



Original Article

Prevalence of Risky Sexual Behaviours among Young Adults attending Urban Universities in Uganda

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Risky sexual behaviours (RSBs) among young adults are a worry in Ugandan Universities. These are actions that heighten the likelihood of acquiring Human immunodeficiency virus (HIV), other Sexually Transmitted Infections (STIs), and unintended pregnancies among young adults. This study examined the prevalence and forms of RSBs among young adults in Ugandan universities. The research targeted students aged 18–25 years from 4 universities in Kampala. A mixed-methods concurrent design was employed, involving 527 randomly selected students. Quantitative data were collected using a structured self-administered questionnaire, while qualitative insights were obtained through focus group discussions with peers and student leaders. Quantitative data were analysed using SPSS Version 23 to generate frequencies and percentages, whereas qualitative data were interpreted using Interpretative Phenomenological Analysis. Findings indicated that 346(65.7%) students had previously engaged in sexual activity, and 330(62.6%) were sexually active at the time of the study period. Male students were more likely to engage in RSBs 185(74.0%) compared to females 16(58.1%). With over 60% of participants actively involved in RSBs, the prevalence highlights significant exposure to STIs, including HIV, and unintended pregnancies. The study concluded that RSBs were highly prevalent among young adults in Ugandan universities. The study recommends urgent targeted interventions, including comprehensive peer-led sexual and reproductive health education and the establishment of youth-friendly health services like contraceptive clinics. These measures would empower students with the knowledge, skills and resources to reduce RSBs and improve their sexual health outcomes.

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INTRODUCTION

Young adults, typically aged 18–25, represent individuals transitioning from adolescence to adulthood (Higley, 2019). During this developmental stage, they engage in self-exploration, which influences belief systems and the formation of self-identity, ultimately fostering autonomy. While this independence is crucial for personal growth, it also makes young adults increasingly vulnerable to engaging in RSBs.

Globally, young adults form a significant segment of the population, projected to reach 1.845 billion (23% of the world's population) by 2025. In Uganda, there are approximately 10.9 million young adults aged 15–24 as of mid-2025 (World Population Review, 2025). Within universities, young adults constitute a substantial proportion of the student body and are considered critical to shaping the country's future demographic growth (UBOS, 2014).

Risky sexual behaviours are defined as behaviours such as early sexual initiation (Oluwatoyin & Madupe, 2014), having multiple sexual partners (Johnson et al., 2013), and inconsistent or non-use of condoms (Olasode, 2011). Other forms include bisexual and homosexual relationships (Nghaamwa, 2013). These behaviours are driven by multiple factors such as peer influence, social media exposure, substance use, family background, and economic or transactional relationships (Wana et

al., 2019; Mirzaei, 2016; Durowade et al., 2017). Such practices expose young adults to increased risks of sexually transmitted infections (STIs), unintended pregnancies, and adverse social consequences (Korn & Bonny-Noach, 2013).

Globally, about 62% of young adults engage in RSBs (Kabiru & Orpinas, 2009; Tekletsadik et al., 2021). In Uganda, studies show that 70% of university students are sexually active, with many involved in behaviours that increase their health risks (Choudhry et al., 2022). Similar patterns are observed across Africa, with prevalence rates of 53.8% in Uganda (Kaggwa et al., 2022), 63.9% in Botswana (Hoque, 2012), and 63% in Nigeria (Omoteso, 2006).

Despite extensive documentation of RSB prevalence among African youth (Mekuanint, 2016; Tura et al., 2012; Fetene & Mekonnen, 2018), the specific forms of RSBs among young adults in Ugandan universities remain insufficiently explored. While practices such as early sexual debut, multiple partners, inconsistent condom use, and same-sex relationships have been documented in other countries (Alamrew et al., 2013; Tura, 2012), there is limited evidence specific to Uganda.

Unlike earlier studies that focus on generalised prevalence statistics across broad youth populations, this study narrows its focus to Ugandan university students. This is a group that is both understudied and highly vulnerable due to their

stage of identity exploration and exposure to peer and social influences. By examining both the forms and prevalence of RSBs, the study provides a more detailed and context-specific understanding that can inform interventions tailored to the Ugandan university setting. The purpose of this study was therefore to examine the forms and prevalence of RSBs among young adults in Ugandan universities.

METHODOLOGY

Study Design

The study adopted a mixed methods design (Quantitative–Qualitative model), integrating both quantitative and qualitative approaches for data collection, analysis, and interpretation (Mertens, 2014). A convergent parallel mixed methods framework was employed, enabling the simultaneous collection and analysis of quantitative and qualitative data, which were subsequently merged to generate comprehensive, well-triangulated findings (Creswell & Plano Clark, 2011; Creswell & Creswell, 2017). This methodological approach facilitated a detailed examination of participants' perceptions and an in-depth exploration of the lived experiences of young adults in relation to RSBs (Chauhan et al., 2020).

Study Area and Population

The study was conducted in Kampala City and focused on young adult students enrolled in four universities, namely Makerere University, Kyambogo University, Ndejje University, and Kampala International University. The primary participants comprised young adults aged 18–25 years. In addition, peer educators and student leaders from the respective institutions were included and participated in focus group discussions to provide deeper insights into the phenomenon under investigation.

Sample Size Determination and Sampling Technique

The sample size was determined using The Research Advisors (2006) sample size calculator, with a 95% confidence level and a 5% margin of

error, yielding a minimum of 383 students. An additional 64 peer educators and or student leaders were purposively selected from each university, resulting in an initial sample of 447 participants. The criteria for selection included: active involvement in peer and student leader education programs for at least six months and demonstrated knowledge of sexual and reproductive health issues among university students. Peer educators and student leaders were between 18 and 25 years old to ensure relatability to peers. They were considered because they support fellow students and they also take charge of behaviour change in universities. Willingness to participate in focus group discussions was also considered, and the approach ensured that participants were well-positioned to provide insights into peer influence on students' RSBs (Creswell & Creswell, 2018). To accommodate a projected non-response rate of 20%, the sample size was increased to 536. The adjustment was made after a pilot study was conducted, which revealed a certain proportion of students not responding or returning questionnaires. Ultimately, data were obtained from 527 respondents who participated in the study.

The universities were stratified into public and private categories, and students were proportionately selected from each stratum to ensure representation. Proportionate random sampling was used to include both resident and non-resident students, with participants drawn across all years of study to capture a broad range of experiences. In addition, purposive sampling was employed to recruit peer educators and or student leaders. These were considered knowledgeable about the phenomenon under investigation. This technique was deemed appropriate for accessing participants with in-depth insights into the subject matter (Etikan & Bala, 2017).

Data Collection and Procedure

Two data collection instruments were employed in the study; a questionnaire and an interview guide. The questionnaire consisted of two sections (A and

B), covering demographic information and items regarding RSBs among young adults in Ugandan universities. A pre-tested, structured self-administered questionnaire with 13 items was used to collect data from young adult students. This section explored various forms and patterns of RSBs among young adult students. The items captured sexual history and current sexual practices, focusing on dimensions such as sexual debut, sexual activity, number of partners, condom use, and sexual orientations.

Four research assistants with backgrounds in psychology and prior experience in data collection were recruited, trained, and remunerated by the principal investigator to support data collection over a four-week period. Consent forms were distributed to participants, and the purpose of the study was explained in detail. Participation was voluntary, and informed consent was obtained prior to data collection. The research team explained the instruments, administered them, and collected the completed questionnaires. To ensure confidentiality, participants' identities were protected through the use of codes and pseudonyms. Personal identifiers were removed during data entry, analysis, and reporting. Data remained anonymous and accessible only to the principal investigator and supervisors, thereby minimising any potential risks of loss of confidentiality.

Data Quality Control

Before the main data collection, the instruments were pre-tested on 5% of the total sample size. The pretest served multiple purposes: it allowed for refinement of the instruments, ensured clarity and cultural appropriateness, and estimated the time required to administer both the questionnaire and the interview guide. Feedback from the pretest also helped enhance the relevance and wording of items.

A one-day training session was conducted for four research assistants by the principal investigator. The training covered the study objectives, data collection instruments, and procedures. Special

emphasis was placed on maintaining confidentiality due to the sensitive nature of the study, and strategies were established to manage potential emotional distress among participants.

The study employed a pre-tested, structured self-administered questionnaire to collect data on risky sexual behaviours (RSBs) among young adult students. Validity was ensured through a review of the literature on RSBs, adaptation of items from previously validated instruments, and contextualization for Ugandan university students. The questionnaire included relevant dimensions such as early sexual debut, multiple partners, condom use, transactional sex, and sexual orientation. Face validity was established through feedback from the pretest, which also helped refine wording, ensure cultural appropriateness, and enhance clarity, thereby establishing both content and face validity.

Reliability of the questionnaire was assessed using Cronbach's alpha, which indicated good internal consistency ($\alpha = 0.762$). Adjustments were made based on the pre-test to further improve clarity, relevance, and consistency of the items. The self-administered format ensured confidentiality, encouraging honest and accurate responses to sensitive questions.

Data Management and Analysis

Qualitative data were audio-recorded and transcribed by the researcher. The transcripts were read multiple times to ensure a thorough understanding of participants' words and ideas, and cross-checked for accuracy. Interpretative Phenomenological Analysis (IPA) tested the objectives of the study. The Interpretative Phenomenological Approach was adopted as the primary analytic framework to explore and make sense of the qualitative data. This approach facilitated a deep, detailed understanding of the lived experiences of participants, subjective perceptions, and the meaning-making processes surrounding the phenomenon under investigation.

The selection of IPA was informed by its epistemological orientation, which emphasises the co-construction of meaning between the researcher and participants, and its capacity to bring to light the rich, reflective thought processes embedded in individual lived experiences (Alase, 2017).

Quantitatively, the researcher screened all questionnaires for any unanswered items. Incomplete questionnaires were excluded from data entry and analysis. Questionnaires with complete information were grouped according to universities, and any other relevant information was considered for better data management. The data from the screened and coded questionnaires was entered into the Statistical Package for Social Scientists (SPSS) version 23. Participants' information was grouped, and demographic characteristics were analysed using frequencies and percentages. The data were systematically grouped, coded, and analysed according to the respective universities to ensure effective organisation and management. Risky sexual behaviour variables were analysed using means, percentages, and standard deviations.

Ethical Considerations

The study protocol was reviewed and approved by the Departmental Research Ethics Committee (REC) of Mbarara University of Science and

Technology (MUST), cleared by the Dean of the Faculty of Science, and registered with the Uganda National Council for Science and Technology (UNCST). Additional administrative permission to access students was obtained from the Deans of Students of the participating universities.

RESULTS

Demographic Characteristics of Respondents

A total of 527 out of 536 undergraduate students participated in this study with a response rate of 98%. Of these, 277 (52.6%) were female, and 250 (47.4%) were male. The majority of the respondents were 20 years of age at 124(23.5%). Regarding the type of university, more than half 285(54.1%) were from public universities and 242(45.9%) were from private universities, concerning living arrangements, the highest number of students 173(32.8%) lived in hostels, followed by 159(30.2%) with parents and relatives, 135(25.6%) in rentals and 60(11.4%) in halls of residence. When asked who participants were having sexual relationships with, the majority, 412(78.2%) mentioned age mates, 9(18.6%) none, 9(1.7%) with sugar daddies, and 8(1.5%) with sugar mummies. The findings indicated participants' frequency of use of social media as often at 371(70.4%), rarely at 140(26.6%), and not at all at 16(3.0%). (Table 1)

Table 1: Showing Demographic Characteristics of Respondents

Characteristic	Category	Frequency	Percentage (%)
University	A	139	26.4
	B	156	29.6
	C	121	23.0
	D	111	21.1
Gender	Male	250	47.4
	Female	277	52.6
Religion	Catholic	178	33.8
	Anglican	201	38.1
	Muslim	59	11.2
	SDA	13	2.5
	Other	76	14.4
How frequently do you go to Church/ Mosque	Often	350	66.4
	Rarely	151	28.7
	Not at all	26	4.9
What kind of university do you go to?	Public	285	54.1

Characteristic	Category	Frequency	Percentage (%)
What are your current living arrangements?	Private	242	45.9
	Hostel	173	32.8
	Hall of Residence	60	11.4
	Living with parents/relatives	159	30.2
	Rental	135	25.6
Sexual relationships are good with	Sugar daddies	9	1.7
	Sugar mummies	8	1.5
	Agemates	412	78.2
	None	98	18.6
How frequently do you use social media (WhatsApp, Twitter, Facebook, Instagram, etc)?	Often	371	70.4
	Rarely	140	26.6
	Not at all	16	3.0

The study sample comprised 527 young adults from four Ugandan universities, with females slightly outnumbering males 277(52.6%). University B contributed the largest share of participants, 156(29.6%), followed by Universities A, C, and D. Stratified sampling was employed to ensure proportional representation, with larger universities contributing more respondents. More than half of the participants, 295(54.1%), were enrolled in public universities. In terms of residence, the majority lived in hostels (173; 32.8%), followed by those staying with parents or relatives 159(30.2%). With regard to religion, Anglicans 201(38.1%) and Catholics 178(33.8%) were most prevalent, and two-thirds 350(66.4%) reported regular attendance at worship. Concerning sexual relationships, most respondents, 412(78.2%), engaged with peers of similar age, while only a few reported relationships with sugar daddies or sugar mummies. A peer educator 4 from FGD 2 provides qualitative insights into the motivations behind young adults, particularly females, engaging in RSBs with multiple partners. When further probed, she mentioned that **“girls have sexual intercourse with classmates for coursework, sugar daddies for their hair, while other sexual partners can support them with dressing and upkeep”**. Social media use was widespread, 371(70.4%) and was noted to play a role in shaping students’ behaviours, including risky sexual practices. This is in line with

peer educator 6 from FGD 3, who said that **“many boys use their phones to connect with different girls for sex”**, hence an increase in sexual activity due to social media.

The slightly higher participation of females compared to males may reflect underlying cultural norms and gender dynamics in Uganda. Traditionally, women are often perceived as more receptive to social and educational initiatives, including research participation, possibly due to societal expectations that align femininity with compliance, cooperation, and responsiveness (Wyrod, 2008). Furthermore, university environments in Uganda are experiencing a gradual increase in female enrolment, narrowing the historical gender gap in higher education (Morley, 2010)

The study revealed sex with sugar daddies at 9(1.7%) and sugar mummies at 8(1.5%) among young adults in Ugandan universities. This was characterised by the exchange of sexual favours for material benefits or financial support. The phenomenon is influenced by socio-economic disparities and gendered power relations. Sugar daddies (older men) and sugar mummies (older women) play prominent roles, leading to RSBs. Young adults in universities engage in sexual relationships with wealthier, often older partners to gain access to resources such as tuition fees, housing, or consumer goods (Choudhry

et al., 2014). At times, such situations arise due to parental influence, as noted by one peer educator

who shared that her parents expect her to introduce her partner at the time of graduation.

Table 2: Showing Frequencies and Percentages of Risky Sexual Behaviours among Young Adults in Ugandan Universities

Item	True n (%)	False n (%)
1 I have ever had sexual intercourse	346 (65.7)	181(34.3)
2 I consider myself sexually active	330(62.6)	197(37.4)
3 Sex as early as 15 years old was a good practice for me	64(21.1)	463(87.9)
4 I have sexual intercourse with another person/persons on a regular basis	210(39.8)	317(60.2)
5 I have had sexual intercourse in the past three months	239 (45.4)	288(54.6)
6 I enjoy having sexual intercourse with the same sex	41(7.8)	486(92.2)
7 I have had sexual intercourse with opposite sex partners	336(63.8)	191(36.2)
8 Having sexual intercourse with both sexes is a good practice	57 (9.7)	476(90.3)
9 Sexual intercourse without a condom is the best at any time	202 (38.3)	325(61.7)
10 I did vaginal intercourse without a condom in the past three months	113 (21.4)	414(78.6)
11 My partner would be upset if I asked that a condom be used during intercourse	104(19.7)	423(80.3)
12 I have had sexual relationships with several partners within the past year (12 months)	116 (20.0)	411(78.0)
13 I have had more than one sexual partner in the same period	139 (26.4)	388(73.6)

Sexual Experiences of the Respondents

Of the total study participants, the majority, 346 (65.7%), reported having ever had sexual intercourse. Among those, 336(63.8%) had sexual intercourse with opposite-sex sexual partners, and 330(62.6%) considered themselves sexually active. By the time of the study, 239(45.4%) had engaged in sexual intercourse in the past three months, while 210(39.8%) had sexual intercourse on a regular basis. Sexual intercourse without a condom was common among young adults at 202(38.3%). The peer educator 5 from FGD 2 mentioned that **“some students have sex without a condom because they want to make their partners happy”**. On the other hand, some young adults had more than one sexual partner in the same period, at 139(26.4%). Sex as early as 15 years was reported at 64(21.1%), sexual intercourse with both sexes at 51(9.7%) and sex with same sex partners was at 41(7.8%). A report from the peer educator 4 from FGD 2 provides qualitative insights into the motivations behind young adults, particularly females, engaging in

RSBs with multiple partners. When further probed, she mentioned that **“girls have sexual intercourse with classmates for coursework, sugar daddies for their hair, while other sexual partners can support them with dressing and upkeep”**. The statement underscores the complex and various reasons driving these behaviours, often linked to fulfilling various material and academic needs. Some findings show that engaging in the RSBs is a result of peer pressure. During the study, a peer educator 2 from FGD 2 stated that **“sometimes we are forced to do some things because of what our friends do”**. She lamented a situation when she was under pressure from her roommate, as she mentioned that **“My roommate kept telling me to get a lover who can give me money to survive like her”**.

The sexual activities that young adults in universities engage in were further categorised as shown in Table 3 below. The major categories of RSBs include engagement in risky sexual

behaviour, early sex debut, multiple partners, condom use, homosexuality, and bisexuality.

Table 3: Showing Comparisons of Frequencies and Percentages of Risky Sexual Behaviours among Young Adults in Ugandan Universities Based on Gender

Categories of Risky Sexual Behaviour	Item	Sex	True	False	χ^2	P			
			n (%)	n (%)					
Engagement in Risky Sexual Behaviour	I have ever had sexual intercourse	M	185(74.0)	65(26.0)	14.690	< .05			
		F	161(58.1)	116(41.9)					
	I consider myself sexually active	M	194(77.6)	56(22.4)	45.605	< .05			
		F	136(49.1)	141(50.9)					
		M	138(55.2)	112(44.8)			18.616	< .05	
		F	101(36.5)	176(63.5)					
I have had sexual intercourse with opposite sex partners	M	196(78.4)	54(21.6)	44.134	< .05				
	F	140(50.5)	137(49.5)						
Early Sex Debut	Sex as early as 15 years old was a good practice for me	M	50(20.0)	200(80.0)	27.511	< .05			
		F	14(5.1)	263(94.9)					
Multiple partners	I have sexual intercourse with another person/ persons on a regular basis	M	135(54.0)	115(46.0)	39.741	< .05			
		F	75(27.1)	202(72.9)					
	I have had sexual relationships with several partners within the past year (12 months)	M	88(35.2)	162(64.8)	48.194	< .05			
		F	28(10.1)	249(89.9)					
		I have had more than one sexual partner in the same period	M	196(78.4)			54(21.6)	44.134	< .05
			F	140(50.5)			137(49.5)		
Condom Use	Sexual intercourse without a condom is the best at any time	M	104(41.6)	146(58.4)	2.151	< .05			
		F	98(35.4)	179(64.6)					
	I did vaginal intercourse without a condom in the past three months	M	66(26.4)	184(73.6)	6.941	< .05			
		F	47(17.0)	230(83.0)					
	My partner would be upset if I asked that a condom be used during intercourse	M	63(25.2)	187(74.8)	8.970	< .05			
		F	41(14.8)	236(85.2)					
Homosexuality	I enjoy having sexual intercourse with the same sex	M	25(10.0)	225(90.0)	3.268	< .05			
		F	16(5.8)	261(94.2)					
Bisexuality	Having sexual intercourse with both sexes is a good practice	M	25(10.0)	225(90.0)	.057	< .05			
		F	26(9.4)	251(90.6)					

Further analysis revealed that males were more likely than females to engage in all forms of sexual activity. Supporting this finding, a peer educator 5 from FGD 5 observed that **“boys engage in many sexual relationships for various reasons, such as aaaaaa, hmmm.”** The majority of males, 194(77.6%), considered themselves sexually active, with 185(74.0%) reporting having ever had sexual intercourse. These findings are consistent with the views of Student Leader 8 from FGD 3, who

explained that males engage in RSBs primarily for pleasure or the feeling of satisfaction. Young adults reported engaging in various forms of sexual activity, including relationships with sugar daddies and sugar mummies. This aligns with the perspective of Peer Educator 2 from FGD 5, who noted that **“many male students are having sex with sugar mummies because they give them good money.”** Of these, 196 (78.4%) had intercourse with opposite-sex partners and had more

than one sexual partner in the same period, respectively. Having multiple partners among young adults emerged as a common trend. This was supported by Peer Educator 7 from FGD 5, who remarked that **“men can have as many partners as they want, but not women.”** Similarly, Peer Educator 5 from FGD 6 emphasised the same view in Uganda, stating **“omusajja asajalata”**—implying that a man can have as many sexual partners as he wishes. Only 138 (55.2%) had engaged in sexual intercourse within the past three months, and 135 (54.0%) reported having intercourse regularly. Unprotected sex was also prevalent among males, with 104 (41.6%) reporting sexual intercourse without a condom. A student leader 2 from FGD 8 confirmed this scenario and said that **“us girls, boys force us to have sex without condoms, they don’t mind doing it without a condom, hmmm, they don’t mind about sickness”**. Commented that many students do not want to use condoms, however much we encourage them. A peer educator 7 from FGD 1 commented that many students do not want to use condoms, however much we encourage them. He went ahead to justify sexual intercourse without a condom as the best and mentioned that **“some people just say it is not good to eat sweets when it is covered.....when you are protecting you are not enjoying what.... the sweetness of the man”**. Additionally, 50 (20.0%) males initiated sexual activity as early as 15 years of age. Early sexual debut can have various consequences, including an increased risk of unplanned pregnancies, STIs, emotional distress, and potential negative impacts on academic or career paths. One peer educator 3 from FGD 4 said she gave birth at an early age and sometimes finds it hard to say no to sexual advances. This is not different from her counterpart peer educator 4 from FGD 4, who mentioned that **“early sex kills confidence and affects our, hmmm decision and fails to manage ...what... pressure”**. This implies that young adults who engage in sexual activity at an early age may not be emotionally mature enough to handle the

psychological consequences, including feelings of guilt, anxiety, or pressure. Young adults also reported 25 (10.0%) engagement in sexual intercourse with same-sex or both-sex partners, respectively. These young adults are attracted to both men and women and feel comfortable having sexual encounters with both. A student leader 8 from FGD 7 reported that **“There are boys who have sex with girls but also have fellow boys for.... hmmm... sex”**. Peer educator 6 from FGD 2 was alarmed by what she says as she mentioned. However, a few respondents mentioned homosexuality among young adults. The Peer educator 6 from FGD 2 was alarmed and said that **“hmmmmmm.....some girls put “lombeto” and do finger things to each other”**.

DISCUSSION

The study findings revealed a 346(65.7%) prevalence of RSBs among university students. This means that RSBs are a behavioural concern among young adults in Ugandan universities. The findings are in line with other studies conducted in Botswana at 63.9% (Hogue, 2012), Nigeria at 63% (Omoteso, 2006) and Kenya at 62% (Kabiru and Orpinas, 2009). The findings were higher than studies conducted in Ethiopia, 51.8 % (Tekletsadik et al, 2021) and in Uganda, 53.8 % (Kaggwa et al, 2022). These findings are in agreement with a student leader 6 from FGD 6 who mentioned that **“You know, at campus it’s common; almost everyone is in a relationship, and sex is part of it”**. This statement aligns closely with the Theory of Planned Behaviour, highlighting the subjective norms component. Engaging in RSBs is viewed as normal on campus. This, therefore, is bound to influence young adults’ intentions to engage in the behaviour. Students are compelled to conform to what is acceptable at the university or the behaviour among their peers. The discrepancy in prevalence is possible because the three studies were conducted in single universities as compared to one study in the four universities, even then, located in Kampala

metropolitan city, characterised by high rates of sexual activities.

The study found that 64 (21.1%) of young adults in Ugandan universities reported early sexual debut, which may have predisposed them to continued sexual activity during university life, a period characterised by relative freedom. From a Theory of Planned Behaviour perspective, early initiation could shape attitudes, reinforce permissive peer norms, and increase perceived behavioural control over sexual decisions. This prevalence is lower than in Nigeria, where 30.0% (Oluwatoyin & Modupe, 2014) and 35.5% (Olasode, 2007) reported early sexual debut, possibly due to cultural and environmental differences influencing normative beliefs and perceived control.

Peer Educator 3 from FGD 2 observed that early sexual debut is common due to lack of parental guidance and sexual health education, which shape students' attitudes toward sex before being enrolled at the university. He said that **“some parents can't talk to us about sex when we are still young.”** She added that **“we from villages start sex early because we need support”**. When young adults reach university, they experience peer influence and reinforce subjective norms that normalise sexual activity. This makes it difficult for students to refrain from sexual activity. The findings align with the Theory of Planned Behaviour, which highlights how attitudes, perceived norms, and perceived behavioural control influence sexual choices.

This study indicated that young adults engaged in multiple sexual partners at 139(26.4%). And engage in sexual intercourse with more than one sexual partner in the same period. The findings are higher than 23.5% as reported by Osuafor and Okoli (2021) from a study among 348 first-year students at a rural South African university, attributed to a younger age at first sexual intercourse. University students have different reasons for multiple sexual partners. A peer educator 7 from FGD 2 indicated that different sexual partners serve different roles. She said that **“you can have a campus boyfriend for**

coursework, a sugar daddy for hostel, another for hair, and sometimes for upkeep”. This might be due to the financial constraints and wanting to be like others (Alamrew et al, 2013).

Unprotected sexual intercourse emerged as a major finding among university students, presenting a significant public health concern. This practice increases vulnerability to STIs, including HIV, and unplanned pregnancies. The findings align with Azwihangwisi (2016), who reported that 45.1% of young adults engaged in unprotected sex. Applying the principles of the Theory of Planned Behaviour, negative attitudes toward condom use—such as beliefs that condoms reduce sexual pleasure or are unnecessary in trusted relationships—appear to influence students' decisions. This perspective is illustrated by a peer educator 7 from FGD 1, who noted that: **“Some people say it's not good to eat something sweet when it is covered... when you're using protection, you're not really enjoying the sweetness of the man.”** Such perceptions highlight attitudinal barriers that contribute to condom non-use. These findings emphasise the need for targeted interventions to promote safer sexual practices and improve condom acceptability and accessibility within university settings.

The study identified homosexuality as one of the RSBs among university students. This finding aligns with Tamale and Murillo (2007), who noted that homosexuality became a visible issue in Uganda in February 2003. The results highlight the profound influence of Uganda's cultural, social, and legal context, where same-sex relationships are heavily stigmatised and criminalised. Such stigma may compel students engaging in same-sex relationships to conceal their sexual orientation and practices, thereby limiting their access to appropriate sexual and reproductive health information and services. Ridicule and discrimination toward students involved in homosexual relationships were reported to negatively impact their well-being. A female peer educator in FGD 2 narrated an incident where a

fellow student attempted to initiate a same-sex encounter, saying: **“And when I woke up, I found this ka girl was just touching me, and I asked her, now what are you after”**. From the perspective of the TPB, such scenarios illustrate how attitudes, perceived social norms, and perceived behavioural control shape sexual behaviours and responses among students. In this case, the peer educator’s resistance reflected internalised societal and cultural values opposing homosexuality.

Gender differences were evident across all RSBs categories. Males were significantly more likely than females to report sexual activity. They exhibited higher prevalences of unprotected sex, early sexual debut, and multiple partners. These patterns align with previous studies in sub-Saharan Africa, where male students are often influenced by peer pressure, masculinity norms, and cultural expectations to demonstrate sexual prowess (Kheswa, 2017). On the other hand, female students may experience societal pressures to uphold sexual conservatism, even within university environments.

CONCLUSION

This study set out to examine the prevalence and forms of RSBs among young adults in Ugandan universities. A high prevalence of RSBs among young adults in Ugandan universities was revealed, with approximately two-thirds 346(65.7%) of students reporting engagement in such practices. The major forms of RSBs identified included early sexual debut, multiple sexual partnerships, and unprotected sexual intercourse. Social and economic factors, such as peer influence, financial constraints, and material expectations, emerged as key drivers of these behaviours. Additionally, relationships with older partners (sugar daddies/mummies) highlighted the intersection of gendered power dynamics and socio-economic disparities in shaping sexual decision-making among students.

Consistent with the Theory of Planned Behaviour, students’ sexual practices were influenced by

subjective norms, peer expectations, and attitudes toward condom use. For example, beliefs that condoms reduce sexual pleasure or that multiple partnerships enhance social status reinforced engagement in RSBs. Early sexual initiation further predisposed students to continued risky practices during university life, while stigma and discrimination surrounding same-sex relationships limited access to appropriate sexual and reproductive health services.

The study also revealed significant gender differences, with males more likely than females to report early sex debut, multiple partnerships, and condom non-use, reflecting prevailing cultural norms that associate masculinity with sexual dominance and freedom. Conversely, females reported greater vulnerability to coercion and transactional sexual encounters, often driven by financial and academic pressures.

Overall, the findings underscore the urgent need for comprehensive and practical interventions by different stakeholders. University administrations should strengthen supportive environments that integrate psychosocial services, counselling, and behavioural interventions into their student welfare programs. Policies that encourage dialogue around sexual health and decision-making autonomy should be prioritised. University counsellors and medical personnel should equip young adults in universities with information regarding sexual and reproductive health. Collaborations with health agencies should implement structured programs that actively challenge harmful peer norms, promote responsible sexual behaviour, and normalise consistent condom use by making them readily available and accessible on campuses. Sexuality education should be integrated into university orientations and curricula, equipping students with accurate knowledge and life skills to make informed decisions. In addition, parental and community engagement should be strengthened to foster early guidance and reduce the risks associated with early sexual debut. Universities should also establish

student-friendly support services, such as student mentorship initiatives and peer-led health clubs, that cater to the distinct needs of both male and female students. These combined efforts will be critical in reducing RSBs and mitigating their consequences, including STIs, unintended pregnancies, and psychosocial challenges.

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