-conscious emotions. These components may be irrational but motivation to avoid them is not. Further research is needed to address the paradox of rationally managing irrational and emotional components (whether pleasant or unpleasant) of sexual encounters.

This paper supports and expands upon much of the previous findings on the role of embarrassment and self-presentational concerns in adolescent sexual behaviour derived from quantitative paradigms. It contributes a qualitative insight to the existing body of knowledge around why some young people fail to use condoms despite being equipped with the knowledge of how to access and use them. Our findings showed that, from their perspective, young people may not use condoms, not because they are uninformed about methods of contraception, but to avoid embarrassment. Sex education should include relationship education and should be delivered by
those who are trained and confident. It should provide young people with realistic skills in how to deal with embarrassment and how to access condoms and negotiate condom use with their partners.

The role of embarrassment needs to be given consideration in future policy development and service provision in combination with the wider social context in which young people conduct their sexual lives. Those planning services for example should not underestimate the assertion that ‘anonymity counts’. We need to take a broader view on the role of embarrassment in matters related to sexuality and sexual health which does not regard it as an aspect limited to adolescent sexual behaviour. We also need a wider approach to reducing embarrassment around sex and sexual behaviour in order that future generations are not jeopardising their own health for the sake of avoiding it.

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