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Practices towards utilization of male condoms among youths in Entebbe regional referral hospital, Wakiso district. A cross-sectional study.

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Abstract

Background

Youths are more likely to use condoms with casual or new partners than with steady or long-term partners. The aim of the study is to assess the practices towards the utilization of male condoms among youths in Entebbe regional referral hospital, Wakiso district.

Methodology

A descriptive cross-sectional study using quantitative methods was conducted among 40 youths selected through simple random sampling. Data were collected using structured and semi-structured questionnaires, checked for completeness, coded, and entered into Microsoft Excel (2022) for analysis, and findings were presented using frequencies, percentages, and graphical summaries.

Results

The majority, 23 (57.5%), had tertiary education, while the least 6 (15%) had primary education. The majority, 24 (60%) of the respondents stated that they never used condoms during sexual intercourse, and 5 (12.5%) mentioned that they always used condoms. The majority, 26 (65%), were limited from using condoms because partners avoided them to signify trust, 14 (35%) cited established relationships. The majority, 23 (57.5%), had received condom use education, and 17 (42.5%) had not. The majority, 36 (90%), disposed of condoms in the toilet, and 4 (10%) used rubbish pits. The majority, 15 (37.5%), used condoms twice, while the least, 4 (10%), never used condoms during sexual activity.

Conclusion

The majority (60%) reported not using condoms during sexual intercourse, confirming poor behavioral uptake despite awareness of benefits. This study, therefore, concludes that knowledge alone is insufficient to influence consistent condom use unless supported by positive attitudes, partner cooperation, and correct practical skills.

Recommendation

Youths should seek accurate information on correct condom use and storage from health workers and verified sources.

***Keywords**: Practices, Utilization of male condoms, Youths in Entebbe regional referral hospital, Wakiso district.*
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Background

Youths are more likely to use condoms with casual or new partners than with steady or long-term partners. Studies in the United States of America reported that routine decreases in condom use as relationships become established with condomless sex, sometimes framed as a marker of trust or relationship exclusivity (Lindberg et al., 2021). Sexuality education policy, availability of youth-friendly services, and social marketing shape condom utilization practices. A review in Australia by Okeke (2022) showed that areas with restrictive policies (abstinence-only or limited condom education) tend to report lower condom-carrying and lower correct-use knowledge among adolescents, and respondents still knew how to use condoms. In intimate relationships, mutual trust and perceived fidelity can either promote or hinder

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condom use. A study in Vietnam by Nguyen et al. (2019) revealed that some partners avoided condoms to signify trust, while others insisted on use for protection. This affects condom utilization.

Many studies distinguish ever/last-sex condom use from consistent condom use. A study by Endeshaw et al. (2024) in Sub-Saharan Africa revealed that the rate of condom use increased with consistent use, and those who were not always using condoms were less likely to use them. Beyond non-use, misuse contributes to condom failure and reduced effectiveness. Studies note frequent practical errors among youth, like not leaving a tip (airspace) at the condom tip, incorrect orientation when unrolling, late application (after initial genital contact), early removal, and reuse (Neelan et al., 2023). Alcohol and drug use before sex are robustly associated with condom non-use among youths. A study by Silva et al. (2024) found that substance intoxication increases the likelihood of not using condoms during sex, late application, or failure to negotiate condom use. The aim of the study is to determine the practices of youths towards the utilization of condoms in Entebbe Regional Referral Hospital, Wakiso District.

Methodology

Study design and rationale

The study used a descriptive cross-sectional design because it allowed the study to collect data at a single point in time to describe the characteristics, behaviors, conditions, or outcomes in a specific population. A quantitative method of data collection was used because it enabled the study to obtain measurable objectives that could be statistically analyzed and examined for relationships, and it yielded numerical data that reduced researcher bias. It also described with more accuracy the characteristics of the phenomenon under study.

Study setting and rationale

The study was conducted at Entebbe Regional Referral Hospital in Wakiso District, Central Region of Uganda, about 37 km southwest of Mulago National Referral Hospital in Kampala by road. It had a 200-bed facility with both public (free) and private (fee-for-service) wings, offering medical services including pediatrics, radiology, maternity, immunization, general surgery, internal medicine, orthopedics, laboratory, and reproductive services.

The study area was chosen because the researcher was familiar with the local language, clients were easily obtained with a large population to sample from in the Outpatient Department, and the hospital was easily accessible, minimizing transport costs during data collection.

Study population

The population of interest was all youths at Entebbe Regional Referral Hospital.

Sampling size determination and rationale

The population of interest was 45. The sample size was then be calculated using Slovins formula to get sample size.

n=N/(1+Ne2)

where n=sample size

and N=population of interest =45 (youths)

e=level of precision (maximum allowed error at 95% confidence interval in estimating the population size) =5%=0.05

Substituting the formula

n=45/(1+45 ×0.052)

n was approximately 40

Therefore n=40

Therefore, the sample size was 40 respondents. The sample size was selected because it was adequate to generate the required information and manageable in terms of cost and time.

Sampling procedure

Simple random sampling was used, where every individual had an equal chance of selection. A random number generator was used to select participants. Data were collected for 5 days. Each day, small pieces of paper of the same size and color were prepared, 8 labelled “yes” and 8 labelled “no.” Respondents picked one piece from a box, and those who selected “yes” participated until the sample size of 40 was reached.

Selection Criteria

Inclusion criteria

The study included all youths who consented, were English literate, could read and write, and were available during data collection.

Exclusion criteria

The study excluded youths who were not present during data collection and those who were mentally ill.

Study variables
A variable was a characteristic or value that varied in the study. There were two types of variables;

Dependent variable.
This was the utilization of condoms.

Independent variable.
Practices towards the utilization of male condoms.

Research instruments
Structured and semi-structured questionnaires with open and closed-ended questions in English were used. The questionnaire was pretested on 5% of the sample size outside the study area to ensure validity and reliability and to correct unclear or inappropriate questions before the main study.

Data collection procedure
After approval of the proposal by the supervisor, an introductory letter was obtained from the school research committee and presented to the Principal Nursing Officer. The study was introduced to the sister-in-charge of OPD, who then introduced him to the youths. Participants were informed about the purpose, benefits, and voluntary participation. Confidentiality and anonymity were ensured. Questionnaires were filled out anonymously and kept under lock and key, and a password-protected soft copy was accessible only to the study.

Data management
The completed questionnaires were checked for completeness, accuracy, and logical flow. Missing responses were corrected by revisiting respondents. Data were stored safely for one year on a flash disk. Data were classified, summarized, tabulated, and presented as frequencies and percentages using descriptive statistics.

Data analysis
Data was analyzed normally using a calculator, simple algebra, and by grouping the same ideas in a tally sheet, then using the Microsoft Excel program to explain their meanings.

Quality and Assurance
Validity
Validity referred to the ability of the instrument to measure accurately what it is supposed to measure (Burns and Grove, 2017). It was the extent to which an instrument had an appropriate sample of items for the construct being measured. Polit and Beck (2014). To ensure the validity of the instrument, the supervisor cross-checked the instrument to ensure that content validity was appropriate to address, and the study instrument was adjusted accordingly.

Reliability
Reliability was the measure of the degree to which a research instrument yielded consistent results or data after repeated intervals (Polit & Beck, 2014).

Ethical considerations
The following ethical consideration was observed during the study;
An introductory letter was obtained before reaching the study area. Permission was sought from the hospital. Informed consent was obtained after explaining the study objectives, significance, benefits, and voluntary participation. Respondents who were unwilling to participate were free to withdraw. Confidentiality and privacy were ensured through anonymous questionnaires.

Results
Socio-demographic data of the respondents

Table 1 Shows Socio-demographic data of the respondents (n=40)

Variable	Reponses	Frequency (f)	Percentage (%)
Age of respondents	18-24 years 25-29 years 30-35years	8 18 14	20 45 35
Level of education of respondents	Primary education Secondary education Tertiary education	6 11 23	15 27.5 57.5
Occupational status of respondents	Unemployed Employed	29 11	72.5 27.5

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Religious status of respondents	Catholic Protestant Muslims Born again	19 10 5 6	47.5 25 12.5 15
Tribe of respondents	Baganda Bayankole	34 6	85 15
Total		**40**	**100**

Table 1 shows that the majority, 18 (45%) of respondents were aged 25–29 years, while the least were 8 (20%) were aged 18–24 years. Regarding education, the majority, 23 (57.5%) had tertiary education, while the least 6 (15%) had primary education.

Concerning occupation, the majority, 29 (72.5%) were unemployed, whereas the least 11 (27.5%) were employed. Regarding religion, the majority, 19 (47.5%) were Catholics, while the least, 5 (12.5%) were Muslims. For the tribe, the majority, 34 (85%) were Baganda, while the least, 6 (15%) were Banyankole.

Practices of youths towards utilization of condoms in Entebbe Regional Referral Hospital, Wakiso District

Figure 1 shows how often respondents use condoms during sexual activity (n=40)

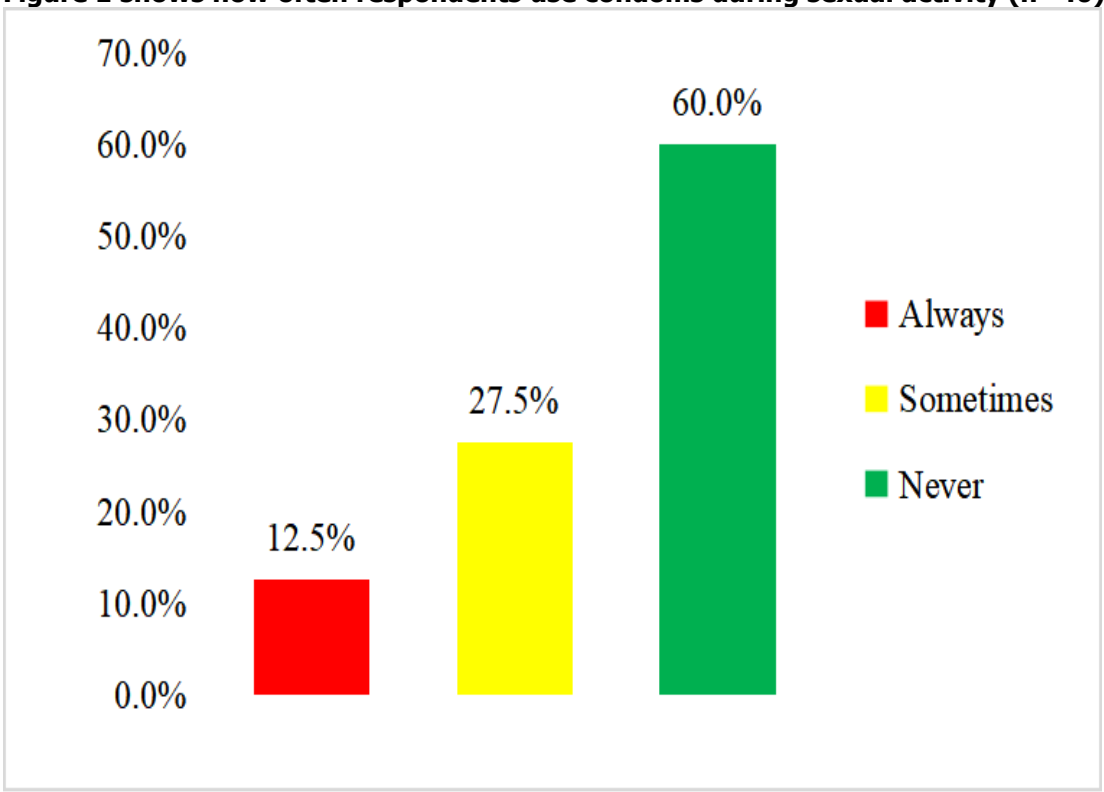

Figure 1 shows that, majority, 24 (60%) of the respondents stated that they never used condoms during sexual intercourse, whereas the least 5 (12.5%) mentioned that they always used condoms.

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Table 2 shows the distribution of respondents according to their practices toward utilization of condoms (n=40)

Variable	Responses	Frequency (f)	Percentage (%)
Which of the following limits you from using condoms?	Relationships are established Partners avoided condoms	14 26	35 65
receiving education about condom use	Yes No	23 17	57.5 42.5
What is the correct way of disposing of condoms?	In toilet In a rubbish pit	36 4	90 10
How often do you use a single condom during sex?	Once Twice Thrice Never used it	11 15 10 4	27.5 37.5 25 10
Total		**40**	**100**

Table 2 shows that the majority, 26 (65%), were limited from using condoms because partners avoided them to signify trust, while the least 14 (35%) cited established relationships. Regarding education, the majority, 23 (57.5%) had received condom use education, whereas the least, 17 (42.5%) had not. For correct disposal, the majority, 36 (90%), disposed of condoms in the toilet, while the least 4 (10%) used rubbish pits. On frequency of use, the majority, 15 (37.5%), used condoms twice, while the least, 4 (10%), never used condoms during sexual activity.

Discussion

Findings showed that (60%) of the respondents never used condoms during sexual intercourse, indicating poor practices towards condom utilization. This is possibly because of partner resistance, misconceptions about condoms reducing sexual pleasure, limited access to condoms, and inadequate sexual health education. The results above concur with a study conducted in the United States of America by Lindberg et al. (2021), which reported that there was a decrease in condom use among youths.

The study found that (65%) of the respondents were limited from using condoms because their partners avoided them as a way to signify trust, which negatively affected overall condom utilization. This is likely due to cultural and relational beliefs that associate condom use with mistrust or infidelity, leading partners to discourage their use during sexual intercourse. These study findings are in line with a study conducted in Vietnam by Nguyen et al. (2019), which revealed that some partners avoided condoms to signify trust.

Study limitation

Small Sample Size: With only 40 youths, findings were not generalizable. Future studies should use larger, multi-site samples to improve representativeness.

Self-reported Data: Responses were biased due to social desirability. Combining questionnaires with interviews or focus groups can reduce this bias.

Single Study Site: Conducting the study at one hospital limited generalizability. Multi-site studies would enhance external validity.

Conclusion

The majority (60%) reported not using condoms during sexual intercourse, confirming poor behavioral uptake despite awareness of benefits. This study, therefore, concludes that knowledge alone is insufficient to influence consistent condom use unless supported by positive attitudes, partner cooperation, and correct practical skills.

Recommendation

Youths should seek accurate information on correct condom use and storage from health workers and verified sources.

Youths should engage in open communication with sexual partners to promote mutual decision-making and reduce barriers based on mistrust or misconceptions.

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List of acronyms

HIV: Human Immunodeficiency Virus

Source of funding

The study was not funded.

Conflict of interest

The author did not declare any conflict of interest.

Data availability

Data is available upon request.

Author contribution

Innocent Tabu collected data and drafted the manuscript of the study
George Masete supervised the study
Immaculate Naggulu supervised the study
Hasifa Nansereko supervised the study
Jane Frank supervised the study

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