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

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Abstract

Introduction
Knowledge about condom use is generally widespread, as condoms are one of the most promoted methods for preventing both sexually transmitted infections. The study aims to assess the knowledge and attitude 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, 18 (45%) of respondents were aged 25–29 years, and 8 (20%) were aged 18–24 years. 25 (62.5%) stated that awareness of PrEP or long-acting contraceptives reduces the need to use condoms, the majority 34 (85%) said condoms reduce the chance of STIs and unintended pregnancy, the majority 37 (92.5%) knew how to use condoms, while 3 (7.5%) did not. 26 (65%) strongly agreed that condoms reduce sexual pleasure. Regarding side effects, the majority, 21 (52.5%), disagreed that condoms have bad side effects. 22 (55%) strongly disagreed to use condoms. 33 (82.5%) strongly agreed that condoms prevent infections.

Conclusion
Although most youths (85%) demonstrated good knowledge of the protective benefits of condoms, a significant portion lacked adequate understanding of proper condom storage (55%), revealing a gap in practical knowledge essential for effective use.

Recommendation
Policy Makers should strengthen the implementation of comprehensive sexuality education at the community and school levels to address myths surrounding condoms and promote informed decision-making among youths.

Keywords: *Knowledge and Attitude, Utilization of male condoms, Youths in Entebbe Regional Referral Hospital.*
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Background
Knowledge about condom use is generally widespread, as condoms are one of the most promoted methods for preventing both sexually transmitted infections (STIs), including HIV, and unintended pregnancies; however, the level of knowledge varies across regions, with higher awareness in urban, educated, and high-income settings compared to rural or low-resource areas. Bolarinwa et al. (2021), in a study conducted in South Africa, revealed that respondents knew where to access condoms that were available in facilities, vending machines, and distributed free in some public health programs. Conversely, myths (e.g., condoms always break, condoms are unreliable) and low perceived risk reduce favorable attitudes. Recent studies in Nigeria also suggest awareness of biomedical prevention (PrEP, long-acting contraceptives) can lower perceived need for condoms, changing attitudes,

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particularly among some subgroups of youth (Bello et al., 2024).

Many individuals are not aware of proper condom storage, which can affect their effectiveness. A study conducted in Kenya on Errors in condom use revealed that respondents knew that condoms have expiry dates, and they did not know the proper ways of storing condoms (Jabr et al., 2020). Molly et al. (2018) in their study in Kenya on knowledge of proper condom use reported that respondents knew that condoms should not be reused, that condoms are single-use, and are dumped off after use. A study in Uganda on Knowledge towards condoms reported that (96%) of the study respondents had ever heard about condoms, mostly from friends, and (66%) knew that condom use prevents HIV transmission and other STIs.

Numerous studies highlight that cultural norms and societal attitudes significantly influence individual behaviors regarding condom use. For instance, an international journal by Singh et al. (2018) emphasized that the pre-existing cultural beliefs often stigmatize condom usage, associating it with promiscuity or moral weakness, which deters consistent use. A persistent negative theme is the belief that condoms reduce sexual pleasure and intimacy. A journal from America stated that youths frequently report that condoms reduce sexual pleasure or are awkward to put on, which undermines their willingness to use them, especially in the heat of the moment or with trusted partners (Fontenot et al., 2025). Fear of recurrence and a desire to avoid further discomfort after serious side effects of using condoms, like allergies, affect condom utilization. Studies in Nigeria indicate that the fear of bad side effects of condoms decreases the need to utilize condoms, which negatively impacts the utilization of condoms (Abu et al., 2023). The study aims to determine the Knowledge 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)

It 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,

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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.

These were knowledge and attitude 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, and 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

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

Variable	Reponses	Frequency (f)	Percentage (%)
Age of respondents	18-24 years	8	20
	25-29 years	18	45
	30-35years	14	35
Level of education of respondents	Primary education	6	15
	Secondary education	11	27.5
	Tertiary education	23	57.5
Occupational status of respondents	Unemployed	29	72.5
	Employed	11	27.5
Religious status of respondents	Catholic	19	47.5
	Protestant	10	25
	Muslims	5	12.5
	Born again	6	15
Tribe of respondents	Baganda	34	85
	Bayankole	6	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.

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

Table 2 Shows the distribution of respondents according to their Knowledge of youths towards the utilization of male condoms (n=40)

Variable	Responses	Frequency (f)	Percentage (%)
Do you think being aware of PrEP reduces the need to use condoms?	Yes	25	62.5
	No	4	10
	Not sure	11	27.5
Which of the following is the proper way to store condoms to ensure they remain effective	In a wallet or pocket for long periods	22	55
	In a cool, dry place away from direct sunlight and heat	11	27.5
	Anywhere	7	17.5
Which of the following is the benefit of condom use	Prevents all forms of cancer	6	15
	Reduces the chance of contracting STIs and unintended pregnancy	34	85

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Do you know how to use condoms	Yes No	37 3	92.5 7.5
Total		40	100

Table 2 shows that the majority, 25 (62.5%), stated that awareness of PrEP or long-acting contraceptives reduces the need to use condoms, while the least 4 (10%) disagreed. Regarding storage, the majority, 22 (55%), stored condoms improperly in a wallet or pocket, whereas the least, 7 (17.5%), reported storing condoms anywhere. For the benefit of condoms, the majority, 34 (85%), said they reduce the chance of STIs and unintended pregnancy, while the least 6 (15%) said condoms prevent all forms of cancer. Regarding knowledge of use, the majority, 37 (92.5%) knew how to use condoms, while the least 3 (7.5%) did not.

Figure 1 Shows whether respondents know that condoms have expiry dates (n=40)

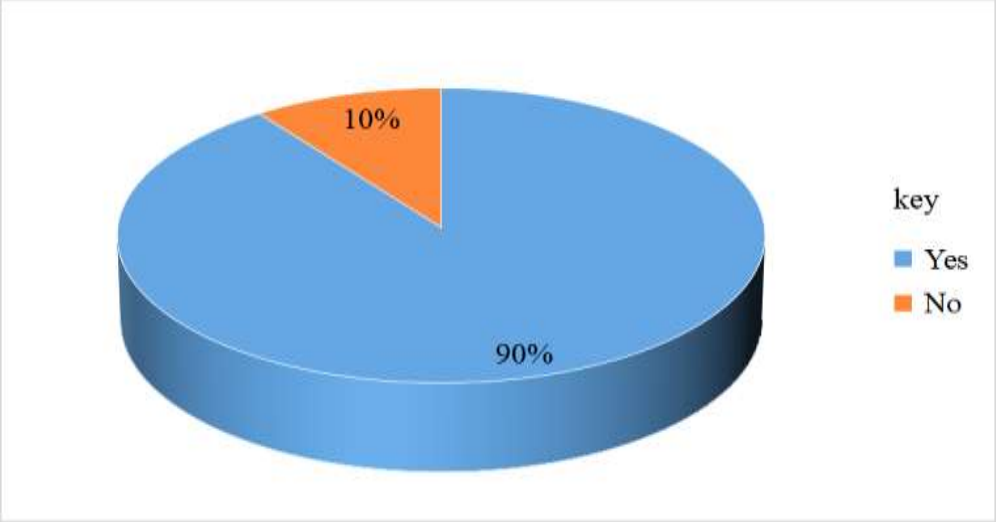

Figure 1 shows that the majority, 36 (90%) of the respondents stated that they knew that condoms had expiry dates, while 4 (10%) knew that there were no expiry dates on condoms.

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

Table 3 Shows attitude towards utilization of male condoms (n=40)

Variable	Responses	Frequency (f)	Percentage (%)
Condoms reduce sexual pleasure sex.	Strongly Agree Disagree Strongly disagree	26 6 8	65 15 20
Condoms have bad side effects	Strongly Agree Agree Disagree Strongly disagree	8 5 21 6	20 12.5 52.5 20
Would you prefer to use condoms	Strongly Agree	7	17.5

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	Disagree Strongly disagree	11 22	27.5 55
Condoms do not prevent infections	Strongly Agree Strongly disagree	33 7	82.5 17.5
Total		**40**	**100**

Table 3 shows that the majority, 26 (65%), strongly agreed that condoms reduce sexual pleasure, while the least 6 (15%) disagreed. Regarding side effects, the majority, 21 (52.5%) disagreed that condoms have bad side effects, while the least 5 (12.5%) agreed. In preference to use condoms, the majority, 22 (55%), strongly disagreed to use condoms, while the least 7 (17.5%) strongly agreed. Concerning whether condoms prevent infections, the majority, 33 (82.5%), strongly agreed that condoms prevent infections, whereas the least 7 (17.5%) strongly disagreed.

Discussion

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

The purpose of this study was to assess the knowledge of youths towards the utilization of condoms in Entebbe Regional Referral Hospital, Wakiso District. The following were the findings, as shown in paragraphs: the study found that the majority (55%) of the respondents knew that condoms are stored in a wallet or pocket, which is improper. This indicates that respondents had poor knowledge of correct condom storage, which the study attributes to limited sexual health education and lack of exposure to accurate information on safe condom handling. The study results above are in line with a study conducted by Jabr et al. (2020), which found that respondents did not know the proper ways of storing condoms.

From the study findings, the majority (85%) of the respondents knew that condoms reduce the chances of STIs and unintended pregnancy, indicating a high level of knowledge on the benefits of condom use. This is possibly because of increased exposure to sexual and reproductive health education through schools, media campaigns, and health facility outreach programs.

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

Findings revealed that (65%) of the respondents strongly agreed that condoms reduce sexual pleasure, indicating a misconception about condoms and hence a low rate of utilization. This could be because of cultural beliefs, lack of comprehensive sexual education, and negative peer or media influence that exaggerates the impact of condoms on sexual satisfaction. These study results are in line with a study conducted in America by Fontenot et al. (2025), which found that youths frequently report that condoms reduce sexual pleasure, which reduces their utilization.

The study also found that 60% of the respondents strongly agreed that their female sexual partner did not like condoms, which limited their utilization during sexual intercourse. This is likely because of partner preferences influenced by perceived reduction in sexual pleasure, lack of awareness about proper condom use, and cultural or relational beliefs that discourage condom use within intimate relationships. This study is in line with a study conducted in Ethiopia by Tadesse & Awoke (2017), which found that the decision made by females before sexual intercourse that they do not want condoms affects men's choice to utilize condoms.

Study limitation

Small Sample Size: With only 40 youths, findings were 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

Although most youths (85%) demonstrated good knowledge of the protective benefits of condoms, a significant portion lacked adequate understanding of proper condom storage (55%), revealing a gap in practical knowledge essential for effective use.

Recommendation

Policy Makers should strengthen the implementation of comprehensive sexuality education at the community and school levels to address myths surrounding condoms and promote informed decision-making among youths.

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Policy Makers should develop policies that enhance youth-friendly access to condoms in hospitals, community hubs, and public spaces to increase consistent utilization.
The Hospital Management should establish or strengthen Youth-Friendly Corners to provide confidential counseling on condom use, negotiation skills, and correct storage.
The Hospital Management Should conduct routine health education sessions within the hospital and surrounding communities, focusing on practical demonstrations of correct condom handling and dispelling myths.

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List of acronyms
HIV: Human Immunodeficiency Virus
STI: Sexually transmitted infection
PrEP: Pre-exposure prophylaxis

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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

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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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