

## Review Article

# Condom Use among Youths in Sub-Saharan Africa: A Narrative Review on the Myths, Misconceptions, and Challenges

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If properly used, condoms can serve as an effective family planning method and preventive tool towards sexually transmitted diseases (STDs). Despite its anticipated effectiveness, there are different myths and misconceptions which have been observed as hindrances to both its use and effectiveness. This review examines the myths and misconceptions of condom use among youths and explores challenges in condom usage in sub-Saharan Africa (SSA). A narrative review was employed of which different journal articles were reviewed. The search words/phrases were “condom use in SSA, condom use among youths in SSA, myths and misconceptions on condom use among youths in SSA.” A total of 1074 studies were identified, 93 were relevant to the topic, and only 71 suited the review. The identified myths and misconceptions of condom use include that males were the ones to decide on the use of condoms during sexual intercourse, economic power determines the use of condoms, condom use reduces sexual pleasure, condom use relates to the spread of HIV/AIDS, and condom use is against God’s will. Other identified myths and misconceptions of condom use include that the use of condoms is a sign of lack of trust associated with fornication and adultery, also the use of condoms is only for family planning purposes. The challenges identified were breakage of condom during sexual intercourse, condom slippage, condom leakage, incorrect storage, and reuse of condoms. The identified myths and misconceptions lead to low knowledge of condom use within communities. There is a need for collaboration between governments, researchers, and NGOs to provide education on condom use to communities, particularly youths.

## 1. Background Information

Globally, condoms have been used as family planning methods and also in preventing sexually transmitted diseases (STDs) such as HIV/AIDS, gonorrhoea, syphilis, and other related diseases. According to Marfatia et al. [1], the use of condoms offers more than 90% protection against STDs including HIV/AIDS and hepatitis B virus (HBV). Research shows that condom prevents diseases which can be transmitted through physical contact including sexual acts [2, 3]. Globally, there have been campaigns on condom use as a way of protecting individuals from contracting HIV/STDs and unwanted pregnancies [4, 5].

Different countries in sub-Saharan Africa (SSA) accepted and are insisting on condom use as a means of preventing HIV infection; this is well documented by the United Republic of Tanzania, (URT) [6]; Muhimbili University of Health and Allied Sciences, (MUHAS) [7]; and National AIDS Control Programme (NACP) [8]. On the same note, studies show that there are different advertisements for condom use which are presented in mass media such as television, radio, and magazines to ensure that communities including youths understand the importance of using condoms [9–12]. Moreover, there are other efforts which were made to promote the use of condoms in SSA countries including raising awareness of its importance in

reducing the transmission of STDs and unwanted pregnancies [13]. Other organizations are promoting safer sex and distribution of condoms for free [14, 15]. Some other organizations have been focusing on augmenting school-based education on the importance of condom use [15]. The SSA is observed to have the highest prevalence of HIV and other STDs [16, 17] despite the presence of programs and advertisements on condom use. It is reported by van Schalkwyk et al. [18] that towards the end of 2022, there were 39.0 million “uncertainty bounds: 33.1 million–45.7 million” people living with HIV, whereby 65% out of them were residing in SSA. The setbacks in the use of condoms, inter alia, are partly perpetuated by common myths and misconceptions about condom use [19, 20], though there are other factors contributing to this situation including affordability, distance to health facility but also availability, and accessibility of health facilities [21, 22]. Ideally, there is no agreed definition of a myth but it can be understood as a legendary story which is focusing on a particular hero/heroine or event which explains mysteries of nature or the universe with no true basis in fact [23]. In other words, a myth is a popular belief that is not supported by facts or evidence. Furnham and Hughes [24] define myths as beliefs that are held contrary to the known truth. On the other hand, a misconception is a belief, a view, or a concept which is not correct that may result from individuals thinking or understanding of different phenomena [25]. In this review, the terminologies’ myths and misconceptions are used interchangeably based on how they affect the use of condoms among youths. Globally, there are varying myths and misconceptions about condom use that are sometimes perpetuated by little knowledge of the same and some other cultural factors. The prolonged wrong beliefs about condom use and practices are documented in different studies conducted in Africa. For example, a study by Mbachu et al. [19] revealed misconceptions among youths that condom use is not necessary because pregnancy could be prevented by using hard drugs, laxatives, white chlorine, and boiled alcoholic beverages. Other misconceptions are that condoms are reusable and they reduce sexual pleasure. Despite the existing myths and misconceptions about condom use, studies show that condoms are safe, effective, available, and most importantly, are giving people choices in life [26, 27].

The existence of myths and misconceptions on condom use could be a result of a lack of proper knowledge on condom use specifically on its functions in preventing STDs and unwanted pregnancies. Thus, lack of knowledge results in spreading false information on condom use to peers [28], while comprehensive sex education programs are based on the idea that young people have the right to be informed about their sexuality to make responsible decisions about their sexual and reproductive health [29]. In supporting the study by Adhikary et al. [28], some of the studies conducted in SSA countries reveal that youths are receiving knowledge from peer groups who also learn from the myths and misconceptions of condom use [29, 30].

Despite the existence of myths and misconceptions about condom use, youths are also facing different challenges when using condoms. Some of the reported

challenges include failure to use condoms throughout sex time, not leaving space at the tip, failure to squeeze the air from the tip, and putting a condom on upside down [31, 32]. Furthermore, other challenges are that condom use is associated with erection problems, difficulties with how a condom fits and how one feels when putting on a condom, unreliability, and breakage or slip-off easily of a condom [31, 33, 34]. There are those challenges that are associated with the failure of some community members to understand and believe in condom use, stigma and discrimination for condom users, lack of collaboration from some religious groups or bodies, and barriers to healthcare access [31]. These challenges imply that, although condoms are being advertised due to their importance in preventing STDs including HIV/AIDS and other related diseases, condom users have not been equipped with sufficient knowledge on how to use and preserve and also the importance of using it and the safer place to access condoms. Thus, the frequent occurrence of STDs and unwanted pregnancies, the observed myths and misconceptions, and the challenges of condom use in SSA countries despite efforts made to promote condom use prompted this review. It is in this context that this review examines the myths and misconceptions of condom use among youths in SSA, as well as exploring challenges facing them in using condoms.

## 2. Methods

A narrative review was adopted in this article, where different publications regarding the existing myths and misconceptions of condom use in SSA and the challenges facing youths in using condoms were reviewed without covering any specified period. Other supporting literature studies including guidelines and reports concerning the issues of condom use were also reviewed through a documentary literature review. The process of the narrative review process is portrayed in Figure 1.

**2.1. Included Studies.** In this narrative review, standard narrative review methods were used in identifying, selecting, and synthesizing findings from 71 studies that reported on myths, misconceptions, and challenges regarding condom use among youths in SSA.

**2.2. Data Synthesis, Search Strategy, and Data Extraction.** Several myths, misinformation, and challenges have been reported from the review. A total of 1074 records were obtained from electronic databases searched (Web of Science: 40, MEDLINE-Embase: 49, PubMed: 100, AJOL: 560, CAB abstract: 10, Academic Search Premier-(EBSCO host): 51, and Google Scholar: 264). Since the review intended to cover full-text articles, only a total of 173 full-text articles were identified and retrieved from various sources. The full-text screening stage led to 93 potential articles relevant to our narrative review which fitted the inclusion criteria. Some articles were excluded after the full-text assessment as some of them (12) were on condom use but did not discuss anything on myths and misconceptions while others (10)

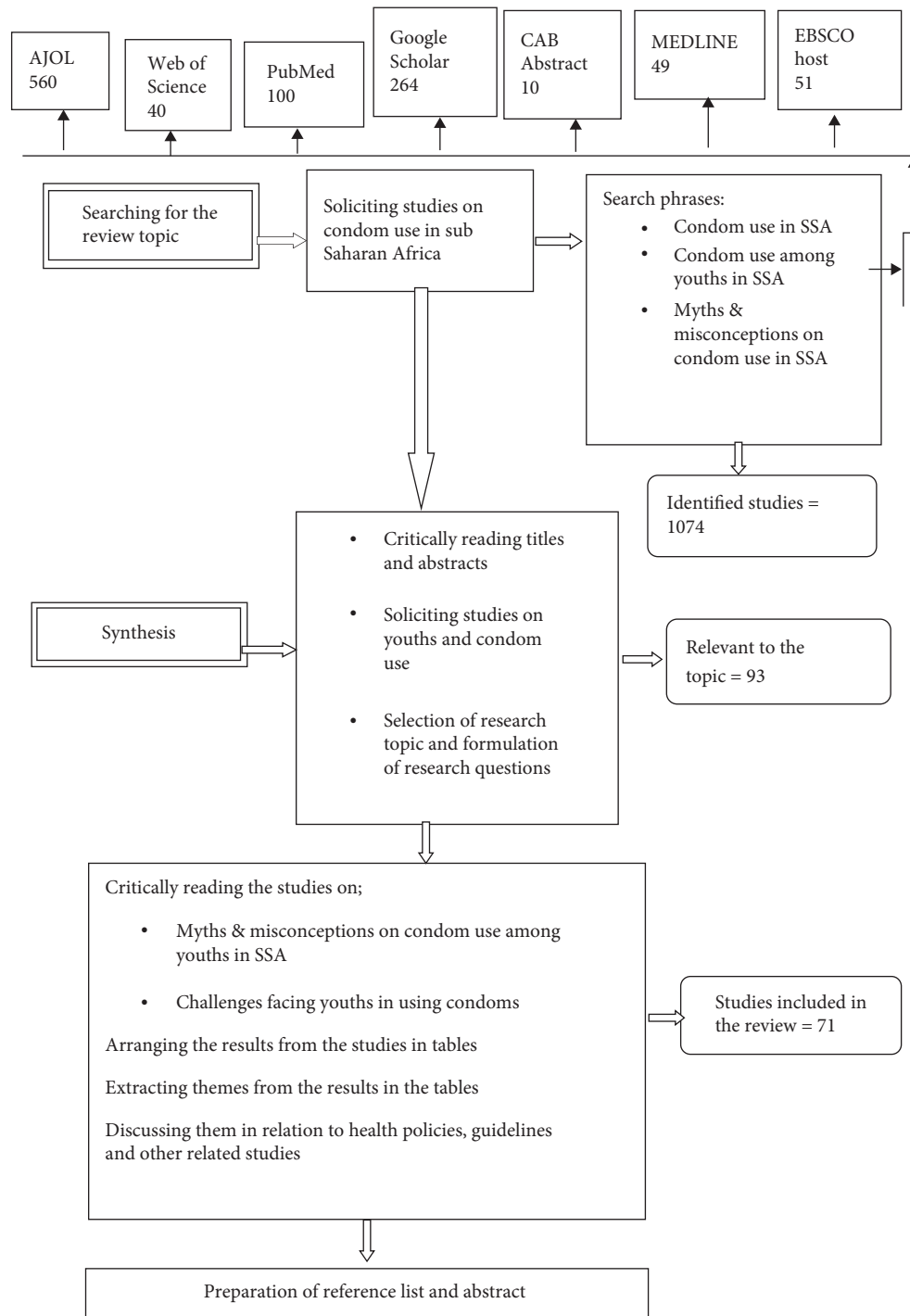


FIGURE 1: A narrative review process.

similarly presented themes from other articles. A total of 71 articles were therefore included in our final data extraction, quality appraisal, and narrative account stages. Seventy-one studies that were involved in this review included those on condom use among youths, and the focus was on myths and misconceptions about condom use in SSA. The review was restricted to articles published in English language and only full-text articles were included in the review. The focus of the review was on the SSA region. The keywords involved in the

search queries were “condom use in SSA, condom use among youths in SSA, myths and misconceptions on condom use in SSA, and challenges in condom use in SSA.”

Data extraction followed the selection of the articles, and this involved recording data such as authors’ name, year of publication, where published, study purposes and design, and key findings. In this stage, while two authors were extracting the data, one author was involved in the validation of such data to ensure accuracy before appraising quality.

This was followed by the preparation of a narrative account of the included studies to present patterns in misinformation, myths, and challenges on condom use among the youths in SSA. Table 1 provides details on the inclusion and exclusion criteria for articles in the review.

**2.3. Selection Process.** Three reviewers were involved (MM, AJ, and TA) in screening the articles for selection in line with the inclusion criteria. The selection process began with the titles and abstracts screening, followed by a screening of a full text. In case of any kind of conflicts emanating from the screening stages by the three reviewers, a discussion was initiated till consensus. Figure 1 presents the article selection process.

### 3. Results

Narrative review and documentary review methods were employed to search for relevant peer-reviewed publications in numerous sources of electronic bibliographic databases and search engines. The narrative review and documentary review on myths, misconceptions, and challenges of condom use including the search strategy and the steps used have followed similar procedures as those detailed in other studies [35–37].

**3.1. The Myths and Misconceptions of Condom Use among Youths.** Table 2 presents the findings on the review of the myths and misconceptions of condom use among youths in SSA.

The reviewed studies in Table 2 present the myths and misconceptions on condom use which include condom use reduces sexual pleasure, men are the final decision makers concerning sexual issues including condom use, and condom use is for family planning or postponement of child-bearing [29, 50]. Myths and misconceptions revealed by other studies include the claim that economic power determines the use of condoms and that women have been submissive by accepting everything decided by a man even on their sexual health including condom use [38, 44]. Other myths and misconceptions are that using condoms among couples is a sign of lacking trust; this can lead to infertility and wastage of semen. The myths and misconceptions also include the claim that condom users are womanizers or prostitutes [47, 48].

**3.1.1. Male Dominance and Condom Use among Youths.** In African countries, men are considered more powerful than women in making decisions and taking care of families regardless of age [17]. Traditionally, African girls were raised believing men are to provide for all their needs [43]. Some women do believe that a man is a provider of their needs and a man has the final say on all the issues concerning them. In this case, a man is the one who can decide whether to use a condom during sexual intercourse or not [41, 52]. Studies

[41, 52] point out that social and economic dependency on men lowers women's negotiation power on the issue of using condoms during sexual intercourse.

**3.1.2. Inadequacy of Knowledge on Condom Use among Youths.** Table 2 indicates that there are different myths and misconceptions of condom use among youths within communities which result from having little knowledge of condom use and its importance to their health. For instance, some studies show that condom use is regarded as one of the ways of spreading diseases including HIV [16, 43, 50]. Studies [47, 48] present another misconception concerning inadequate knowledge of condom use that reveals that condom use leads to the wastage of semen, resulting in infertility and sexual pleasure reduction. The notion behind this is that the semen which could be used to make babies is thrown away with the used condom and the outer part of condoms has chemicals which are harmful to the uterus [47].

**3.1.3. Family Planning as a Single Role of Condom Use.** Family planning is among ways of managing the number and space in terms of years between one child and the other within families [53]. Results in Table 2 show that there are youths who understand that condoms have only a single role in family planning [28]. This is a misconception which could have happened when youths are taught different approaches for family planning, condoms inclusive [53]. This misconception is supported by studies which reveal that understanding that condom use is for family planning only has distorted the youths' minds knowing that condoms are for preventing unwanted pregnancy only [17, 28]. Ochako et al. [47] point out that despite the knowledge having been provided on condom use in preventing the transmission of STDs and other related diseases as well as unwanted pregnancies, and condoms are only regarded as contraceptives among youths in some of the societies in Africa.

**3.1.4. Fornication, Adultery, and Condom Use among Youths.** Table 2 shows another misconception where most of the youths are relating condom use with adultery or fornication. The argument is that condoms are mostly used where individuals (married or not married) have more than one sexual partner. This claim is supported by the reviewed studies that revealed that youths tend to use condoms with casual partners and occasionally with steady partners to prevent pregnancy [28, 46, 54–56]. Therefore, when a person has a partner who is using a condom, the assumption is that the partner is involved in fornication or adultery unless the couple is using condoms for pregnancy prevention. In this case, suggesting condom use except for pregnancy prevention creates mistrust within sexual couples whether married or not married. This is supported by the studies of Mohamed et al. [38] who argue that the use of condoms creates mistrust between couples where it is associated with having multiple sexual partners.

TABLE 1: Inclusion and exclusion criteria for articles in the review.

Criteria	Included studies	Excluded studies	Justification for application of criteria
Publication language	Articles written in English language	Non-English publications	A common language across SSA Authors' knowledge of English language
Publication theme	Articles on myths, misconceptions, and challenges of condom use in SSA	Articles outside the scope of condom use, myths, misconceptions, and challenges of condom use in SSA	To remain within the scope of the scoping review
Availability of article	Fully available open-access articles	Complete articles not available	To avoid paying for access on non-open-access publications
Type of articles	Full-text peer-reviewed journal articles	Conference abstracts, unavailable book chapters, review papers, bibliometric reviews, and meta-analyses	Interested in available peer-reviewed publications
Country or location of the study	Sub-Saharan Africa	Outside the location	To scope out the extent of myths, misconceptions, and challenges about condom use in SSA

TABLE 2: Studies on the myths and misconceptions of condom use among youths.

Investigated issues and authors	Results
Socioeconomic inequalities across HIV knowledge, attitudes, behaviours, and prevention [38]	(i) Economic power determines the use of condoms among youths
HIV/AIDS and sexual behaviour among youths [39]	(i) Condom use reduce sexual pleasure
Sexual debut and predictors of condom use among secondary school students [40]	The economic power determines the use of condoms
Transactional sex among youths [41]	(i) Financial capability determines the use of condoms among youths
Youth perceptions of condom use [42]	(i) Condom use reduces sexual pleasure
Limits to modern contraceptive use among young women in developing countries [43]	(i) Condom use is the source of disease and promiscuity (ii) Men controls the decision to use or not use condoms
Condoms in sub-Saharan Africa [17]	(i) Culturally and socially, being a man gives you power to decide on the use of condoms (ii) Condom use for youths is for postponing childbearing (iii) High level of economy determine the use of condoms and negotiation power (iv) Parent and child communication on sexual issues is a taboo (not allowed culturally) (v) Money determines the use of condoms
Knowledge of HIV and AIDS in women [44]	(i) The economic power determines the use of condoms (ii) Men have the final decision on condom use
Condom use among male and female upper primary school students [16]	(i) Condom use is related to the spread of HIV and is against God's wish
Determinants of condom use among young people [45]	(i) Most youths believed that HIV risk with regular partners is low
Gender and relationship differences in condom use among 15–24-year-olds [46]	(i) Condom use is a sign of lack of trust
Barriers to modern contraceptive methods uptake among young women [47]	(i) Condom use leads to infertility
Wasting semen: context and condom use among the Maasai [48]	(i) Condom use was related to the wastage of semen and reduced sexual pleasure
Condom use amongst out-of-school adolescents coast [48] pastoralist societies in East Africa [28]	(i) Condoms are useful with casual partners and occasionally with steady partners for preventing pregnancy
Acceptability of condom promotion and distribution among 10–19-year-old adolescents. [49]	(i) Condoms are not an effective tool for the prevention of STI transmissions
Motivating factors and psychosocial barriers to condom use among out-of-school youths: a cross-sectional survey using the health belief model [29]	(i) Using a condom reduces sexual pleasure
Farming with your hoe in a sack: condom attitudes, access, and use [50]	(i) Using condoms was associated with infection or promiscuity (ii) Believed that condoms reduced male sexual pleasure (iii) Condoms are associated with discomfort and irritation from the lubricant, as well as insinuating infidelity to their partners

Source: compiled from various sources.

**3.2. Challenges Facing Youths in Using Condoms.** Table 3 presents challenges facing youths in using condom found in the reviewed studies.

There are different challenges observed from different studies reviewed in Table 3 which are further discussed in this review.

**3.2.1. Condoms Preserving Challenges among Youths.**

Condom preservation is among the factors which make it work as effectively as desired. According to the Minnesota Department of Health [61], condoms need to be stored in a safe place below 40°C (104°F) with no long exposure to high humidity; it does not need to be kept near chemicals, direct sunlight or fluorescent light, or ozone. The failure to preserve condoms as anticipated results in the failure to provide the desirable outcome [62]. The findings in Table 3 show that, although some youths are using condoms, they lack knowledge of condom preservation [31, 57, 63]. Failure to preserve condoms reduces their effectiveness hence facilitating the transmission of STDs and accelerating the presence of unwanted pregnancies. Moreover, the review results in Table 3 show that some of the youths were not only failing to preserve condoms but also reusing them [57]. Ideally, reusing condoms is even more dangerous because it can not only be inefficient in protecting youths from contracting HIV, STIs, and unwanted pregnancies but also can lead to other bacterial infections.

**3.2.2. Challenges Facing Youths When Using Condoms.**

Condom breakage and slippery are the most common problems facing condom users in the world which lead to mostly unwanted pregnancies [31, 62]. There are several reasons for condoms' slippery and breakage including the size of the condom versus the penis or vagina where they can be too big or too small, lack of lubricant, being late in taking off the condom after ejaculation, and the softness of the penis [64].

**3.2.3. Effect of Alcohol and Drug Abuse on Condom Use among Youths.**

Youths' alcohol and drug abuse reduce the ability of an individual to think and act properly. This is among the challenges that were identified in the reviewed studies where youths who engaged in excessive alcohol and drug abuse, mostly ended in unsafe sex [58]. Youths of this kind are either not using or making mistakes when using condoms during sexual intercourse.

## 4. Discussion

The reviewed publications from numerous sources have revealed myths, misconceptions, and challenges of condom use among youths in SSA. These myths, misconceptions, and challenges have been noted to stand as hindrances towards the reduction of the transmission of STDs and other related diseases as well as the occurrence of unwanted pregnancies. These myths, misconceptions, and challenges have been noted to register significant broader public health

implications and potential policy interventions. Ostensibly, apart from the myths and misconceptions, innumerable challenges exist concerning condom use; of these, the availability of condoms occupies a significant portion. Family Health International [65] acknowledges that condom availability in many countries remains low; hence, there is a need for policy interventions on the best approaches that condoms could be easily made available. The low availability of condoms has public health implications in SSA where there is a notable increase in terms of STD infections, HIV/AIDS inclusive. In some SSA countries, Malawi inclusive, national strategies have been initiated to improve both availability and access to high-quality condoms by sexually active persons [66]. In Tanzania, after realizing the public health implications' low level of condom use has had on the quality of the population of the country and the socio-economic burden of STDs, HIV/AIDS inclusive, the government of Tanzania initiated the NACP which among others has directed its efforts in HIV/AIDS control with different approaches including creating awareness on optimal use of condoms during sexual intercourses [6]. These are just a few examples; however, it is evident that almost in every SSA country, the government has significantly invested in policy interventions to address the myths, misconceptions, and challenges of condom use [34, 67].

Several factors have been associated with these myths, misconceptions, and challenges. The studies conducted in SSA countries significantly reveal that low levels of knowledge among the youths have been standing among the drivers towards myths, misconceptions, and even challenges. It has been noted that a significant proportion of youths receive knowledge from peer groups who also learn from the myths and misconceptions of condom use. There has always been the influence of peers/friends, social networks, and parents' and boyfriends' support, or lack thereof, on the use of condoms. This sometimes resulted in a transfer of myths amongst the youths. It is through the low level of knowledge on condoms and particularly on condom use that countless myths and misconceptions of condom use have been registered. In other words, some of these are popular beliefs that are held contrary to the known truth and not supported by any facts or evidence. These myths and misconceptions have led youths into believing or viewing a concept which is not correct which sometimes may result from youths thinking or understanding of different phenomena. It is these myths and misconceptions from the community, friends, and peers that are associated with condom use particularly reflecting on infertility that sometimes have been weakening some sexual health-related interventions in SSA. The fears around infertility have long been a salient serious issue when it comes to sexual health programmes in SSA and impedes public health interventions to promote condom use among youths [3]. These myths and misconceptions have to a larger extent resulted in a low uptake of condoms during sexual intercourse among the youths.

There is a claim among youths that condoms reduce sexual pleasure (Lema et al., 2008) [42]; however, it should be noted that sometimes issues of discomfort when a condom is used in sexual intercourse could result from the size

TABLE 3: Challenges facing youths in using condoms.

Study title	Issues observed
Condom use 101: basic errors are so common, study finds [57]	<ul style="list-style-type: none"> <li>(i) Breakage of condom during sexual intercourse</li> <li>(ii) Condom slippage</li> <li>(iii) Condom leakage</li> <li>(iv) Incorrect storage</li> <li>(v) Using condom more than once</li> </ul>
Challenges facing Tanzanian youths in the fight against HIV/AIDS: lessons learnt from Mbeya region, Southern Highlands [58]	<ul style="list-style-type: none"> <li>(i) Drug and alcohol abuse;</li> <li>(ii) Inappropriate information about HIV/AIDS and SRH</li> <li>(iii) Household poverty</li> </ul>
Disclosure, knowledge of partner status, and condom use among HIV-positive patients attending Clinical care in Tanzania, Kenya, and Namibia [59]	<ul style="list-style-type: none"> <li>(i) Nondisclosure</li> <li>(ii) Alcohol use</li> <li>(iii) Reporting a casual sex partner</li> <li>(iv) Desiring a pregnancy</li> </ul>
Socioeconomic inequalities across HIV knowledge, attitudes, behaviours, and prevention [38]	(i) The largest inequality in condom use, the richer were using condoms five more than the poorest
Sexual debut and predictors of condom use among secondary school students [40]	(i) Some of the students were shy about buying a condom
Condom awareness and use among school children [60]	(i) Shyness in obtained and use of condoms was observed
Condom use amongst out-of-school adolescents [28]	(i) Girls 13-14 failing to initiate the use of condoms during sexual intercourse
Prevalence and determinants of condom use among the youths in Malawi: evidence from the 2015/16 Malawi demographic and health (Jimu, et al.) [12]	(ii) Low availability of condoms

Source: compiled from various sources.

or type of condom, wearing it incorrectly or lack of lubrication. This should not in any way lead to oneself being discouraged from using condoms. Truly, when condoms are used correctly and chosen appropriately can serve the purposes of preventing pregnancy, reducing the chances of being infected with STIs, and effectively managing sexual and reproductive health. It should be known that proper and correct usage of condoms, particularly concerning, proper opening and placing the condom and having appropriate lubrication can effectively prevent and reduce the risk of STIs and pregnancy. Sexual health can significantly benefit from the use of condoms. Despite misunderstandings about condoms, condoms are safe, effective, and readily available and can provide options regarding sexual and reproductive health.

Men's social and financial positions seem to overcome both the power of knowledge on the importance of using a condom for preventing STDs and other related diseases as well as unwanted pregnancies among youths. This is where it is seen that men think that they have the power to decide on behalf of their wives' or girlfriends' wishes which is against human rights. It may also result in many health effects including being infected with STDs including HIV and hepatitis B as well as having unplanned children when it comes to condom use. Moreover, men's financial power pollutes women's minds thinking that unsafe sex pays specifically for the sex workers, i.e., less payment with a condom and more payment without a condom [28]. Therefore, the provided knowledge on condom use needs to include strategies for empowering women financially to give them power and enable them to understand the importance of making personal decisions on issues concerning them including their health. This is because economic positions based on the review can be the strongest factor which can give women the power to negotiate sexual affairs.

In Africa, women have been observed to be submissive to their husbands but the situation leads men to take advantage of and suppress their women or girlfriends economically, socially, and sexually. This is also supported by different studies, for example, a study by DeVore [68] shows that the submissiveness of women exposes them to the risk of being infected with sexually transmitted diseases (STDs) including HIV, particularly due to their failure to make decisions concerning condom use. The concept of submissiveness is being applied negatively specifically in Africa where women are forced to agree on whatever decision is made by men. Whenever a woman tries to make individual decisions, there is an action that follows to which a woman is not supposed to have any obligation on them even if they are painful. Thus, the men's misconception of submissiveness is also affecting individual health specifically in adopting innovations including condom use which prevents people from being infected with various diseases including STIs and the occurrence of unwanted pregnancies. Other studies point out that submissiveness issues are mostly found in the patriarchal system where women have no say even in their bodies, worrying about the consequences of initiating condom use, cultural practices which suppress women including bride price in which a woman is subjected to a property, and

gender inequality which act as a barrier to safe sex including the use of a condom [69].

The reviewed knowledge shortcomings on condom use have been observed to result in the spread of STDs and the occurrence of unplanned pregnancies. This is also revealed from different studies which show that to think that condom use reduces sexual pleasure has resulted in the prevalence of STDs and the occurrence of unwanted pregnancies [70]. Moreover, the myths and misconceptions resulting from knowledge shortcomings on condom use have made some of the youths to be very conservative in using condoms. For example, the study by Shai et al. [71] reveals that a large percentage of men (47.7%) had never used condoms, while 36.9% were inconsistent in using condoms and only 15.4% were consistent in using condoms with any partner.

In addition, society is also relating condom use with fornication and/or adultery where when any individual who is either married or unmarried is being seen purchasing condoms is regarded as having more than one sexual partner [46]. This misconception fails to use condoms for both males and females. Generally, the state of being seen as a prostitute or a womanizer creates fear and shyness in buying and using condoms [29, 49]. It has been observed from the review that some of the youths could not buy condoms in front of people and also mention it to the shopkeeper [49, 72]. It seems that the society is also having an influence on using or not using condoms among youths based on how they perceive it. This implies that education on the importance of condom use is low at the grassroots level where the community members including youths have little understanding of the role of condoms to their health.

It has been noted from the review that most excessively drunk youths are engaged with multiple partners without a condom or wrongly wearing it (inside out) [73]. This subjects the youths to higher risk as it is difficult to notice a partner with infected diseases. Different studies [73, 74] point out that alcohol and drug abuse has been the source of practising unsafe sex for youths in the world. It is uncontested that youths' involvement in alcohol and drug abuse has an impact on their sexual health life, economic status, and also results in psychological distress. In this case, youths need to be equipped with the knowledge of the importance of practising responsible sexual behaviour for the betterment of their health.

*4.1. Limitations of the Study.* This review had inherent limitations concerning the fact that the review considered only English language bibliographic databases and journals; this may have disregarded other non-English publications which could have been relevant to this study. It should be borne in mind that Africa is rich in terms of languages; hence, some myths, misinformation, and misconceptions could have been identified and discussed if the review was not restricted to English language publications. Another limitation of the review is reflected in the fact that the myths and misconceptions reviewed were from the youths only; there are chances that other myths and misconceptions could be identified from other age groups including the

elderly and the aged. This review was limited to sub-Saharan Africa, and there could be more myths, misinformation, and challenges from other parts of the world.

## 5. Conclusion and Recommendations

**5.1. Conclusion.** The study concludes that the identified myths and misconceptions from the review are the result of low knowledge of condom use within the communities. The low-level of knowledge has resulted in different wrong beliefs on condom use which results in the transmission of STDs and other related diseases as well as the occurrence of unwanted pregnancies. The study also concluded that changing individual bad behaviours including alcohol use and drug abuse can provide a better opportunity for the youths to have safer sex by proper use of condoms. This is because it is difficult for an individual to use a condom properly when drunk.

**5.2. Recommendations.** Support for scaling up condom provision programmes and strengthening condom markets is urgently needed in SSA. There is a need for a combination of short-term and long-term actions to address the major condom gap in SSA.

The study recommends the need for collaborative efforts between governments, researchers, and other organizations involving NGOs to provide education on condom use to communities, specifically youths. This will help to eradicate the existing myths and misconceptions which are escalating the prevalence of STDs and the occurrence of unwanted pregnancies.

There is a need to insist on the provision of education to the youths on the effects of risk behaviours such as alcohol consumption and drug abuse towards the detriment of the health of the youths. This can be implemented under ministries of education and health in different SSA countries. This will help to create responsible behaviours for the youths specifically on their health.

## Data Availability

The secondary data used to support the findings of this study are included within the article. The field data collected and used in this study are available from the corresponding author upon request.

## Conflicts of Interest

The authors declare that there are no conflicts of interest.

## Authors' Contributions

All authors contributed equally in this manuscript.

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