Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 9 (2025): September 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i9.1971
Original Article

Factors contributing to the prevalence of sexually transmitted diseases among youth in Nansana Town Council, Wakiso District. A cross-sectional study.

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Abstract

Background

In Uganda, STDs remain a pressing public health issue among the youth, with an estimated prevalence of 49% among youth. This study aimed to assess the factors contributing to the prevalence of sexually transmitted diseases (STDs) among youths in Nansana Town Council, Wakiso District.

Methods

A descriptive cross-sectional study design was employed, utilizing quantitative methods for data collection. Over 8 days, 72 youth were selected using a simple random sampling method. A structured questionnaire was used to collect data, and it involved closed-ended questions. The data collected was analyzed manually, and after the findings were entered into a Microsoft Excel 2013, that was then presented in the form of tables, pie charts, and graphs.

Results

Out of the 72 participants sampled, more than half (52.8%) were aged between 24 and 29 years, and half (50%) had attained secondary level education. Individual factors, more than half (51.4%) had two sexual partners, more than half (54.2%) never used condoms during sexual activity, and nearly half (48.6%) engaged in sexual activity after alcohol use a few times. Concerning Health facility factors, more than half (59.7%) disagreed that health workers are always present, more than half (59.7%) strongly disagreed that recommended drugs were readily available, and most (66.7%) disagreed that health facilities are close to their homes. About social and cultural factors, half (50%) stated that their partners encouraged sexual behavior, and 77.8% indicated that talking about sex and STDs was considered taboo.

Conclusion

The prevalence of STDs was attributed to multiple sexual partners, occasional sex under the influence of alcohol, and low condom use.

Recommendation

There is a need to enhance public health education through continuous community sensitization campaigns on the importance of consistent condom use, STD testing, and the risks associated with multiple sexual partners and alcohol-influenced sexual activity.

Keywords: *Sexually Transmitted Diseases, Youth, Nansana Town Council, Wakiso District.*
Submitted: *2025-06-03* ***Accepted:*** *2025-08-20* ***Published:*** *2025-09-10*

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Background

Sexually Transmitted Diseases (STDs) are infections that are primarily transmitted through sexual contact, including vaginal, anal, and oral sex. (Hughes & Sawleshwarkar, 2023). These diseases include, but are not limited to, chlamydia, gonorrhea, syphilis, HIV/AIDS, and human papillomavirus (HPV) (De, 2024). Bacteria, viruses, fungi, and parasites cause STDs, with the most common causative agents being Neisseria gonorrhoeae, Treponema pallidum, and Chlamydia trachomatis. If left untreated, STDs can result in severe complications, including infertility, chronic pelvic pain, congenital infections, and an increased risk of HIV acquisition. (Wihlfahrt et al., 2023).

Globally, STDs were a significant public health challenge, with over 374 million new sexually transmitted diseases reported annually among youth. (Sinka, 2024). Adolescents and young adults were disproportionately

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affected due to factors such as early sexual debut, multiple sexual partners, and inconsistent condom use. (Chemhaka & Simelane, 2024). In developing countries, STDs contributed to increased morbidity and mortality among the youth due to poor health-seeking behavior and limited access to sexual and reproductive health services. (Asante, 2019). As a result, about 40% of affected youth experience reproductive health complications, including ectopic pregnancies and infertility. (Hasani et al., 2021).

In Sub-Saharan Africa, report results revealed that youth account for nearly 56% of new STD infections, with a prevalence rate of 20% to 35% in some regions. (Shangase et al., 2021). The high burden was attributed to socio-economic factors such as poverty, low education levels, and cultural norms that limit discussions on sexual health. (Wado et al., 2020). In Nigeria, 45% of sexually active youth have reported at least one episode of an STD, with the majority being unaware of their infection status. (Nzoputam et al., 2022). The consequences of these infections include an 18% rise in teenage pregnancies, increased school dropout rates by 22% and economic hardships among young people. (Morgan et al., 2022).

In East Africa, the prevalence of STDs among the youth was estimated at 25% to 30% with urban centers recording higher rates due to increased sexual activity, substance abuse, and commercial sex work. (Awuoche et al., 2024). In Kenya, results found that 50% of university students engaged in unprotected sex, significantly increasing their risk of contracting STDs. Communities also suffer from a higher financial burden, with a 20% increase in STD-related healthcare costs in urban areas. (Berry et al., 2019).

In Uganda, STDs remain a pressing public health issue among the youth, with an estimated prevalence of 49% among youth. (Buser et al., 2024). Studies done by Ssekamatte et al. (2021) Revealed that STDs are more prevalent in urban areas such as Kampala and Wakiso, where risky sexual behaviors are more common. Among the affected youth, 28% suffer from reproductive health complications, while 33% report a decline in school attendance due to frequent illness. This study aimed to assess the factors contributing to the prevalence of sexually transmitted diseases (STDs) among youths in Nansana Town Council, Wakiso District.

Methodology

Study design and rationale

The study used a descriptive cross-sectional study design employing a quantitative research method, which was used to obtain data. The study was descriptive because the factors of the topic were assessed, and the data were analyzed using descriptive statistics. The quantitative design research was used because it aided in rapid data collection and allowed a snapshot interaction with a small number of respondents at a single point in time, thus allowing conclusions about phenomena across a wide population to be drawn.

Study Setting and Rationale

The study was conducted in Nansana Town Council, located in Wakiso District, Central Uganda. The geographical coordinates of Nansana Town Council are approximately 0°21′38″N and 32°31′30″E (0.36056°N, 32.52500°E). The town is situated approximately 12 kilometers northwest of Kampala, Uganda's capital city, along the Kampala-Hoima highway. Nansana Town Council is one of the fastest-growing urban areas in the country, characterized by rapid urbanization, high population density, and diverse socioeconomic activities. It serves as a major residential and commercial hub within the Greater Kampala Metropolitan Area, attracting a large number of youths from various backgrounds. Nansana Town Council has a mix of formal and informal settlements contributing to varied healthcare access and social interactions, which is believed to enhance the prevalence of sexually transmitted diseases (STDs) among youth. Given its growing urban population, strategic location, and high concentration of youths, Nansana Town Council presented an ideal setting for studying factors contributing to the prevalence of sexually transmitted diseases among the youth.

Study Population and Rationale

The study targeted youths, both male and female, residing in Nansana Town Council, Wakiso district, between the ages of 18 and 35 years. This age group represented a critical demographic in understanding the prevalence of sexually transmitted diseases (STDs), as they are at a stage of heightened sexual activity, exploration, and risk-taking behavior.

Sample size determination

The sample size was calculated using the formula developed by Kish and Leslie (1965), given by n = $\frac{z^2pq}{e^2}$

Where;

What was the sample size required

P was the proportion of the estimated rate of STDS among youth in Uganda, 49% (Buser et al., 2024)

P = 49% which was equivalent to 0.049

e =0.05 was the acceptable error of estimation at a 95% confidence interval

Z was the confidence interval at 95% =1.96

q = 1-p

Therefore

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$$n=\frac{z^2p(1-p)}{e^2}= \frac{1.96^2 x 0.049\ (1-0.049)}{0.05x0.05}$$

$$n= \frac{0.1882384x\ 0.951}{0.0025}$$

N= 71.60588736

n= 72 respondents

Therefore, 72 respondents were obtained for the success of this study.

Sampling procedure

Systematic random sampling was used to select youth living within the Nansana Town Council. To obtain the required number of respondents, respondents from their homes were selected. A youth was randomly selected from every second home within Nansana town council, that is, the first home was selected, then using an interval of one home, homes 3,5,7,9,11 were selected until the required number of respondents was obtained. This sampling method was easy to implement, ensured the selection of a representative sample while minimizing bias, and ensured efficient utilization of resources.

Selection criteria

Inclusion criteria

The study included all youths aged between 18 and 35 years living in Nansana Town Council who, upon informed consent, agreed to participate in the study and were at their homes at the time of data collection.

Exclusion criteria

The study excluded all youths between 18 and 35 years living in Nansana Town Council who declined to participate in the study and those who consented but were not present in their homes at the time of data collection.

Definition of Variables

Dependent Variables

The dependent variable was the prevalence of sexually transmitted diseases among the youth in Nansana town council.

Independent variables

The independent variables were the individual-related, health facility-related, and socio-cultural factors that affect the prevalence of sexually transmitted diseases.

Research instruments

Structured questionnaires written in the English language were used, and these contained both open and closed-ended questions related to the study objectives. Illiterate respondents were also considered, as the questions were verbally read to them, and I, together with the help of research assistants, filled in their views. The questionnaire consisted of four sections: socio-demographic data, individual-related factors, Health facility-related factors, and social and cultural factors.

Data collection procedure

Upon the proposal approval by the Research Supervisor and the Institution Research Committee (IRC), an introductory letter from the principal of Mildmay Uganda School of Nursing and Midwifery was given, which helped to seek permission from the administration of Nansana Town Council. The purpose of the study was explained, and approval from the Town clerk of Nansana Town Council was obtained, followed by an introduction to the local council leaders within the various villages that make up the town council.

The leaders then linked to the youth for data collection within a period of 8 days.

About 10 consenting respondents each day of data collection were approached for 8 days in order to reach a total of 72 respondents required for this project.

Data collection also involved training of research assistants who helped in translating English questions to the local language for illiterate respondents during the administration of the structured questionnaires in Nansana Town Council. Verbal permission and informed consent were sought from each respondent, and a clear explanation of the research purpose was provided, as well as the respondents were reminded of their right to withdraw from the study at any time. Respondents were assured of confidentiality and requested to cooperate.

Data Management and Analysis

Data Management

After collecting data, each questionnaire was checked for completeness and accuracy, and the data collected were coded and cleaned before analysis. Accurate and filled questionnaires were kept in a lockable cabin and only accessed by the researcher, and a computer password was created for the management of electronic data to ensure maximum safety and confidentiality of the information.

Data analysis

Data was analyzed manually, and after it was entered into a computer using Microsoft Excel (2013) version. The data was then presented in the form of frequency tables, graphs, and pie charts.

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Quality control

Validity

This was done by setting questions according to the research objectives and ensuring they were in line with the aim of the research topic, with guidance from the Research Supervisor. Validity helped in measuring the accuracy of results within a study, facilitating the formulation of proper interventions to address the research problem.

Reliability

The questionnaires were pre-tested from Wakiso Town Council on 15 youth before being used in the formal study to ensure consistency and dependability of the research instruments. Any mistakes within the questionnaire were corrected before losing contact with the research respondents.

Ethical considerations

After the approval of the research proposal by the Researcher Supervisor and the institution's research committee, an introductory letter was obtained from the principal of Mildmay Uganda School of Nursing and Midwifery, which was presented to the Town Clerk of Nansana Town Council seeking permission to carry out the study among the youth in Nansana Town Council. The Town Clerk granted permission. All respondents were provided with a written informed consent after receiving a detailed description of the study. Eligible participants consented in privacy, and no incentives were given. Anonymity of the respondents was ensured at all stages of data collection and analysis.

Results

Demographic characteristics

Table 1: showing socio-demographic characteristics of the participants.

Variable	Category	Frequency (n=72)	Percentage (%)
Age	24–29 years	38	52.8
	18–23 years	23	31.9
	30–35 years	11	15.3
Marital Status	Single	42	58.3
	Married	23	31.9
	Separated	7	9.8
Level of Education	Secondary level	36	50.0
	Primary level	18	25.0
	Tertiary level	10	13.9
	No formal education	8	11.1
Type of Employment	Formal employment	44	61.1
	Self-employed	15	20.8
	Informal employment	9	12.5
	Not employed	4	5.6

Source: Primary data (2025)

Table 1 shows that slightly more than half, 38 (52.8%) of the respondents were aged 24–29 years, fewer 23 (31.9%) were aged 18–23 years, while the least 11 (15.3%) were aged 30–35 years. The majority, 42 (58.3%) of the respondents were single, fewer 23 (31.9%) were married, and the minority 7 (9.8%) were separated. Half 36 (50%) of the respondents had attained secondary level education, fewer than 18 (25%) had primary level, 10 (13.9%) had tertiary education, while the least 8 (11.1%) had no formal education. Most 44 (61.1%) of the respondents had formal employment, 15 (20.8%) were self-employed, 9 (12.5%) had informal employment, and the minority 4(5.6%) were not employed.

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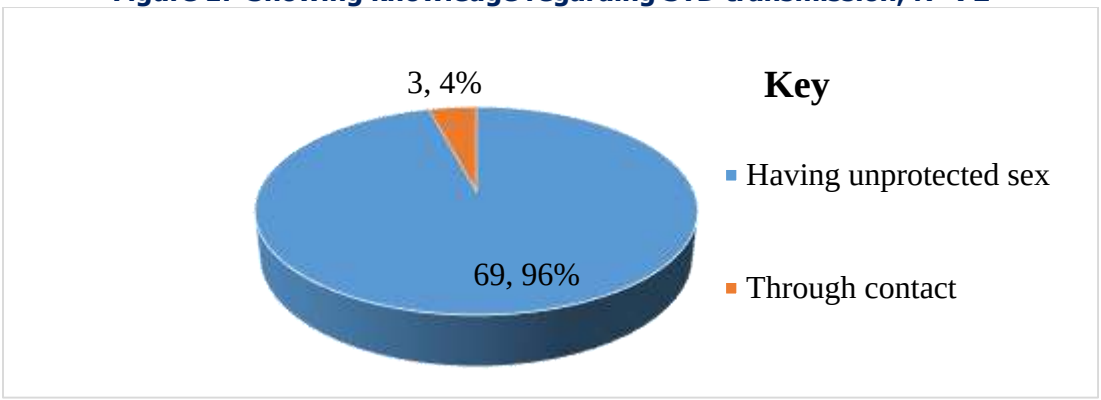
Individual Factors Contributing to the Prevalence of Sexually Transmitted Diseases among Youth in Nansana Town Council, Wakiso District.

Figure 1: Showing knowledge regarding STD transmission, N=72



Source: Primary data (2025)

Findings in Figure 1 show that an overwhelming majority, 69 (95.8%) of the respondents reported that STDs are transmitted through unprotected sex, while a few, 3 (4.2%) mentioned contact, and none were unsure.

Table 2: Showing the number of sexual partners, condom use during sexual activity, use of alcohol, and willingness to test for STDs

Variable	Category	Frequency (n=72)	Percentage (%)
Number of sexual partners	2	37	51.4
	More than 2	20	27.8
	1	15	20.8
Frequency of condom use during sexual activity	Never	39	54.2
	Sometimes	21	29.2
	Always	13	18.1
Sexual activity after using alcohol	A few times	35	48.6
	Never	26	36.1
	All the time	11	15.3
Willingness to test for an STD	Yes	51	70.8
	No	15	20.8
	Not sure	6	8.3

Source: Primary data (2025)

Table 2 demonstrates that slightly more than half, 37 (51.4%) of the respondents reported having 2 sexual partners, fewer than 20 (27.8%) had more than 2, while the least 15 (20.8%) had only 1 partner. More than half, 39 (54.2%) of the respondents never used condoms, fewer 21 (29.2%) used them sometimes, while the minority 13 (18.1%) used them always. Nearly half 35, 48.6%) of the respondents reported having engaged in sexual activity a few times after using alcohol, fewer 26, 36.1%) had never engaged in sex after drinking, while the least 11, 15.3%) reported doing so all the time. Most 51 (70.8%) of the respondents expressed willingness to test for STDs, fewer 15 (20.8%) were not willing, while the least 6 (8.3%) were unsure.

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Health Facility Factors Contributing to the Prevalence of Sexually Transmitted Diseases among Youth in Nansana Town Council, Wakiso District

Table 3: Showing health facility factors contributing to the STDs among the youth, n=72

Attribute	Strongly agree n (%)	Agree n (%)	Disagree n (%)	Strongly disagree n (%)
The health workers are always present when we visit the health facilities	12, (16.7%)	16, (22.2%)	43, (59.7%)	1, (1.4%)
The health workers are helpful and patient when we seek care at the health facilities	10, (13.9%)	38, (52.8%)	19, (26.4%)	5, (6.9%)
Drugs that are recommended by the doctor are readily available	8, (11.1%)	9, (12.5%)	12, (16.7%)	43, (59.7%)
The health workers provide guidance on how to take the medication recommended	7, (9.7%)	53, (73.6%)	8, (11.1%)	4, (5.6%)
The health facilities are close to our homes	2, (2.8%)	9, (8.3%)	48, (66.7%)	13, (18.1%)
The health facilities provide privacy when we seek care	4, (5.6%)	23, (31.9%)	38, (52.7%)	7, (9.7%)

Source: Primary data (2025)

Table 3 indicates that more than half, 43 (59.7%) of the respondents disagreed that health workers are always present at facilities, fewer 16 (22.2%) agreed, 12 (16.7%) strongly agreed, while 1 (1.4%) strongly disagreed. 38 (52.8%) of the respondents agreed that health workers are helpful and patient, fewer 19 (26.4%) disagreed, 10 (13.9%) strongly agreed, while the least 5 (6.9%) strongly disagreed. The majority, 43 (59.7%) of the respondents strongly disagreed that recommended drugs are readily available, 12 (16.7%) disagreed, 9 (12.5%) agreed, while the least 8 (11.1%) strongly agreed. A good number 53 (73.6%) of the respondents agreed that health workers provide guidance on how to take medication, fewer 8 (11.1%) disagreed, 7 (9.7%) strongly agreed, while the least 4 (5.6%) strongly disagreed. Most 48 (66.7%) of the respondents disagreed that health facilities are close to their homes, 13 (18.1%) strongly disagreed, 9 (8.3%) agreed, while the least 2 (2.8%) strongly agreed. More than half, 38 (52.7%) of the respondents disagreed that health facilities provide privacy, fewer 23 (31.9%) agreed, 7 (9.7%) strongly disagreed, while the least 4 (5.6%) strongly agreed.

Social and Cultural Factors Contributing to the Prevalence of Sexually Transmitted Diseases among Youth in Nansana Town Council, Wakiso District

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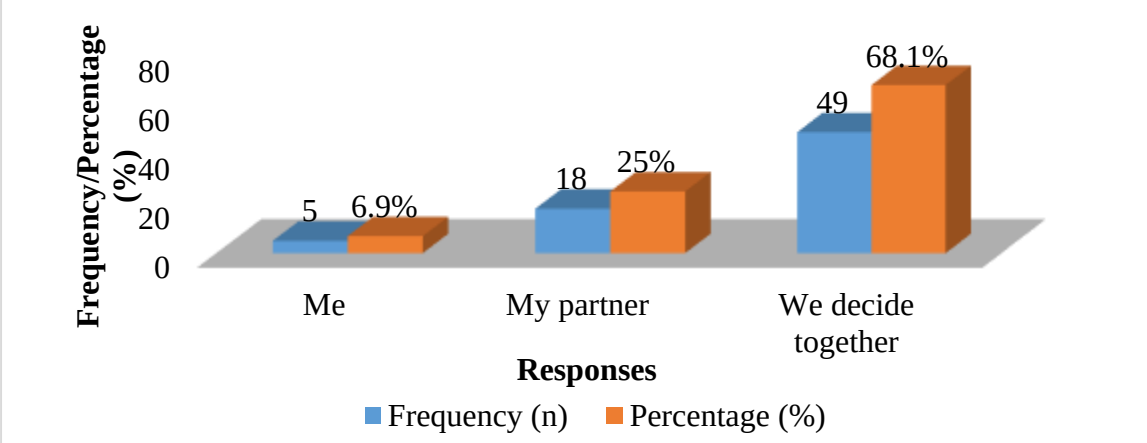
Figure 2: Showing decision-making on condom use, n=72.



Source: Primary data (2025)

Figure 2 shows that 49 (68.1%) of the respondents reported that condom use was a joint decision with their partner, fewer 18 (25%) said the partner decided, while the least 5 (6.9%) made the decision themselves.

Table 4: Showing the perceived best cure for STDs, encouragement toward sexual activity, and community perception on talking about sex and STDs

Variable	Category	Frequency (n=72)	Percentage (%)
Perceived as the best cure for STDs	Modern medicine	46	63.9
	Traditional medicine	18	25.0
	Prayer	8	11.1
Who encourages engagement in sexual behavior	My partner	36	50.0
	Peer pressure	28	38.9
	Myself	8	11.1
Community perception about talking about STDs	It is a taboo	56	77.8
	Only with close friends	7	9.7
	Only elders can talk to others	6	8.3
	It is acceptable	3	4.2

Source: Primary data (2025)

Table 4 indicates that the majority, 46 (63.9%) of the respondents believed modern medicine is the best cure for STDs, fewer 18 (25%) trusted traditional medicine, while the least 8 (11.1%) believed in prayer. Half 36 (50%) of the respondents stated their partner encouraged them into sexual activity, fewer than 28 (38.9%) were influenced by peer pressure, while the least 8 (11.1%) mentioned themselves. 56 (77.8%) of the respondents stated that their community considers talking about sex and STDs as taboo, fewer 7 (7.7%) noted it's only acceptable with close friends, 6 (8.3%) said only elders can talk about it, while the least 3 (4.2%) believed it is acceptable.

Discussion

Demographic characteristics.

Findings showed that slightly more than half (52.8%) of the participants were aged between 24 and 29 years. This could be because this age group is often more socially active and may be experiencing increased exposure to sexual networks due to peer interaction and independence. This implies that targeted sexual and reproductive health education for this age group is crucial to help reduce risky behaviors and promote safer practices. This study finding is in line with a study conducted in India by Paul et al. (2024), which revealed that 64% of sexually active youths aged 15–24 years lacked accurate information about sexually transmitted infections.

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Concerning marital status, more than half (58.3%) of the participants were single. This could be because single youths are more likely to engage in multiple or casual sexual relationships, which increases their risk of STDs. This implies that there is a need for focused interventions promoting safe sex and consistent condom use among unmarried young people. The study results are in agreement with a study done in South Africa by Biney et al. (2022), which revealed that 67% of unmarried sexually active youths engaged in unprotected sex due to misconceptions about the effectiveness of condoms.

Regarding the education level of the study participants, half (50%) had attained secondary level education. This could be because secondary education is the most accessible level for many youths before responsibilities such as work or early family formation intervene. This implies that schools can serve as effective platforms for delivering sexual health information and preventive education to this age group. This study result aligns with the study conducted by Dwyer et al. (2019) in Tanzania, which revealed that 48% of students engaged in sex in exchange for money or gifts, often with multiple partners.

In relation to the employment status, most (61.1%) of the participants were in formal employment. This could be because Nansana, being urbanized, may offer more formal job opportunities that attract educated youth. This implies that workplace-based sexual and reproductive health programs could be useful in reaching employed youths with health education and services.

Individual Factors Contributing to the Prevalence of Sexually Transmitted Diseases among Youth in Nansana Town Council, Wakiso District.

Nearly all (95.8%) participants stated that STDs are transmitted through unprotected sex.

This could be because sexual health education campaigns and media have effectively raised awareness about unprotected sex as a risk factor. This implies that while knowledge is high, there might be a gap between awareness and practice. This suggests the need for interventions that focus on behavior change rather than just information dissemination. This is in disagreement with a study done by Obidiaku (2022), which revealed that 42% believed that STDs could be transmitted through casual contact, while 39% thought STDs only affected older adults.

Findings revealed that slightly more than half (51.4%) of the respondents reported having two sexual partners. This could be because some youth may be involved in concurrent relationships, possibly driven by peer influence, financial dependence, or social trends. This implies that having multiple sexual partners remains a high-risk behavior among youth and must be addressed through peer-led initiatives and couple-based interventions to reduce STD risk. The study findings are in line with a report done by Gerassi et al. (2023), which showed that 48% of university students exchanged sex for money or gifts, increasing their exposure to multiple sexual partners and STDs.

More than half (54.2%) of participants never used condoms during sexual activity. This could be because of misconceptions about condom effectiveness, reduced sexual pleasure, or trust in partners. This implies that low condom usage is a critical individual risk factor contributing to STD prevalence and emphasizes the urgent need for increased accessibility and promotion of condom use among the youth. This study result is similar to a study conducted by Shangase et al. (2021), which demonstrated that 67% of sexually active youths engaged in unprotected sex due to misconceptions about condom effectiveness.

More so, nearly half (48.6%) of the respondents had engaged in sexual activity after alcohol use a few times. This could be because alcohol lowers inhibitions and impairs judgment, leading to risky sexual behaviors. This implies that alcohol consumption is an influential risk factor that should be considered when designing STD prevention strategies, including integrating sexual health education into substance abuse programs. This agrees with a study done by Chawla & Sarkar (2019), which indicated that 58% of youths who consumed alcohol and drugs engaged in risky sexual behavior, including multiple partnerships and inconsistent condom use.

Additionally, 51 (70.8%) said they would consider testing for STDs. This could be because youth may be becoming more health-conscious and aware of the importance of early diagnosis and treatment. This implies a positive outlook for prevention and control efforts, highlighting the need to make STD testing more accessible and confidential to maintain this momentum. The results do not align with a study done by Asante (2019), which demonstrated that 62% of youths avoided STD testing due to stigma and fear of judgment from healthcare providers.

Health Facility Factors Contributing to the Prevalence of Sexually Transmitted Diseases among Youth in Nansana Town Council, Wakiso District

The study findings showed that more than half (59.7%) disagreed that health workers are always present. This could be because of staffing shortages or irregular working hours at health facilities. This implies a critical gap in health service delivery, which may discourage youth from seeking timely care for STDs, contributing to higher

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prevalence rates. This is in line with a study conducted by James et al. (2018), which indicated that 67% of health facilities lacked youth-friendly services such as private consultation areas, trained counselors, and adequate diagnostic equipment.

The study results showed that more than half (52.8%) agreed that health workers were helpful and patient. This could be because some health workers are trained in youth-friendly services and communication. This implies that enhancing health worker attitudes could improve healthcare-seeking behavior, particularly for STDs, and should be expanded across all facilities. This is in disagreement with a study done by Gausman et al. (2022), which showed that 58% of youths reported experiencing stigma, judgment, or negative attitudes from healthcare providers when seeking STD treatment.

Furthermore, more than half (59.7%) of the respondents strongly disagreed that recommended drugs were readily available. This could be because of supply chain issues or inadequate stock at public health facilities. This implies that the unavailability of treatment discourages diagnosis and management of STDs, worsening their spread and requiring better resource allocation. This agrees with the findings of the study done by MacPherson et al. (2022), which indicated that 69% of youths seeking treatment for sexually transmitted diseases (STDs) faced shortages of essential medications such as antibiotics and antiviral drugs.

A vast majority (73.6%) of the respondents agreed that health workers provide guidance on medication. This could be because counseling is a standard practice for health workers when dispensing medication. This implies that proper guidance is a strength in the healthcare system and should be reinforced to improve adherence to STD treatment among youth.

Additionally, findings revealed that most (66.7%) disagreed that health facilities are close to their homes. This could be because urban settlements like Nansana may have an uneven distribution of health centers. This implies that distance is a barrier to access, making youth less likely to seek STD treatment, thus increasing the burden of untreated infections. The study disagrees with a study carried out by Thongmixay et al. (2019), which found that 65% of young people lived more than 10 kilometers from the nearest health facility offering STD screening and treatment.

Further findings revealed that more than half (52.7%) disagreed that health facilities provide privacy. This could be because of poor infrastructure or overcrowded service delivery points. This implies that a lack of privacy discourages youth from openly discussing sexual health concerns, affecting early detection and treatment of STDs. This disagrees with a study done by James et al. (2018), which indicated that 53% of youths avoided seeking STD treatment at such facilities due to concerns about privacy and inadequate care contributing to the continued prevalence of infections.

Social-Cultural Factors Contributing to the Prevalence of Sexually Transmitted Diseases among Youth in Nansana Town Council, Wakiso District

Findings showed that most (68.1%) reported making joint decisions with their partners. This could be because modern relationships among youth are becoming more communicative and egalitarian. This implies an opportunity for couple-based interventions where both partners are engaged in decision-making regarding safer sex practices. This is contrary to the study done by Leekuan et al. (2022), which indicated that 59% of young women reported engaging in unprotected sex due to partner resistance, increasing their vulnerability to STDs

The majority (63.9%) of the respondents believed that modern medicine was the best cure. This could be because of growing awareness and trust in biomedical treatment options. This implies that health education is achieving its goal, but continuous efforts are needed to counter beliefs in ineffective alternatives like prayer or traditional medicine. The findings disagree with a study carried out by Oros (2012), which indicated that 56% of youths believed that prayer and spiritual interventions were sufficient to prevent or cure sexually transmitted diseases (STDs)

Study results showed that half (50%) stated that their partners encouraged sexual behavior. This could be because of emotional attachment or pressure in relationships, especially where sex is seen as a way to maintain the relationship. This implies that peer and partner dynamics must be addressed in STD prevention programs, especially those that empower youth to negotiate safer sex. The results disagree with a study carried out by Settheekul et al. (2019), which showed that 65% of respondents reported engaging in risky sexual practices due to pressure from friends and social networks.

A significant number (77.8%) indicated that talking about sex and STDs was considered taboo.

This could be because of cultural and religious norms that discourage open discussions about sexuality. This implies that social norms are a major barrier to sexual health education and communication, necessitating culturally sensitive strategies to break the silence around STDs in the community. This is in line with a study done by Leung et al. (2019), which revealed that 68% of youths reported that discussions about sexual health were considered taboo in their communities.

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 9 (2025): September 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i9.1971
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Conclusion

The individual-related factors contributing to the prevalence of STDs included engaging with multiple sexual partners, occasional sex under the influence of alcohol, and low condom use, despite the majority of the participants demonstrating awareness that unprotected sex transmits STDs and were willing to test.

Regarding the health facility-related factors, limited availability of health workers, long distances to health centers, and lack of privacy discouraged the youth from seeking timely diagnosis and treatment, contributing to a high prevalence of STDs.

Concerning the social and cultural factors, the influence of sexual partners on behavior, and the widespread cultural taboo against discussing sex and STDs openly. However, most youths valued modern medicine for STD treatment and shared condom decisions with partners.

Limitations

Obtaining full cooperation from town council leadership was challenging due to strict processes and delays in accessing data collection permissions from the town council.

Some respondents hesitated to provide accurate information due to the sensitive nature of STDs and concerns about stigma, which affected the depth and reliability of responses.

Nursing implications

Nurses should strengthen sexual health education targeting youth through community outreach and school programs. This helps young people access accurate information early, empowering them to make smart, informed choices about their sexual health and avoid risky behavior.

Nurses should promote youth-friendly services that ensure privacy, confidentiality, and accessibility. When services are welcoming and respectful, young people feel safe to seek help without fear of judgment, leading to better health outcomes and reduced STD rates.

Nurses should provide counseling and behavior change communication to support healthy sexual decision-making. Open, supportive conversations can guide youths away from peer pressure and toward responsible behaviors, helping them take control of their health.

Nurses should encourage early STD testing and treatment through community-based screening initiatives. Making testing easy and available in the community increases early detection and treatment, stopping infections from spreading and preventing long-term health issues.

Nurses should collaborate with community stakeholders to reduce stigma and promote open discussions on sexual health. Working with parents, leaders, and schools to normalize sexual health conversations creates a supportive environment where youths can learn, ask questions, and seek care without shame.

Recommendation

To the ministry of health

Strengthen youth-friendly services by establishing and equipping dedicated centers within public health facilities that offer free, confidential, and non-judgmental services on sexual and reproductive health.

Enhance public health education through continuous community sensitization campaigns on the importance of consistent condom use, STD testing, and the risks associated with multiple sexual partners and alcohol-influenced sexual activity.

Ensure the availability of essential medicines for the treatment of STDs in all government health facilities to improve access and adherence to treatment among youths.

To the Management of Health Facilities in Nansana Town Council

Improve accessibility and privacy by ensuring that services are provided in locations that are close to the community and that guarantee patient confidentiality to encourage youths to seek help without fear of stigma.

Train and support health workers on youth engagement, confidentiality, and counseling skills to foster trust and improve service delivery for sexual health issues.

Ensure health worker availability and drug stock management to reduce the common barriers of absenteeism and drug shortages that hinder effective STD prevention and treatment.

To the Youth Participants and General Youth Population

Adopt safer sexual practices by limiting the number of sexual partners and using condoms consistently during all sexual encounters.

Seek regular STD testing and treatment from professional health facilities, especially when sexually active, to promote early diagnosis and reduce complications.

Challenge negative peer and cultural influences by engaging in informed discussions, seeking accurate information, and encouraging others to openly talk about sexual health without shame or fear.

Acknowledgement

On my knees, I really thank the Almighty God from the bottom of my heart, and I express my sincere, deepest

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Vol.6 No. 9 (2025): September 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i9.1971
Original Article

gratitude to his endless grace for enabling me to complete this research and this course.
My sincere appreciation goes to my supervisor, Ms. Nakafu Teopista, for her time, professional expertise in research, technical support, and direction during the development of this research work.
I also want to thank the management of Mildmay Uganda School of Nursing and Midwifery, Tutors and non-teaching staff, and also appreciate the management of Nansana Town Council, Wakiso District, for allowing me to conduct my study.
May God richly bless them all.

List of abbreviations

AIDS: Acquired Immunodeficiency Syndrome
HIV: Human Immunodeficiency Virus
HPV: Human Papillomavirus
MOH: Ministry of Health
STIs: Sexually transmitted Infections
UHPAB: Uganda Health Professions Assessment Board
UTIs: Urinary Tract Infections
WHO: World Health Organization

Source of funding

The study was not funded.

Conflict of interest

The author declares no conflict of interest.

Author contributions

Emily Setuba - Study developer, pretested research tools, Data collector, Data entry, and analysis.
Teopista Nakafu - Supervised the Study.
Jane Frank Nalubega - Co-author of this research.

Data availability

Data is available upon request.

Informed consent

There was full disclosure; full comprehension, and respondents voluntarily consented to participate in the study.

Author biography

Emily Setuba is a student at Mildmay Uganda School of Nursing and Midwifery, pursuing her Diploma in Midwifery Extension.
Teopista Nakafu a tutor and a Research Supervisor at Mildmay Uganda School of Nursing and Midwifery.

Jane Frank Nalubega is a tutor and the corresponding author of this particular study.

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e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 9 (2025): September 2025 Issue
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Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.6 No. 9 (2025): September 2025 Issue
https://doi.org/10.51168/sjhrafrica.v6i9.1971
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Z., Maass, N., Allahqoli, L., & Alkatout, I. (2023). Sexually transmitted diseases update and overview of current research. Diagnostics, 13(9), 1656. https://doi.org/10.3390/diagnostics13091656

PUBLISHER DETAILS:

Student's Journal of Health Research (SJHR)
(ISSN 2709-9997) Online
(ISSN 3006-1059) Print
Category: Non-Governmental & Non-profit Organization
Email: studentsjournal2020@gmail.com
WhatsApp: +256 775 434 261
Location: Scholar's Summit Nakigalala, P. O. Box 701432, Entebbe Uganda, East Africa