Dispatch No. 1080 | 20 November 2025

Africans strongly support women's autonomy in marriage and reproductive decisions, but are divided on contraceptive access

Afrobarometer Dispatch No. 1080 | Maame Akua Amoah Twum, Rajen Govender, and Joseph Asunka

Summary

Public opinion on sexual and reproductive health and rights in Africa is diverse and evolving (Svallfors et al., 2024; Uka, White, & Smith, 2024). Across the continent, traditional beliefs, religion, and cultural norms have long shaped attitudes toward topics such as autonomy, contraception, sexuality education, and reproductive choice (Amoah, Larle, Beyuo, & Be-Ikuu, 2025). In many communities, these subjects are still considered sensitive or taboo, and conservative views often dominate public discussions (Mbarushimana, Conco, & Goldstein, 2022; Lukumay et al., 2023; Mohammed Tohit & Haque, 2024). However, some change is underway.

Pan-Africa Profiles

Younger generations, women's-rights advocates, and increasing access to information are helping to shift perspectives within local communities (Egbende et al., 2024). In growing numbers, Africans recognise that empowering women and girls to make informed decisions about their bodies and health benefits families, communities, and economies (African Union, 2018; World Bank Group, 2024). Women's-empowerment initiatives and targeted interventions by governments and development partners have helped to shore up support for access to family planning, maternal health care, and the fight against practices such as child marriage and female genital mutilation (Diagana, 2023; Farina, Ortensi, Pettinato, & Ripamonti, 2022).

The latest Afrobarometer surveys, conducted between January 2024 and September 2025 in 38 African countries, shed light on the extent and nuances of public opinion on these topics. While large majorities support women's autonomy in decisions about marriage and childbearing and favour the teaching of sexuality education in schools, views are more mixed on who should have access to contraceptives. Africans are also divided on the issue of abortion: Findings show broad acceptance of pregnancy termination if the mother's health or life is in danger, but only half of citizens consider abortion justifiable if the pregnancy is due to rape or incest, and there is strong opposition to abortion if the woman does not want to have a baby or does not have the resources to take care of one.

The results highlight the importance of contextual factors in shaping people's views and willingness to talk about women's and girls' reproductive and sexual health and rights in Africa. In addition to laws and cultural and religious norms that differ across countries, these include within-country differences across demographic cohorts such as age, gender, urban-rural location, and educational attainment.

Afrobarometer surveys

Afrobarometer is a pan-African, non-partisan survey research network that provides reliable data on African experiences and evaluations of democracy, governance, and quality of life. Ten survey rounds in up to 45 countries have been completed since 1999. Round 10 surveys (2024/2025) cover 38 countries. (See Appendix Table A.1 for a list of countries and fieldwork dates.)

Afrobarometer's national partners conduct face-to-face interviews in the language of the respondent's choice that yield country-level results with margins of error of +/-2 to +/-3 percentage points at a 95% confidence level.

This 38-country analysis is based on 50,961 interviews. The data are weighted to ensure nationally representative samples. When reporting multi-country averages,[1] all countries are weighted equally (rather than in proportion to population size).

Given the sensitive nature of topics explored in this report, analyses of the proportions of non-responses and the robustness of measurement of individual items point to findings that should be interpreted with caution. This applies most clearly to findings from Morocco, where non-response rates ("Don't know" or refusal to answer the question) averaged 31.3% across 11 question items. Please see "Methodological notes" in the Appendix and, for a more detailed analysis and a review of diagnostic tools that can be applied in the interpretation of the findings, Afrobarometer Methods Note No. 5.

Key findings

- On average across 38 countries, large majorities of Africans say women should be able to decide for themselves whether and when to marry (75%) as well as when to have children and how many children to have (62%).
    - Women are significantly more likely than men to support a woman's autonomy in marriage decisions (78% vs. 71%) and reproductive choices (69% vs. 55%).
    - Views on women's autonomy vary enormously by country, from majority opposition in Mali and Mauritania to overwhelming support in Seychelles, South Africa, Cabo Verde, and São Tomé and Príncipe.
- More than seven in 10 Africans (73%) endorse the teaching of sexuality education in school. Support is almost universal in Madagascar and Cabo Verde but drops below one-fourth of citizens in Morocco and Mauritania.
- About eight in 10 citizens (81%) – including majorities in all surveyed countries – say girls who get pregnant or have children should be allowed to continue their schooling.
- A majority (58%) of Africans say contraceptives should be made available to anyone who is sexually active regardless of marital status.
    - But only about half (49%) would make them available to anyone who is sexually active regardless of age.
    - Access to contraceptives regardless of marital status and age is less popular among rural residents, older citizens, and less educated citizens.

[1] "Average" refers to the arithmetic mean.

- A majority (63%) of citizens say abortion can "sometimes" or "always" be justified if the woman's health or life is at risk.
    - Almost half (48%) say the same for pregnancies resulting from rape or incest, while the other half (47%) disagree.
    - Solid majorities say pregnancy termination is "never justified" in cases where the woman is economically unable to care for a child (65%) or where she doesn't want the pregnancy for any reason (69%).

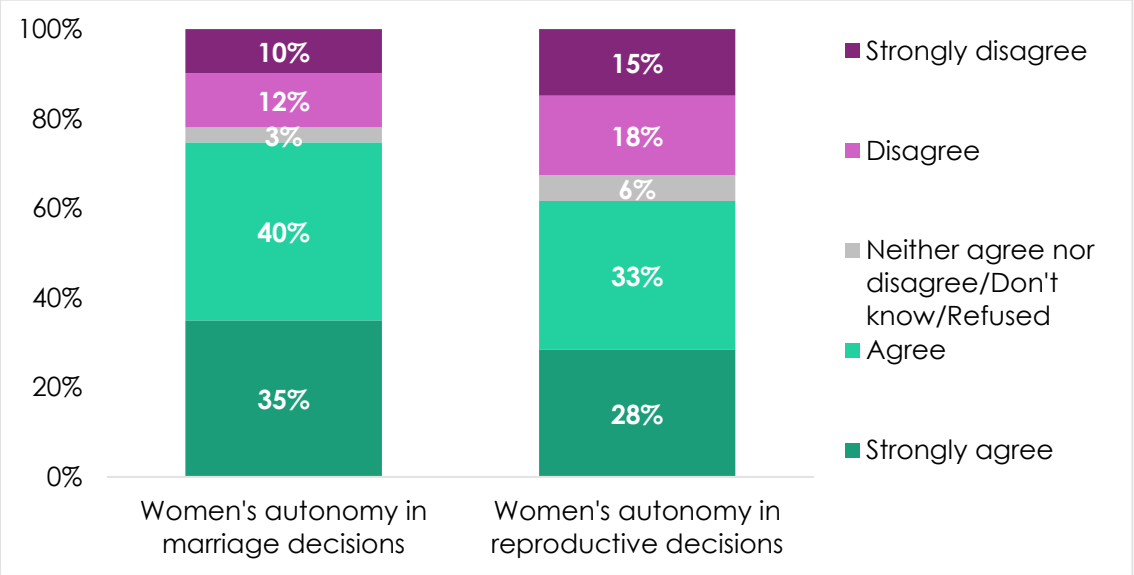
Women's autonomy in marriage and childbearing decisions

The role that women and girls play in decisions about marriage and childbearing depends on a multitude of factors that can vary by country, culture, community, and family. One example is child marriage, a practice that still affects about one in three young women in sub-Saharan Africa even though most countries set a minimum age of 18 for marriage (Kidman et al., 2024).

In public opinion, support for women's autonomy in marriage and childbearing decisions is widespread in Africa. On average across 38 countries surveyed between January 2024 and August 2025, fully three-fourths (75%) of Africans say that girls and women should be able to decide for themselves whether and when to marry, including more than one-third (35%) who "strongly agree" with this view (Figure 1).

A somewhat smaller majority (62%)[2] say that women should have autonomy to decide when to have children and how many children they want to have.

Figure 1: Women's autonomy in decisions about marriage and childbearing | 38 countries | 2024/2025



Respondents were asked: *For each of the following statements, please tell me whether you disagree or agree:*

Girls and women should decide for themselves whether and when they should marry.
Women should decide for themselves when and how many children they want to have.

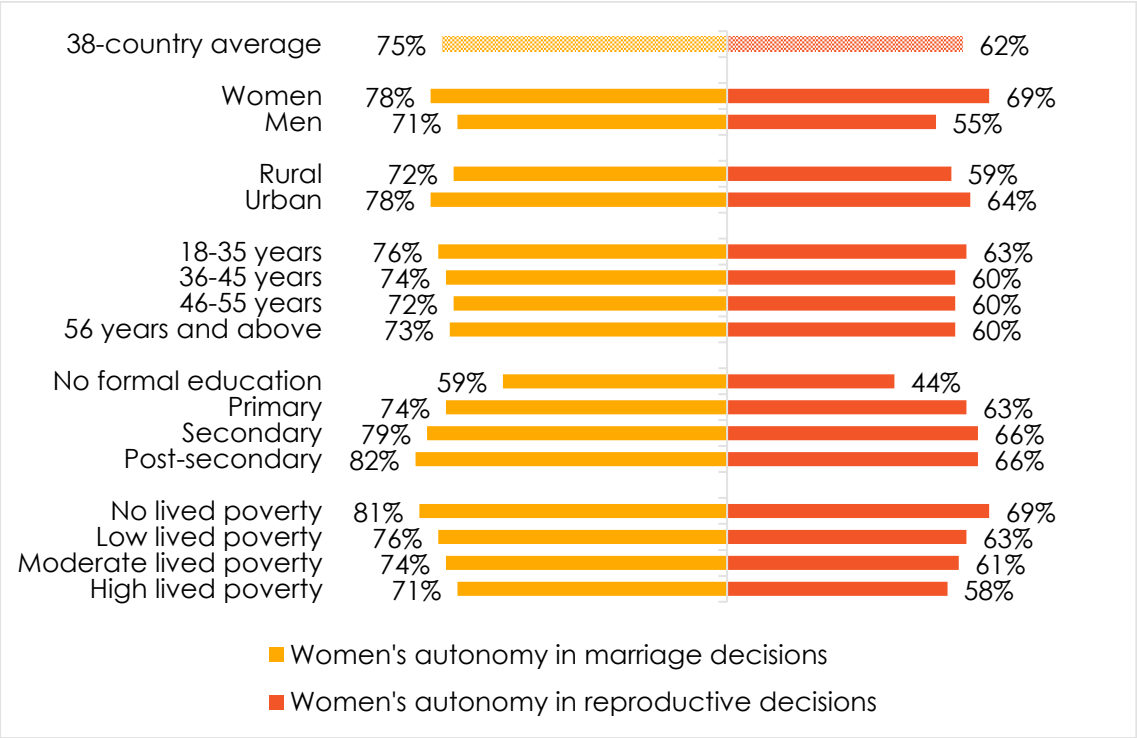
[2] Due to rounding, percentages for combined categories reported in the text may differ slightly from the sum of sub-categories shown in figures (e.g. 33% "agree" and 28% "strongly agree" sum to 62%).

Support for both of these aspects of women's autonomy is stronger among women, urban residents, more educated citizens, and economically better-off respondents[3] than among their various counterparts (Figure 2).

For example, women are 14 percentage points more likely than men to endorse women's right to make decisions about childbearing (69% vs. 55%), and support increases from 58% among the poorest to 69% among well-off respondents. Only 44% of those with no formal schooling endorse women's autonomy, compared to 66% of those with secondary or post-secondary education.

With regard to marriage, the pattern is similar. Support for women's decision making exceeds seven in 10 respondents except among those with no formal education (59%).

Figure 2: Support for women's autonomy in decisions about marriage and childbearing | by demographic group | 38 countries | 2024/2025



Respondents were asked: *For each of the following statements, please tell me whether you disagree or agree:*

Girls and women should decide for themselves whether and when they should marry.

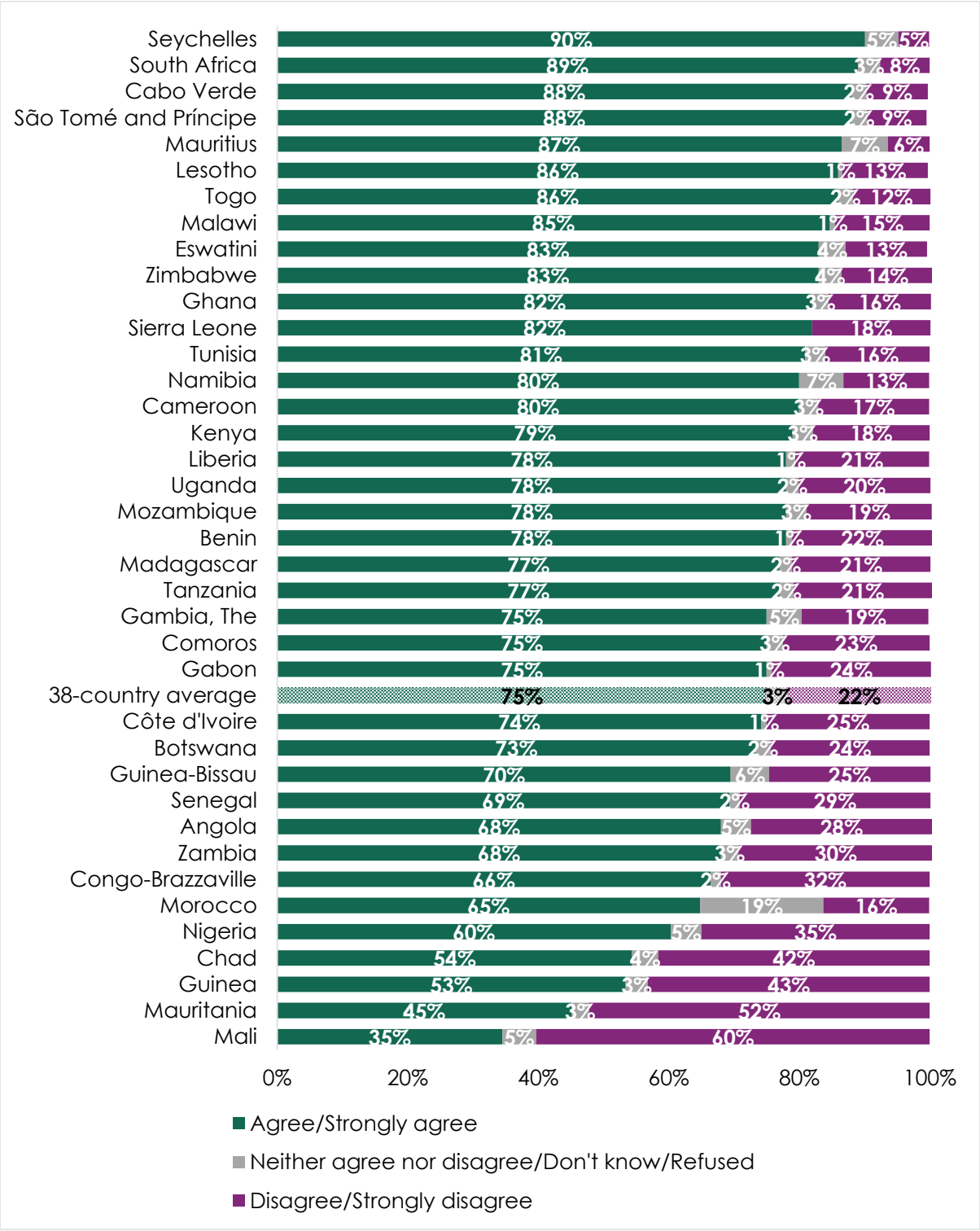
Women should decide for themselves when and how many children they want to have.

(% who "agree" or "strongly agree")

Views on women's autonomy vary widely by country. Regarding whether and when to marry, support for the right of girls and women to decide exceeds 75% in 25 countries, most strikingly in Seychelles (90%), South Africa (89%), Cabo Verde (88%), São Tomé and Príncipe (88%), and Mauritius (87%). But fewer than half of citizens agree in Mauritania (35%) and Mali (45%) (Figure 3).

[3] Afrobarometer's Lived Poverty Index (LPI) measures respondents' levels of deprivation by asking how often they or their families went without basic necessities (enough food, enough water, medical care, enough cooking fuel, and a cash income) during the preceding year. For more on lived poverty, see Mattes and Lekalake (2025).

Figure 3: Women's autonomy in decisions about marriage | 38 countries | 2024/2025

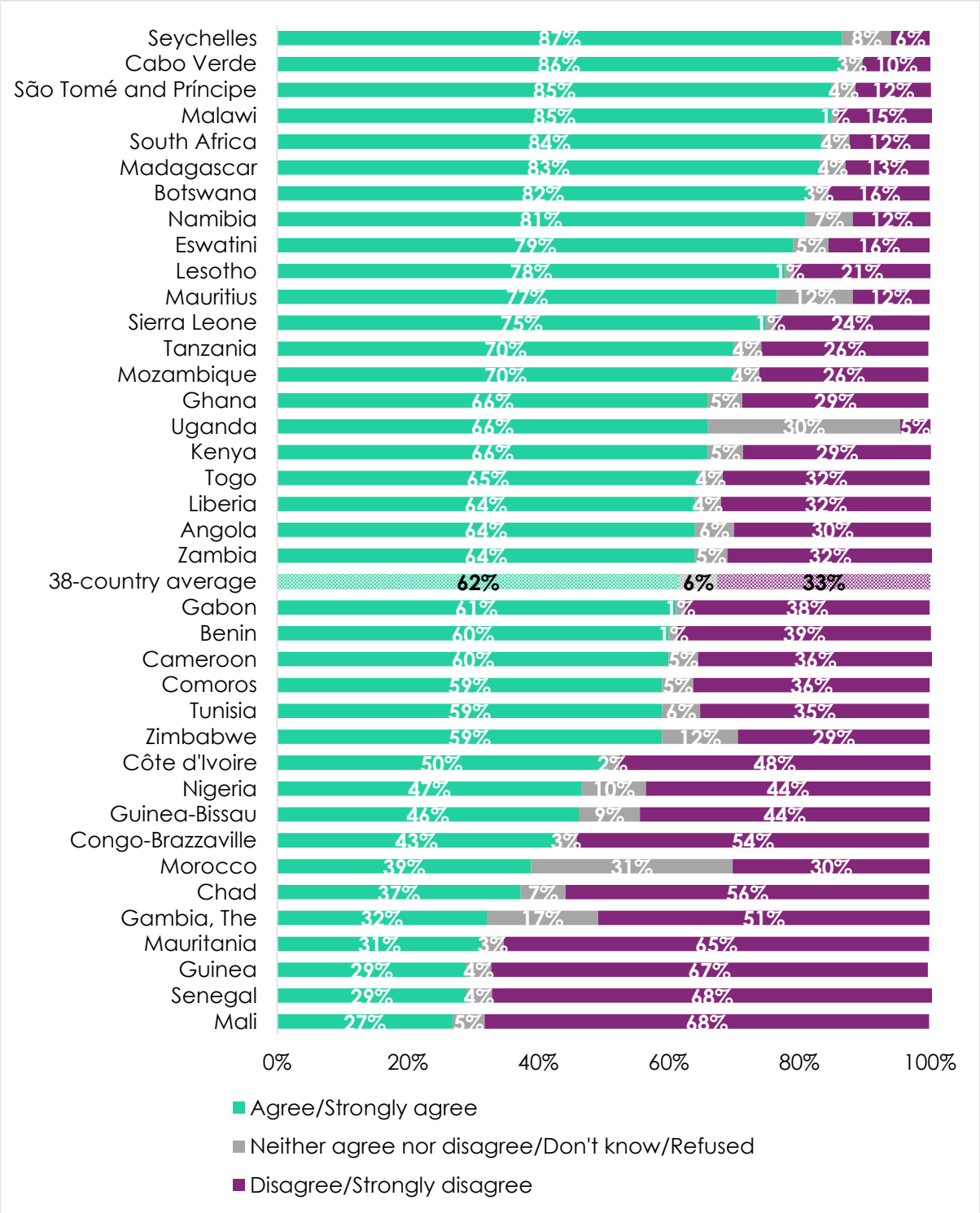


Respondents were asked: *For each of the following statements, please tell me whether you disagree or agree: Girls and women should decide for themselves whether and when they should marry.*

When it comes to support for women's right to make their own reproductive choices, Seychelles, Cabo Verde, and São Tomé and Principe again top the list, along with Malawi

(each with 85% or more). In contrast, fewer than one-third of respondents in Mali (27%), Senegal (29%), Guinea (29%), Mauritania (31%) and the Gambia (32%) support women's autonomy in reproductive choices (Figure 4).

Figure 4: Women's autonomy in decisions about childbearing | 38 countries | 2024/2025



Respondents were asked: *For each of the following statements, please tell me whether you disagree or agree: Women should decide for themselves when and how many children they want to have.*

Morocco ranks below average in support for women's autonomy in decisions about both marriage (65%) and childbearing (39%), but we note that opposition is below average as well; instead, large shares of the sample (19% and 31%, respectively) do not express an opinion.

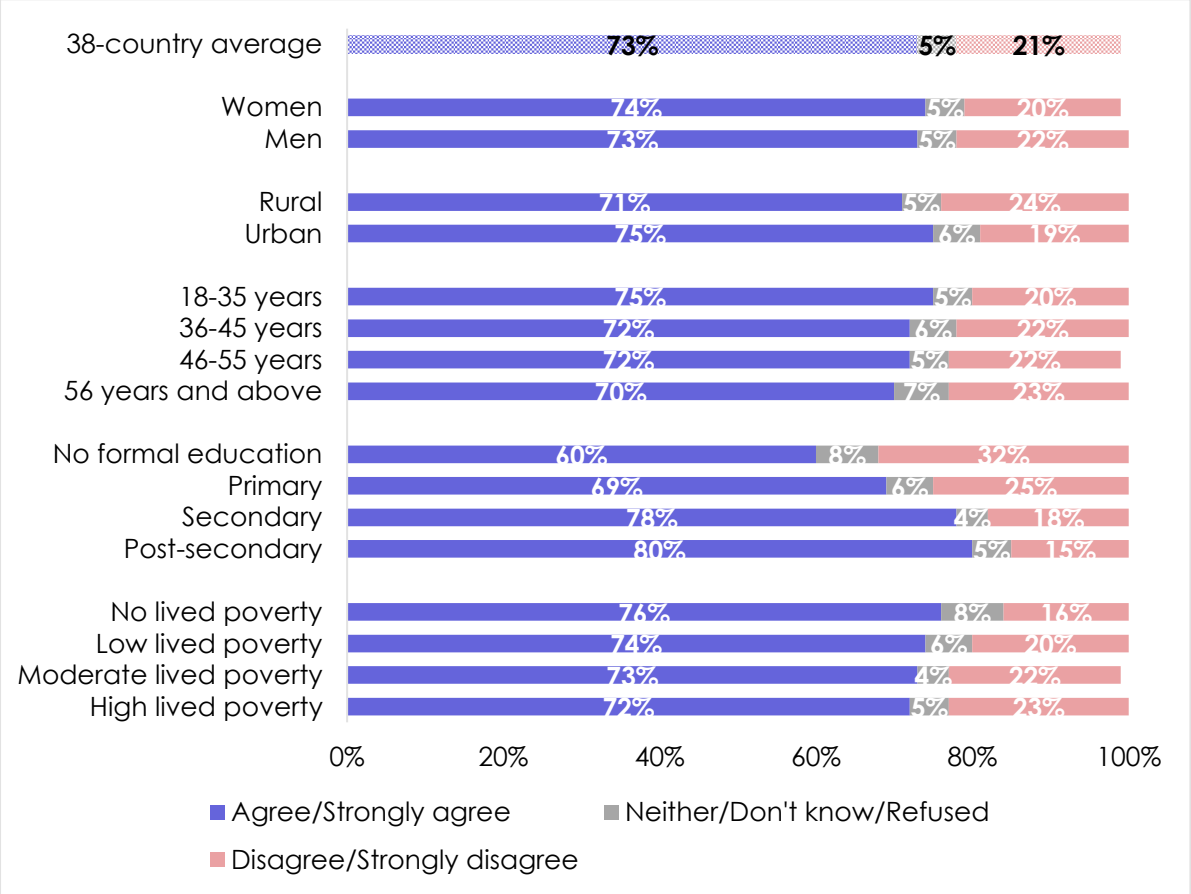
Reproductive rights and sexuality education in schools

Globally, the number of births per 1,000 women aged 15-19 is estimated to have decreased from 65 in 2000 to 41 in 2023. However, the rate for sub-Saharan Africa remains at nearly 100 births, more than twice the global average (World Health Organization, 2024). Several factors contribute to the high rate in sub-Saharan Africa, not least among them the lack of comprehensive sexuality education (Nshutiyukuri et al., 2025). Teen pregnancies are responsible for nearly a quarter (22%) of school dropouts among girls ages 14-18, and only 8% of these girls are allowed re-entry into school (UNICEF, 2022; Opok, 2024).

In its latest survey round, Afrobarometer asked Africans across 38 countries about their views on teaching comprehensive sexuality education in schools as well as on allowing girls who get pregnant or have children to re-enter school.

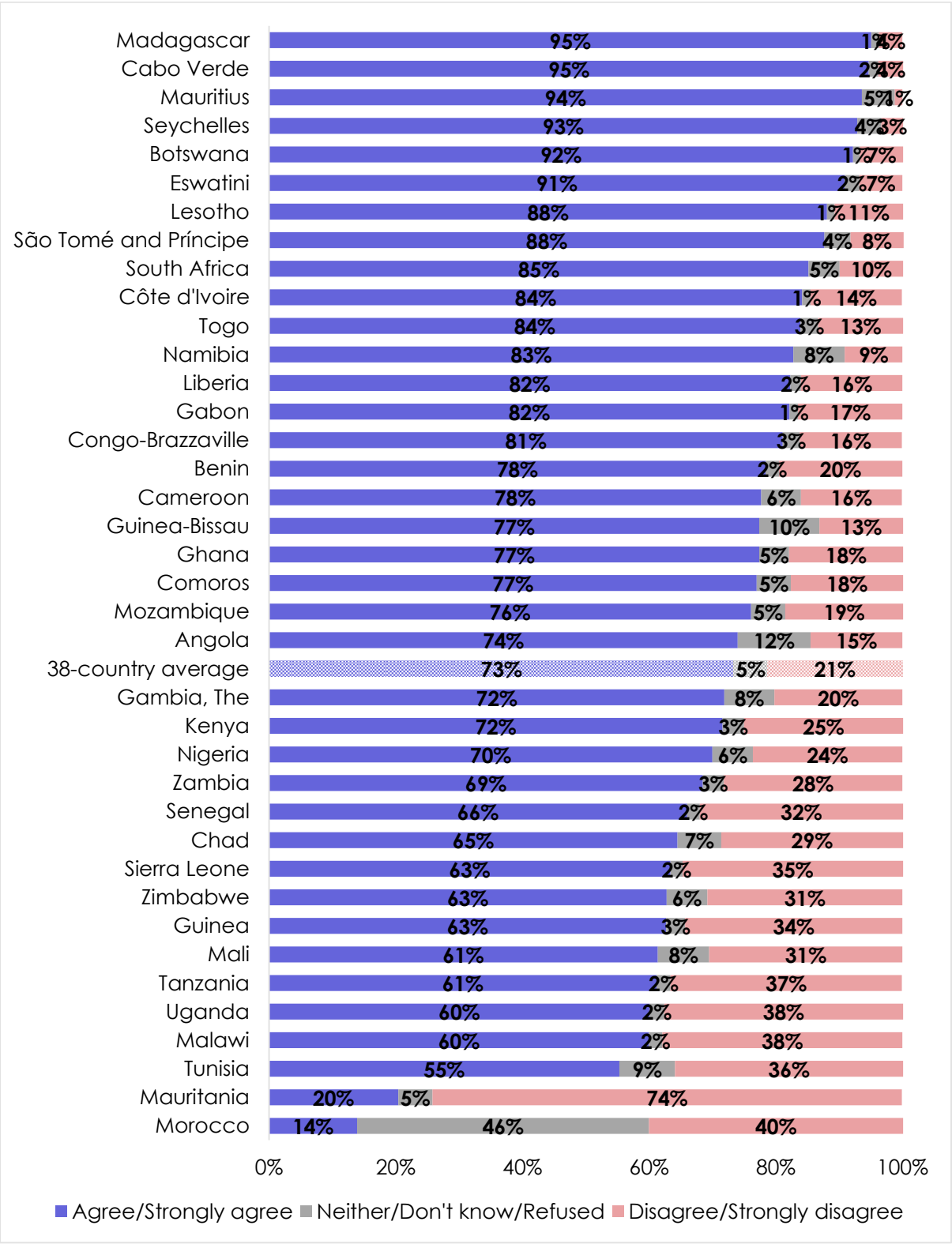
On average, close to three-fourths (73%) of Africans endorse the teaching of sexuality education in schools (Figure 5). Only one in five adults (21%) are opposed.

Figure 5: Should schools teach sexuality education? | by demographic group | 38 countries | 2024/2025



Respondents were asked: *For each of the following statements, please tell me whether you disagree or agree: Schools should teach sexuality education to young people to help them make informed decisions.*

Figure 6: Should schools teach sexuality education? | 38 countries | 2024/2025



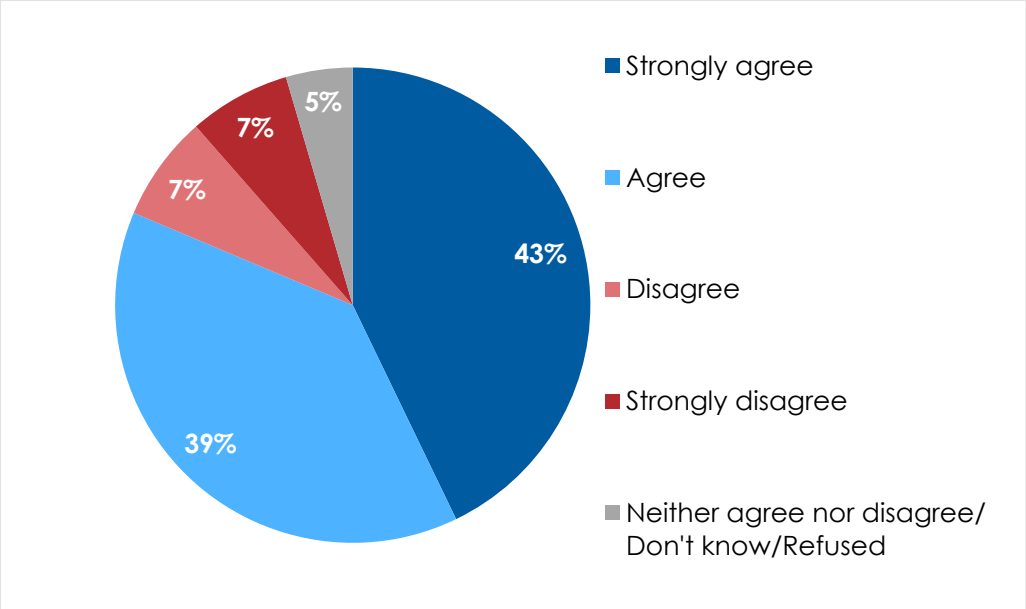
Respondents were asked: *For each of the following statements, please tell me whether you disagree or agree: Schools should teach sexuality education to young people to help them make informed decisions.*

Support for teaching sexuality education is somewhat stronger among young adults (75% of those aged 18-35) than among senior citizens (70%). Support also increases consistently with educational attainment, ranging from 60% among those with no formal schooling to 80% among those with post-secondary qualifications. Urbanites and wealthier citizens are slightly more likely to support sexuality education than rural residents and those experiencing high levels of poverty.

Across countries, support for teaching sexuality education in schools exceeds nine out of 10 citizens in Madagascar (95%), Cabo Verde (95%), Mauritius (94%), Seychelles (93%), Botswana (92%), and Eswatini (91%) (Figure 6). In contrast, in Morocco, where calls for including sexuality education in school curricula have long struggled to overcome cultural sensitivities (Hespress, 2025), only 14% of citizens agree, while 40% are opposed and 46% decline to express an opinion on the issue. Mauritania is the only country registering overwhelming opposition (74%) to sexuality education.

Similarly, about four out of five Africans (81%) are in favour of allowing girls who become pregnant or have children to continue their education, including 43% who "strongly agree" with the idea (Figure 7).

Figure 7: Girls who become pregnant should be allowed to stay in school | 38 countries | 2024/2025

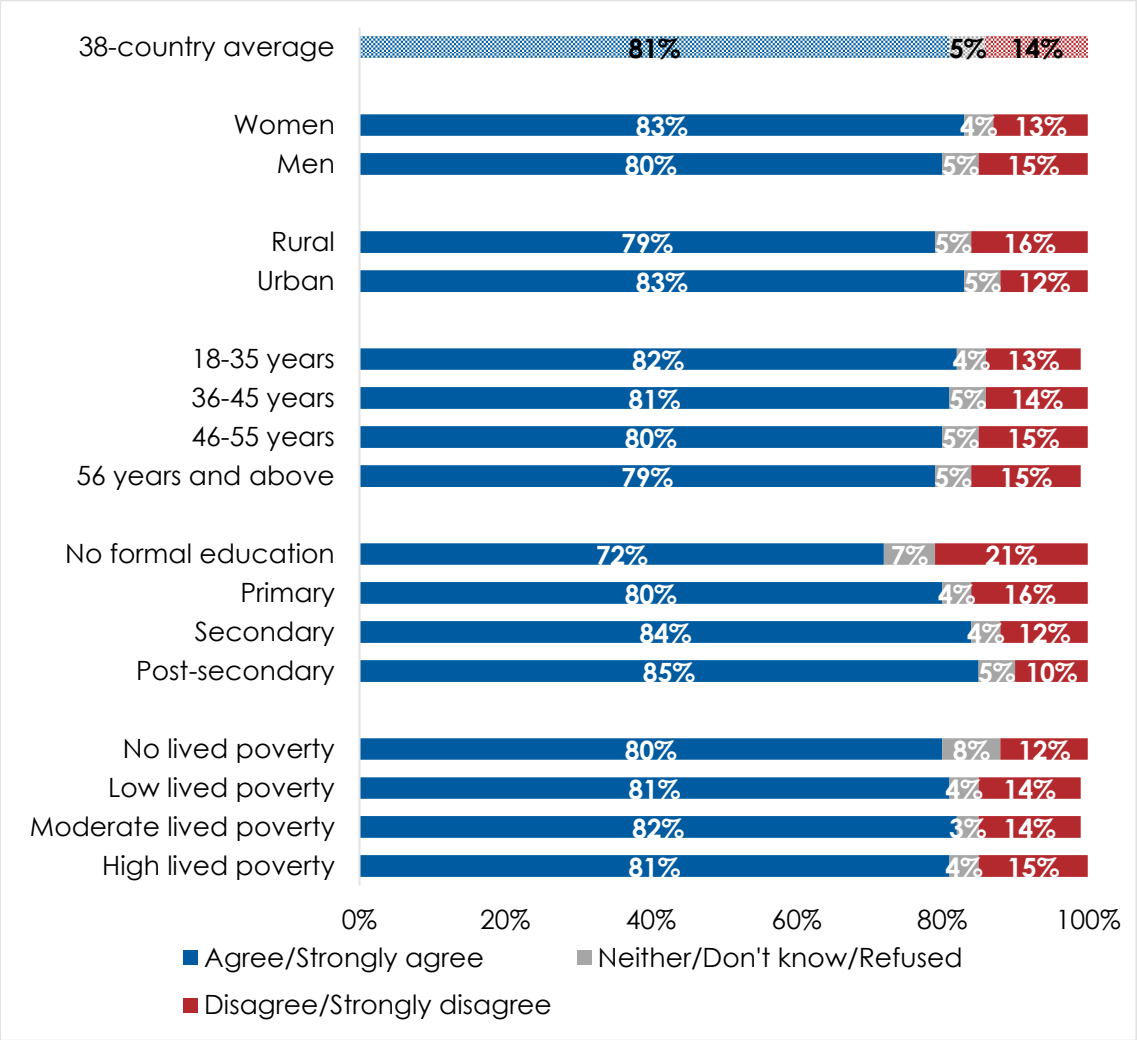


Respondents were asked: *For each of the following statements, please tell me whether you disagree or agree: Girls should be allowed to continue their schooling even if they become pregnant or have children.*

Support for this position is consistently high across key demographic groups. The most notable variance is below-average support from citizens with no formal schooling (72%), compared to 80%-85% among those with at least a primary education (Figure 8).

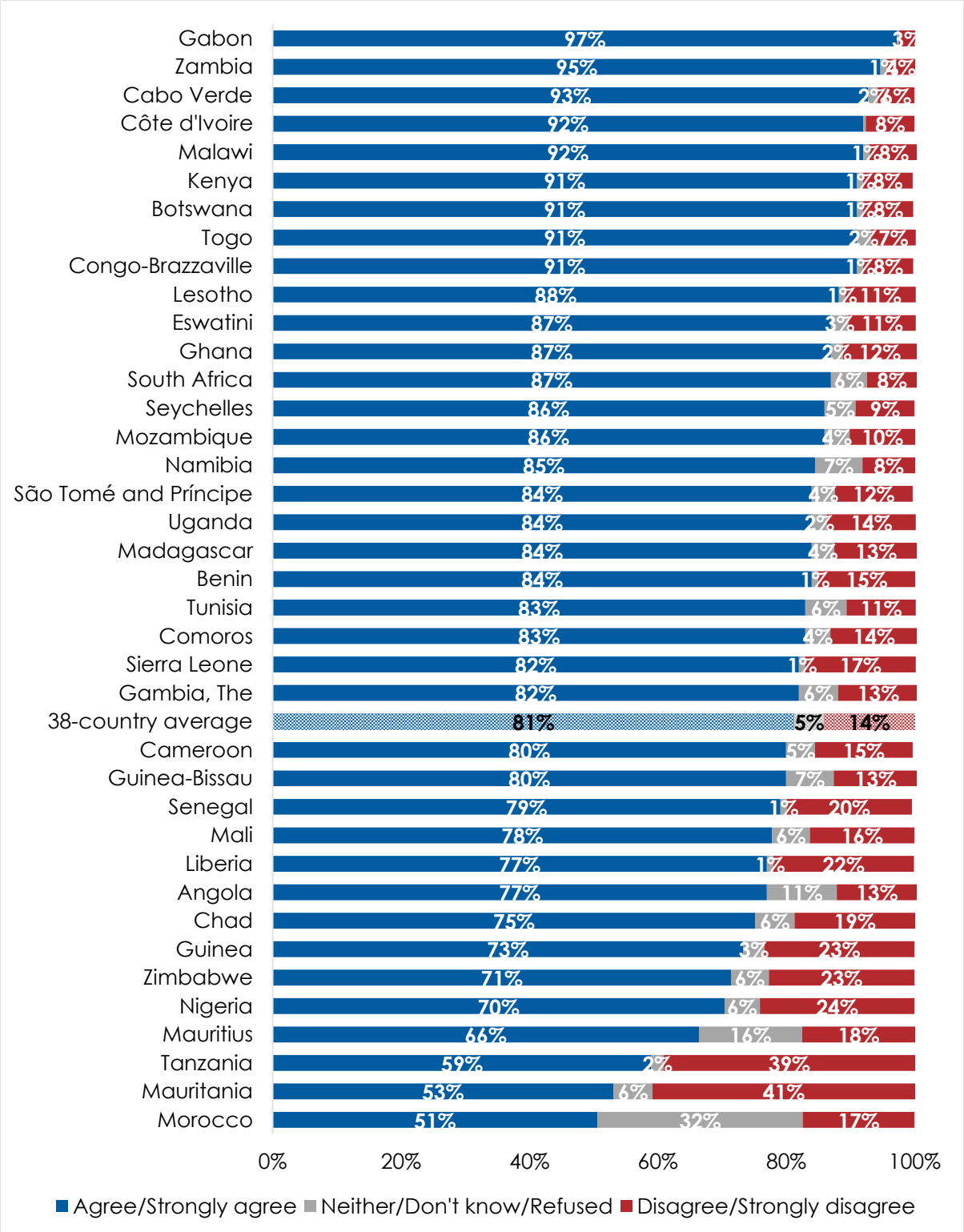
Majorities in all surveyed countries say that girls should be allowed to continue their schooling even if they become pregnant or have children. This view is nearly unanimous in Gabon (97%) and Zambia (95%) (Figure 9). Only about half of Mauritanians (53%) and Moroccans (51%) endorse the idea. But while opposition is fairly strong (41%) in Mauritania, only 17% express opposition in Morocco, where again many respondents (32%) don't offer an opinion.

Figure 8: Girls who become pregnant should be allowed to stay in school
| by demographic group | 38 countries | 2024/2025



Respondents were asked: *For each of the following statements, please tell me whether you disagree or agree: Girls should be allowed to continue their schooling even if they become pregnant or have children.*

Figure 9: Girls who become pregnant should be allowed to stay in school
| 38 countries | 2024/2025



Respondents were asked: *For each of the following statements, please tell me whether you disagree or agree: Girls should be allowed to continue their schooling even if they become pregnant or have children.*

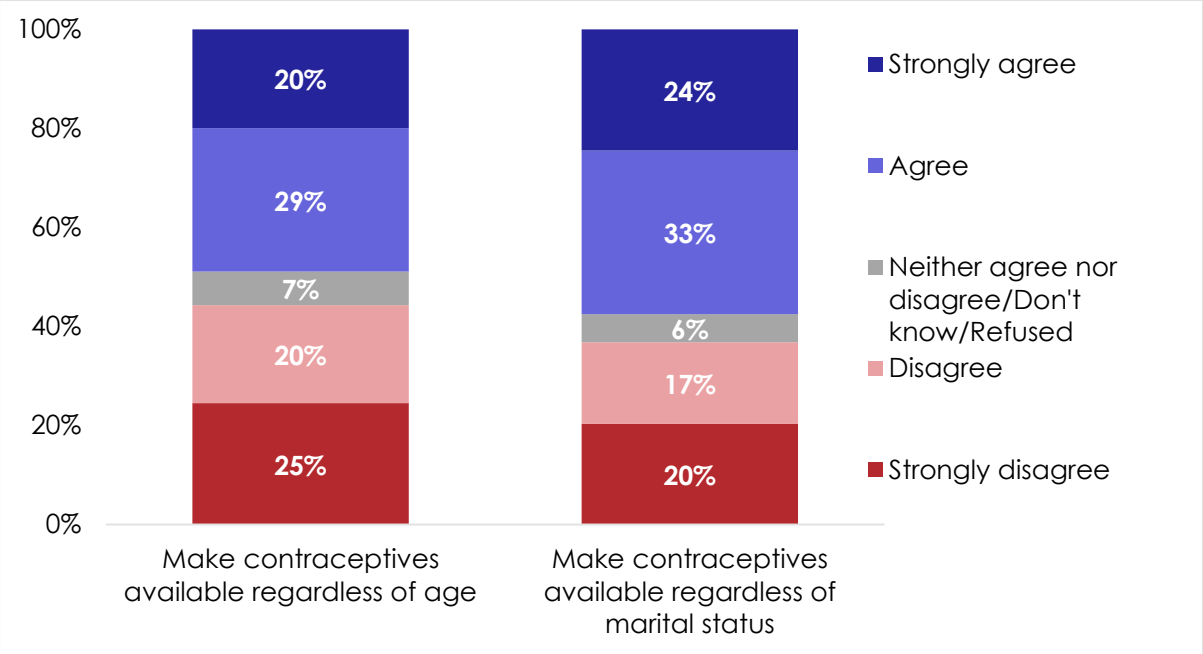
Access to contraceptives

African countries differ widely in their laws, policies, programmes, and progress regarding contraception, but most restrict access to contraceptives based on people's social characteristics, such as age, marital status, or legal residency (European Parliamentary Forum, 2023).

Despite strong support for teaching sexuality education in schools, public opinion is divided on whether to make contraceptives available to anyone who is sexually active regardless of age: 49% approve, while 45% disapprove (Figure 10).

However, a majority (58%) of Africans endorse the idea of making contraceptives available to anyone who is sexually active regardless of marital status, including 24% who "strongly agree" with this approach.

Figure 10: Should contraceptives be available regardless of age and marital status? | 38 countries | 2024/2025



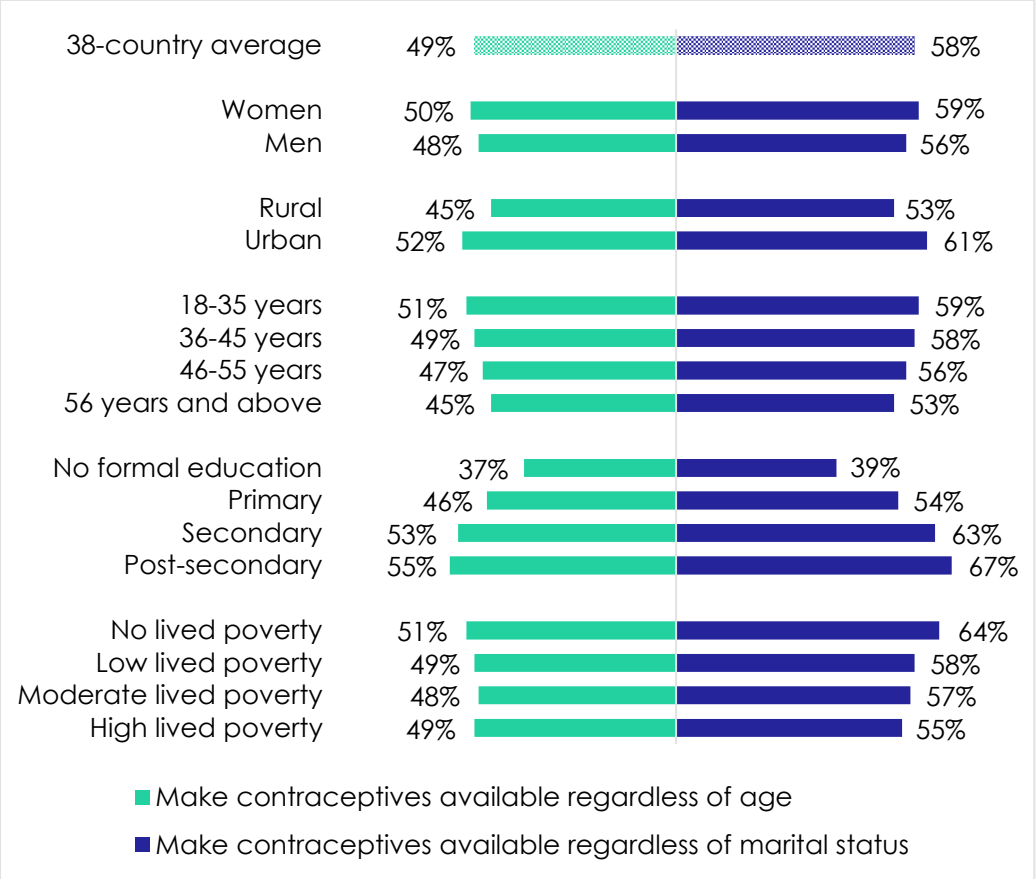
Respondents were asked: *For each of the following statements, please tell me whether you disagree or agree:*

Contraceptives should be available to everyone who is sexually active regardless of age.
Contraceptives should be available to everyone, regardless of marital status.

While men and women hold fairly similar views on making contraceptives accessible to people who are sexually active regardless of age or marital status, urbanites and youth are somewhat more open to the idea (by 6-8 percentage points) than rural residents and seniors (Figure 11).

Support for contraceptive access increases along with respondents' education level, with 28 percentage points separating those with no formal schooling (39%) from those with post-secondary qualifications on the question of access regardless of marital status.

Figure 11: Support for making contraceptives available regardless of age and marital status | by demographic group | 38 countries | 2024/2025



Respondents were asked: *For each of the following statements, please tell me whether you disagree or agree:*

Contraceptives should be available to everyone who is sexually active regardless of age.

Contraceptives should be available to everyone, regardless of marital status.

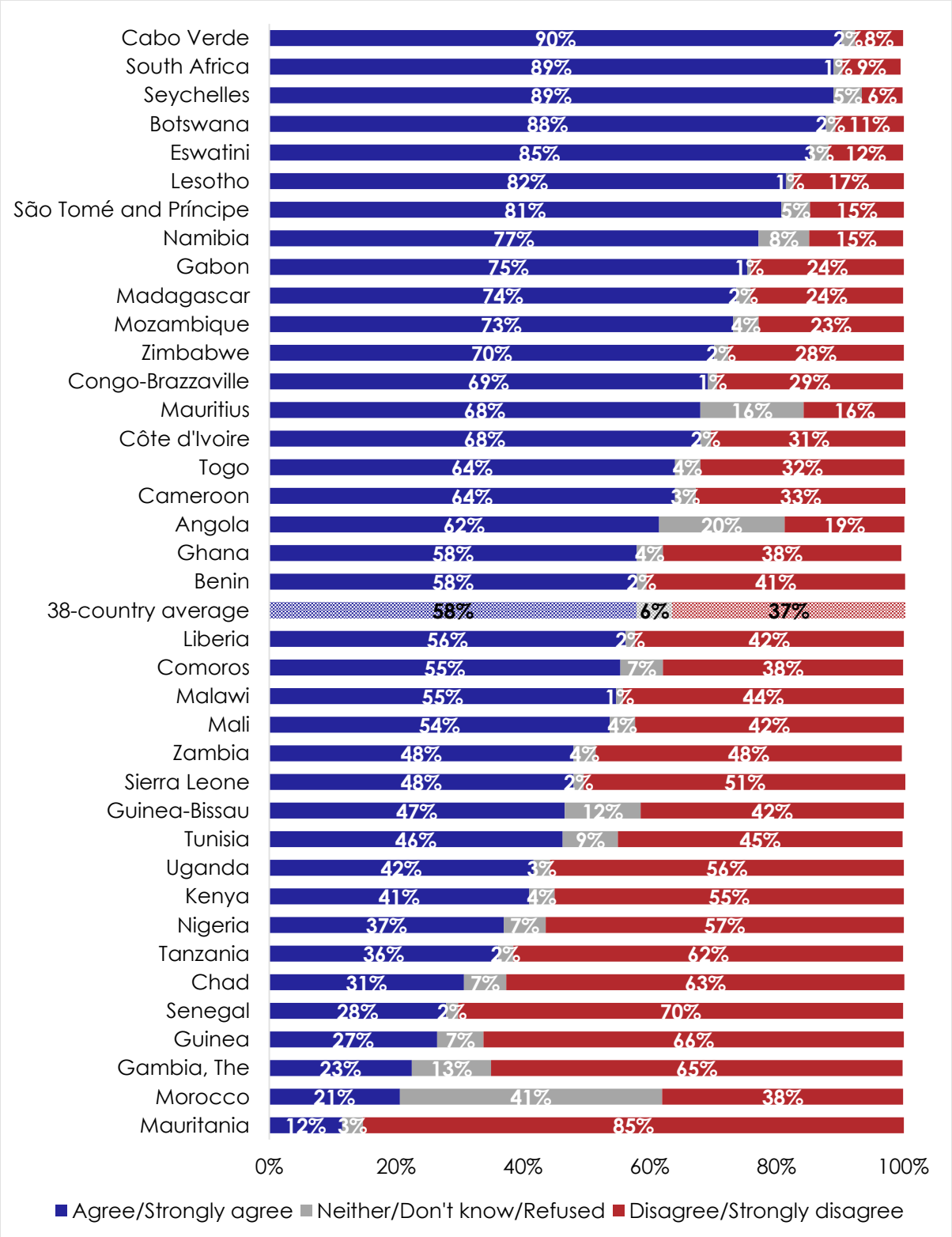
(% who "agree" or "strongly agree")

Support for contraceptive access regardless of marital status is the majority position in 24 of 38 countries, ranging up to nine out of 10 citizens in Cabo Verde (90%), South Africa (89%), and Seychelles (89%) (Figure 12). But opposition is strong in Mauritania (85% of respondents "disagree" or "strongly disagree") and Senegal (70%).

Similarly, support for making contraceptives available regardless of age ranges from just one in 10 respondents in Mauritania (9%) to about eight in 10 South Africans (81%) and Cabo Verdeans (79%) (Figure 13). Opposition is particularly widespread in Mauritania (88%) and Tanzania (75%).

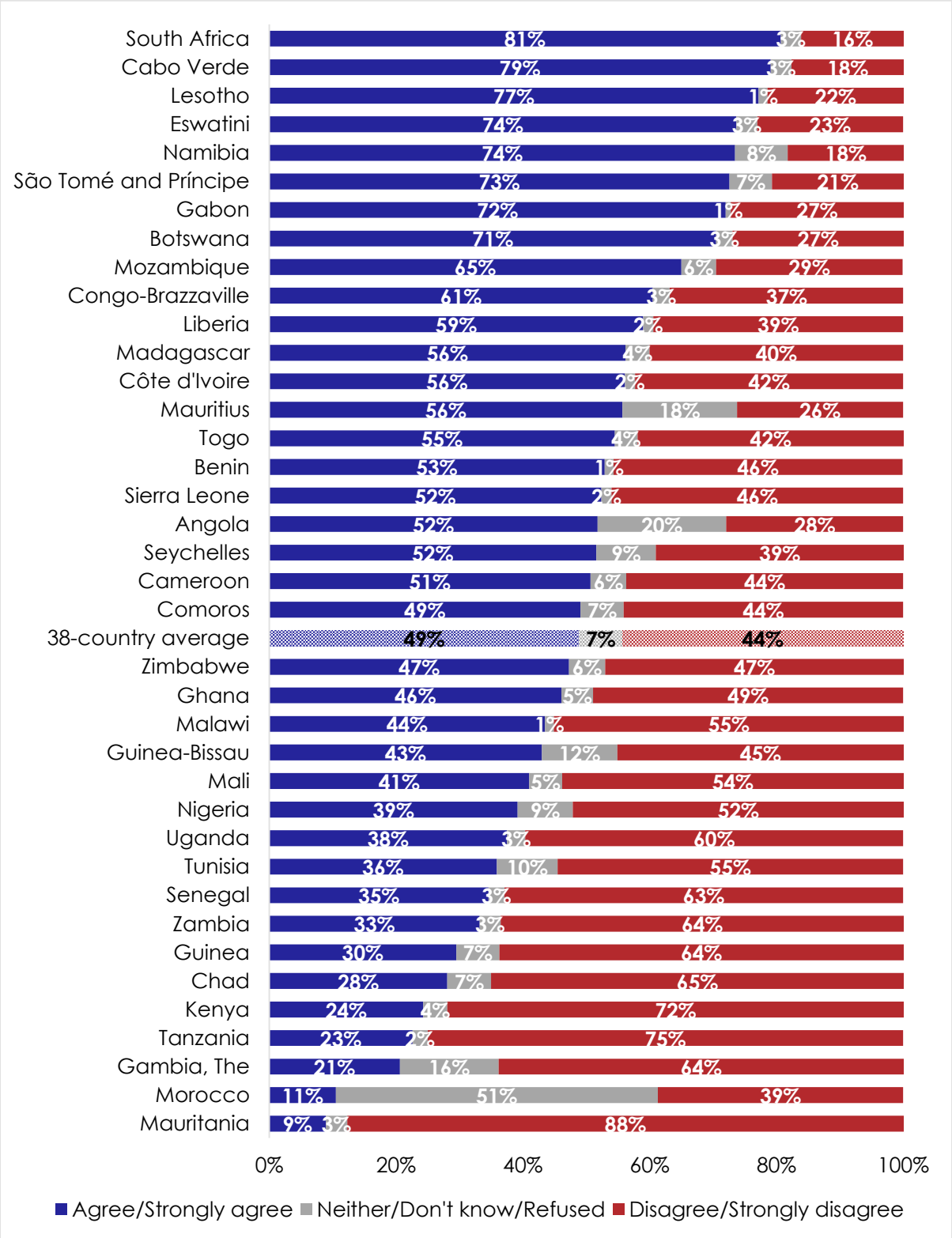
Moroccans again voice weak support for these ideas (21% and 11%, respectively) but are more likely not to offer an opinion (41% and 51%) than to express opposition.

Figure 12: Support for making contraceptives available regardless of marital status | 38 countries | 2024/2025



Respondents were asked: *For each of the following statements, please tell me whether you disagree or agree: Contraceptives should be available to everyone, regardless of marital status.*

Figure 13: Support for making contraceptives available regardless of age
| 38 countries | 2024/2025



Respondents were asked: *For each of the following statements, please tell me whether you disagree or agree: Contraceptives should be available to everyone who is sexually active regardless of age.*

Views on pregnancy termination

The African Union's (2003) Maputo Protocol calls upon member states to "authoris[e] medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus." Across the continent, most countries either prohibit abortion altogether or limit it to cases in which the woman's health or life is in danger, although Cabo Verde, South Africa, and Tunisia are among countries with more liberal abortion laws (Bankole, Remez, Owolabi, Philbin, & Williams, 2020).

While the circumstances under which abortion is legally permitted are both ambiguous and variable across the 38 surveyed countries, on average two in 10 Africans (22%) say women and girls in their community "often" terminate their pregnancies, and another 19% say they do so "occasionally" (Figure 14). Fewer than half (46%) say pregnancies are "rarely" or "never" terminated in their community.

Women and men offer almost identical assessments, but reports of frequent pregnancy terminations are higher among urban (26%) and young respondents (26%) than among their rural (19%) and older (16%-21%) counterparts (Figure 15). Reports of abortion prevalence increase with respondents' education level and experience of poverty.

Estimates of pregnancy termination vary widely across countries, ranging up to 50% of Malawians who say they occur "often," in addition to 33% who say they happen "occasionally" (Figure 16). Roughly four in 10 respondents in Gabon (44%) and Congo-Brazzaville (39%) also describe abortions as frequent.

In contrast, only 2% of Moroccans say women and girls in their community "often" terminate their pregnancies, though nearly half (49%) of all respondents in the country, where abortion is illegal except to protect a woman's health or life (Middle East Institute, 2023), say they "don't know" or declined to answer the question.

Reports that abortions "rarely" or "never" happen are most common in Mauritania (74%), Mali (65%), Sierra Leone (64%), Chad (64%), Guinea (64%), and Tanzania (64%).

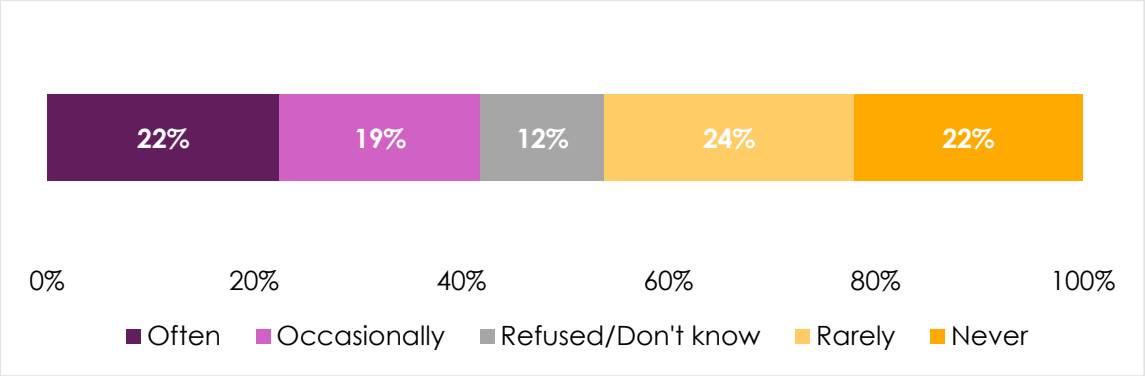
Respondents' assessments and reports to interviewers of the frequency of abortion must be seen as highly susceptible to their social, cultural, religious, and legal context (Makleff et al., 2019).

First, the characteristics of respondents' primary social or demographic reference group will have a significant impact on whether the topic of abortion occurrence is discussed. This is evident in the higher reporting among younger citizens compared to their elders, as younger people may be more likely to raise and discuss controversial topics.

Second, the legal and policy framework on abortion in each country matters; in countries with severely restrictive anti-abortion laws and sanctions, people may be much more reluctant to talk about abortion occurring. Other factors that may play a role include media coverage, availability and transparency of health information, and availability of sexual and reproductive health education.

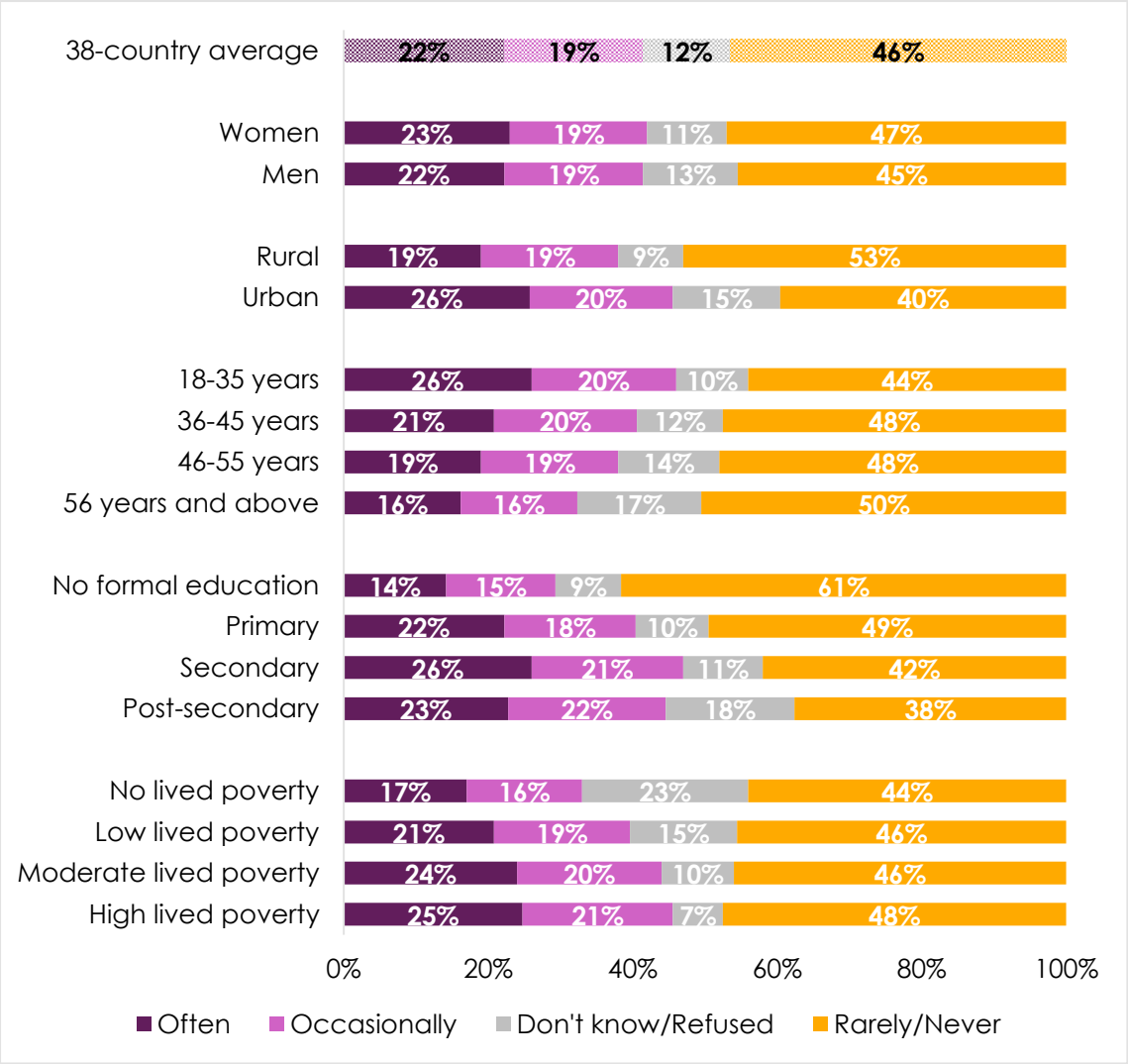
In sum, whether or not people hear and are willing to talk about abortion depends not only on its prevalence but also on how openly it can be discussed within the society. Consequently, reported views about the frequency of abortion may signal its prevalence but cannot be assumed to reflect accurate prevalence estimates.

Figure 14: Frequency of pregnancy termination | 38 countries | 2024/2025



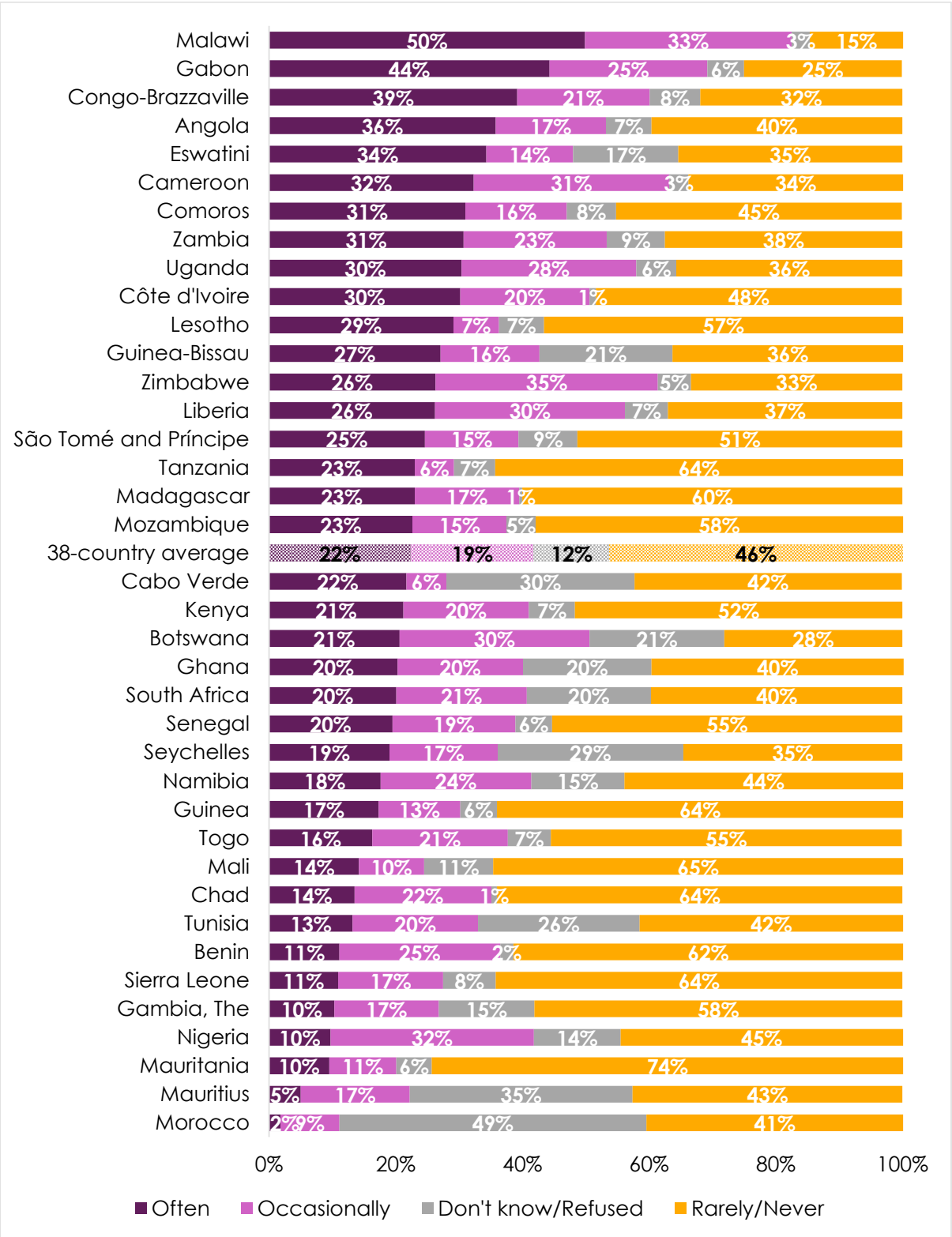
Respondents were asked: *In your opinion, how often, if ever, do women or girls in your community terminate their pregnancies?*

Figure 15: Frequency of pregnancy termination | by demographic group | 38 countries | 2024/2025



Respondents were asked: *In your opinion, how often, if ever, do women or girls in your community terminate their pregnancies?*

Figure 16: Frequency of pregnancy termination | 38 countries | 2024/2025



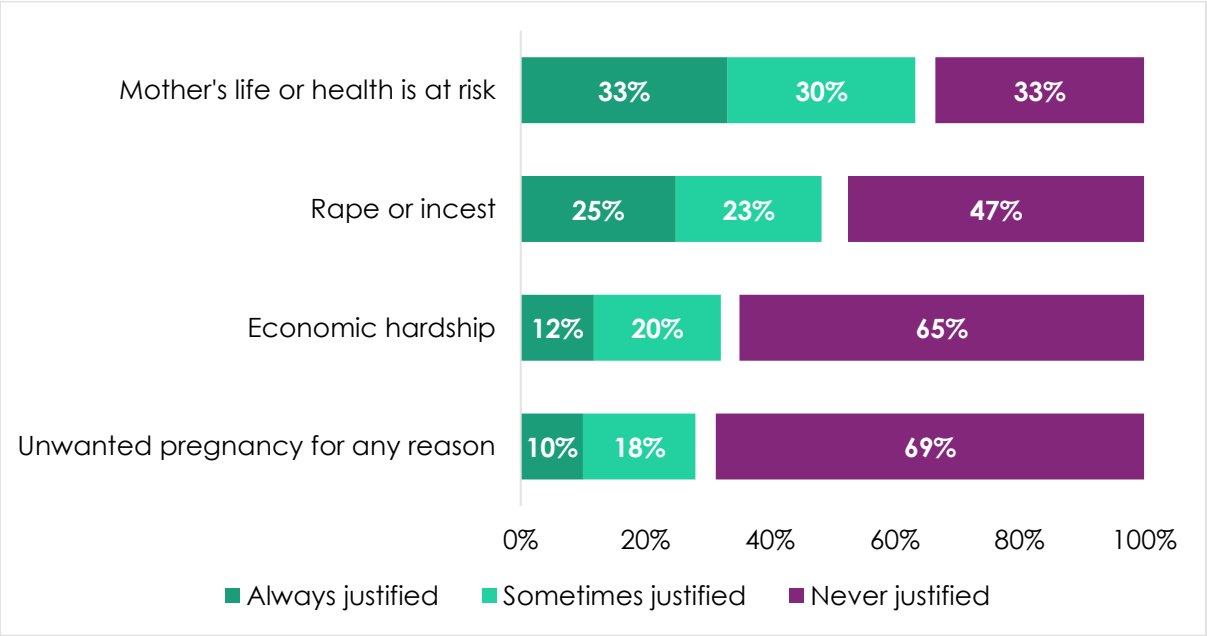
Respondents were asked: *In your opinion, how often, if ever, do women or girls in your community terminate their pregnancies?*

When it comes whether and when abortion can be justified, almost two-thirds (63%) of Africans say it is "always" (33%) or "sometimes" (30%) justified if the woman's health or life is in danger (Figure 17).

Views are evenly divided as to whether abortion can be justified if the pregnancy is the result of rape or incest.

In contrast, more than six in 10 respondents say pregnancy termination is "never justified" in cases where the woman is economically unable to care for a child (65%) or where the pregnancy is unwanted for any reason (69%).

Figure 17: Justification of pregnancy termination | 38 countries* | 2024/2025



Respondents were asked: *For each of the following situations, please tell me whether you think it can always be justified, sometimes be justified, or never be justified for a woman to terminate a pregnancy if:*

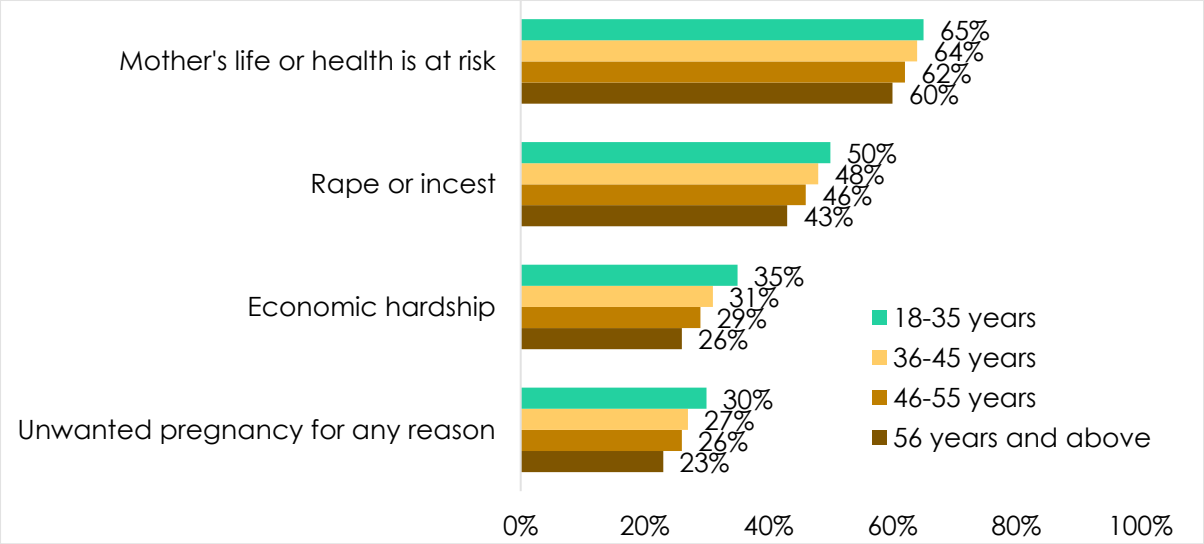
The pregnancy is as a result of rape or she has been impregnated by a close relative such as her father or brother.
Her health or life is in danger if she keeps the pregnancy.
She is going through economic hardships and cannot take care of a child.
She does not want to keep the pregnancy for any reason.

** Question about rape or incest was not asked in Tunisia.*

Younger Africans are somewhat more likely than their elders to see abortion as justified for any of these reasons, though the general pattern of acceptance for health reasons and reservations or opposition for other reasons holds true (Figure 18). We see the greatest difference on the question of economic hardship, where 35% of young respondents say abortion can be justified, compared to just 26% of the oldest cohort.

Women and men hold very similar views regarding the justifiability of terminating a pregnancy (Figure 19). Even in the case of rape or incest, women are only 3 percentage points more likely than men to see abortion as justifiable (50% vs. 47%).

Figure 18: Perception of pregnancy termination as sometimes/always justified | by age | 38 countries* | 2024/2025



Respondents were asked: *For each of the following situations, please tell me whether you think it can always be justified, sometimes be justified, or never be justified for a woman to terminate a pregnancy if:*

The pregnancy is as a result of rape or she has been impregnated by a close relative such as her father or brother.

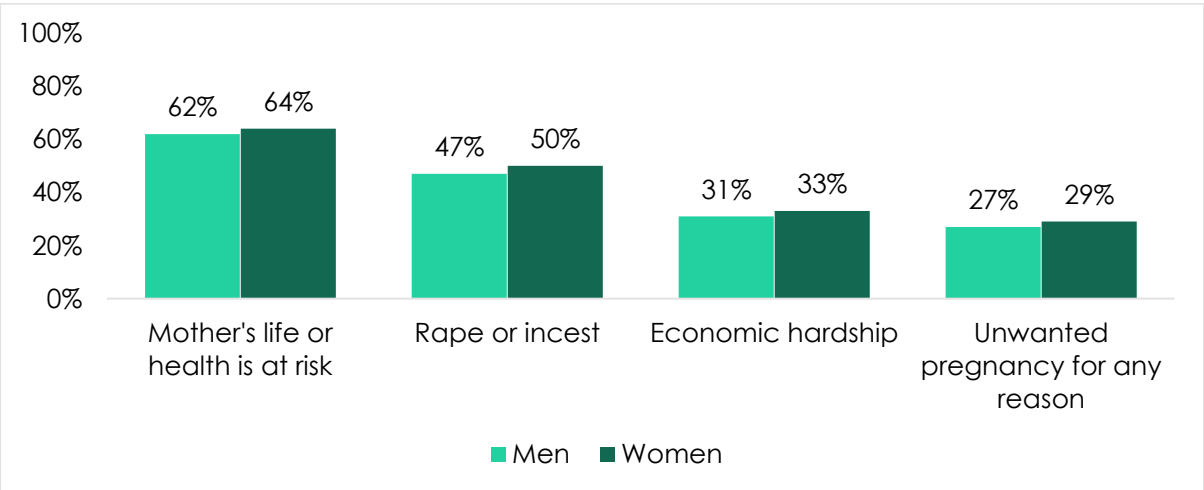
Her health or life is in danger if she keeps the pregnancy.

She is going through economic hardships and cannot take care of a child.

She does not want to keep the pregnancy for any reason.

*(% who say "sometimes justified" or "always justified") * Question about rape or incest not asked in Tunisia*

Figure 19: Perception of pregnancy termination as sometimes/always justified | by gender | 38 countries* | 2024/2025



Respondents were asked: *For each of the following situations, please tell me whether you think it can always be justified, sometimes be justified, or never be justified for a woman to terminate a pregnancy if:*

The pregnancy is as a result of rape or she has been impregnated by a close relative such as her father or brother.

Her health or life is in danger if she keeps the pregnancy.

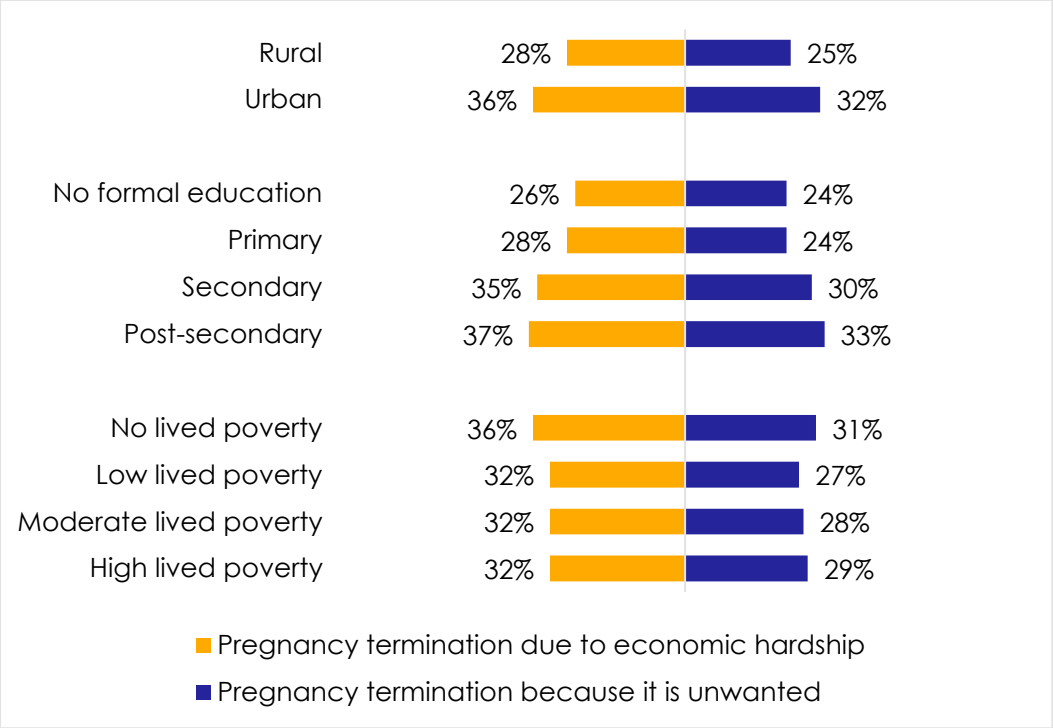
She is going through economic hardships and cannot take care of a child.

She does not want to keep the pregnancy for any reason.

*(% who say "sometimes justified" or "always justified") * Question about rape or incest not asked in Tunisia*

Other demographic characteristics show differences in attitudes toward abortion in situations where the woman does not want the pregnancy or cannot afford to take care of the baby (Figure 20). Acceptance of abortion under both circumstances increases with education, and urbanites are more likely than rural residents to see abortion under these circumstances as justified. Well-off citizens are marginally more accepting of pregnancy termination for these reasons than those experiencing some level of poverty.

Figure 20: Pregnancy termination justified due to economic hardship or because woman doesn't want a child | by demographic group | 38 countries | 2024/2025



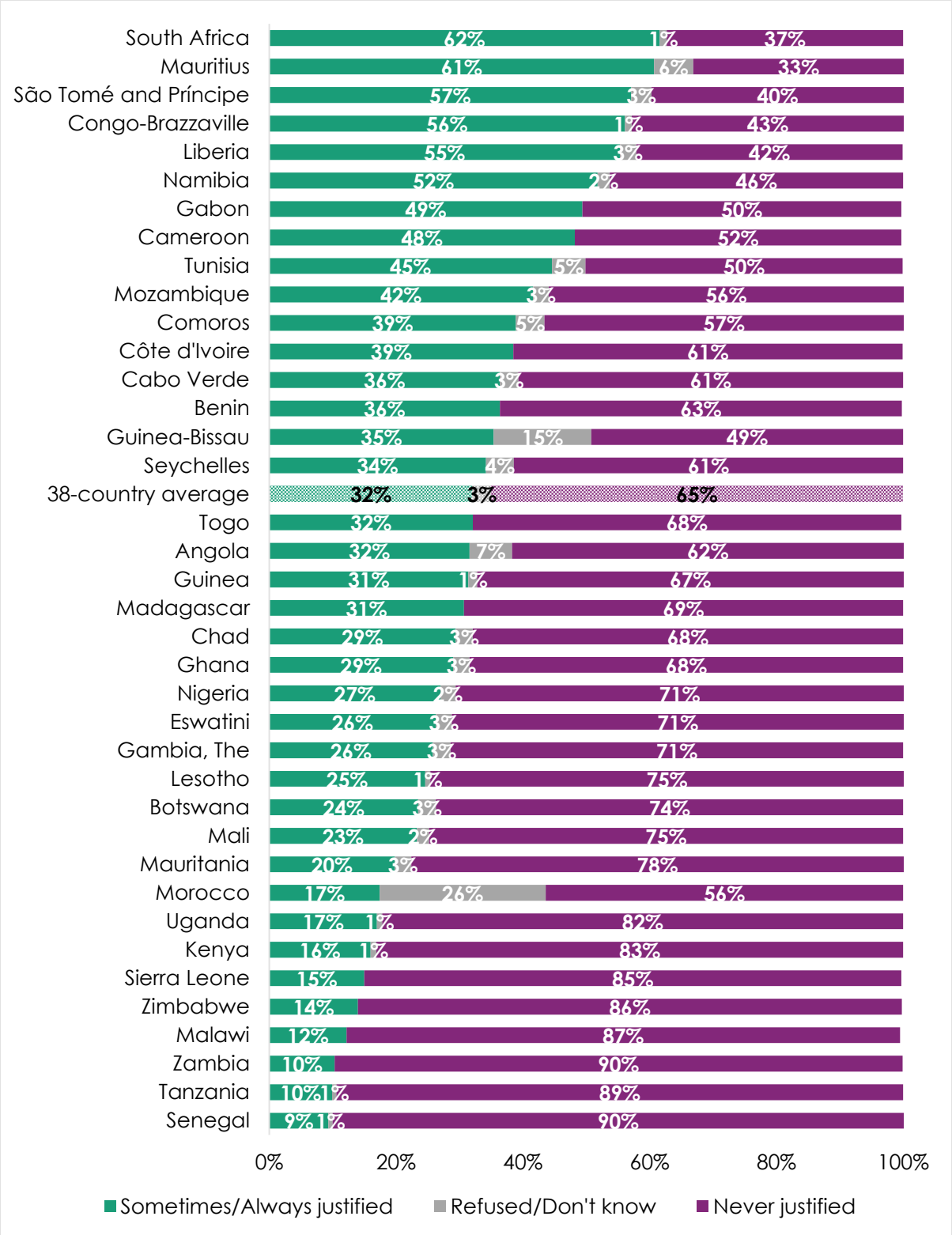
Respondents were asked: *For each of the following situations, please tell me whether you think it can always be justified, sometimes be justified, or never be justified for a woman to terminate a pregnancy if:*

She is going through economic hardships and cannot take care of a child.
She does not want to keep the pregnancy for any reason.

(% who say "sometimes justified" or "always justified")

Perhaps reflecting the interplay of different legal and social contexts, countries vary considerably in how they view economic hardship as a possible justification for abortion (Figure 21). In South Africa (62%), Mauritius (61%), São Tomé and Príncipe (57%), Congo-Brazzaville (56%), and Liberia (55%), about six in 10 respondents say it is "sometimes" or "always" justified to terminate a pregnancy due to economic hardship. But resistance to abortion due to economic hardship is fierce in a majority of the countries surveyed, with about nine in 10 respondents in Senegal (90%), Zambia (90%), Tanzania (89%), Malawi (87%), Zimbabwe (86%), and Sierra Leone (85%) saying it is never justified.

Figure 21: Justification of pregnancy termination due to economic hardship
| 38 countries | 2024/2025



Respondents were asked: *For each of the following situations, please tell me whether you think it can always be justified, sometimes be justified, or never be justified for a woman to terminate a pregnancy if: She is going through economic hardships and cannot take care of a child.*

Conclusion

The Afrobarometer Round 10 surveys reveal that most Africans support the right of girls and women to make their own choices about marriage and childbearing, pointing to a firm commitment to these pillars of gender equality and women's rights across the continent.

Most Africans also say that girls who become pregnant should be allowed to continue their schooling and that schools should provide sexuality education to help young people make informed decisions about their health and relationships. These views arguably reflect a continent-wide recognition that empowering women and girls benefits not only individuals but also families, communities, and national development agendas.

However, the survey also highlights that progress is uneven across countries, and is limited on other important issues. Opinions are more divided, for example, when it comes to sensitive topics such as access to contraceptives and abortion. While many Africans favour broader access to family-planning services, as seen in overwhelming support for contraceptive access for sexually active individuals regardless of marital status or age in South Africa, Cabo Verde, and other countries, the data also show almost equally strong opposition in countries such as Mauritania, Senegal, and Tanzania. For women's-rights activists, differences reflecting disparities in education, income, and local social norms underline the importance of tailored, community-based approaches to sexual and reproductive health policy reform and implementation.

Overall, the results suggest a significant opportunity for African governments, civil society organisations, and development partners to build on public support for girls' and women's autonomy. As African countries work toward achieving the Sustainable Development Goals – particularly those on gender equality, health, and education – Afrobarometer data make one thing clear: Most citizens are ready for policies that respect women's rights and promote informed choices.

References

African Union. (2003). Protocol to the African charter on human and peoples' rights on the rights of women in Africa.

African Union. (2018). AU strategy for gender equality & women's empowerment, 2018-2028.

Amoah, E. J., Larle, F. K., Beyuo, F., & Be-Ikuu, D. D. (2025). Urban-rural differences in caregivers' willingness to support adolescent girls' contraceptive use in Ghana: A comparative study. *Contraception and Reproductive Medicine, 10*(46).

Bankole, A., Remez, L., Owolabi, O., Philbin, J., & Williams, P. (2020). From unsafe to safe abortion in sub-Saharan Africa: Slow but steady progress. Guttmacher Institute Report.

Diagana, O. (2023), The transformation of Africa starts with our girls. World Bank Group.

Egbende, L., Mayala, V., Mbunga, B., Viberg, N., Mapatano, M. A., Alfvén, T., & Åkerman, E (2024). Perspectives on delivering sexual and reproductive health and rights information and services to young people: Focus group discussions with civil society organizations in the Democratic Republic of Congo. *Global Health Action, 17*(1).

European Parliamentary Forum. (2023). Contraception policy atlas: Africa.

Farina, P., Ortensi, L., Pettinato, T., & Ripamonti, E. (2022). The relationship between women's individual empowerment and the support to female genital cutting continuation: A study on 7 African countries. *Genus, 78*, 7.

Hespress. (2025). Calls grow in Morocco to integrate sex education into school curricula. 12 May.

Kidman, R., Raub, A., Martin, A., Bhuwania, P., Bose, B., & Heymann, J. (2024). Reducing child marriage in sub-Saharan Africa: Evaluating the joint potential of protective marriage and education policies. *Children and Youth Services Review, 164*.

Lukumay, G. G., Mgopa, L. R., Mushy, S. E., Rosser, B. R. S., Massae, A. F., Mkonyi, E., Mohammed, I., Mwakawanga, D. L., Trent, M., Wadley, J., Ross, M. W., Bonilla, Z., & Leshabari, S. (2023). Community myths and misconceptions about sexual health in Tanzania: Stakeholders' views from a qualitative study in Dar es Salaam Tanzania. *PLoS One, 18*(2).

Makleff, S., Wilkins, R., Wachsmann, H., Gupta, D., Wachira, M., Bunde, W., Radhakrishnan, U., Cislaghi, B., & Baum, S. E. (2019). Exploring stigma and social norms in women's abortion experiences and their expectations of care. *Sexual and Reproductive Health Matters, 27*(3).

Mattes, R., & Lekalake, R. (2025). Decade of destitution? Severe lived poverty is surging in many African countries. Afrobarometer Dispatch No. 943.

Mbarushimana, V., Conco, D. N., & Goldstein, S. (2022). "Such conversations are not had in the families": A qualitative study of the determinants of young adolescents' access to sexual and reproductive health and rights information in Rwanda. *BMC Public Health, 22*(1), 1867.

Middle East Institute. (2023). Women's reproductive rights and abortion in Morocco: Regulatory reforms should not miss the bigger picture.

Mohammed Tohit, N. F., & Haque, M. (2024). Forbidden conversations: A comprehensive exploration of taboos in sexual and reproductive health. *Cureus, 16*(8).

Nshutiyukuri, C., Uwingabire, F., Musabwasoni, M. G. S., Rutayisire, J. B., Rutayisire, R., Benimana, I., Kaberuka, G., Ishimwe, L. B., Kyame, Y. B., Mutabazi, L., & Mukeshimana, M. (2025). Perceived factors contributing to teenage pregnancy and their perceived effects on teenage females health in eastern province of Rwanda. *Women's Health*.

Opok, S. (2024). Ensuring school reentry for pregnant girls and teenage mothers in Uganda. Brookings. 3 January.

Ouahid, H., Sebbani, M., Cherkaoui, M., Amine, M., & Adarmouch, L. (2025). The influence of gender norms on women's sexual and reproductive health outcomes: A systematic review. *BMC Women's Health, 25,* (224).

Svallfors, S., Båge, K., Ekström, A. M., Dessie, Y., Wado, Y. D., Fagbemi, M., Larsson, E. C., Litorp, H., Puranen, B., Sundewall, J., Uthman, O. A., & Kågesten, A. E. (2024). Support for sexual and reproductive health and rights in sub-Saharan Africa: A new index based on World Values Survey data. *Reproductive Health, 21*(90).

UNICEF. (2022). Uganda: The national strategy to end child marriage and teenage pregnancy 2022/2023-2026/2027**.**

Uka, V. K., White, H., & Smith, D. M. (2024). The sexual and reproductive health needs and preferences of youths in sub-Saharan Africa: A meta-synthesis. *PLoS One, 19*(12).

World Bank Group. (2024) Transforming the lives of women and girls in eastern and southern Africa.

World Health Organization. (2024). Adolescent pregnancy.

Appendix

Methodological notes

In considering the analysis presented in this report, some key methodological issues warrant attention as they impact the analysis and interpretation of findings. Two issues are notable here: The proportions of non-responses and the robustness of measurement of individual items. While the proportions of non-responses and variable-measurement robustness of individual items are common factors in public opinion research, their consideration is emphasised in instances where the topics being measured are of a sensitive or controversial nature, as is the case for this report, which presents findings on attitudes and beliefs about issues that are strongly influenced by prevailing norms about gender equality, reproductive rights, and women's autonomy.

Proportions of non-responses are important as they modify the analysis and consequently the interpretation of results. In general, a threshold limit for proportions of non-responses of less than or equal to 5% of the total sample is considered acceptable for real-world research as they constitute an acceptable minority of cases that are removed from the analysis. Proportions of non-responses exceeding 5% merit attention as they may suggest some systematic bias in the way respondents answered the relevant items, meaning that the analysis and interpretation may be less robust than it is for countries where the missing values proportion is less than the 5% threshold. In our 38-country sample, detailed missing-value analysis showed that five countries exhibited non-response proportions exceeding 5%: Tunisia (6.5% on average across 11 question items), Angola (8.2%), Mauritius (8.2%), Guinea-Bissau (10.3%), and, most notably, Morocco (31.3%). These high rates of non-response are likely attributable to social norms and values that may inhibit respondent answers as they traverse issues that are culturally taboo. Consequently, the actual proportions of responses received for these countries may not accurately reflect the views of all of their national adult populations as they would in countries where these non-responses are closer to 0. While the analysis in this report includes findings for these five countries, the results for these countries should be treated with some measure of caution in interpretation when compared to the remaining 33 countries for which non-responses were below the acceptable threshold.

The robustness of measurement is an important consideration in analysis and interpretation as it attests to the reliability and validity of the items being measured. This is especially relevant in instances where the individual items are not stand-alone variables but rather constitute individual components of multi-item (composite) scales. All of the variables analysed in this report belong to one of two multi-item scales: Q85 (on whether abortion can be justified under certain circumstances) and Q86 (on contraceptives, schooling for girls who are pregnant or have children, sexuality education, and women's autonomy in marriage and childbearing decisions). Consequently, it is useful to consider how well the individual items work not on their own but rather as integral components of a common scale. To test the robustness of the individual items as components of their respective composite scales, Afrobarometer conducted a separate validation analysis on all items for Q85 and Q86. This validation revealed variability in the measurement robustness of individual items across different countries. Specifically, items Q85A, Q85B, Q86C, and Q86D were consistently poor across the majority of the 38 countries, often due to wording or phrasing issues that introduced ambiguity in meaning and interpretation. In contrast, the remaining items were consistently strong across the countries, with some items – notably Q85C, Q86B, and Q86E – outperforming others, rendering them the optimal candidates for single-item analysis. In considering the results for the individual items, this variability in measurement integrity should be noted in that strong items convey greater confidence in interpretation of results than do those with poor measurement integrity.

For further information and a detailed analysis of these issues in the Afrobarometer Round 10 SRHR data, and a review of diagnostic tools that can be applied in the interpretation of the findings, please see Afrobarometer Methods Note No. 5.

Table A.1: Afrobarometer Round 10 fieldwork dates and previous survey rounds

Country	Round 10 fieldwork	Previous survey rounds
Angola	March-April 2024	2019, 2022
Benin	Jan.-Feb. 2024	2005, 2008, 2011, 2014, 2017, 2020, 2022
Botswana	July 2024	1999, 2003, 2005, 2008, 2012, 2014, 2017, 2019, 2022
Burkina Faso	N/A	2008, 2012, 2015, 2017, 2019, 2022
Cabo Verde	Aug.-Sept. 2024	2002, 2005, 2008, 2011, 2014, 2017, 2019, 2022
Cameroon	Feb.-March 2024	2013, 2015, 2018, 2021, 2022
Chad	Feb.-April 2025	N/A
Comoros	May-June 2025	N/A
Congo-Brazzaville	Sept.-Oct. 2024	2023
Côte d'Ivoire	Jan. 2024	2013, 2014, 2017, 2019, 2021
Eswatini	April-May 2025	2013, 2015, 2018, 2021, 2022
Ethiopia	N/A	2013, 2020, 2023
Gabon	April-May 2024	2015, 2017, 2020, 2021
Gambia, The	April-May 2024	2018, 2021, 2022
Ghana	Aug. 2024	1999, 2002, 2005, 2008, 2012, 2014, 2017, 2019, 2022
Guinea	May-June 2024	2013, 2015, 2017, 2019, 2022
Guinea-Bissau	July-Sept. 2025	N/A
Kenya	April-May 2024	2003, 2005, 2008, 2011, 2014, 2016, 2019, 2021
Lesotho	March 2024	2000, 2003, 2005, 2008, 2012, 2014, 2017, 2020, 2022
Liberia	July-Aug. 2024	2008, 2012, 2015, 2018, 2020, 2022
Madagascar	Oct.-Nov. 2024	2005, 2008, 2013, 2015, 2018, 2022
Malawi	Aug. 2024	1999, 2003, 2005, 2008, 2012, 2014, 2017, 2019, 2022
Mali	Oct.-Nov. 2024	2001, 2002, 2005, 2008, 2013, 2014, 2017, 2020, 2022
Mauritania	Dec. 2024-Jan. 2025	2022
Mauritius	April-May 2024	2012, 2014, 2017, 2020, 2022
Morocco	Feb.-March 2024	2013, 2015, 2018, 2021, 2022
Mozambique	July-Sept. 2025	2002, 2005, 2008, 2012, 2015, 2018, 2021, 2022
Namibia	March 2024	1999, 2003, 2006, 2008, 2012, 2014, 2017, 2019, 2021
Niger	N/A	2013, 2015, 2018, 2020, 2021
Nigeria	June-July 2024	2000, 2003, 2005, 2008, 2013, 2015, 2017, 2020, 2022
São Tomé and Príncipe	Sept.-Nov. 2024	2015, 2018, 2022
Senegal	Feb.-March 2025	2002, 2005, 2008, 2013, 2014, 2017, 2021, 2022
Seychelles	Aug. 2024	2022
Sierra Leone	March-April 2025	2012, 2015, 2018, 2020, 2022
South Africa	June-Aug. 2025	2000, 2002, 2006, 2008, 2011, 2015, 2018, 2021, 2022
Sudan	N/A	2013, 2015, 2018, 2021, 2022
Tanzania	June-July 2024	2001, 2003, 2005, 2008, 2012, 2014, 2017, 2021, 2022
Togo	July 2024	2012, 2014, 2017, 2021, 2022
Tunisia	Feb.-March 2024	2013, 2015, 2018, 2020, 2022
Uganda	Jan.-Feb. 2024	2000, 2002, 2005, 2008, 2012, 2015, 2017, 2019, 2022
Zambia	July 2024	1999, 2003, 2005, 2009, 2013, 2014, 2017, 2020, 2022
Zimbabwe	June 2024	1999, 2004, 2005, 2009, 2012, 2014, 2017, 2021, 2022

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Afrobarometer, a nonprofit corporation with headquarters in Ghana, is a pan-African, nonpartisan research network. Regional coordination of national partners in about 35 countries is provided by the Ghana Center for Democratic Development (CDD-Ghana), the Institute for Justice and Reconciliation (IJR) in South Africa, and the Institute for Development Studies (IDS) at the University of Nairobi in Kenya. Michigan State University, the University of Cape Town, and the University of Malawi provide technical support to the network.

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