

MAKERERE



UNIVERSITY

COLLEGE OF BUSINESS AND MANAGEMENT SCIENCES

(CoBAMS)

SCHOOL OF STATISTICS AND PLANNING

**FACTORS INFLUENCING CONDOM USE AMONG THE MAKERERE
UNIVERSITY STUDENTS**

BY

AKELLO EVONNE

23/U/05670/PS

**A DISSERTATION SUBMITTED TO SCHOOL OF STATISTICS AND
PLANNING IN PARTIAL FULFILMENT OF THE REQUIREMENT
FOR THE AWARD OF THE DEGREE OF BACHELOR OF SCIENCE
IN QUANTITATIVE ECONOMICS OF MAKERERE UNIVERSITY**

JULY 2026

DECLARATION

I **AKELLO EVONNE** declare that this dissertation titled "*Factors Influencing Condom Use Among the Makerere University Students*", is my original work and I am presenting it for the first time as it has never been submitted to any renowned institution for any academic award. All materials including figures and statements from other authors, used in this dissertation have been properly acknowledged and cited in the reference section.

Sign.....*AE*.....

Date.....*21/07/2026*.....

APPROVAL

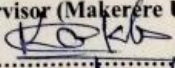
This dissertation is being submitted in partial requirement for an award of a degree in Bachelor of Science in Quantitative Economics of Makerere University.

It is therefore submitted for approval as an account of my research work, being carried out under the guidance of my supervisor.

Dr. Kakuba Christian

Supervisor (Makerere University)

Sign.....



Date.....

22/9/20

DEDICATION

I dedicate this piece of work to my dearest uncle, Mr. Ogwang David, my family and friends who supported me financially and emotionally to throughout the period of undertaking the study

I also dedicate this research to Professor Wamala, Dr. Richard Tuyiragize and Dr. Kakuba Christian for their continued guidance towards the successful completion of this dissertation.

ACKNOWLEDGMENT

The completion of this dissertation has been an enormous task and therefore I could not have accomplished it alone. On this note I thank the Almighty God for the grace, protection and strength he has granted me during this research project proposal.

I would like to sincerely thank the entire Administrative Board of School of Statistics and Planning for this far I have been in their constant growth through all academic initiatives and transformation to be a great citizen of my country.

A vote of thanks also goes to my parents, siblings, friends and relatives who tirelessly contributed in many ways to the completion of this research. Thank you for enduring and making sure this work was successfully completed.

I appreciate all your efforts and may the Almighty God bless you for all the assistance rendered towards my partial fulfillment of the degree award.

TABLE OF CONTENTS.

DECLARATION.....	i
APPROVAL.....	ii
DEDICATION	iii
ACKNOWLEDGMENT.....	iv
LIST OF TABLES	viii
LIST OF FIGURES	ix
LIST OF ACRONYMS AND ABBREVIATIONS.....	x
ABSTRACT.....	xi
CHAPTER ONE: INTRODUCTION.....	1
1.0 Background of the Study	1
1.1. Problem statement.....	1
1.2 Objectives of the Study	2
1.2.1 Main Objective:	2
1.2.2 Specific Objectives	2
1.3 Research Hypothesis.....	2
1.4 Significance of the Study	3
1.5 Scope of the Study	3
CHAPTER TWO: LITERATURE REVIEW	5
2.0. Introduction.....	5
2.1. Theoretical literature review.	5
2.1.1. Health Belief Model.....	5
2.1.2. The Theory of Planned Behaviour	6
2.2. Empirical Literature Review.....	7
2.3. Conceptual framework.....	8

2.4. Research Gaps.....	9
2.5. Summary of Literature	10
CHAPTER THREE: RESEARCH METHODOLOGY	11
3.0. Introduction.....	11
3.1. Research design.	11
3.2. Study Area.....	11
3.3. Target Population	11
3.4. Sample size determination.	11
3.5. Sampling Technique.....	12
3.5.1. Sample selection Procedure	12
3.6. Data types and sources.....	13
3.7. Data collection method.	13
3.8. Data Analysis Procedure.	13
3.9 Ethical Considerations	13
3.10 Limitations of the Study.....	14
CHAPTER FOUR: PRESENTATION AND DISCUSSION OF THE RESULTS.....	15
4.0. Introduction.....	15
4.1. Questionnaire response rate.	15
4.2. Distribution of the respondents.	15
4.3. Univariate analysis.....	15
4.3.1. Background characteristics of the respondents.....	15
4.4. Bivariate Analysis	18
4.5. Multivariate Analysis	20
CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS.....	22
5.0. Introduction.....	22
5.1. Summary of Findings.....	22

5.2. Conclusions.....	23
5.3. Recommendations.....	23
5.4. Suggestions for Further Studies	24
References	25

LIST OF TABLES

Table 4. 1: Distribution of respondents by engagement in sexual activity.	15
Table 4. 2: Distribution of respondents by background characteristics.	16
Table 4. 3: Distribution of respondents by condom use in the last sexual intercourse and by explanatory variables.	18
Table 4. 4: Factors influencing condom use among Makerere University students	20

LIST OF FIGURES

Figure 1: Conceptual framework.	9
--------------------------------------	---

LIST OF ACRONYMS AND ABBREVIATIONS

WHO	World Health Organization
STIs	Sexually Transmitted Infections
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome
ABC	Abstinence, Be faithful, Use condoms
PrEP	Pre-Exposure Prophylaxis
PEP	Post Exposure Prophylaxis
CSE	Comprehensive Sexuality Education
KII	Key Informant Interview
DV	Dependent Variable
IV	Independent variable
HBM	Health Belief Model
TPB	Theory of Planned Behaviour

ABSTRACT

This study examined the factors influencing condom use among students at Makerere University, focusing on Bachelor of Science in Quantitative Economics students under the College of Business and Management Sciences. The study was motivated by the continued risk of sexually transmitted diseases (STDs), including HIV/AIDS, despite the availability of condoms and increased awareness of safer sexual practices. Specifically, the study assessed the influence of knowledge about STDs, condom accessibility, peer encouragement, alcohol consumption, and perceptions about condom use in long-term relationships on condom use.

A cross-sectional research design was used. Primary data were collected from 151 students using a structured questionnaire administered through Kobo Collect and shared via WhatsApp. Data was analysed using STATA through univariate, bivariate (Chi-square), and multivariate (logistic regression) analyses. Of the 151 respondents, 98 had ever engaged in sexual activity and were included in the analysis of condom use.

The findings showed that 70% of the sexually active respondents used a condom during their last sexual intercourse. Bivariate analysis revealed that sex and peer encouragement were significantly associated with condom use. Logistic regression further showed that male students and those encouraged by their peers were more likely to use condoms. However, knowledge about STDs, condom accessibility, alcohol consumption, age, and perceptions about condom use in long-term relationships were not statistically significant predictors of condom use.

The study concludes that peer encouragement and sex of the students are the major factors influencing condom use among Makerere University students. It recommends strengthening peer-led sexual health education programmes and promoting interventions that empower female students to negotiate and practice safer sex. These findings provide useful evidence for improving sexual and reproductive health programmes within universities.

CHAPTER ONE: INTRODUCTION

1.0 Background of the Study

Sexual health remains a critical public health concern worldwide, particularly among young adults who are in higher education institutions like universities, colleges, and other post-secondary institutions where students pursue advanced learning, professional training, and research (Alhussaini et al., 2025). University students are often at a stage in life characterized by exploration, independence, and exposure to new social environments. This transition increases the likelihood of engaging in sexual relationships, sometimes without adequate knowledge and preparedness about safer sex practices like use of condom (Choudhry et al., 2022).

Globally, the use of condoms has been recognized as one of the most effective strategies for preventing sexually transmitted diseases (STDs), including HIV/AIDS, and reducing unintended pregnancies (Elendu et al., 2024). Despite the widespread awareness campaigns, inconsistent condom use persists among young adults (Sousa et al., 2023), raising questions about the effectiveness of existing health interventions.

In Uganda, sexual and reproductive health challenges among youth remain very significant. According to reports published by the Uganda AIDS Commission, young people aged 15–24 years account for a substantial proportion of new HIV infections with Central and Southern regions having the highest prevalence rates of 8.3%, followed by Kampala with 6.9% while Karamoja region has lowest prevalence rates of 2.1%. Makerere University, known as the largest and oldest institution of higher learning in Uganda, hosts a diverse student population from different cultural, social, and economic backgrounds. This makes it an ideal environment for examining factors associated with sexual health behaviors, particularly condom use among the University students.

1.1. Problem statement.

Although condoms are widely available and promoted through health campaigns at Makerere University, many students continue to engage in risky sexual behaviors. Studies have shown that while knowledge about condoms is relatively high, the rates at which condoms are actually used remains low and inconsistent (Bankole et al., 2007). Some students demonstrate negative attitudes toward condoms, often citing reduced sexual pleasure, social stigma, perceived lack of trust in their partners and limited accessibility when having sexual

encounters (Boislard et al., 2016). Others may rely on alternative methods of contraception that do not protect against STDs, contributing to inconsistent condom use even when students are aware of the health risks associated with unprotected sex (Mbachu et al., 2021). This gap between knowledge and practice raises concerns about determinants for the use of condoms among Makerere University students. Because of this, health programs may not fully solve the problem of risky sexual behaviour. This study will therefore look at those factors that influence condom use among Makerere University students.

1.2 Objectives of the Study

1.2.1 Main Objective:

To examine the factors that influence condom use among students at Makerere University.

1.2.2 Specific Objectives

1. To examine the effect of students' level of knowledge about sexually transmitted Disease (STDs) on condom use among Makerere University students.
2. To evaluate the effect of accessibility of condoms on condom use among Makerere University students.
3. To determine the influence of peer pressure on condom use among Makerere University students.
4. To examine the effect of alcohol consumption on condom use among Makerere University students.
5. To determine the influence of students' attitudes and perceptions towards condoms on condom use among Makerere University students.

1.3 Research Hypothesis.

H0₁: Knowledge about STDs has no significant influence on condom use among Makerere University students

H0₂: Accessibility of condoms do not significantly influence condom use among Makerere University students

H0₃: Peer pressure has no significant influence on condom use among Makerere University students.

H0₄: Alcohol consumption use has no significant influence on condom use among Makerere University students.

H0₅: Students' perception towards condoms has no significant influence on condom use among Makerere University students.

1.4 Significance of the Study

This study holds a multi-dimensional significance. The findings of this study will provide valuable insights for students, policymakers, health practitioners, and university administrators.

The study will provide useful evidence to the University Hospital and the Counselling and Guidance Centre, contributing to implementation of better outreach programs that are more focused on students' needs instead of using general messages for everyone which may not be effective in promoting healthier sexual behaviors. The findings may lead to the establishment of more discreet and accessible condom distribution points within campus residents and private hostels, reducing the stigma associated with seeking protection among students.

As Uganda strives toward its "Vision 2040" and the goal of ending AIDS by 2030, understanding the dynamics of its most educated youth population is vital for future health planning. By understanding the relationship between condom use and sexual behaviour, appropriate interventions can be designed to address the barriers that prevent condom use, promote informed decision-making, reduce exposure to sexually transmitted Disease (STDs) and unintended pregnancies, and encourage individuals especially University students to adopt protective sexual behaviors that improve their overall reproductive health. The study will also contribute to academic literature on sexual health among university students in Uganda, offering evidence-based recommendations for promoting responsible sexual behaviour.

1.5 Scope of the Study

The study focused on undergraduate students at Makerere University, covering mainly College of Business and Management Sciences (CoBAMS) specifically students from School of Statistics and Planning pursuing Bachelor of Science in Quantitative Economics to ensure diversity in student perspectives, backgrounds, and experiences, so that the findings reflect a wide range of perceptions and practices regarding condom use.

It examined both male and female students exploring their knowledge on STDs, perceptions and attitudes, alcohol consumption, peer influence and other practices regarding condom use.

The research was limited to students currently enrolled in the undergraduate programs during the study period reflecting data collected during the current academic year (2025/2026), capturing the behaviors of students currently enrolled in undergraduate programs regarding condom use.

CHAPTER TWO: LITERATURE REVIEW

2.0. Introduction.

The study aims to examine the factors that influence condom use among the students from Makerere University. The scope includes knowledge, perceptions, peer influence, accessibility and alcohol consumption related to condom use. The relevance lies in addressing high rates of sexually transmitted Disease (STDs) and unintended pregnancies among young adults in Uganda, where university students represent a vulnerable population due to peer influence, excitement, and limited sexual health services.

2.1. Theoretical literature review.

Theoretical models provide the lens through which student behaviour is interpreted. This study primarily utilizes the Health Belief Model (HBM) but also draws on the Theory of Planned Behaviour (TPB) to explain the gap between knowledge on condoms actions taken by students to use condoms.

2.1.1. Health Belief Model.

The Health Belief Model (HBM), developed by Rosenstock (1974), provides a useful framework for understanding the factors influencing condom use among Makerere University students. The theory emphasizes that individuals are more likely to embrace preventive health practices when they believe that they are prone to a health threats, recognize the severity of its consequences, and perceive that the benefits of the preventive measures outweigh the barriers. In the context of condom use, the HBM explains how students' perceptions of HIV and other sexually transmitted Diseases (STDs) shape their willingness to use condoms. The model is particularly relevant because condom use is a voluntary practice towards protection and healthy sexual behaviour that depends solely on individual beliefs and perceptions rather than medical intervention alone.

Among Makerere University students, perceived risk of contracting STDs and AIDS and its consequences is vital in influencing condom use. Despite the fact that many students are aware of the high rates of prevalence of HIV and STDs in Uganda, some under look their own risk of infection believing that such outcomes are more likely to affect others than themselves. This optimistic bias reduces the need for condom use. Similarly, while students generally acknowledge that HIV and other STDs can have serious health, social, and economic consequences, the availability of antiretroviral therapy (ART) and other treatment

options has contributed to treatment optimism whereby some individuals perceive HIV as a manageable condition rather than a life-threatening disease. As a result, the perceived severity of infection is diminished and individuals become less motivated to adopt preventive behaviors such as condom use.

Additionally, the model explains that even if students recognize the benefits of using condoms, perceived barriers may discourage their use. These barriers include beliefs that condoms reduce sexual pleasure, embarrassment associated with purchasing condoms, negative attitudes from peers, and perceived lack of trust from partners regarding condom use. All these overshadow the benefits of protection leading to non-use of condoms regardless of the adequate knowledge about STDs. Hence, the Health Belief Model exhibits that condom use among Makerere University students is influenced not only by awareness of HIV and other STDs but also by how students perceive their personal risk, the seriousness of infection, and barriers that affect their preventive health decisions.

2.1.2. The Theory of Planned Behaviour

The Theory of Planned Behaviour (TPB) developed by Ajzen (1991) provides a foundation for understanding the factors influencing condom use among Makerere University students. The theory proposes that an individual's intention to perform a behaviour is the most immediate predictor of that behaviour and is shaped by three key constructs; attitudes, subjective norms, and perceived behavioral control. In the context of this study, students with positive attitudes and perception towards condom use by recognizing its effectiveness in preventing STDs and unintended pregnancies are more probable to use condoms. Similarly, negative perceptions such as beliefs that condoms interfere with intimacy and may discourage condom use despite awareness of their protective benefits.

The theory further explains that condom use is influenced by social expectations and one's capability to conform to protective behaviors. Subjective norms including the opinions of peers, sexual partners, family members, and religious groups can either encourage or discourage condom use. Among Makerere University students, some students may avoid using condoms in stable relationships due to perceptions that condom use signifies mistrust, while others may be motivated by peer influence and health promotion campaigns to practice protected sex. Perceived behavioral control refers to students' confidence in their ability to obtain, negotiate, and correctly use condoms despite barriers such as partner resistance,

embarrassment, or limited access. Students with greater confidence and easier access to condoms are more likely to intend to use condom. Therefore, the Theory of Planned Behaviour demonstrates that personal beliefs, social influences, and perceived control are important determinants of condom use among Makerere University students.

2.2. Empirical Literature Review.

Knowledge about sexually transmitted diseases (STDs), including HIV/AIDS is one of the important factors influencing condom use among university students. Adequate knowledge enables individuals to understand the consequences of unprotected sexual intercourse and may encourage preventive behaviours such as condom use. However, empirical evidence suggests that knowledge alone may not always lead to consistent condom use. A study done among students at Makerere University shows that although students had relatively high knowledge about HIV prevention, condom use among the students remained inconsistent indicating that other behavioural and social factors also influence sexual behaviours (Nuwasiima et al., 2017). The findings suggest that examining knowledge levels alongside other factors provides a better understanding of condom use behaviour among university students

Peer influence has also been identified as an important determinant of condom use among young adults. University students often interact within social networks where friends' attitudes and behaviours can shape individual sexual lives and decisions (Young & Jordan, 2013). Meanwhile positive peer influence such as encouragement from friends to practise safe sex may promote condom use (Albarracín et al., 2004), while negative peer norms may discourage protective behaviours towards safer sex practice and condom use (MacPhail & Campbell, 2001). Social factors influence sexual behaviours among University students, highlighting the role of social environments in shaping STDs/HIV prevention practices. Similarly, studies among young people in Uganda have shown that peer norms and communication about sexual health can affect decisions regarding condom use (Mehra et al., 2014). Therefore, understanding peer influence is crucial in explaining variations in condom use among university students.

Similarly, alcohol consumption has been associated with increased risky sexual behaviours among young adults (Bellis et al., 2008). Alcohol may reduce an individual's ability to make careful decisions reducing perceived risk of STDs and weaken condom negotiation between sexual partners (Coleman & Cater, 2005). A research among university students has shown

that alcohol use is related with inconsistent condom use and other risky sexual practices because sexual decisions made under the influence of alcohol may be less planned and careless (Conner et al., 1999). This suggests that alcohol consumption may negatively affect condom use among students by reducing their ability to effectively practise safer sex.

Perceptions and attitudes towards condom use particularly in the long-term relationships also influence condom use decisions. Some individuals believe that condoms are unnecessary in stable relationships because they associate condom use with suspicion on a partner's faithfulness (Longfield et al., 2002). Consequently, students in long-term relationships may reduce condom use despite the possibility of STD transmission (Noar et al., 2004). The relationship attributes influence condom use among Makerere University students with students in trusted relationships being less likely to use condoms consistently. This shows that perceptions of risk and trust within relationships play an important role in determining condom use behaviour.

Condom accessibility including availability, affordability, and ease of obtaining condoms is another factor that may influence condom use among university students. Even when students have proper knowledge and positive attitudes towards condoms, limited access may hinder condom use. Accessibility challenges affect condom use among undergraduate students at Makerere University. Therefore, improving availability and access to sexual health services like condoms may promote safe sexual actions. Similarly, awareness of preventive methods does not always translate into actual practice due to practical barriers affecting utilization (Tarakji et al., 2026).

Overall, existing empirical studies indicate that condom use among university students is influenced by multiple factors including knowledge about STDs, peer influence, alcohol consumption, relationship perceptions, and condom accessibility. However, most previous studies have focused broadly on HIV prevention and risky sexual behaviours rather than examining the combined influence of these factors among specific student groups. This study therefore seeks to address this gap by examining the factors influencing condom use among Makerere University students, particularly students pursuing Bachelor of Science in Quantitative Economics.

2.3. Conceptual framework.

Conceptual framework shows the relationship between key variables.

In this study, the conceptual framework outlines factors influencing condom use among Makerere university students as shown below.

Independent variables

- Level of knowledge on STIs
- Peer influence
- Condom accessibility
- Alcohol consumption
- Perception about condoms in long-term relationship

Control variables

- Age
- Sex
- Marital status
- Religion

Dependent variable

- Condom use in the last sexual intercourse

Figure 1: Conceptual framework.

2.4. Research Gaps.

Although studies are available on HIV and other STDs prevention and condom use in Uganda, there is still limited evidence on the current factors influencing condom use among Makerere University students especially in the post-COVID-19 period. Changes in social behaviour of students, relationships, and lifestyles require up to date research to understand the factors affecting condom use in the present context.

Also, previous studies mainly focused on physical access to condoms and traditional forms of sexual communication, limited research has explored the role of trust, emotional attachment, commitment and perceptions of partner faithfulness in regards to condom use decisions among university students. Since some students may associate condom use with a lack of trust especially when their partner's HIV or STI status is unknown. Understanding these gaps

is important for developing effective interventions that address the social, behavioral, and environmental factors affecting condom use among Makerere University students.

2.5. Summary of Literature

The reviewed literature indicates that condom use among students is influenced by several interconnected factors including knowledge about STDs, accessibility, perception, peer influence and alcohol consumption. Although awareness about HIV and other STDs prevention is generally high, consistent condom use remains a challenge due to social and psychological barriers. Factors such as trust between partners, social stigma, reduced risk perception, and difficulties in negotiating condom use continue to affect students' decisions. Therefore, promoting condom use requires interventions that go beyond providing information and focus on addressing the social and behavioral factors that influence sexual decision-making among university students.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0. Introduction.

This chapter describes the research design, study population, sample size determination, sampling techniques, data collection methods, data analysis procedures, providing a systematic framework to ensure the study is reliable, and ethically sound.

3.1. Research design.

The study employed a cross-sectional research design. The design involved collecting data from the study participants at a single point in time. It was appropriate because it enabled the researcher to examine the factors influencing condom use. The design enabled the researcher to determine the prevalence of condom use and examine the association between the socio-demographic and other factors influencing condom use among the students. The design allowed for statistical analysis of the data collected to achieve the objectives of the study.

3.2. Study Area

The study was conducted at Makerere University located in Kawempe Division, Kampala, Uganda's largest and oldest public university. Makerere University was chosen because it consists of students from different social and demographic backgrounds that may influence their sexual behaviour and condom use practices. It provided a representative sample of young adults who are at a critical stage of sexual development and decision-making.

3.3. Target Population

The target population for the study comprised of undergraduate students who were pursuing Bachelor of Science in Quantitative Economics at School of Statistics and Planning under College of Business and Management Sciences at Makerere University. These students were selected because they represent a young adult population that may engage in sexual activities and whose condom use practices may be influenced by accessibility of condoms, alcohol consumption, peer influence, perception and the level of knowledge about sexually transmitted infections. The study targeted all students enrolled in the program and aged between 18-29 years during the study period.

3.4. Sample size determination.

The sample size was determined using finite population correction formula for a known population size. The formula was used because the total number of students pursuing Bachelor of Science in Quantitative Economics was known.

$$n = \frac{N}{1 + N(e^2)}$$

n is the sampled population

N is the total population of Bachelor of Science in Quantitative Economics students

e is margin of the error taken as

Sample size

N = 429 students

e = 0.0655

$$n = \frac{429}{1 + 429(0.0655^2)}$$

n = 151

3.5. Sampling Technique

Simple random sampling was used to select the Bachelor of Science in Quantitative Economics (BSQE) students. Each student was given an equal chance of being selected. Participants were then chosen randomly, without considering their age, sex, or any other characteristics. This ensured that every student had an equal opportunity to be included in the study.

3.5.1. Sample selection Procedure

First, the names of all colleges at Makerere University were written on separate pieces of paper of equal sizes. The papers were folded, mixed thoroughly, and one paper was picked at random. The selected paper was College of Business and Management Sciences (CoBAMS). Next, the schools within CoBAMS were written on separate pieces of paper, folded, mixed, and one paper was randomly selected. The School of Statistics and Planning was selected. Finally, the programmes offered in the School of Statistics and Planning were written on separate pieces of paper, folded, mixed, and one paper was randomly selected. The Bachelor of Science in Quantitative Economics (BSQE) programme was selected. This process ensured that each college, school, and programme had an equal chance of being selected.

3.6. Data types and sources

The study used primary data collected directly from students pursuing Bachelor of Science in Quantitative Economics (BSQE) from year one to year three. Primary data was used because it provided current information relevant to achieving study objectives

3.7. Data collection method.

The raw data was collected directly from the field using structured questionnaires which was coded in kobo collect tool and then distributed online to WhatsApp groups of students offering Bachelor of Science in Quantitative Economics (BSQE) from School of Statistics and Planning.

3.8. Data Analysis Procedure.

The data collected was downloaded to excel spreadsheet, cleaned and coded. The cleaned data was then exported to STATA for analysis. Data analysis involved univariate, bivariate, and multivariate analysis.

Univariate analysis provided description of the characteristics of the respondents by both the dependent and independent variables. It involved summarizing data using frequencies and percentages.

Bivariate analysis was then carried out using Chi-square test to examine the association between condom use and each of the independent variables. All the variables were categorical. This helped to determine whether there were statistically significant associations between knowledge about STDs, condom accessibility, peer influence, alcohol consumption and perceptions towards condoms in long-term relationships.

Finally, multivariate analysis was then conducted using logistic regression model to identify factors that independently influenced condom uses among the Makerere University students. The results were presented using odds ratio, confidence intervals and p-values. A significance level of 5% was used determines the statistical significance.

3.9 Ethical Considerations

Given the nature of the research, the study adhered to ethical principles throughout the research process. Participation in the study was entirely voluntary and informed consent was obtained from all respondents before administering the questionnaire.

Respondents were informed about the purpose of the study, the nature of their involvement, and their right to decline participation or withdraw from the study at any stage without any penalty.

Confidentiality and anonymity were maintained by ensuring that no personal identifiers such as names and student or registration numbers were disclosed in the research questionnaire. The findings were reported honestly and objectively, and conclusions and recommendations were solely based on the data collected and the study objectives.

3.10 Limitations of the Study

The study had some limitations which were encountered during the process of conducting research. The study relied on data that was provided by respondents which may have been affected by their willingness to give honest answers on this topic which was very sensitive.

Secondly, the study focused only on students doing Bachelor of Science in Quantitative Economics. Therefore, findings may not represent all university students.

CHAPTER FOUR: PRESENTATION AND DISCUSSION OF THE RESULTS.

4.0. Introduction

This chapter presents findings of the study. The data was analyzed using stata software package and interpreted to show different values of the factors that influence condom use among the Makerere university students.

4.1. Questionnaire response rate.

The response rate for study was quite good as all the 151 selected respondents participated and successfully completed the questionnaires.

Data was collected using kobo collect that was administered online via WhatsApp due to nature of the topic which is very sensitive to most respondents. The data was later downloaded to Microsoft Excel where it was cleaned and validated. Univariate, bivariate and multivariate analysis was done to clearly understand the factors influencing condom use among the Makerere university students.

4.2. Distribution of the respondents.

The study targeted Makerere university students from College of Business and Management Sciences (CoBAMS) under school of statistics and planning specifically pursuing Bachelor of Science in quantitative economics. Questionnaires were administered to the students to fill on the factors influencing condom use for students.

4.3. Univariate analysis

This describes of characteristics of each variable for both independent and dependent variables. Categorical variables were summarized using frequencies and percentages.

4.3.1. Background characteristics of the respondents.

This provides description of variables collected from the respondents such as sex, age, religion, level of knowledge on Sexually Transmitted Infections, accessibility of condoms, peer influence(encouragement), alcohol consumption and perception about condom necessity in long term relationship.

Table 4. 1: Distribution of respondents by engagement in sexual activity.

Variable		Frequency	Percentage
Ever engaged in sex	Yes	98	64.90
	No	53	35.10
	Total	151	100.00

Table 4.1 shows the distribution of respondents according to whether they had ever engaged in sexual activity or not. Out of 151 respondents, 98(65%) had ever engaged in sexual activity while 53(35%) of the respondents had never engaged in sexual activity. Therefore, the majority of the respondents had experience relevant to this study.

Table 4. 2: Distribution of respondents by background characteristics.

Variables		Frequency	Percentage
Condom use in the last sexual intercourse	Used condoms	69	70.41
	Did not use condoms	29	29.59
	Total	98	100.00
Sex	Male	62	63.27
	Female	36	36.73
	Total	98	100.00
Age	18-21	17	17.35
	22-25	76	77.55
	26-29	5	5.10
	Total	98	100.00
Religion	Anglican	30	30.61
	Catholic	39	39.80
	Muslim	12	12.24
	Pentecostal	13	13.27
	Others	4	4.08
	Total	98	100.00
Level of knowledge on STDs	High	83	84.69
	Moderate	13	13.27
	Low	2	2.04
	Total	98	100.00
Accessibility of condoms	Very easy	44	44.90
	Easy	45	45.92
	Difficult	8	8.16
	Very Difficult	1	1.02
	Total	98	100.00
Peer Encouragement	No	15	15.31
	Yes	83	84.69
	Total	98	100.00
Alcohol consumption	Yes	39	39.80
	No	59	60.20

Variables		Frequency	Percentage
	Total	98	100.00
Perception about Condom necessity in long term relationship	Necessary	63	64.29
	Not necessary	26	26.53
	Not sure	9	9.18
	Total	98	100.00

Table 4.2 provides an overview of the participants background characteristics reflecting differences within the study population.

According to Table 4.2, the results showed that 70% of respondents used condoms during their last sexual intercourse, while 30% did not use condoms during their last sexual intercourse. This indicates that condom use among the students was relatively high, although a significant proportion still engaged in unprotected sex.

According to Table 4.2, majority of the participants were males (63%) while females (37%) were quite few as respondents.

Results from Table 4.2 also shows significant representation in the age group. The majority of respondents were aged 22-25(78%) years followed by those who were in the age group of 18-21(17%) and finally followed by those in age group of 26-29(5%).

According to Table 4.2, Catholic respondents formed the largest group (40%), followed by Anglicans (31%), then followed by Pentecostal participants (13%), followed by Muslims (12%) and lastly followed by other religious groups (4%).

From Table 4.2, most respondents reported having high knowledge (85%) about Sexually Transmitted Diseases followed by those with moderate knowledge (13%) and finally followed by respondents with low knowledge (2%) about Sexually Transmitted Diseases.

Table 4.2 also shows that majority of the respondents had easy access (46%) to condoms, followed by respondents with very easy access (45%) to condoms, then followed by those with difficulty in accessing condoms (8%) and lastly followed by participants that found it very difficult to access condoms (1%).

According to Table 4.2, most of the participants were encouraged by peers (85%) to use condoms while the rest were not encouraged by their peers (15%) to use condoms. Results from Table 4.2 also shows that most of the respondents were not consuming alcohol (60%) while few respondents were drinking alcohol (40%).

From table 4.1, majority of the participants perceived that condoms were necessary in the long-term relationship (64%) followed by those who perceived that condoms were not necessary in long term relationship (27%) and then finally followed by participants who were not sure (9%) if condoms were necessary in long term relationship or not.

4.4. Bivariate Analysis

The bivariate analysis examined the association between the condom use and each independent variable used chi-square test and P-values.

Table 4. 3: Distribution of respondents by condom use in the last sexual intercourse and by explanatory variables.

Explanatory Variables	Condom use in the last sexual intercourse.		Total Number	P-Value	Chi-square Value
	Used condoms (%)	Did not use condoms (%)			
Sex				0.046	3.9820
Female	58.33	41.67	36		
Male	77.42	22.58	62		
Age				0.750	0.5763
18-21	76.47	23.53	17		
22-25	69.74	30.26	76		
26-29	60.00	40.00	5		
Religion				0.388	4.1370
Anglican	70.00	30.00	30		
Catholic	79.49	20.51	39		
Muslim	58.33	41.67	12		
Pentecostal	53.85	46.15	13		
Other	75.00	25.00	4		
Level of knowledge on STDs				0.597	1.0316
High	72.29	27.71	83		
Moderate	61.54	38.46	13		
Low	50.00	50.00	2		
Accessibility of condoms				0.161	5.1508
Very easy	79.55	20.45	44		
Easy	64.44	35.56	45		
Difficult	62.50	37.50	8		
Very Difficult	0.00	100.00	1		
Alcohol consumption				0.251	1.3197
Yes	56.52	43.48	29		
No	68.97	31.03	69		
Peer encouragement				0.001	11.6843
No	33.33	66.67	15		

Explanatory Variables	Condom use in the last sexual intercourse.		Total Number	P-Value	Chi-square Value
	Used condoms (%)	Did not use condoms (%)			
Yes	77.11	22.89	83		
Perception about Condom necessity in long term relationship					
Necessary	77.78	22.22	63	0.077	5.1257
Not necessary	53.85	46.15	26		
Not sure	66.67	33.33	9		

Table 4.3 shows the results that illustrate the relationship between various factors and condom use among the Makerere university students. The association was significant at P-value less than 0.05 with the level of confidence at 95%.

From table 4.3, Sex was significantly associated with condom use ($X^2=3.9820$, $p = 0.046$). Notably, a higher percentage of male (77%) used condoms in their last sexual intercourse compared to female respondents (58%) who used condoms the last sexual intercourse.

Results from table 4.3, shows that peer influence in terms of encouragement to use condoms had a significant relationship with condom use ($X^2=11.6843$, $p=0.001$). Indeed, higher percentage of participants who were encouraged by peers (77%) used condoms compared to those that were not influenced by their peers (33%).

Table 4.3 shows that religion was not statistically significant with condom use among Makerere university students. Most Catholics used condom (79%), followed by other regions (75%) who used condoms, followed by Anglicans (70%) that used condoms, then followed by Muslims (58%) that used condoms, then lastly followed by Pentecostal (54%) who used condoms.

Table 4.3 also shows that age was not statistically significant with condom use among Makerere university students with majority of participants within the age range of 18-21 (76%) with highest percentage of condom use, followed by those aged between 22-25(70%) who used condoms then finally followed by those in the age group 26-29(60%) that used condoms.

According to table 4.3, level of knowledge about Sexually Transmitted Infections does not demonstrate statistically significant association with condom use. Most respondents with high level of knowledge (72%) about STIs used condoms, followed by those with moderate level

of knowledge (62%) using condoms and lastly those with low knowledge (50%) about STIs using condoms.

Results from table 4.3, shows that accessibility of condoms was not statistically significant with condom use. Most respondents with easy access to condom (80%) used condoms, followed by those with easy access to condoms (64%) used condoms, then followed by those with difficult access to condom (63%) used condoms and then finally those with very difficult access to condoms and did not use condoms.

According to table 4.3, alcohol consumption was not statistically significant with condom use among the Makerere university students with highest percentage of those who were not consuming alcohol (69%) used condoms compared to those who were drinking alcohol (57%) and used condoms

Table 4.3 also shows that perception in terms of condom necessity in long term relationship was not statistically significant with condom use. Majority of the respondents perceived that condoms were necessary (78%) in long term relationships, followed by those who were not sure (67%) about these perceptions, and finally followed by those who perceived that condoms were not necessary (54%) in long term relationships

4.5. Multivariate Analysis

Logistic regression model

Table 4. 4: Factors influencing condom use among Makerere University students

Condom Use in the last sexual intercourse		Odds Ratio	P-Value	95% Conf. Interval
Age	18-21	1 (RC)		
	22-25	0.65	0.547	0.16, 2.68
	26-29	0.48	0.392	0.02, 6.01
Sex	Female	1 (RC)		
	Male	2.24	0.014	0.76, 6.63
Level of Knowledge on STIs	Low	1 (RC)		
	Moderate	2.17	0.691	0.05, 98.96
	High	3.08	0.534	0.09, 107.73
Condom Accessibility	Very difficult	1 (RC)		
	Difficult	1.14	0.913	0.11, 11.93
	Easy	0.52	0.247	0.18, 1.56
Peer Encouragement	No	1 (RC)		
	Yes	4.96	0.019	1.31, 18.81
Perception on Condom necessity in long term relationship	Not sure	1 (RC)		
	No	0.53	0.505	0.08, 3.48
	Yes	1.51	0.643	0.26, 8.72

RC -Reference Category

Table 4.4 provides presentation of the results of the multivariate analysis done using logistic regression model on factors influencing condom use among the Makerere university students. The findings which were significant are presented on the table. The level of confidence was at 95% with p-value less than 0.05 for significant association between variables.

Results from table 4.4 shows that sex is a significant predictor of condom use among the Makerere university students (OR=2.24, p=0.014). Notably, male students were more likely to use condoms compared to female students. This is because male students were directly motivated to use condoms to avoid financial and life changing responsibilities of unwanted pregnancies and attracting STIs allowing them to protect themselves from such consequences(Baldwin & Baldwin, 1988).

According to table 4.4, peer influence in terms of encouragement to use condom is also a significant predictor of condom use among the Makerere university students (OR=4.96, p-value=0.019). Indeed, those who were encouraged by peers were more likely to use condoms compared to those who were not encouraged by the peers to use condoms(Whiting et al., 2019). This is because peer encouragement creates positive attitudes towards condom use and reduces embarrassment among students. When students see and hear their peers supporting safer sex practice in terms of condom use, they experience lower psychological barriers making them comfortable to use condoms.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

5.0. Introduction

This chapter presents the summary of findings, conclusions, recommendations, and suggestions for further studies based on the study objectives. The study aimed to examine the factors influencing condom use among Makerere University students. Data from 151 respondents were analysed using univariate, bivariate, and multivariate analysis to determine the association between condom use and the explanatory variables. The conclusions and recommendations are drawn from the findings obtained in the previous chapter.

5.1. Summary of findings

The study examined factors influencing condom use among Makerere University students pursuing Bachelor of Science in Quantitative Economics. A total of 151 respondents participated in the study, of whom 98 had ever engaged in sexual activity and were considered for analysis of condom use. Among the sexually active respondents, 70% used condoms during their last sexual intercourse, while 30% did not use condoms.

Regarding background characteristics, the majority of respondents were male (63%), and most participants were aged between 22-25 years (78%). Most respondents had high knowledge about sexually transmitted Diseases (85%), reported easy accessibility to condoms, and received encouragement from peers to use condoms.

The bivariate analysis showed that sex and peer encouragement were significantly associated with condom use. Male respondents had a higher percentage of condom use compared to female respondents, while students who received encouragement from peers had higher condom use rates compared to those who did not receive peer encouragement. However, age, religion, STI knowledge level, condom accessibility, alcohol consumption, and perception about condom necessity in long-term relationships were not statistically significantly associated with condom use.

The multivariate logistic regression analysis showed that sex and peer encouragement were significant predictors of condom use. Male students were more likely to use condoms compared to female students (OR=2.24, $p=0.014$). Additionally, students who were encouraged by their peers to use condoms were more likely to use condoms compared to those who were not encouraged (OR=4.96, $p=0.019$).

5.2. Conclusions

The study concludes that condom use among Makerere University students was relatively high, with the majority of sexually active respondents reporting condom use during their last sexual intercourse. However, a considerable proportion of students still engaged in unprotected sexual activities, indicating the need for continued interventions promoting safer sexual practices including condom use.

Additionally, the study concludes that individual characteristics particularly sex influence condom use among students. Male students were more likely to use condoms compared to female students, suggesting that gender-related factors may influence condom negotiation and decision-making regarding condom use.

Furthermore, the study also concludes that peer encouragement plays an important role in promoting condom use among students. Students who received encouragement from their peers were significantly more likely to use condoms, showing that peer networks can positively influence safer sexual behaviors.

Although knowledge about STDs, accessibility of condoms, alcohol consumption, and perceptions about condom necessity were important factors considered in the study, they did not show statistically significant relationships with condom use among the respondents.

5.3. Recommendations

The university should strengthen peer-led sexual health campaigns. Since peer encouragement was found to significantly influence condom use, students should be involved as peer educators to promote positive attitudes and encourage safer sexual practices among fellow students.

More attention should be given to female students in sexual health interventions. Since female students were less likely to use condoms compared to male students. Programs should focus on improving condom negotiation skills, confidence, and decision-making among female students.

The university should continue providing accessible services and sexual health information to students. Although STI knowledge and condom accessibility were not statistically significant predictors, maintaining awareness campaigns and easy access to condoms can support continued safer sexual health behaviors.

All these recommendations are based on the findings from the previous chapter.

5.4. Suggestions for further studies

Further research should explore factors influencing condom use among female students since the current study found variations between males and females in condom use.

Qualitative studies should be conducted to gain deeper understanding of students' personal experiences, challenges, and reasons for using or not using condoms.

Future studies should include students from different colleges and universities to allow comparison of condom use behaviors across different student populations.

References

- Albarracín, D., Kumkale, G. T., & Johnson, B. T. (2004). Influences of social power and normative support on condom use decisions: A research synthesis. *AIDS care*, 16(6), 700-723.
- Alhussaini, N. W. Z., Elshaikh, U., Abdulrashid, K., Elashie, S., Hamad, N. A., & Al-Jayyousi, G. F. (2025). Sexual and reproductive health literacy of higher education students: a scoping review of determinants, screening tools, and effective interventions. *Global Health Action*, 18(1), 2480417.
- Bankole, A., Ahmed, F. H., Neema, S., Ouedraogo, C., & Konyani, S. (2007). Knowledge of correct condom use and consistency of use among adolescents in four countries in Sub-Saharan Africa. *African journal of reproductive health*, 11(3), 197-220.
- Bellis, M. A., Hughes, K., Calafat, A., Juan, M., Ramon, A., Rodriguez, J. A., Mendes, F., Schnitzer, S., & Phillips-Howard, P. (2008). Sexual uses of alcohol and drugs and the associated health risks: a cross sectional study of young people in nine European cities. *BMC public health*, 8(1), 155.
- Boislard, M.-A., Van de Bongardt, D., & Blais, M. (2016). Sexuality (and lack thereof) in adolescence and early adulthood: A review of the literature. *Behavioral sciences*, 6(1), 8.
- Choudhry, V., Petterson, K. O., Emmelin, M., Muchunguzi, C., & Agardh, A. (2022). 'Relationships on campus are situationships': A grounded theory study of sexual relationships at a Ugandan university. *PLoS One*, 17(7), e0271495.
- Coleman, L. M., & Cater, S. M. (2005). A qualitative study of the relationship between alcohol consumption and risky sex in adolescents. *Archives of sexual behavior*, 34(6), 649-661.
- Conner, M., Graham, S., & Moore, B. (1999). Alcohol and intentions to use condoms: Applying the theory of planned behaviour. *Psychology and Health*, 14(5), 795-812.
- Elendu, C., Amaechi, D. C., Elendu, I. D., Elendu, T. C., Amaechi, E. C., Usoro, E. U., Chima-Ogbuiyi, N. L., Agbor, D. B. A., Onwuegbule, C. J., & Afolayan, E. F. (2024). Global perspectives on the burden of sexually transmitted diseases: A narrative review. *Medicine*, 103(20), e38199.
- Longfield, K., Klein, M., & Berman, J. (2002). Criteria for trust and how trust affects sexual decision-making among youth.

- MacPhail, C., & Campbell, C. (2001). 'I think condoms are good but, aai, I hate those things': condom use among adolescents and young people in a Southern African township. *Social science & medicine*, 52(11), 1613-1627.
- Mbachu, C. O., Agu, I. C., Obayi, C., Eze, I., Ezumah, N., & Onwujekwe, O. (2021). Beliefs and misconceptions about contraception and condom use among adolescents in south-east Nigeria. *Reproductive Health*, 18(1), 7.
- Mehra, D., Östergren, P.-O., Ekman, B., & Agardh, A. (2014). Inconsistent condom use among Ugandan university students from a gender perspective: a cross-sectional study. *Global Health Action*, 7(1), 22942.
- Noar, S. M., Zimmerman, R. S., & Atwood, K. A. (2004). Safer sex and sexually transmitted infections from a relationship perspective. In *The handbook of sexuality in close relationships* (pp. 519-544). Psychology Press.
- Nuwasiima, A., Onyango, N. O., Navvuga, P., Nuwamaya, E., Nyabigambo, A., Lubinga, S. J., & Babigumira, J. B. (2017). Predictors of HIV prevention knowledge and sexual behaviors among students at Makerere University Kampala, Uganda. *Epidemiology, Biostatistics, and Public Health*, 14(4).
- Sousa, L. R. M., Elias, H. C., Caliari, J. d. S., Oliveira, A. C. d., Gir, E., & Reis, R. K. (2023). Inconsistent use of male condoms among HIV-negative men who have sex with other men. *Revista Latino-Americana de Enfermagem*, 31, e3890.
- Tarakji, B., Alqarni, A. M., Alsalhani, A., Alali, F. M., Alqhtani, N. R., Sabbagh, B., nabhan, A. b., Alhedyan, F. S., Alkhaibari, Y., & Almansour, A. (2026). From awareness to action: a comparative study of family medical history and preventive health behaviors in Saudi Arabia and Syria. *Frontiers in Public Health*, 14, 1873367.
- Young, S. D., & Jordan, A. H. (2013). The influence of social networking photos on social norms and sexual health behaviors. *Cyberpsychology, behavior, and social networking*, 16(4), 243-247.
- Baldwin, J. D., & Baldwin, J. I. (1988). Factors affecting AIDS-related sexual risk-taking behavior among college students. *Journal of Sex Research*, 25(2), 181-196.
- Whiting, W., Pharr, J. R., Buttner, M. P., & Lough, N. L. (2019). Behavioral interventions to increase condom use among college students in the United States: A systematic review. *Health Education & Behavior*, 46(5), 877-888.