

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

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ABSTRACT

Background:

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

Methodology:

The study employed a cross-sectional descriptive design to examine condom use among youths aged 18–35 in Imile Village, Yumbe District. Using Burton's method, 54 participants were selected through simple random sampling. Data were collected through interviewer-administered structured questionnaires. Quality assurance involved pretesting tools and training research assistants. Data were analyzed using Microsoft Excel and presented in tables, charts, and percentages. Ethical standards, including informed consent, confidentiality, and voluntary participation, were maintained.

Results:

Among 54 respondents, regarding marital status, over half were single, 29 (53.3%), followed by married respondents, 20 (46.7%), and a smaller proportion categorized as others, 5 (9.3%). 23 (42.6%) were moderately knowledgeable about correct condom use, 20 (37.0%) were highly knowledgeable, and 11 (20.4%) were not knowledgeable. Regarding confidence in negotiating condom use, 30 (55.6%) reported moderate confidence, while 5 (9.2%) reported high confidence. In terms of negative experiences, 32 (59.3%) reported reduced sensitivity when using condoms, whereas 4 (7.0%) experienced difficulty in wearing condoms.

Conclusion:

Low condom use is driven by individual-level barriers such as poor negotiation confidence among youths and the perception that condoms reduce sexual pleasure.

Recommendation:

Ministry of Health, in collaboration with Reproductive Health Uganda, should strengthen sexuality education programs to address myths and misconceptions about condoms, particularly the belief that they reduce sexual pleasure.

Keywords: Condom utilization, Youths, Risk perception, Condom negotiation, Sexual pleasure perception, Condom knowledge.

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BACKGROUND OF THE STUDY

Individual-level factors play a critical role in determining condom utilization among youths. Evidence from Uganda shows that knowledge about correct condom use remains suboptimal. The Uganda Demographic and Health Survey reported that just over half of youths possess comprehensive knowledge on proper condom use, contributing to inconsistent practice (UDHS, 2022). Misconceptions also persist, with some youths believing condoms can cause infertility or serious health problems, which discourages their use (Nalwoga et al., 2023).

Attitudes toward condoms further influence behavior. Many youths perceive condoms as uncomfortable, unreliable, or reducing sexual pleasure, limiting consistent use (Kajubi et al., 2022). Among young women, concerns about being judged by partners often prevent them from suggesting condom use (Atuyambe et al., 2022). Confidence in negotiating condom use is another important factor, as individuals with higher self-efficacy are more likely to use condoms consistently, while those with low confidence struggle to initiate discussions, especially in unequal relationships (Nakanjako et al., 2023; Atuyambe et al., 2022).

Risk perception also affects utilization. Some youths avoid condoms due to trust in their partners, despite uncertainty about their health status, while others underestimate their personal risk of infection (Mugerwa et al., 2023; UDHS, 2022). Substance use, particularly alcohol, further reduces condom use by impairing judgment and negotiation ability (Ndejjo et al., 2022).

Previous negative experiences, such as condom breakage or improper use, can reduce trust and lead to inconsistent use (Namuggwe et al., 2023; Luwaga, 2020). Additionally, personal motivations, including the desire for intimacy or emotional connection, may discourage condom use (Rugawa et al., 2021). Self-esteem and personal agency also play a role, with more confident youths demonstrating better condom use practices (Okello et al., 2024; Mirembe & Kintu, 2021).

The study aimed to identify the individual 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 Individual 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.

Individual factors influencing the use of condoms among the youths in Imile Village

Table 2: Distribution of respondents based on their level of knowledge about correct condom use. (n=54)

Response	Frequency(n)	Percentage (%)
Not Knowledgeable	11	20.4
Moderately knowledgeable	23	42.6
Highly knowledgeable	20	37.0
Total	54	100

The table 2 shows that most respondents 23(42.6%) were moderately knowledgeable, while 20(37%) minority 11(20.4%) had no knowledge.

Figure 1: Shows respondents' responses on how confident they are in negotiating condom use with their partners (n=54)

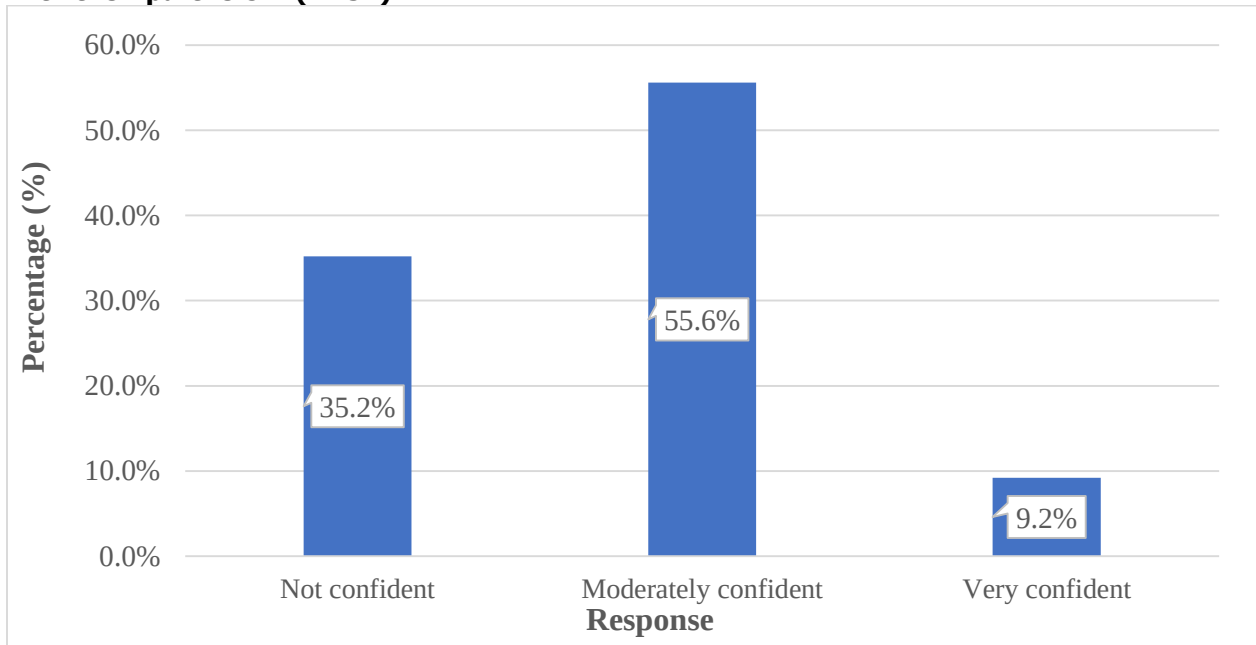


Figure 1 shows that most of the respondents reported moderate confidence in negotiating condom use 30 (55.6%), while the minority exhibited high confidence 5 (9.2%).

Figure 2: Shows respondent's response basing on their negative previous experience with condom use (n=54)

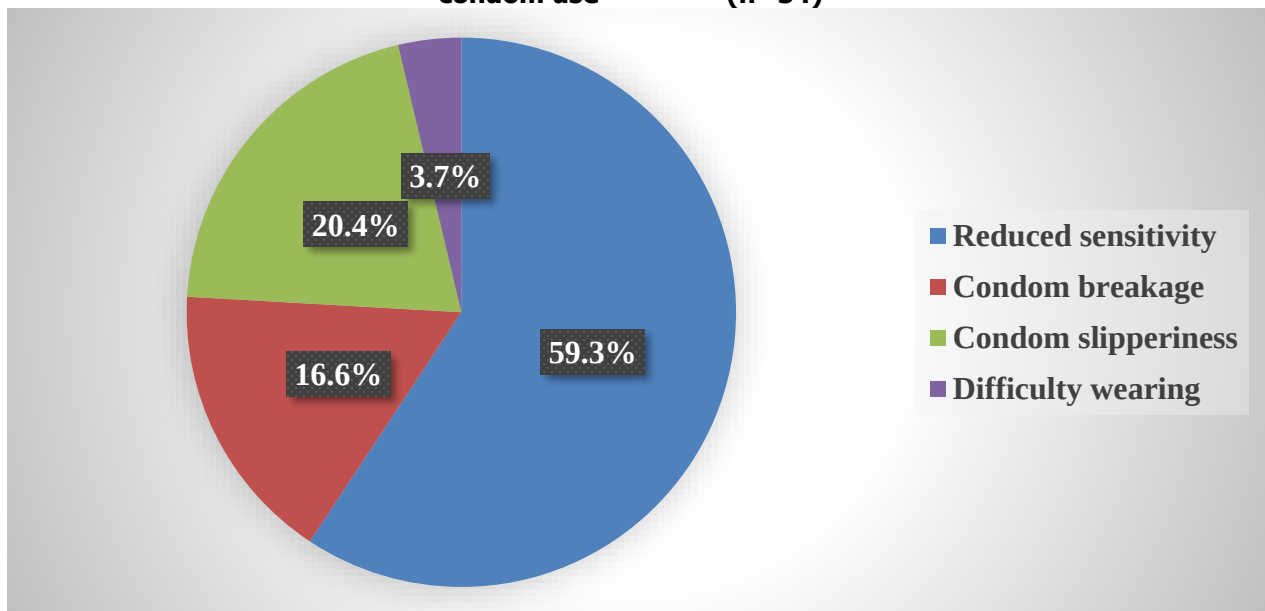


Figure 2 shows that most of the respondents reported reduced sensitivity 32(59.3%) as a difficulty experienced when using condoms, while 4(7%) reported difficulty in wearing condoms.

DISCUSSION

In regard to knowledge of correct condom use, results revealed that most respondents, 43 (79.6%), possessed at least moderate to high knowledge, while the minority, 11(20.4%), had low knowledge. This implies that although the majority are reasonably informed, a notable minority still lacks adequate knowledge. The finding echoes the UDHS (2022), which showed that only 58% of Ugandan youths aged 15–24 had comprehensive knowledge of correct condom use and application. Comprehensive sexuality education with practical demonstrations should be strengthened in schools and communities.

In regard to confidence in negotiating condom use (self-efficacy), results revealed that most respondents, 49 (90.8%), had either low or moderate confidence, while only a very small minority, 5 (9.2%), had high confidence. This implies that low negotiation confidence is a widespread barrier. This supports Nakanjako et al. (2023), who demonstrated that youths with high negotiation confidence were 2.8 times more likely to report consistent condom use over a six-month period. Gender-sensitive negotiation skills workshops should be delivered to both young men and women.

In regard to practical challenges experienced with condoms, results revealed that most respondents cited reduced sensitivity 32(59.3%) as the main challenge, while the remaining minority experienced other issues. This implies that perceived loss of pleasure is the leading individual barrier. These difficulties align with Kajubi et al. (2022), who reported that 42% of young men considered condoms uncomfortable or unreliable, and 39% cited reduced sexual pleasure as the primary deterrent. A variety of high-quality condom types (ultra-thin, different sizes) should be distributed along with regular practical training.

CONCLUSION

Low condom use is driven by individual-level barriers such as poor negotiation confidence among youths and the perception that condoms reduce sexual pleasure.

Study Limitations

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

RECOMMENDATION

District Health Office and Midigo Town Council:

Conduct regular gender-sensitive negotiation skills workshops to empower youths to confidently negotiate condom use.

Ministry of Health, in collaboration with Reproductive Health Uganda:

Strengthen sexuality education programs to address myths and misconceptions about condoms, particularly the belief that they reduce sexual pleasure.

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List of abbreviations

HIV – Human Immunodeficiency Virus

STI – Sexually Transmitted Infection

SRH – Sexual and Reproductive Health

UDHS – Uganda Demographic and Health Survey

UBOS – Uganda Bureau of Statistics

KIHP – Kampala Institute of Health Professionals

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

References

1. Atuyambe, L. M., Mirembe, F., & Tumwesigye, N. M. (2022). Female perspectives on contraceptive decision-making in urban Kampala: A qualitative study. *African Journal of Reproductive Health*, 26(4), 56–67. <https://doi.org/10.29063/ajrh2022/v26i4.6>
2. 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>
3. Luwaga, H. (2020). *Skills gaps in correct condom use among youth in southern Uganda* (Master's thesis, Makerere University). Makerere Institutional Repository.
4. Mirembe, R., & Kintu, M. (2021). Attitudes toward condom use and the effect of self-efficacy training among rural youth in eastern Uganda. *East African Health Research Journal*, 5(2), 134–142.
5. Mugerwa, J., Nuwagaba, J., & Atuhair, L. (2023). Risk perception and condom use among steady-partnered youth in northern Uganda. *African Health Sciences*, 23(1), 210–218. <https://doi.org/10.4314/ahs.v23i1.24>
6. Namuggwe, D., Ndejjo, R., & Wanyenze, R. K. (2023). Condom use errors and consistency among adolescents in central Uganda. *Contraception and Reproductive Medicine*, 8(1), Article 12. <https://doi.org/10.1186/s40834-023-00215-7>
7. Ndejjo, R., Musinguzi, G., & Wanyenze, R. K. (2022). Alcohol use and sexual risk behavior among youth in rural western Uganda. *Drug and Alcohol Dependence Reports*, 4, Article 100078. <https://doi.org/10.1016/j.dadr.2022.100078>
8. Okello, T., Nuwagaba, J., & Atuhair, L. (2024). Self-esteem, peer influence, and consistent condom use among university undergraduates in northern Uganda. *Journal of Psychology in Africa*, 34(1), 45–52. <https://doi.org/10.1080/14330237.2024.2301234>
9. Rugawa, D., Ndejjo, R., & Wanyenze, R. K. (2021). Motivational factors influencing youth sexual choices in peri-urban Uganda. *Sexuality & Culture*, 25(4), 1345–1362. <https://doi.org/10.1007/s12119-021-09845-6>
10. Uganda Bureau of Statistics. (2022). *Uganda Demographic and Health Survey 2022*. UBOS.

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