

Socio-cultural factors that influence the utilization of condoms among the youths of Imile Village in Midigo Town Council, Yumbe district. A cross-sectional study.

Walter Mawa, John Paul Kibirige, George Masete
Kampala Institute of Health Professionals*

ABSTRACT

Page | 1

Background:

The study aimed to identify the socio-cultural factors that influence the utilization of condoms among the youths of Imile Village in Midigo Town Council, Yumbe district.

Methodology:

A cross-sectional descriptive study was conducted among youths aged 18–35 in Imile Village, Yumbe District, to assess condom utilization and associated factors. A sample of 54 respondents was determined using Burton’s formula and selected through simple random sampling. Data were collected using pretested structured questionnaires via interviews. Quality control included pretesting and training of assistants. Data were analyzed using Microsoft Excel and presented in tables and charts. Ethical considerations such as informed consent, confidentiality, and voluntary participation were ensured throughout the study period.

Results:

The majority were aged 23–27 years, 21 (38.9%), followed by those aged 28–32 years, 15 (27.8%), 18–23 years, 11 (20.4%), and 33–37 years, 7 (13.0%). In terms of sex, most respondents were male, 31 (57.4%), while females were 23 (42.6%). Cultural values showed a balanced effect, with 27 (50.0%) respondents agreeing that they discourage condom use and an equal proportion disagreeing. Regarding religious beliefs, the majority, 30 (55.6%), reported that religion did not influence their condom-use decisions, while 24 (44.4%) acknowledged its influence. Peer influence emerged as the most significant factor, with 33 (61.1%) of respondents agreeing that peers affect their decision to use condoms, compared to 21 (38.9%) who disagreed.

Conclusion:

Condom utilization among youths in Imile Village is negatively influenced by strong peer pressure and mixed cultural and religious beliefs.

Recommendation:

The District Health Office should engage community and religious leaders to publicly endorse condom use as responsible behavior in order to reduce cultural and social resistance.

Keywords: Condom utilization, Youths, Socio-cultural factors, Peer influence, Religious beliefs, Imile Village.

Submitted: February 21, 2026 **Accepted:** March 29, 2026 **Published:** April 30, 2026

Corresponding author: Walter Mawa

Kampala Institute of Health Professionals

BACKGROUND OF THE STUDY

Socio-cultural factors significantly influence condom utilization among youths in rural Ugandan settings such as Imile Village. Studies show that many youths avoid condom use due to fear of social disapproval from elders and the wider community, with condoms often associated with immorality or promiscuity (Matovu et al., 2021; Alege et al., 2022). Peer and family labeling further discourages use, reinforcing negative attitudes.

Gender norms also play a key role, where young men may perceive condom use as undermining masculinity, while young women often feel unable to negotiate condom use due

to expectations of submissiveness (Ninsiima et al., 2021; Turiho et al., 2022). These power imbalances reduce safer sexual practices.

Religious beliefs contribute to reduced condom uptake, particularly in conservative communities where condom use is discouraged (Chemutai et al., 2023; Mbachu et al., 2022). Limited parent–child communication on sexual health leads many youths to rely on peers, increasing exposure to misinformation about condoms (UDHS, 2022; Nalubwama et al., 2023).

Stigma also remains a major barrier, with youths reporting embarrassment when accessing condoms and fear of

judgment from healthcare providers (Atuhaire et al., 2022; Nabirye et al., 2021). Relationship power dynamics, including fear of rejection or violence, further limit condom negotiation (Muhumuza et al., 2023; Okumu et al., 2023).

Additionally, peer influence can either promote or discourage condom use depending on prevailing group norms (Kajubi et al., 2022; Chemutai et al., 2023). Family and community expectations, including disapproval and early marriage norms, also restrict condom uptake (Namasivayam et al., 2022; Bukenya et al., 2023).

The study aimed to identify the socio-cultural factors that influence the utilization of condoms among the youths of Imile Village in Midigo Town Council, Yumbe district.

METHODOLOGY

Study design

This study adopted a cross-sectional descriptive design, collecting data at a single point in time to examine condom utilization among youths in Imile Village, Midigo Town Council, Yumbe District. The design is appropriate for determining prevalence and associated socio-cultural, individual, and economic factors influencing condom use.

Quantitative data were collected using structured questionnaires with closed-ended questions, allowing for easy measurement, comparison, and statistical analysis of condom use patterns and related factors. This approach is time-efficient, cost-effective, and ethically suitable, as it involves non-invasive data collection without altering participants' behaviors.

Study area

The study was conducted at Imile Village. Imile is a village in Loya Ward (formerly Medenga Parish), Midigo Town Council, Yumbe District, located about 65km from Yumbe Town.

Study population

The study was conducted among youths between the ages of 18 and 35 years in Imile Village in Yumbe district.

Sample size determination

Burton's method was used to determine the sample size.

$$N = QR/T$$

N = the sample size

Q = The number of days for data collection (9days)

R = The number of working hours per day (10hrs/day)

T = The time to be spent on each respondent (1hr/respondent)

$$N = 9*6/1$$

N = **54 respondents**

Sampling technique

In this study, participants were chosen using simple random sampling and the participants were selected randomly from

the population. This technique was easy to use, fast, and time-saving.

Sampling procedure

The information was gathered using a random sampling method, whereby a respondent was picked randomly; a questionnaire was used and administered to only youths who were available at the time of data collection and willing to participate.

Data collection method

Interview was the data collection method of choice, whereby a well-designed, structured close ended and pretested questionnaire was administered.

Data collection tool

A questionnaire was used as a data collection tool and was composed of closed-ended questions designed in English based on the study objectives.

Data collection procedure

An introductory letter from the office of the research committee and ethics of Kampala Institute of Health Professionals was obtained; it was presented to the local government officer of Imile Village, Midigo Town Council, to get permission to conduct the study. The data was collected from 1st-9th of October 2025. The researcher abided by the regulations that were given to him and confined himself to the assigned area of the study.

Study variables

The independent variable was the socio-cultural factors influencing condom use among the youth. The dependent variable was the use of condoms among youths.

Quality control

Pretesting of the research tool

Pre-testing of the data collection tool was conducted on 10 respondents prior to data collection in order to check for the validity of the tool and make adjustments.

Piloting of the study area

The researcher visited the community before the study to seek permission from the responsible personnel. This was done to determine if the area was relevant to the research study and if the study area qualified for the research before conducting the actual study.

Training of research assistants

One-day training on how to appropriately administer the questionnaire of three research assistants was done to help in the process of data collection, including translation into

the local language to cater to those who do not read or do not understand English.

Ensuring ample time for data collection

In order to ensure ample time for data collection, only 6 questionnaires were administered per day for a total of 9 days.

Inclusion criteria

The study only involved youths between the ages of 18 and 35 years who were available at the time of data collection and willing to participate.

Exclusion criteria

The research excluded those below the age of 18, those above the age of 35, and those who are not of sound mind.

Minimizing errors

The researcher assigned serial numbers and codes to study tools to ensure there is no repetition in interviewing respondents.

Data storage

The obtained data was backed up in Microsoft Word and the Excel program to prevent data losses during report writing.

Data analysis and presentation

Data was analyzed with the help of the Microsoft Excel program

Data was presented in tables, pie charts, and bar graphs, which were summarized in figures and percentages. Data interpretation was done based on the study findings.

Ethical considerations.

The researcher gained consent from the respondent whether to participate in the study or not, explained in simple words the purpose of the study, the duration, and the benefits that will result from the participation. The researcher ensured confidentiality by interviewing the respondents one at a time in a private place. This enabled the respondents to give information without hesitation. All information that was collected from the respondents was kept confidential and directed to only the responsible authority. The identities of the respondents were kept confidential.

RESULTS

Response rate

A total of 54 questionnaires were administered, and all were fully completed and returned. This represents a 100% response rate, which provided a reliable dataset for analysis.

Socio-demographic characteristics of the respondents.

Table 1: Distribution of respondents by socio-demographic data.

(n=54)

Demographic characteristic	Frequency (n)	Percentage (%)
Age		
18-23	11	20.4
23-27	21	38.9
28-32	15	27.8
33-37	7	13.0
Total	54	100
Sex		
Male	31	57.4
Female	23	42.6
Total	54	100
Marital status		
Single	29	53.3
Married	20	46.7
Other	5	9.3
Total	54	100
Educational level		
Primary	8	14.8
Secondary	22	40.7
Tertiary	20	37.0
No Education	4	7.4
Total	54	100

In regards to the table 1, most of the respondents were in the age group of 23–27 years, accounting for 21 respondents (38.9%), and the least represented age group was 33–35 years with 7 respondents (13.0%). Most of the respondents were males at 31 (57.4%), and the least were females who accounted for 23 (42.6%).

Most respondents were single, making up 29 (53.7%), and the least 5 (9.3%) indicated “other” marital statuses. Educationally, secondary-level education was most common at 22 (40.7%), the least 4 (7.4%) respondents reported no formal education.

Socio-cultural factors influencing condom use among youths of Imile village

Figure 1: Distribution of Respondents on whether cultural beliefs discourage condom use (n=54)

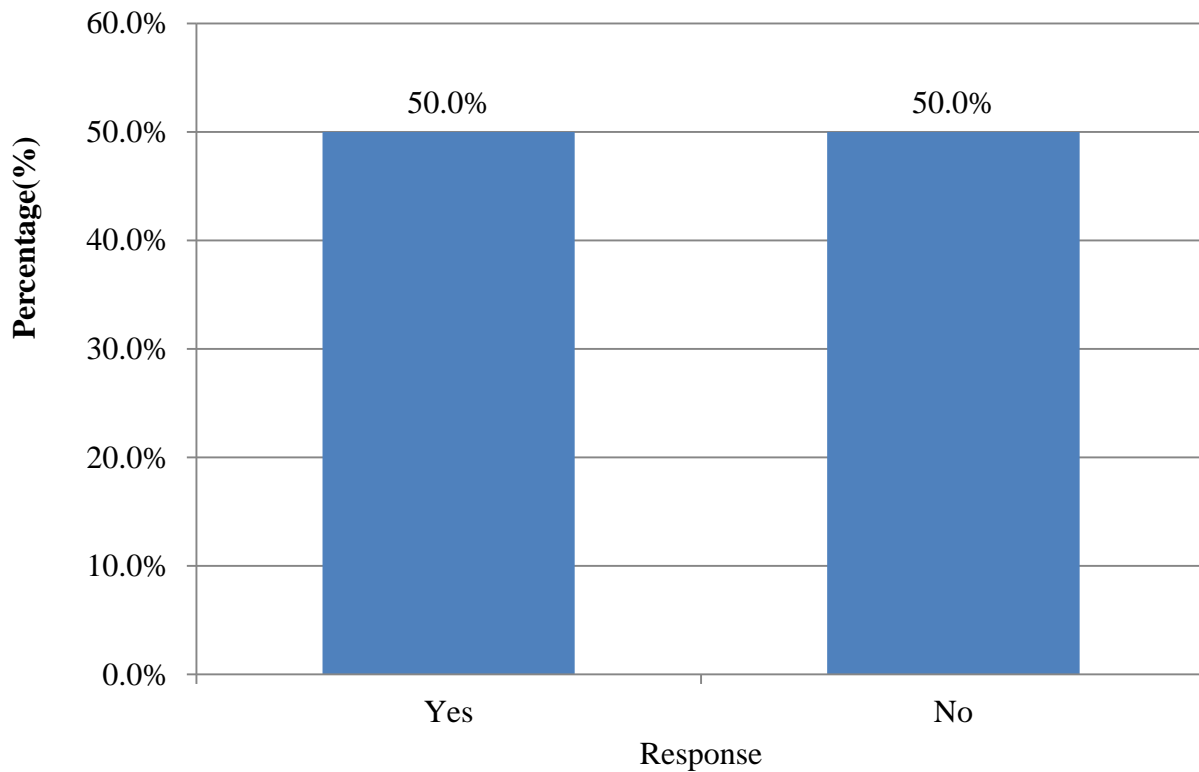
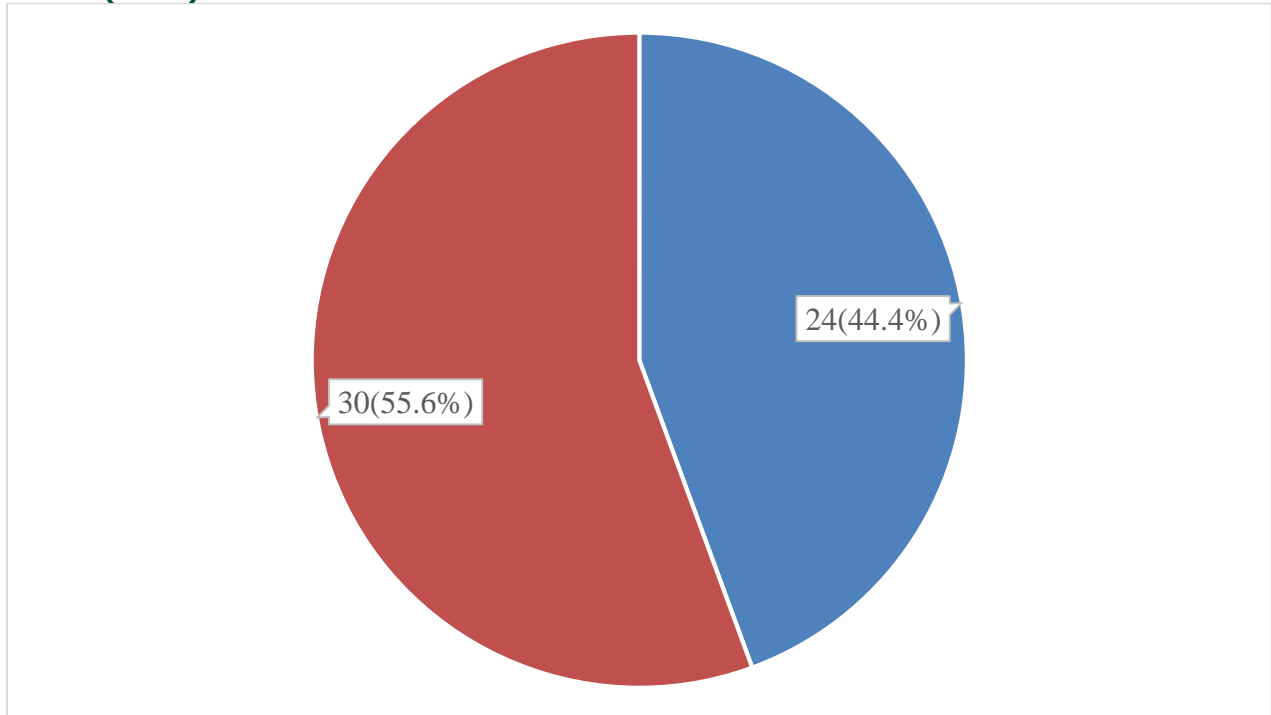


Figure 1 shows that responses were evenly split, where 27(50.0%) agreed that cultural values discouraged condom use, and the same number disagreed.

Figure 2: shows the respondent’s response on whether religious beliefs influence their decision to use condoms. (n=54)



From figure 2, 30 (55.6%) did not agree that religious beliefs influenced their condom-use choices, while the minority 24 (44.4%) agreed.

Table 2: Shows the respondent’s response on whether peers influence them to use condoms (n=54)

Response	Frequency(n)	Percentage (%)
Yes	33	61.1
No	21	38.9
Total	54	100

Table 2 shows that most of the respondents, 33 (61.1%), agreed that their peers influenced their decision to use condoms, while the minority, 21 (38.9%), disagreed.

DISCUSSION

In regard to cultural beliefs and norms, results revealed that respondents were equally divided, with 27 (50.0%) agreeing that cultural beliefs discourage condom use, while 27 (50.0%) did not share this view. This implies that cultural influence is present but far from unanimous, indicating a community where traditional and modern attitudes coexist. The equal split may arise from generational differences and varying family upbringings. This finding closely mirrors Matovu et al. (2021), who reported that nearly 40% of rural

eastern Ugandan youths avoided condoms due to fear of social disapproval from elders, and Alege et al. (2022), who found 55% of adolescents in northern refugee settlements refrained from use to avoid being labelled promiscuous. Community leaders and elders should therefore be engaged to reframe condom use as a responsible health behavior.

In regard to religious beliefs, results revealed that most respondents 30(55.6%) reported that religious beliefs do not influence their condom-use decisions, while the minority 24(34.4%) said they do. This implies that religion is not the dominant factor shaping condom behavior in Imile Village. This pattern likely results from varied religious interpretations. The finding contrasts with Chemutai et al. (2023), who established that youths in conservative

religious settings were 42% less likely to use condoms, and Mbachu et al. (2022), who noted that 52% of rural northern Ugandan youths hesitated to access condoms due to fear of judgment from religious leaders. Faith-based organizations should integrate non-judgmental sexual health education into youth programs.

In regard to peer influence, results revealed that most respondents (61.1%) acknowledged that peers influence their condom-use decisions, while the minority (21, 38.9%) denied such influence. This implies that peer networks are the strongest socio-cultural driver of condom behavior among the youth. This pattern is consistent with Kajubi et al. (2022), who found that positive peer modeling increased condom use by 30%, whereas negative peer influence (e.g., mockery) deterred uptake in 40% of cases. Peer-led education programs should be implemented to promote supportive attitudes toward condom use.

CONCLUSION

Condom utilization among youths in Imile Village is negatively influenced by strong peer pressure and mixed cultural and religious beliefs, which discourage consistent condom use despite awareness of its benefits.

Study Limitations

The study faced the challenges of a language barrier, limited resources, arrogant respondents, and bad weather, such as too much sunshine.

RECOMMENDATION

Yumbe District Local Government, District Health Office, and Midigo Town Council:

Engage community and religious leaders to publicly endorse condom use as responsible behavior in order to reduce cultural and social resistance.

District Health Office and Midigo Town Council:

Implement peer-led education programs to positively influence youth attitudes, norms, and behaviors regarding condom use.

Ministry of Education and Sports, in collaboration with the District Health Office:

Strengthen comprehensive sexuality education in schools, including practical demonstrations on condom use.

Acknowledgement

I would like to convey my heartfelt thanks and gratitude to the following for their remarkable contributions towards the success of this research project.

I would like to thank the almighty God for granting me the grace to stay alive and healthy during this research project. Special thanks to my supervisor, **Mr. Kibirige John Paul**, who tirelessly devoted all her efforts and time to ensure that this report was written.

I would like to thank the Local Council Chairman, **Mr. Munduga George** of Imile Village, for granting me permission to carry out my research in his area, where I carried out my data collection.

I would also like to thank my father, **Mr. Okello David**, and my mother, **Ms. Harriet Baiti**, for the immense financial support offered to me during my study project, and for bearing the hard conditions.

And lastly would like to thank my colleagues, **Ndikilya Cate Maria, Najjemba Julian, and Nabisazi Patricia**, for their continued support in the completion of this report.

List of abbreviations

HIV – Human Immunodeficiency Virus
SRH – Sexual and Reproductive Health
UDHS – Uganda Demographic and Health Survey
UBOS – Uganda Bureau of Statistics
KIHP – Kampala Institute of Health Professionals
STI – Sexually Transmitted Infection

Source of funding

The study received no external funding.

Conflict of interest

The authors declare no conflict of interest.

Data availability

Data is available upon request from the author.

Author contributions

WM: collected the data.

JPK: supervised the study.

Informed consent

Written informed consent was obtained from all participants prior to their inclusion in the study. Participants were informed about the purpose of the study, procedures involved, potential risks and benefits, and their right to withdraw at any time without penalty.

Author biography

Walter Mawa is a student pursuing a diploma in Pharmacy at Kampala Institute of Health Professionals.

John Paul Kibirige: research supervisor at Kampala Institute of Health Professionals.

George Masete: research supervisor at Kampala Institute of Health Professionals.

References

1. Alege, A., Matovu, J. K. B., Ssensalire, S., & Nabirye, R. C. (2022). Condom use practices and associated factors among youth in refugee settlements in northern Uganda: A cross-sectional

Original Article

- study. *BMC Public Health*, 22(1), Article 1234. <https://doi.org/10.1186/s12889-022-13456-7>
2. Atuhaire, L., Atuyambe, L. M., & Kemigisha, E. (2022). Stigma and access to sexual and reproductive health services among young people in eastern Uganda: A qualitative study. *Reproductive Health*, 19(1), Article 89. <https://doi.org/10.1186/s12978-022-01345-6>
 3. Chemutai, V., Nuwagaba, J., Atuhaire, L., & Nakalema, J. (2023). Religious influences on sexual and reproductive health practices among youth in central Uganda. *Journal of Religion and Health*, 62(3), 1890–1905. <https://doi.org/10.1007/s10943-023-01789-4>
 4. Kajubi, P., Kamya, M. R., Kamya, S., Chen, S., McFarland, W., & Hearst, N. (2005). Increasing condom use without reducing HIV risk: Results of a controlled community trial in Uganda. *Journal of Acquired Immune Deficiency Syndromes*, 40(1), 77–82. <https://doi.org/10.1097/01.qai.0000157391.63127.b2>
 5. Mbachu, C., Arega, B., & Umeano, C. (2022). Faith-based barriers to reproductive health services in rural northern Uganda: A mixed-methods study. *Journal of Religion and Health*, 61(5), 3782–3799. <https://doi.org/10.1007/s10943-022-01567-2>
 6. Matovu, J. K. B., Kigozi, G., Ssekamatte, T., Chemusto, H., Muwonge, T., & Serwadda, D. (2021). Socio-cultural barriers to HIV prevention among rural adolescents in eastern Uganda. *AIDS and Behavior*, 25(11), 3625–3634. <https://doi.org/10.1007/s10461-021-03245-8>
 7. Muhumuza, C., Rujumba, J., & Kwiringira, J. (2023). Relationship power dynamics and HIV prevention in rural Uganda: An ethnographic study. *Culture, Health & Sexuality*, 25(6), 732–748. <https://doi.org/10.1080/13691058.2023.2189456>
 8. Ninsiima, A. B., Leye, E., Michielsen, K., Kemigisha, E., & Nyakato, V. N. (2021). Gender norms and sexual risk behaviors among young people in Uganda. *BMC International Health and Human Rights*, 21(1), Article 23. <https://doi.org/10.1186/s12914-021-00289-4>
 9. Okumu, M., Nyoni, T., & Mengo, C. (2023). Syndemic stigmas and sexual health among displaced youth in Kampala slums. *Social Science & Medicine*, 318, Article 115632. <https://doi.org/10.1016/j.socscimed.2023.115632>
 10. Turiho, A. K., Muhanguzi, F. K., & Bantebya-Kyomuhendo, G. (2022). Gender norms and condom negotiation among adolescent girls in rural southwestern Uganda. *Journal of Adolescent Health*, 70(4), S67. <https://doi.org/10.1016/j.jadohealth.2021.12.008>

PUBLISHER DETAILS

SJC PUBLISHERS COMPANY LIMITED



Category: Non Government & Non profit Organisation

Contact: +256 775 434 261 (WhatsApp)

Email: info@sjpublisher.org or studentsjournal2020@gmail.com

Website: <https://sjpublisher.org>

Location: Scholar's Summit Nakigalala, P. O. Box 701432, Entebbe Uganda, East Africa