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Asking the hard questions: Challenges in surveys on sexual and reproductive health and rights in Africa

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AFROBAROMETER Methods Note

Summary

Women's and girls' reproductive and sexual health rights (including access to contraception and termination of pregnancy) vary widely in Africa due to differing legal, cultural, and religious contexts. For instance, most African countries inherited restrictive colonial-era abortion laws, and an estimated 92% of women of reproductive age in sub-Saharan Africa live in countries that either prohibit abortion or restrict it to cases in which a woman's life or health is threatened (Bankole, Remez, Owolabi, Philbin, & Williams, 2020).[1] Many African societies also have deep-rooted cultural norms or religious beliefs that stigmatise abortion (Makenzius, McKinney, Oguttu, & Romuld, 2019), which may discourage people from seeking or providing services in contexts where it is legal (Jim et al., 2023). Abortion, in many countries a bellwether for the broader sexual and reproductive health rights available and accessible to women and girls, is therefore often politicised on the continent (Williams, 2025).

Afrobarometer's Round 10 survey module on sexual and reproductive health and rights (SRHR) asks a series of questions on abortion, access to contraception, sexuality education, and women's autonomy. The high degree of social sensitivity of these issues raises challenges for both questionnaire design and data analysis. Asking direct questions about these issues may cause discomfort, leading to higher rates of refusal or non-committal responses among some groups (non-response bias). Or survey respondents may feel compelled to provide what they perceive or know to be socially acceptable answers, rather than truthful ones (social desirability bias). These challenges can impact data accuracy and interpretation, thereby diminishing the validity and reliability of obtained responses and limiting use of these results to inform public policy.

This methods note uses the Round 10 SRHR module as a case study to illustrate challenges in surveying socially sensitive attitudes and to showcase some of the diagnostic tools that can be applied to assess the quality of the questionnaire items and their suitability for application in analysis. The diagnostic tools range from descriptive analyses to more advanced psychometric validation testing. Using data from the 38 countries surveyed between January 2024 and September 2025, item response rates indicate that most countries meet recommended benchmarks, thus supporting reliable sub-national analysis. Further disaggregation by gender, age cohort, and religion is therefore permissible. Caution is required, however, when analysing data from Angola, Guinea-Bissau, Mauritius, Morocco, and Tunisia due to elevated levels of non-response across numerous items.

In addition, psychometric validation (tests of how well the questions worked) demonstrates that individual items perform differentially in different countries, thus requiring careful selection of items for scalar construction (combining questions into composite measures, or "scales") and/or single-item analysis. While scalar use of individual items is recommended, this varies by country, requiring selection of different items across different countries. Overall, some items performed consistently better than others across a majority of countries, and recommendations are provided per country for selection and use of individual items as either components of composite scales or for single-item analysis.

Based on these findings, we strongly recommend that researchers begin by thoroughly discussing the specific legal and social context of sexual and reproductive rights in each country, as these factors are likely to have an impact on responses. This is particularly applicable for items on the most sensitive topics, such as abortion. In addition, analysts should report item

[1] Many countries in the latter category also provide additional legal grounds based on rape, incest, or grave foetal anomalies.

response rates and flag any questions that fail to meet the recommended benchmarks. They should also examine whether there are systematic differences in non-response levels in their specific country or countries of interest based on factors such as interviewer-respondent gender dyads, the presence of others during an interview, and respondents' reported demeanour or disposition. Lastly, analysts are encouraged to conduct multivariate analyses and to draw from the qualitative insights available in interviewers' comments as a means of contextualising the results obtained from the quantitative analysis.

Key findings

- **Item non-response rates**:
  - Overall rates were within ideal levels (below 5%) for all items except for perceived abortion prevalence (12.2%).
  - Average rates across the 11 items were also within this range for all countries except Morocco (31.3%), Guinea-Bissau (10.3%), Mauritius (8.2%), Angola (8.2%), and Tunisia (6.5%).
  - Morocco had extremely high refusal rates, ranging from 9.8% (views on marriage autonomy) to 41.5% (contraceptive access regardless of age).
- **Interview conditions and item non-response rates**: Disaggregation by gender dyads, the presence of others, and respondent attitudes all indicate modest differences at the aggregate level that are unlikely to have meaningfully impacted respondent behaviour.
- **Question ordering**: Overall, question order had little effect on whether people responded or how they answered, with only a few small exceptions in specific countries (Senegal, Seychelles, and Sierra Leone).
- **Psychometric validation**:
  - To rationalise the validation, countries where missing values on scalar scores exceeded the threshold limit were excluded from the analysis, resulting in a 33-country validation analysis.
  - Item performance varied significantly across these 33 countries, requiring country-specific construction of composite scales for valid and reliable measurement.
  - Some items (Q85A, Q85B, Q86C, Q86D) were consistently poor across countries, often due to wording or phrasing issues that introduced ambiguity in meaning and interpretation. Based on the initial findings, these items were removed from further analysis for developing final scales.
  - Even within suitable scales as determined in the final analysis, certain items (Q85C, Q86B, Q86E) outperformed others, making them better candidates for single-item analysis.
  - While scalar use is generally encouraged to minimise measurement error, single-item analysis is permissible based on specific country recommendations. Recommendations on item use are also provided on scalar and single-item analysis for multi-country analysis and comparisons.

Challenges of surveying sensitive issues

Afrobarometer has tracked public opinion on various issues related to gender in Africa. This includes popular support for women's equality (Amoah Twum & Logan, 2023; Chingwete, Richmond, & Alpin, 2014; Patel, 2020) and public attitudes on gender-based violence (M'Cormack-Hale, Patel, & Ndiaye Diouf, 2023). The findings consistently show that African women continue to face systemic barriers to their social, economic, and political inclusion and that addressing these inequities is of priority to many citizens on the continent. Afrobarometer expanded this focus to the realm of women's health in its latest round of surveys through the Round 10 SRHR module.

Questions on sexual and reproductive health and rights provide a valuable lens through which to explore the broader challenges of surveying socially sensitive topics. These topics intersect with deeply held personal beliefs, cultural and religious norms, and often-taboo subjects – making them prone to certain types of biases if respondents feel uncomfortable or uneasy during the interview process. This discomfort, in turn, makes it harder to collect valid and reliable information on these important topics.[2]

The Round 10 SRHR module consists of 11 items covering four key dimensions (Table 1).[3] The first set of questions examines how people view abortion, including its prevalence and acceptability. The second group assesses support for universal access to contraception, regardless of marital status or age. The third set of items – concerning access to schooling for girls who are pregnant or have children and teaching sexuality education – tap into issues of adolescent girls' rights. Lastly, questions on the ability to choose when to marry and have children examine citizens' views on women's bodily autonomy and decision making.

The module's overall structure and questions raise several methodological concerns that could potentially affect the validity and reliability of responses. We have chosen to highlight four.

The first – and most important – concern is that the questions may induce social desirability bias. That is, survey respondents may feel pressured to give socially acceptable answers, rather than their true opinion, on these issues because of their high degree of stigmatisation and sensitivity. This is especially challenging in the case of face-to-face interviews like Afrobarometer's, where participants must voice their answers to an enumerator. Social desirability may therefore lead to underreporting of unconventional opinions – for example, of progressive or liberal views on abortion in a country where it is criminalised.

A second concern is the use of undefined technical terms (e.g. "terminate a pregnancy," "sex/sexuality education") and of potentially ambiguous phrasing ("informed decisions"). This poses a risk that participants may misinterpret the meaning of a question, which could undermine data validity and reliability across respondents and survey contexts. Achieving consistency in respondents' understanding of survey questions is particularly challenging

[2] For a discussion and analysis of *politically* sensitive Afrobarometer survey items, see Tannenberg (2017).

[3] The module originally had a 12th item, which asked whether respondents disagreed or agreed that "A woman who chooses to terminate a pregnancy should be sent to prison." The item was removed due to concerns that its phrasing could result in ambiguity or unintended interpretation. The use of "chooses" may prime respondents to think of contexts outside of the bounds of legal or acceptable behaviour. It is also unclear whether responses would reflect a participant's opinion on abortion's legal status (i.e. policy support) or their own moral judgements. For instance, a respondent could disagree with abortion while also disapproving of its criminalisation.

because of the considerable diversity of languages in which the Afrobarometer questionnaire is administered.[4]

Table 1: Summary of the Round 10 SRHR module

Dimension	Item	Question phrasing
Pregnancy termination (abortion)	Q84	In your opinion, how often, if ever, do women or girls in your community terminate their pregnancies?
		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:[5]
	Q85A	- The pregnancy is as a result of rape or she has been impregnated by a close relative such as her father or brother?[6]
	Q85B	- Her health or life is in danger if she keeps the pregnancy?
	Q85C	- She is going through economic hardships and cannot take care of a child?
	Q85D	- She does not want to keep the pregnancy for any reason?
Access to contraceptives		For each of the following statements, please tell me whether you disagree or agree:[7]
	Q86A	- Contraceptives should be available to everyone, regardless of marital status.
	Q86B	- Contraceptives should be available to everyone who is sexually active regardless of age.
Adolescent inclusion and sex education	Q86C	- Girls should be allowed to continue their schooling even if they become pregnant or have children.
	Q86D	- Schools should teach [sex education/sexuality education] to young people to help them make informed decisions.
Bodily autonomy and decision making	Q86E	- Girls and women should decide for themselves whether and when they should marry.
	Q86F	- Women should decide for themselves when and how many children they want to have.

Similarly, double-barrelled questions – which ask about two or more issues within a single item – may lead to inconsistent or contradictory responses. This is because respondents may hold different views on each component of the question but are forced to provide a single answer. For instance, Q86C asks about both *pregnant girls* and those *with children* being able to continue their schooling. A respondent might support continued schooling for girls with children but not for those who are currently pregnant, or vice versa, but the question structure does not allow for this distinction. Similarly, Q86E asks about *girls* and *women* having autonomy over marriage decisions. These are two distinct demographic groups with potentially different social expectations and legal protections. Respondents may therefore hold markedly different attitudes toward young girls and toward adult women, making it difficult to interpret which aspect their answer reflects. The conflation of groups or issues therefore limits the precision of the data and obscures important distinctions that are critical when studying sensitive topics such as reproductive rights and gender equality.

Fourth, the order in which the questions were asked could potentially compromise data quality. This is generally known as the primacy effect, where initial questions (the primary) can influence

[4] The interviews on which this analysis is based were conducted in 102 languages.

[5] The order of questions Q85A-D was randomised.

[6] The question was not asked in Tunisia.

[7] Questions Q86A-F are grouped together and share this preamble.

how participants interpret and respond to subsequent questions (the secondary). Respondents may be more prone to social desirability bias or to refuse to answer on questions that follow particularly sensitive themes, such as abortion – which is the first element of the module. In addition, grouping multiple questions on distinct but related themes (Q86A-F) may lead to response set, wherein attitudes about one dimension (e.g. contraceptive access) influence how participants think about and respond to topics that they perceive to be conceptually related (schooling, bodily autonomy).

Together, these factors underscore the complexity of designing and interpreting surveys on sensitive issues. Prioritising clarity in question wording and structure, in addition to carefully considering respondents' social context, is essential to minimising bias and capturing authentic attitudes. Equally important is the systematic analysis of response patterns in order to test for potential signs of bias and better understand how these factors may have shaped the findings.

Data and methods

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. 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 methods note draws on data from 50,961 respondents who were interviewed in Round 10. (See Appendix Table A.1 for a list of countries and fieldwork dates.) All analyses are based on unweighted data.

Substantive responses to the SRHR module will be reported in a forthcoming Afrobarometer Pan-Africa Profile (Amoah Twum, Govender, & Asunka, 2025).

Did the sensitive or controversial nature of the SRHR module's subject matter contribute to higher levels of non-response? Did the order in which questions were asked affect how participants interpreted or answered them? Does the module measure a coherent set of views on sexual and reproductive rights? Finally, based on these considerations, are there specific items that should be avoided or interpreted with caution?

We conducted three distinct analyses aimed at addressing these questions. The first examines item non-response rates for each question in the SRHR module, measured as the proportion of "don't know" responses and outright refusals to answer a question. To explore potential patterns in non-response, cross-tabulations were used to compare these levels across respondent characteristics and interview conditions (see Table 2). This descriptive approach helps us to identify whether certain groups were more likely to skip specific questions, which can signal potential issues with question sensitivity or clarity.

Secondly, we tested for potential question-ordering effects in Q85A-D, which ask about the justifiability of abortion under various circumstances. We compared whether item non-response rates or average response valence (direction of the answers) differed depending on the order in which an item was asked. This analysis is limited to 10 countries because of issues with data availability.[8]

[8] Question-order randomisation is available for Chad, Comoros, Eswatini, Guinea-Bissau, Mauritania, Mozambique, Senegal, Seychelles, Sierra Leone, and South Africa.

Table 2: Variable description

Variable	Description/Question phrasing
Item non-response rate	The proportion of respondents who said "don't know" or refused to answer a question
Interview conditions	
Gender dyad	Gender pairing of interviewer and respondent, with interviewer listed first
Gender match	Collapsed version of gender pairing, indicating whether interviewer and respondent are of the same gender
Others present	Indicator of whether there were other people present during an interview who might have been listening
Negative respondent attitudes	Interviewer-rated indicators of respondent attitude or demeanour during an interview: - Suspicious (vs. at ease) - Misleading (vs. honest) - Uncooperative (vs. cooperative) - Bored (vs. interested)
Ordering effects	
Item order	Indicator of the order in which a respondent saw Q85A, Q85B, Q85C, and Q85D

Lastly, we briefly discuss the results from psychometric validation testing, which evaluates how well the SRHR module captures the underlying attitudes it is designed to measure (for more detailed results, see Appendix B). This involves examining whether the different survey items are all measuring the same underlying concept, and the extent to which they do so consistently. To do this, we used techniques such as factor analysis and reliability testing to explore how the questions relate to one another and whether they form a consistent, meaningful scale.

Item response rates

Item response rate refers to the proportion of respondents who provide a valid answer to a specific survey question. Item *non*-response rates therefore measure the share of participants who give a non-valid answer – typically refusals to answer, "don't know" responses, and skipped questions.

These metrics are an important indicator of survey data quality and reliability. A high non-response rate may be indicative of a confusing or sensitive question, which could compromise an item's validity and reliability. Furthermore, these responses are often dropped from more advanced analyses (e.g. multivariate regression analysis), which may weaken a survey's ability to detect meaningful relationships if there are high levels of missing data. Lastly, non-response rates that differ *systematically* across different types of respondents (e.g. men vs. women, or younger vs. older citizens) may lead to biased results, as the recorded answers would represent the views of those who were willing to respond, rather than the whole population.

This section examines item non-response rates for the SRHR module. We apply conservative benchmarks to assess data quality: Ideally, item non-response should remain below 5% of total responses, while 8% serves as a critical threshold beyond which the validity of findings may be compromised. Based on these standards, caution is advised when analysing SRHR data from Angola, Mauritius, Guinea-Bissau, and Tunisia. In addition, Morocco requires more advanced diagnostic testing due to its extremely high refusal rates.

Overall non-response rates

Figure 1 presents item non-response rates for each question in the SRHR module, measured as a combination of refusals and "don't know" answers. Despite concerns that the sensitivity of sexual and reproductive rights in Africa may cause participants to feel confused or uncomfortable, the results indicate strong response patterns across most of the module. On average, item non-response remained within either ideal or acceptable limits for most questions, ranging from 0.8% for Q86E (support for marriage autonomy) to 12.2% for Q84 (perceived abortion prevalence) across the 38 countries studied.

To contextualise these findings, we compared them to item non-response rates for the first seven questions in the Round 10 survey, which cover relatively uncontroversial subjects such as respondent characteristics (age, home language) and economic evaluations (see Appendix Table A.2 and Figure A.1). The slightly higher non-response rates for most SRHR items suggest that their potential sensitivity did not appreciably undermine overall participation. Instead, the results point to high overall levels of respondent trust and willingness to engage with potentially uncomfortable topics.

Figure 1: Item non-response rates | 38 countries* | 2024/2025

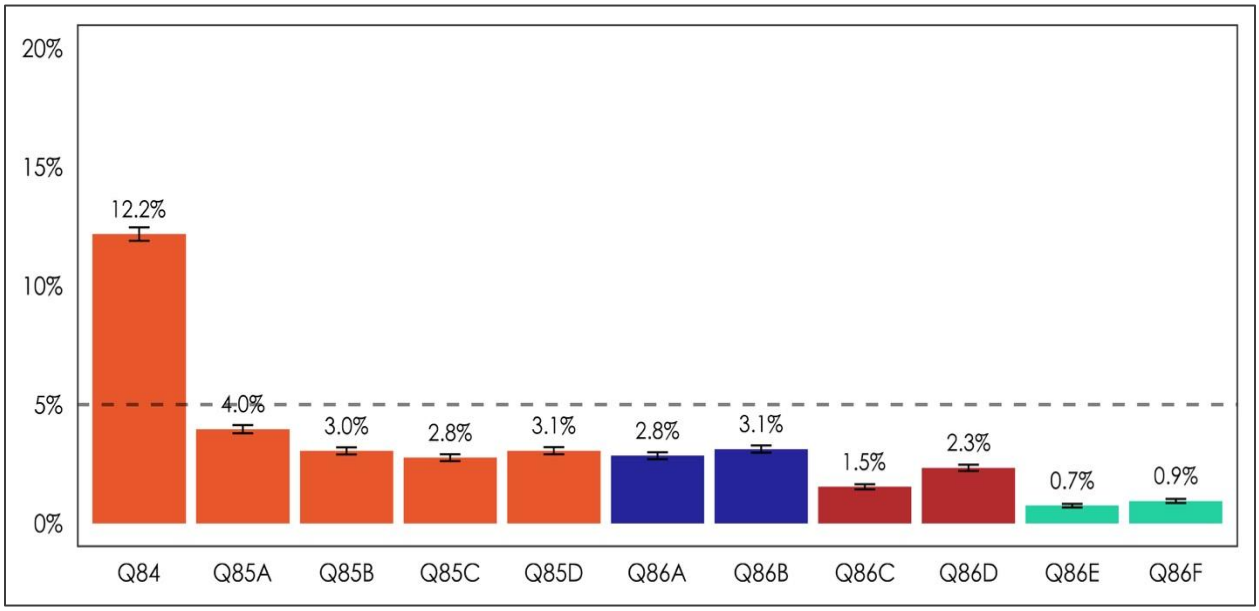

*Chart compares item non-response rates across the SHRH module, calculated as the percentage of respondents who say "don't know" or refuse to answer a question. The dashed horizontal line indicates the 5% benchmark, and error bars indicate 95% confidence intervals. Colours represent the module's four dimensions: views on abortion (orange), contraceptive access (blue), adolescent inclusion and sex education (red), and autonomy (green). * Calculations for Q85A exclude Tunisia because the question was not asked.*

Table 3 presents country-level findings, with yellow shading indicating acceptable but above-ideal levels of item non-response (5%-10%) and red shading potentially concerning rates of 10% or above. The analysis shows that while there is considerable variation by country and item, average levels across the 11 SRHR questions were within the ideal range in all but five countries: Morocco (31.3%), Guinea-Bissau (10.3%), Mauritius (8.2%), Angola (8.2%), and Tunisia (6.5%).

Table 3: Item non-response rates by country (%) | 38 countries | 2024/2025

Country	Pregnancy termination					Access to Contra-ception		Education		Autonomy		Avg.
	84	85A	85B	85C	85D	86A	86B	86C	86D	86E	86F	
Angola	7.6	7.5	6.8	6.6	7.3	16.6	16.0	7.9	8.8	2.2	2.6	8.2
Benin	2.1	0.6	0.6	0.4	0.4	0.5	0.4	0.3	0.2	0.3	0.1	0.5
Botswana	20.6	2.4	1.9	2.8	3.2	1.0	1.3	0.2	0.5	1.3	1.3	3.3
Cabo Verde	30.9	4.8	3.6	3.3	3.8	1.9	1.8	0.8	0.9	0.9	0.8	4.9
Cameroon	3.6	0.5	0.3	0.3	0.5	0.1	0.1	0.0	0.1	0.1	0.3	0.5
Chad	0.9	5.1	2.5	2.6	3.0	1.7	1.9	1.2	1.5	0.0	0.5	1.9
Comoros	9.0	5.4	3.9	3.8	4.6	5.1	4.6	2.4	3.0	1.1	2.6	4.1
Congo-Brazzaville	7.8	1.8	1.9	1.1	1.5	0.4	0.4	0.5	0.4	0.0	0.3	1.5
Côte d'Ivoire	0.8	0.5	0.3	0.3	0.3	0.1	0.3	0.0	0.1	0.0	0.0	0.2
Eswatini	16.3	3.8	3.2	2.4	2.7	0.7	0.8	0.3	0.6	0.9	0.7	2.9
Gabon	5.8	0.7	0.3	0.4	0.9	0.4	0.4	0.0	0.1	0.0	0.3	0.9
Gambia, The	14.2	2.8	2.7	2.4	2.2	4.1	4.4	2.1	2.3	0.8	1.2	3.5
Ghana	21.0	3.2	3.5	2.6	2.7	1.2	1.3	0.5	0.8	0.4	0.3	3.4
Guinea	6.8	2.9	2.4	1.8	2.3	2.7	3.1	0.8	1.0	0.2	0.1	2.2
Guinea-Bissau	24.4	18.7	16.8	16.3	16.0	4.9	4.7	3.7	4.4	1.6	1.8	10.3
Kenya	7.2	2.3	1.6	1.1	0.9	1.8	1.6	0.2	1.3	0.5	0.8	1.8
Lesotho	6.6	0.9	1.4	0.5	0.8	0.5	0.8	0.3	0.7	0.1	0.3	1.2
Liberia	6.3	3.3	2.4	2.3	2.6	0.3	0.4	0.0	0.1	0.1	0.1	1.6
Madagascar	0.6	0.3	0.3	0.0	0.5	0.2	0.2	0.3	0.5	0.0	0.0	0.3
Malawi	2.8	0.8	1.2	0.4	0.5	0.5	0.6	0.3	0.7	0.2	0.3	0.8
Mali	11.3	2.8	2.8	1.8	1.8	1.0	1.1	0.3	2.4	0.1	0.3	2.3
Mauritania	5.7	2.8	2.0	1.9	2.2	1.3	1.4	1.3	1.8	0.5	0.7	2.0
Mauritius	34.0	7.9	3.9	5.6	7.3	10.7	11.3	5.3	2.6	0.5	1.4	8.2
Morocco	50.6	46.0	23.8	26.6	28.9	36.3	45.7	22.3	41.6	10.6	12.0	31.3
Mozambique	4.6	3.4	3.3	2.8	2.9	2.3	2.3	1.4	2.6	1.0	0.4	2.5
Namibia	15.2	3.0	2.5	2.3	2.5	0.5	0.5	0.6	0.8	0.4	0.6	2.6
Nigeria	13.6	2.9	3.1	2.1	3.0	1.3	1.9	0.8	0.9	0.6	0.4	2.8
São Tomé and Príncipe	9.9	5.2	3.8	3.6	3.3	3.3	4.2	1.5	1.5	0.7	0.7	3.4
Senegal	6.0	1.1	1.3	0.6	0.4	1.0	0.9	0.5	0.9	0.6	0.3	1.2
Seychelles	30.3	5.7	4.8	4.2	4.8	1.3	1.4	1.1	1.1	1.2	1.4	5.2
Sierra Leone	8.7	0.8	0.3	0.3	0.3	0.3	0.3	0.4	0.3	0.2	0.3	1.1
South Africa	23.1	2.6	2.8	2.6	2.8	0.6	0.7	0.5	0.8	0.3	0.4	3.4
Tanzania	6.8	1.7	1.4	0.8	0.8	1.5	1.3	0.6	1.2	0.8	1.3	1.6
Togo	6.8	0.8	0.7	0.4	0.6	1.8	1.0	0.7	0.7	0.3	0.3	1.3
Tunisia	24.3	N/A	3.8	4.8	5.3	6.5	7.3	4.3	7.0	0.8	1.0	6.5
Uganda	6.2	1.0	2.0	0.9	1.1	0.4	0.5	0.3	0.5	0.4	0.6	1.3
Zambia	9.8	1.2	1.3	0.2	0.3	1.5	1.1	0.4	0.6	0.3	0.8	1.6
Zimbabwe	5.1	0.3	0.5	0.2	0.1	0.0	0.0	0.2	0.5	0.0	0.3	0.6
38-country average	12.2	4.0*	3.0	2.8	3.1	2.8	3.1	1.5	2.3	0.7	0.9	3.3
33-country average**	10.4	2.7	2.4	1.9	2.1	1.3	1.4	0.7	1.0	0.5	0.6	2.3

*Excludes Tunisia **Excludes Angola, Guinea-Bissau, Mauritius, Morocco, and Tunisia

We will use perceived abortion prevalence to further examine non-response patterns throughout because its higher levels of non-response make it easier to visually demonstrate any differences. However, a closer examination of the item highlights the challenges of using this metric to evaluate question sensitivity.

Most non-response on this question consists of "don't know" answers (93.3% of the total), rather than outright refusals (Figure 2). High "don't know" rates can signal a variety of issues, such as respondent fatigue, ambivalence, or discomfort with a question. In this case, however, survey participants were asked to estimate the prevalence of abortion in their community – a question for which "don't know" is a valid response that communicates a lack of sufficient information. It is therefore difficult to distinguish between non-response and substantive "don't know" responses at either respondent or aggregate level.

Figure 2: Non-response rates for perceived abortion prevalence | 38 countries | 2024/2025

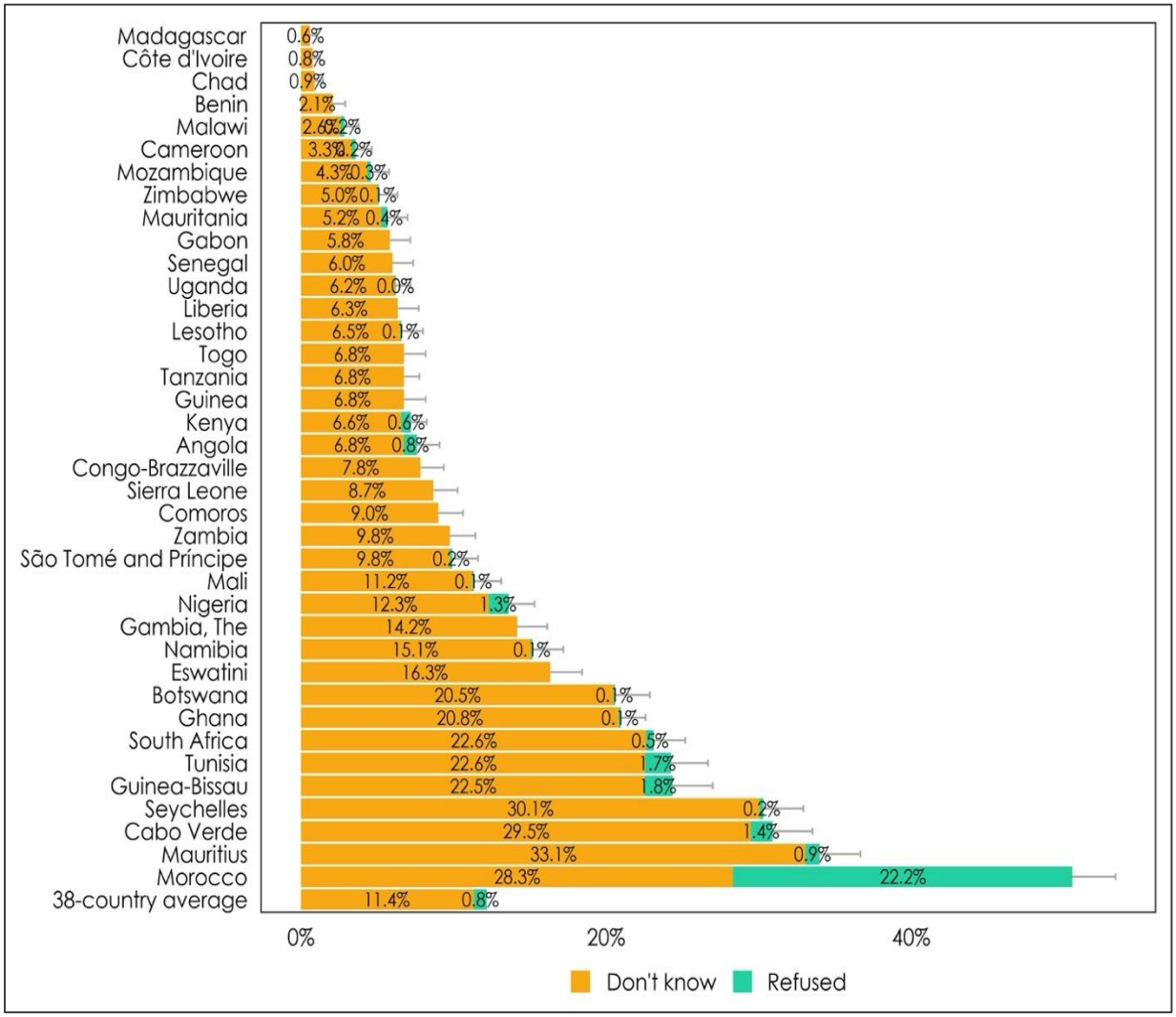

Chart compares item non-response rates across countries, calculated as the percentage of respondents who said "don't know" or refused to answer the question.

The item should be approached with caution, as it is unlikely to produce reliable information about the prevalence of abortion given its criminalisation and stigmatisation in most African countries. It is therefore crucial, when interpreting these results, to highlight that these are citizen *perceptions* and do not reflect objective assessments of the prevalence of abortion in any country. Furthermore, its placement at the beginning of the module could affect how some respondents think about and answer the subsequent questions on the acceptability of abortion.

Morocco stands out for both its elevated levels of non-response across the entire module and the fact that outright refusals constitute a large share of these results (Figure 3). This extended beyond questions on abortion; in fact, refusal rates were highest for Q86B (41.5%), which asked respondents for their views on universal contraceptive access among the sexually active population, regardless of age. This suggests that the question may have induced significant discomfort with discussing adolescent sexuality – a taboo topic (Hendrickx, Lodewijckx, van Royen, & Denekens, 2002; Ouahid et al., 2023; United Nations Population Fund, 2013).

Similarly, around two in five Moroccan respondents (38.2%) refused to offer an opinion on whether schools should teach sex education to help young people to "make informed decisions." This phrase is left undefined and may imply that once teenagers have thought something through – such as the decision to have sex – the behaviour becomes acceptable, which would conflict with cultural, religious, or moral norms in countries such as Morocco, where youth are expected to follow adult guidance rather than make independent choices (see Agbeve, Fiaveh & Anto-Ocrah, 2022).

Figure 3: Refusal rates in Morocco | 2024

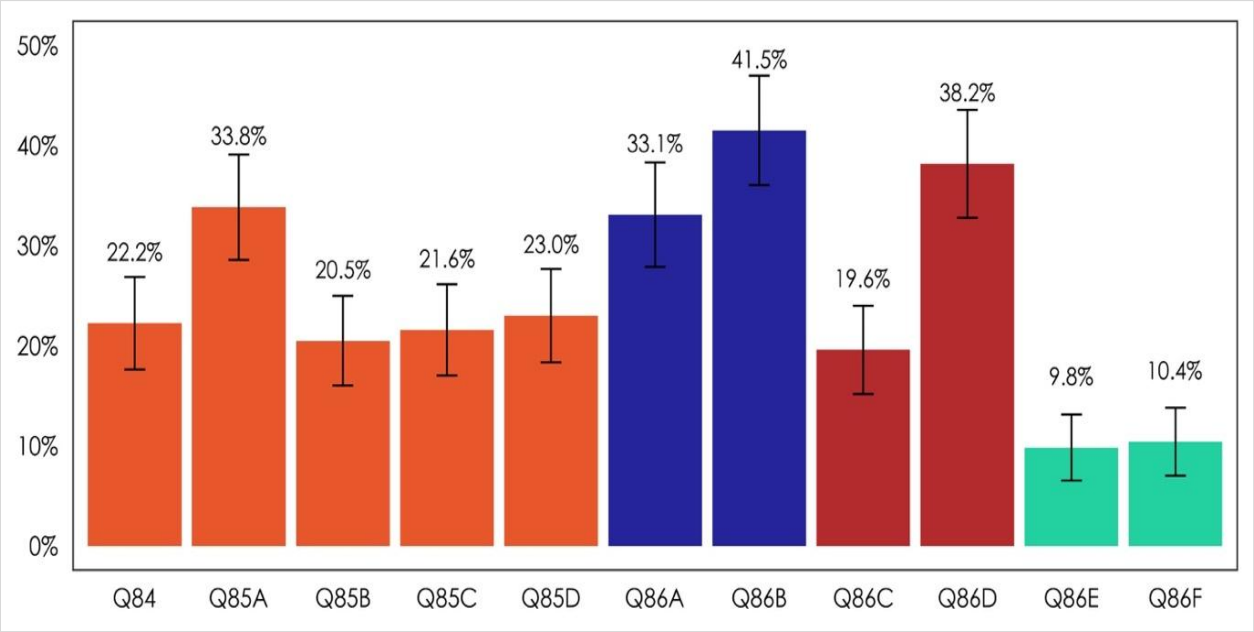

Chart shows the share of respondents who refused to answer each question in Morocco, grouped by sexual and reproductive health dimensions. Error bars indicate 95% confidence intervals.

Morocco's elevated refusal rates are particularly notable because SRHR questions did not include a "prefer not to answer" option that was read aloud along with valid responses. Instead, Afrobarometer trains enumerators to assure respondents at the beginning of an interview that

they are free to decline to answer any question. Including this response option could have potentially helped to distinguish between a lack of knowledge and discomfort in other countries. It also could have plausibly helped to mitigate social desirability by steering at least some respondents away from providing a socially acceptable answer.

Group differences in non-response rates

Differential item non-response occurs when questions have higher rates among specific population groups. For example, older, poorer, or less educated respondents might be more likely to say "don't know" or to refuse to answer questions about access to contraception due to unfamiliarity with the issue or discomfort with discussing it. If so, their perspectives would be underrepresented in the data, thereby skewing the results toward the views of younger, wealthier, or more educated respondents. If these groups also tend to have more conservative attitudes toward these issues, the findings could understate overall support for these policies.

Ideally, non-response patterns should therefore be similar across demographic groups to ensure representative and unbiased results. Researchers can test for differential non-response by examining whether there are systematic differences in these levels across subgroups.

Figure 4 provides an example of this analysis by comparing levels for perceived abortion prevalence across five key demographic dimensions: urban/rural location, gender, age cohort, education, and poverty level.[9] The results show clear differences by all these factors.

Education is a key predictor of item non-response, particularly in surveys on complex social and political issues. Less educated respondents may be more unfamiliar with such topics, which may also be less relevant to their day-to-day lives (Lugtig & Toepoel, 2016; Tourangeau, Rips, & Rasinski, 2000). Surprisingly, we find that non-response levels were *higher* on the abortion-prevalence question among respondents with post-secondary education. These respondents may feel less pressure to offer an opinion about an issue on which they have limited information, which could also explain higher rates among other privileged groups, namely urban residents and those with no lived poverty (Heerwig & McCabe, 2009; Holbrook, Green, & Krosnick, 2003; Krumpal, 2013; Tourangeau & Yan, 2007).

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We also find that non-response increases with age, which may reflect younger citizens' greater familiarity with or openness to discussing reproductive-health issues. Similarly, women may be more responsive than men on this item because of the greater relevance of reproductive-health issues to their own lives and to their wider social networks.

Ideally, we would have also examined whether there are differences by religiosity, because stronger religious beliefs are often associated with more conservative views on sexual and reproductive rights, but the Round 10 questionnaire does not include an item that measures this disposition beyond general religious affiliation.

[9] Afrobarometer's Lived Poverty Index (LPI) measures respondents' levels of material 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 4: Non-response rates for perceived abortion prevalence | by demographic group | 38 countries | 2024/2025

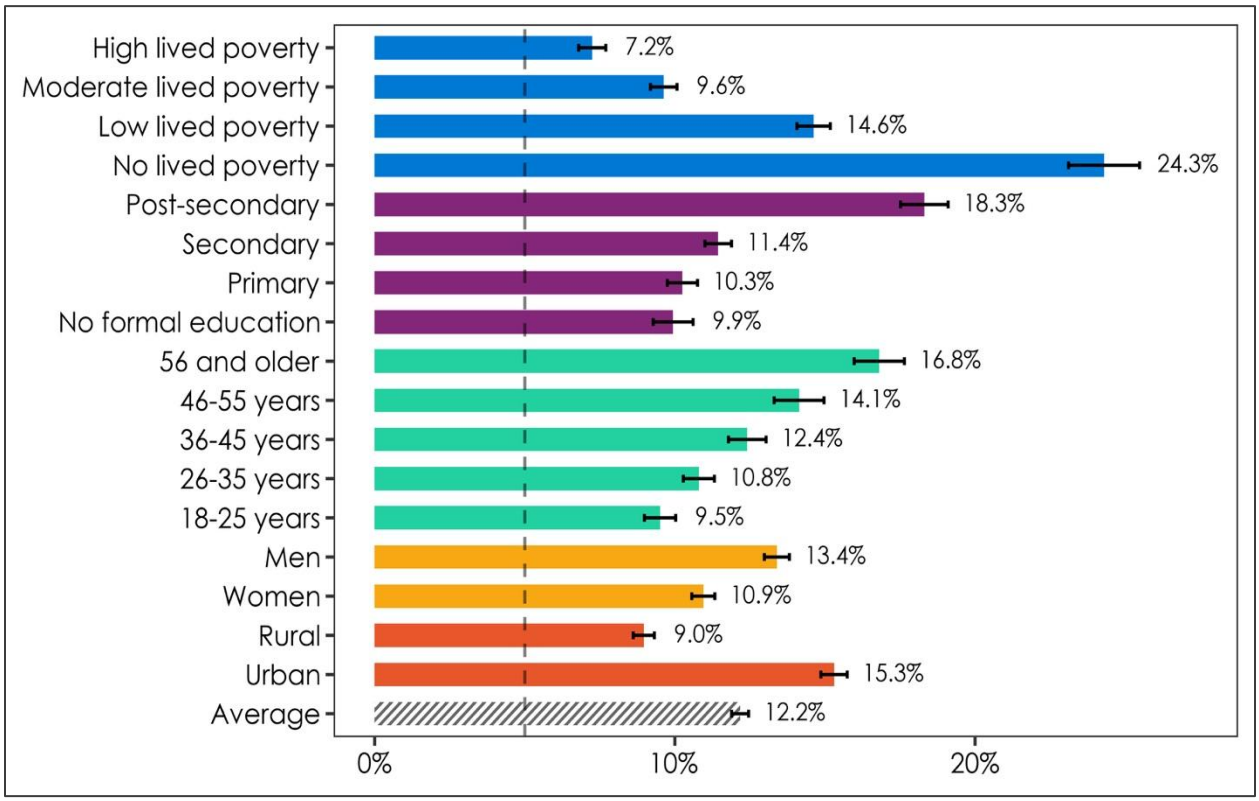

Chart compares non-response rates across demographic groups, calculated as the percentage of respondents in each group who said "don't know" or refused to answer. The dashed vertical line indicates the 5% benchmark, and error bars indicate 95% confidence intervals.

Interview conditions and item non-response

Interview conditions play a key role in shaping how respondents engage with surveys, especially when addressing sensitive topics like sexual and reproductive rights in a face-to-face setting. This section highlights three factors: the gender dynamics between interviewer and respondent (the gender dyad), the presence of others during the interview, and the participant's own attitude or disposition during the conversation. Each can influence participants' willingness to disclose information and to answer candidly by affecting whether respondents feel vulnerable to social pressure or judgment.

The results of our descriptive analysis suggest that, on average, these aspects of the interview environment do influence whether respondents answer certain questions, but the practical magnitude of these effects is relatively small. While there were modest differences in item non-response rates on all three factors that were consistent with our expectations, their overall impact was limited when looking at the data in aggregate. Further examination at the country level is therefore recommended in order to explore whether these concerns are more important in specific contexts.

Interviewer-respondent gender dyad

Interviewer-respondent gender dyad refers to the combination of the interviewer's and respondent's respective genders during a survey, as in a female interviewer speaking with a male respondent (female/male) vs. a female respondent (female/female).[10]

These pairings can influence how comfortable respondents feel sharing their views on social issues – particularly on sensitive, *gendered* topics like those covered in the SRHR module. For example, a woman might feel more comfortable answering a question about reproductive health with a female interviewer than with a male interviewer due to presumed shared lived experience. Higher non-response rates in mixed-gender dyads compared to same-gender pairings may therefore represent signs of greater discomfort or social desirability.

Figure 5 examines the relationship between gender match and item non-response rates. Each point represents the percentage of respondents in each group who said "don't know" or refused to answer a question, with same-gender pairings represented by blue points and mixed-gender ones in red. We do indeed find slightly higher levels of non-responsiveness among mixed-gender interviews across most items in the SRHR module.

Figure 5: Non-response rates by gender match | 38 countries* | 2024/2025

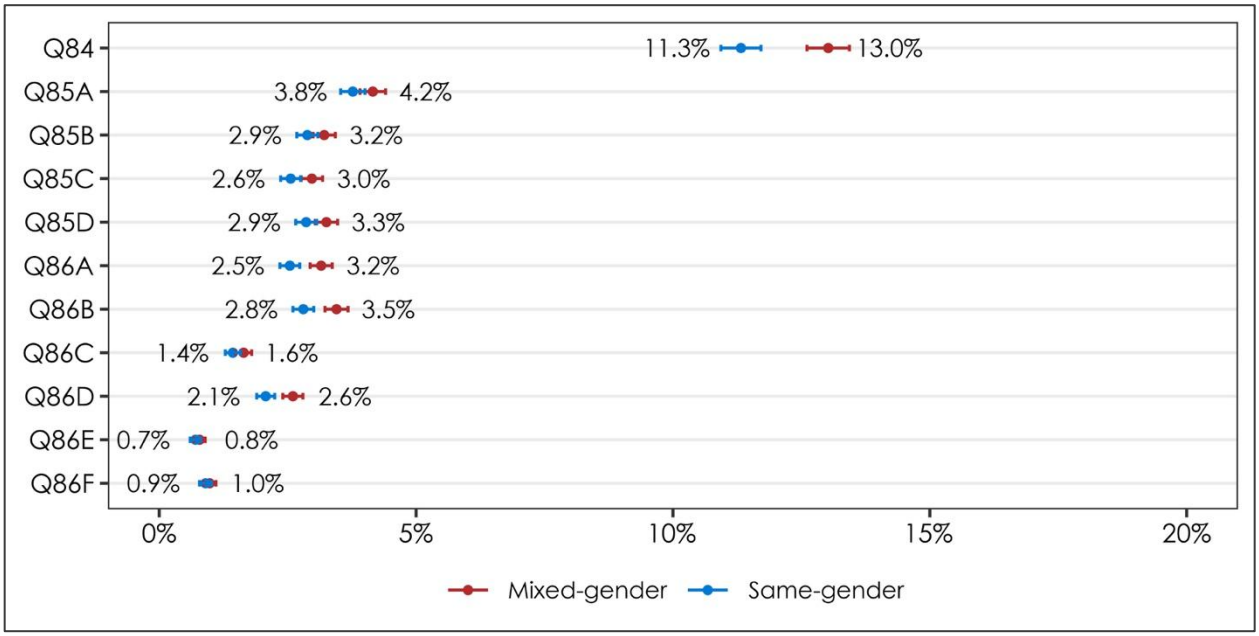

*Chart compares non-response rates grouped by whether the interviewer and respondent were the same gender (blue) or different genders ("Mixed-gender," red). Error bars indicate 95% confidence intervals. *Non-response rates for Q85A exclude Tunisia because the question was not asked.*

Figure 6 provides further exploration of these dynamics by comparing country-level rates for perceived abortion prevalence across all four gender-dyad combinations. The dashed vertical

[10] While the gender composition of fieldwork teams differs by country, there is a roughly equal number of same-gender and mixed-gender interviewer-respondent dyads due to the use of gender alternation during the respondent selection (Appendix Table A.3; see the Afrobarometer Round 10 Survey Manual for more information).

lines represent the average rates for all 38 countries and show that non-response rates were highest for interviews in which female enumerators interviewed men (16.3%, represented by the yellow line), followed by female/female (12.6%, orange), male/male (9.7%, purple), and male/female (8.9%, green) pairings. The chart also shows that the pattern of higher non-response among female/male pairings was particularly strong in Mali, Seychelles, and Tunisia.

Figure 6: Non-response rates for perceived abortion prevalence by gender dyad | 38 countries | 2024/2025

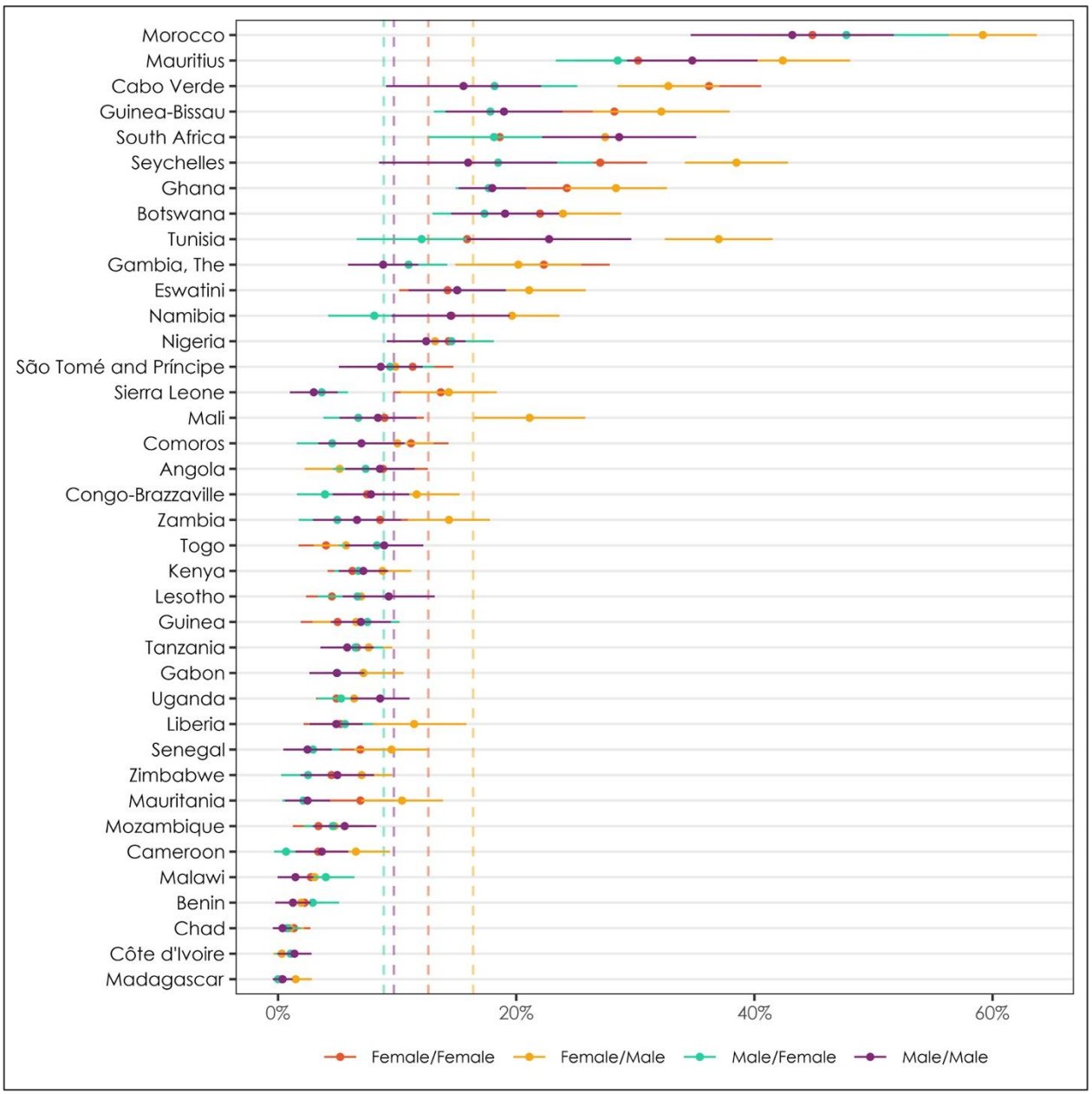

Chart compares non-response rates across countries, grouped by interviewer-respondent gender dyads. Dashed vertical lines indicate the 29-country average for each dyad type. Error bars indicate 95% confidence intervals.

Higher non-response rates for female interviewers – especially when interviewing men – may reflect social discomfort or unwillingness to engage with a stigmatised topic like abortion, rather than genuine lack of knowledge. Cultural norms and gender dynamics likely make male respondents more hesitant to express opinions or estimates about abortion in front of women, prompting them to opt for a neutral or non-committal answer.

While these results provide suggestive evidence that interviewer-respondent gender dyads influence whether respondents answer certain questions, further analysis shows that the magnitude of this influence is relatively minor in real-world terms.[11] Therefore, it is a pattern worth noting but appears unlikely to drive major differences in overall data quality or interpretation – at least at the aggregate level. However, this does not rule out the possibility that these issues are present at the country level (e.g. in Mali, Seychelles, and Tunisia on perceived abortion prevalence). Researchers are therefore advised to examine these dynamics in their specific countries of interest.

Presence of others

Maintaining respondents' privacy and confidentiality during a face-to-face interview is essential to ensuring honest and accurate responses, especially when addressing sensitive topics. It helps to protect participants from potential social stigma or harm while also improving data quality and upholding ethical research standards. Afrobarometer fieldworker training emphasises the importance of conducting interviews in a quiet and private space, but it is not always possible to achieve this goal.[12]

Respondents may feel especially ashamed, embarrassed, or afraid to answer questions on sexual and reproductive rights if others – for example, their parents, spouses, or community members – are present or within earshot during an interview. This could artificially depress reported awareness or approval of controversial SRHR issues such as abortion or contraceptive access in socially conservative African contexts.

Figure 7 explores this question by comparing item non-response rates for interviews in which the respondent was alone (green points) and for interviews in which there was at least one other individual present who could have been listening to the conversation (purple). We find slightly higher levels of non-response in interviews with others present, but these appear to be meaningful only for the two questions on contraceptive access (Q86A and Q86B).

[11] The results of chi-square tests (gender match) and one-way ANOVA tests (gender dyads) indicate that there are statistically significant differences in non-response rates for most variables, but estimated effect sizes (Cramér's V and Cohen's η^2, respectively) are generally small (not shown).

[12] On average, 69.2% of interviews took place under conditions in which the respondent was alone, while 30.8% took place in the presence of at least one other person. The most common scenario was an interview in the presence of children (12.8% of all interviews), followed by one/a few adults (10.7%), a respondent's spouse (6.0%), and a small crowd (1.2%) (see Appendix Table A.4).

Figure 7: Non-response rates by presence of others | 38 countries* | 2024/2025

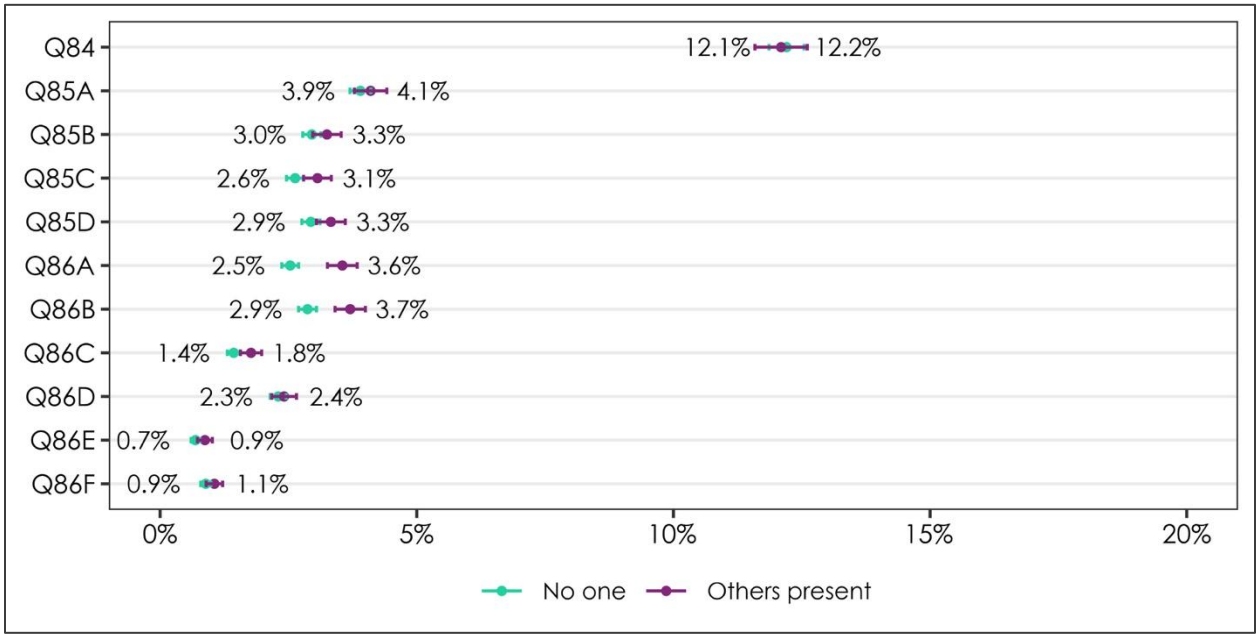

*Chart compares non-response rates grouped by whether a respondent completed an interview alone (green) or in the presence of others (purple). Error bars indicate 95% confidence intervals. *Calculations for Q85A exclude Tunisia because the question was not asked.*

Figure 8 takes a closer look at these dynamics by disaggregating the results for the items on contraceptive access by country. The resulting analysis demonstrates that the relationship between the presence of others and item non-response is particularly strong in Morocco, where respondents were almost twice as likely to say "don't know" or refuse to answer Q86A (access regardless of marital status) if there were others present than if they were interviewed alone (59.4% vs. 32.4%). The gap was smaller but still notable for Q86B (access regardless of age).

Again, further statistical testing shows that while the presence of others during interviews was associated with higher item non-response on several SRHR questions, its overall impact was limited.[13] Additional examination is advised at the country level – including analysis by who exactly was present. This may be especially important in countries that have a large proportion of interviews in which respondents' spouses were present, such as Madagascar (15.3%), Mauritius (14.6%), Mauritania (14.3%), Zimbabwe (13.4%), and Tunisia (12.3%).

Respondent attitudes

Examining non-response patterns by respondent attitudes is important when surveying sensitive issues because certain attitudes – such as suspicion or discomfort – may make respondents more likely to avoid answering. This systematic non-response can distort results, reduce data validity, and affect the representativeness of the findings. Understanding these patterns therefore allows researchers to further gauge the reliability of the data.

[13] The results of chi-square tests indicate that there are statistically significant differences in non-response rates for most variables, but estimated effect sizes (Cramér's V and Cohen's η^2, respectively) are generally small (not shown).

Figure 8: Non-response rates for access to contraception by presence of others | 38 countries | 2024/2025

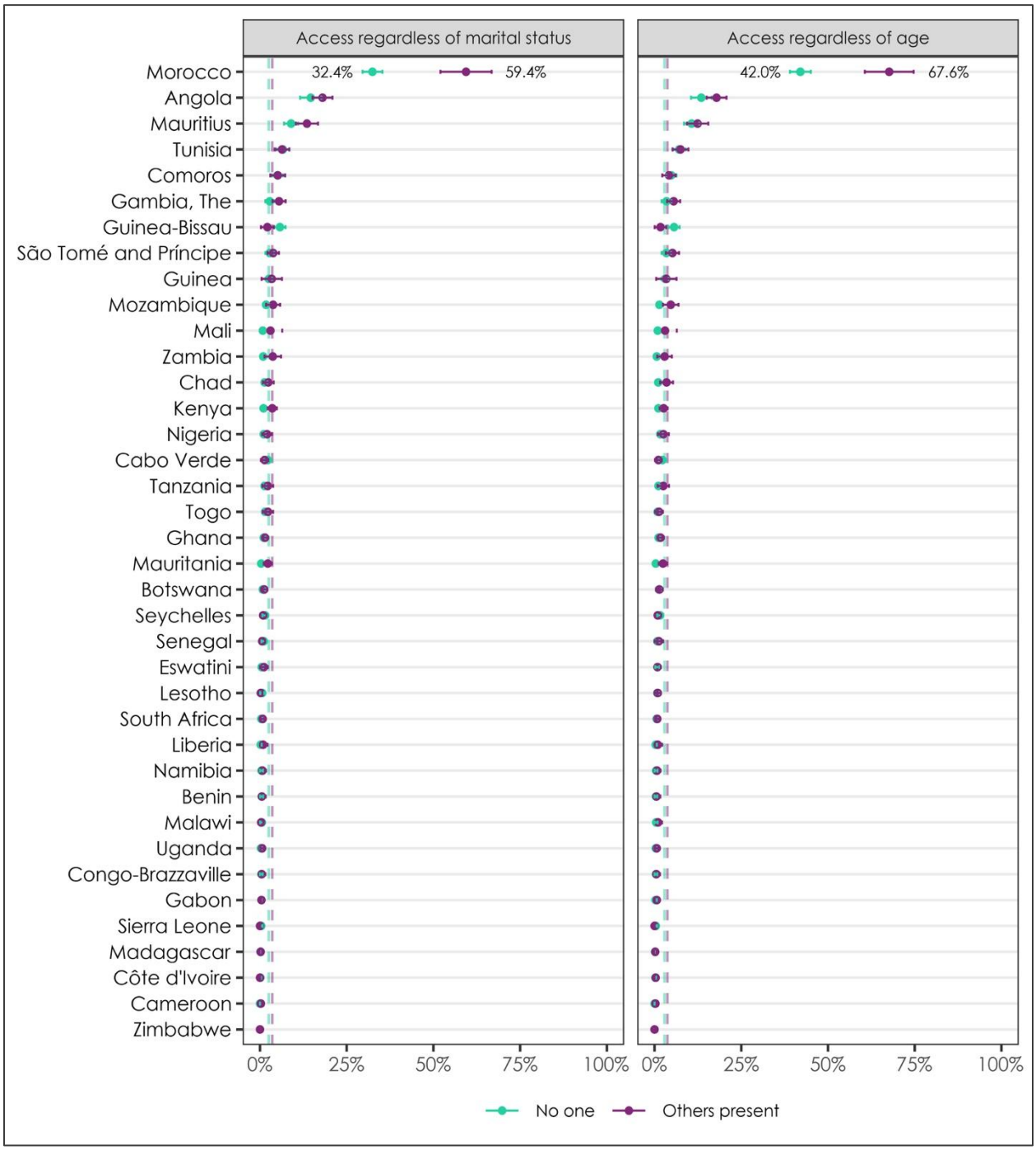

Chart compares item non-response rates across countries, grouped by whether a respondent completed an interview alone (green) or in the presence of others (purple). The dashed vertical lines indicate the 38-country average for each dyad type. Error bars indicate 95% confidence intervals.

In this analysis, we focus on four of the six respondent-attitude dimensions that enumerators observe and capture in Afrobarometer surveys (see frequencies in Appendix Figure A.2). First, boredom could potentially influence response quality through disengagement, leading respondents to give non-committal ("don't know") responses. Second, a misleading respondent might choose to deliberately answer a sensitive question inaccurately or to decline to answer. Third, respondents suspicious of the originator/owner of the survey might withhold answers fearing social or legal consequences. Fourth, cooperation is a general predictor of response quality, and uncooperative participants are more likely to skip questions or provide superficial answers.

Figure 9 presents item non-response rates across the SRHR module grouped according to respondents' reported disposition on these dimensions. To ensure a consistent and cautious approach to interpretation, respondents rated by interviewers as being "in between" were grouped with those holding a negative disposition. This coding reflects a conservative assumption that ambivalence or hesitation may function similarly to negative sentiment in terms of its impact on engagement and response behaviour.

Figure 9: Non-response rates by respondent attitudes | 38 countries* | 2024/2025

Chart compares item non-response rates grouped by whether a respondent conveyed a positive (blue) or negative (orange) disposition on each attitudinal dimension. Error bars indicate 95% confidence intervals.
**Calculations for Q85A exclude Tunisia because the question was not asked.*

We find that non-response levels were slightly higher among participants whom enumerators recorded as showing at least some signs of being bored, misleading, suspicious, or uncooperative. However, further testing indicates that while there is statistically significant variation across different attitude groups for each question, the strength of these associations is generally weak (not shown).

We have excluded analysis disaggregated by country from this descriptive analysis due to the very small numbers of respondents reported to have exhibited a negative disposition in most countries. However, these dynamics could be explored via multivariate regression analysis.

Question-order randomisation

Randomising the order in which questions are asked is often recommended in survey research because it helps to minimise ordering effects arising from priming and can reduce social desirability bias by making it more difficult for participants to guess a survey's intent. Purposive (fixed) ordering may be more appropriate, however, in face-to-face interviews on sensitive issues because it assists enumerators to gradually ease participants into offering their opinions on these topics, thus promoting greater data completeness and quality. Randomisation is therefore advisable for groups of questions that are thematically related and are of equivalent sensitivity.

The Round 10 SRHR module randomises the order of questions on the justification of abortion in various scenarios, including rape or incest (Q85A), health endangerment (Q85B), economic hardship (Q85C), and if a woman "does not want to keep the pregnancy for any reason" (Q85D).[14] While these map onto existing legal frameworks in Africa,[15] some scenarios are more sensitive than others due to their legal standing and prevailing social norms or taboos. This is consequently a suboptimal scenario in which to implement question randomisation.

This section tests for question-ordering effects by examining whether an item's non-response rate or response valence varied depending on the order in which it was asked in the 10 countries for which this information was available at the time of preparing this analysis.

Figures 10 and 11 present the analysis of non-response rates and average responses, respectively. In both charts, the results are grouped according to the question's position in the sequence – whether it was asked first (orange), second (yellow), third (green), or fourth (purple). Both sets of findings suggest no meaningful question-ordering effects *on average*. In other words, while the order in which these questions appeared may have influenced whether or how some individuals responded, neither the likelihood of saying "don't know" or refusing to answer a question nor the substance of participants' responses varied systematically based on when the item appeared.[16] The findings therefore indicate that, on average, response behaviour remained stable regardless of item placement.

[14] Appendix Figure A.3 shows that question-order randomisation was successfully implemented in all 10 countries for which we have these data.

[15] As of the most recent comprehensive analysis (2019), abortion was illegal under all circumstances in six of the 38 countries examined (Angola, Congo-Brazzaville, Madagascar, Mauritania, Senegal, and Sierra Leone), with the remaining 32 countries maintaining varying degrees of legal restrictions (Bankole et al., 2020).

[16] Ordering effects were tested using one-way ANOVA. One set of models assessed whether the position of a question (first to fourth) affected non-response rates, while a second set examined differences in mean valid responses (on a 1-3 scale). Across all items (Q85A-Q85D), no statistically significant effects of position were found (all $p>0.5$), indicating that question order did not systematically influence response patterns (not shown).

Figure 10: Non-response rates for justification of termination | by question order | 10 countries | 2024/2025

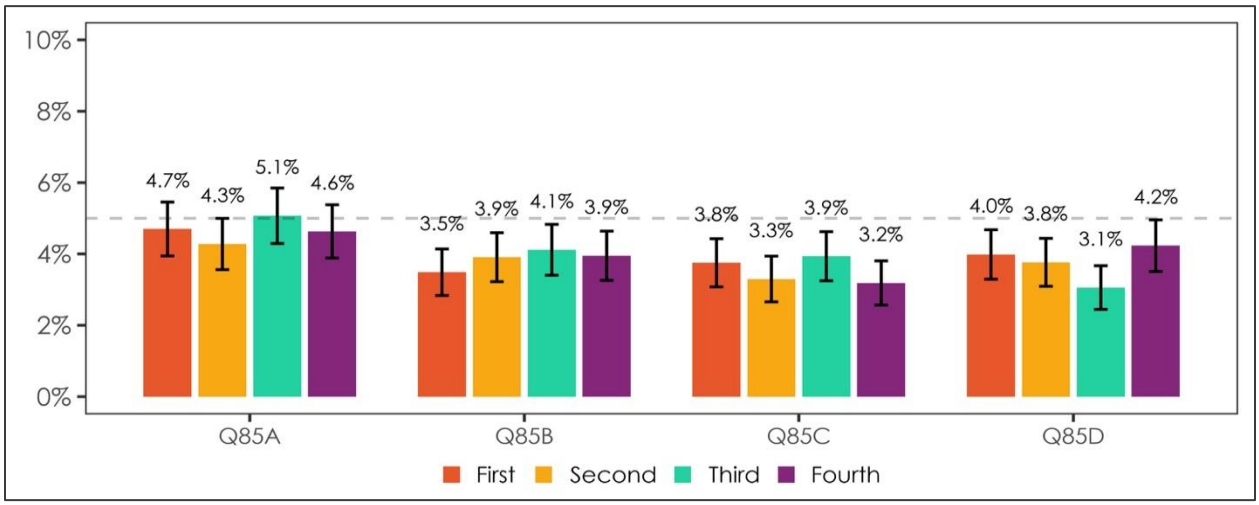

Chart compares non-response rates for each question, grouped according to whether the question was asked first (orange), second (yellow), third (green), or fourth (purple). The dashed horizontal line represents the 5% benchmark, and error bars indicate 95% confidence intervals.

Figure 11: Average response for justification of termination | by question order | 10 countries | 2024/2025

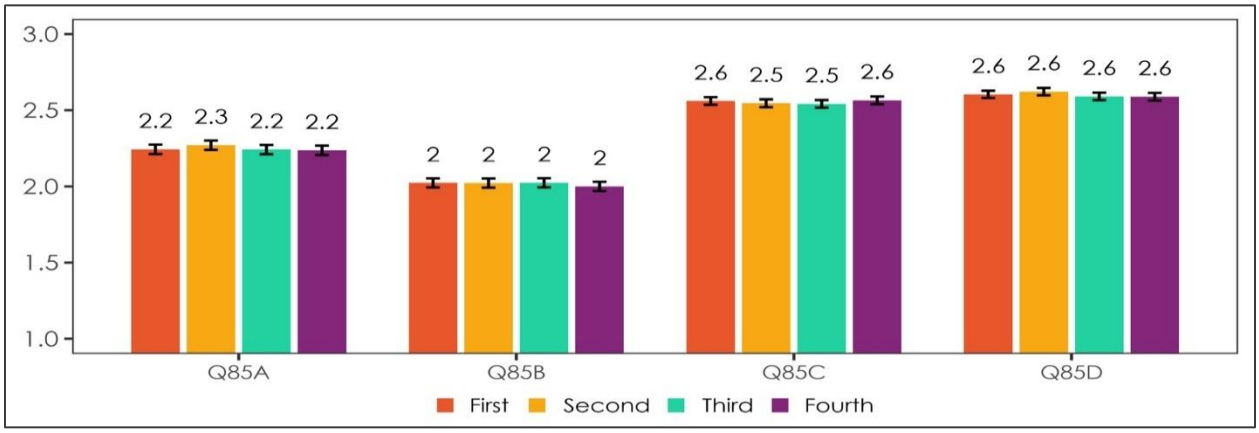

Chart compares the average (mean) response for each question on a 3-point scale where 1 = "Always justified", 2= "Sometimes justified", and 3 = "Never justified". Interviews are grouped according to whether the question was asked first (orange), second (yellow), third (green) or fourth (purple). Error bars indicate 95% confidence intervals.

Appendix Table A.5 presents the results of both sets of analyses by country. The results are reassuring: Overall, statistical tests show little evidence that the order of the questions had a major impact. In general, respondents were equally likely to answer a question – and gave similar answers – regardless of whether the question appeared earlier or later in the sequence.

A few countries (notably Comoros, Mozambique, and Sierra Leone) showed statistically significant ordering effects, i.e. people were slightly more likely to say "don't know" or decline to

answer questions depending on where the question appeared. But even there, the differences are small and probably do not affect the overall results. When looking at how people answered the questions, we found a few possible effects of question order. In Seychelles, answers to Q85C changed slightly based on where the question was placed. The same was true for Q85D in Senegal. These findings suggest that question order might matter in some cases and could require further testing.[17]

Psychometric validation

Psychometric validation is the process of evaluating how well a measurement instrument, such as a survey module or questionnaire, captures the psychological or social construct it is intended to measure. It does so by testing whether items are internally consistent (reliability), measure one underlying factor or multiple factors (dimensionality), and correlate well with indicators of similar concepts (validity).

The tests can help to determine whether the SRHR module's questions reflect the four underlying constructs in which they are grouped, can test whether these groups of questions (sub-scales) function similarly across different contexts or groups, and can also assist with improving the module's overall quality by identifying redundant or poorly performing items (see Appendix B for more details on our methodology).

The psychometric validation revealed several important results. First, individual items performed differentially across countries in terms of validity and reliability of scales, requiring differential use of items for construction of composite scales for each country. Second, some items (Q85A, Q85B, Q86C, and Q86D) were consistently poor across a majority of countries, constraining their application in analysis. While these items remain available for use as single items in basic descriptive analysis such as frequencies, their use as part of composite scales comprising multiple items is limited. In contrast, other items (Q85C, Q86B, and Q86E) performed consistently well across a majority of countries, making them suitable candidates for analysis for both basic and advanced analysis. The reasons for item quality include issues relating to item wording and phrasing, specifically the introduction of ambiguity and potential confusion in item meaning.

We also found that even where individual items were suitable for use in construction of composite scales, one or some of the items in the scale performed much better than others, implying that they were the optimal choices for single-item analysis. Detailed recommendations are provided per country for use of both items for scales as well as for use in single-item analysis.

Q85 (justifiability of abortion)

Our analysis shows that, in most countries, the four items worked well together as a single measure. Using these items as a single scale was reliable in about 80% of countries, with Q85C proving the most dependable item and Q85B the least. However, in seven countries, the questions seemed to reflect two slightly different ideas (clustered as Q85A/Q85B and Q85C/Q85D, respectively).[18]

[17] Results from one-way ANOVA tests and calculations for effect sizes using both eta-squared (η^2) and omega-squared (ω^2) indicate that responses to Q85C in Seychelles showed a statistically significant and modestly sized order effect ($\omega^2 = 0.009$, $p<0.01$). Smaller but notable effects were also found for Q85D in Senegal ($\omega^2=0.005$, $p=0.05$).

[18] These seven countries are Cabo Verde, Gabon, Ghana, Madagascar, Senegal, Seychelles, and Zambia (not shown). In addition, Mauritania returned one factor that excluded Item B.

Table 4 summarises country-level recommendations for items on the justifiability of abortion: Q85A, Q85B, Q85C, and Q85D (see Appendix Table B.1 for more details on this analysis).

Table 4: Q85 country recommendations | 33 countries | 2024/2025

Country	Single-item optimal choice	Single-item second choice	Scalar use	Scalar reliability (C,D)
Benin	D	C	D,C	0.73
Botswana	C	D	C,D	0.75
Cabo Verde	C	D	C,D	0.62
Cameroon	C	D	C,D	0.70
Chad	C	D	C,D	0.72
Comoros	D	C	C,D	0.73
Congo-Brazzaville	C	D	C,D	0.77
Côte d'Ivoire	C	D	C,D	0.72
Eswatini	C	D	C,D	0.71
Gabon	C	D	C,D	0.71
Gambia	C	D	C,D	0.80
Ghana	C	D	C,D	0.76
Guinea	C	D	C,D	0.80
Kenya	C	D	C,D	0.55
Lesotho	C	D	C,D	0.76
Liberia	C	D	C,D	0.78
Madagascar	C	D	C,D	0.80
Malawi	C	A	C,D	0.57
Mali	D	C	D,C	0.75
Mauritania	D	C	D,C	0.77
Mozambique	C	D	C,D	0.59
Namibia	C	D	C,D	0.77
Nigeria	C	D	C,D	0.76
São Tomé and Príncipe	C	D	C,D	0.72
Senegal	C	D	C,D	0.61
Seychelles	C	D	C,D	0.74
Sierra Leone	C	D	C,D	0.71
South Africa	C	D	C,D	0.74
Tanzania	C	D	C,D	0.74
Togo	C	D	C,D	0.75
Uganda	C	D	C,D	0.73
Zambia	C	D	C,D	0.71
Zimbabwe	C	D	C,D	0.80
All 33 countries	C	D	C,D	0.75

Note: Cell shading in the column for reliability testing indicates whether the results are reliable, marginally reliable, or not reliable.

The first column lists the countries where the reliability of the scale was tested. The second and third columns identify which single item is the strongest and second-strongest performer in each country, guiding decisions on which question to use when only one item can be included in an

analysis. The fourth column shows how the items can be used together to build a composite (scalar) measure, while the final column presents the reliability scores of those scales, indicating how consistently the items work together (with scores above 0.70 generally considered reliable).

Q85C is the best single item in most countries, while Q85D is a strong second choice and the top performer in a few cases (Benin, Comoros, Mali, Mauritania). The combined Q85C-Q85D scale works well across most countries, but in places with lower reliability (Cabo Verde, Kenya, Senegal, Malawi), using a single item may be better.

In contrast, Q85B performed poorly – likely because people interpreted the phrase "danger to life" in different ways. While the reference to the mother's health is clear, the second part of the statement about potential threats to her "life" may have been understood to mean other kinds of risks (e.g. community or family disapproval, legal consequences), rather than just health risks. In other words, the item may be referring to both medical danger and social or legal threats, creating ambiguity. This may explain why the item performed poorly across most countries.

Q86 (contraception, adolescent inclusion, women's autonomy)

This analysis is more complex than the examination of Q85 because Q86A-Q86F encompasses three conceptually distinct domains, rather than framings of a single issue. Q86 spans contraceptive access (A and B), adolescent inclusion and sex education (C and D), and bodily autonomy (E and F) – topics that are susceptible to cross-national variation in interpretation based on the local sociocultural and legal context. This broader scope increases variability in both validity and reliability, making Q86 less likely than Q85 to function as a single cohesive scale.

Table 5 summarises country-level results for validity and reliability testing (see Appendix Table B.2 for more detail). The first three columns show how the six items cluster statistically, indicating whether they are understood as reflecting a single concept or multiple related dimensions. The "weakest item" column identifies which item contributed least to internal consistency within each national context. The next four columns report reliability scores for different item combinations: Scale AB (contraceptive access), Scale CD (adolescent inclusion and sex education), Scale EF (bodily autonomy and decision making), and the unitary scale (all six items combined). The final column highlights the weakest item in the unitary scale, signalling where wording or interpretation may be undermining reliability.

Country-level patterns reveal that the EF scale is the most reliable, with scores above 0.70 in many countries, including Namibia, Nigeria, Cabo Verde, and Seychelles. The AB scale performs moderately, with solid results in Chad and Guinea but weaker reliability in Botswana and Cabo Verde. The CD scale is consistently the weakest – particularly in Sierra Leone, Tanzania, and Zambia. Using all six items as a unitary scale performs strongly only in select countries, notably Namibia and Nigeria.

Taken together, these results point to a clear set of recommendations. The EF scale offers the most robust and cross-culturally stable measure and can confidently be used for comparative analysis. The AB scale provides moderate reliability and may be suitable in many contexts, while the CD scale requires caution and possible revision. The unitary scale may be appropriate in some high-performing countries but should be applied selectively – guided by country-level evidence rather than a one-size-fits-all approach.

Table 5: Q86 validity and reliability testing | 33 countries | 2024/2025

Country	Validity				Reliability				Weakest item (unitary scale)
	Factor 1	Factor 2	Factor 3	Weakest item	Scale - AB	Scale - CD	Scale - EF	Unitary	
Benin	CD	AB	EF	C	0.70	0.58	0.59	0.68	F
Botswana	ABCD	EF		C	0.62	0.51	0.75	0.69	C
Cabo Verde	ABCD	EF		C	0.55	0.52	0.85	0.70	B
Cameroon	CDEF	AB		F	0.71	0.62	0.51	0.68	F
Chad	ABCD	EF		C	0.85	0.74	0.77	0.75	F
Comoros	ABD	CEF		C	0.78	0.78	0.67	0.73	C
Congo-B'ville	AB	CD	EF	E	0.81	0.70	0.60	0.66	F
Côte d'Ivoire	AB	CD	EF	C	0.66	0.52	0.57	0.58	C
Eswatini	ABCD	EF		C	0.59	0.45	0.66	0.64	F
Gabon	AB	DC	EF	D	0.65	0.33	0.68	0.60	C
Gambia	AB	CD	EF	D	0.67	0.36	0.52	0.45	C
Ghana	ABD	CEF		D	0.77	0.58	0.65	0.67	F
Guinea	AB	CD	EF	E	0.79	0.68	0.54	0.67	F
Kenya	AB	CDEF		D	0.61	0.43	0.54	0.58	C
Lesotho	CDEF	AB		D	0.71	0.50	0.61	0.67	C
Liberia	CDEF	AB		C	0.80	0.77	0.68	0.77	F
Madagascar	AB	EF	CD	C	0.67	0.45	0.60	0.52	C
Malawi	AB	EF		C	0.65	0.26	0.54	0.56	C
Mali	AB	EF	CD	D	0.77	0.55	0.72	0.67	C
Mauritania	AB	EF	CD	D	0.79	0.53	0.70	0.65	C
Mozambique	ABD	EF		D	0.57	0.49	0.62	0.65	B
Namibia	ABCDEF			F	0.68	0.76	0.77	0.83	F
Nigeria	ABEF	CD		E	0.78	0.82	0.73	0.80	F
STP	ABCD	EF		D	0.54	0.56	0.62	0.65	B
Senegal	ABEF	CD		E	0.68	0.52	0.52	0.59	C
Seychelles	ABCD	EF		B	0.42	0.72	0.83	0.73	B
Sierra Leone	AB	CD	EF	D	0.77	0.29	0.67	0.61	C
South Africa	ABCD	EF		A	0.59	0.57	0.70	0.70	D
Tanzania	AB	EF		C	0.74	0.33	0.70	0.57	C
Togo	ABCD	EF		C	0.68	0.52	0.60	0.64	C
Uganda	ABD	EF		C	0.65	0.32	0.46	0.53	E
Zambia	EF	AB	CD	D	0.66	0.25	0.63	0.56	C
Zimbabwe	ABCD	EF		C	0.66	0.47	0.61	0.70	C
33 countries	**ABD**	**EF**		**C**	**0.75**	**0.55**	**0.68**	**0.72**	**C**

Note: Cell shading in the column for reliability testing indicates whether the results are reliable, marginally reliable, or not reliable.

Conclusion and recommendations

This analysis highlights both the potential and the complexity of measuring attitudes toward sexual and reproductive health and rights in Africa. Non-response and social desirability biases – shaped by Africa's diverse legal, cultural, and religious contexts – can affect both how respondents engage with surveys and how their answers should be interpreted. This context-specific variation underscores the importance of careful analytical strategies when working with data on sensitive issues.

Overall item response rates in Afrobarometer Round 10's module were broadly within acceptable thresholds. Factors such as respondent gender, third-party presence during interviews, and reported respondent demeanour produced only modest differences in response patterns – at least at the aggregate level. Similarly, in most cases, question order had minimal impact on both response rates and content of respondent views on the justifiability of abortion.

It is important to note that these analyses provide suggestive rather than conclusive evidence. The analyses are constrained by several factors, including the reliance on descriptive and bivariate methods, the limited availability of randomisation data, and aggregate-level examination of interviewer–respondent dynamics and third-party effects. Further limitations stem from the exclusion of question-difficulty variables and the lack of analysis of enumerator comments. While enumerator observations could have provided valuable insights into respondent demeanour and engagement, analysing these qualitative data would have required processing large volumes of multilingual text and is a task beyond the scope of this study.

Psychometric validation confirms that item performance varies substantially across countries, reinforcing the importance of country-specific approaches to analysis and scale construction. While some questions performed consistently well and can be reliably included in composite scales, others proved more ambiguous or culturally contested, limiting their suitability for cross-national comparisons. Consequently, whereas country-specific recommendations are clear and may be followed for individual country analysis, multi-country analysis needs to be approached with greater care. If the comparisons are based on single-item analysis, researchers need to ensure that the selected items to be compared across countries are either the optimal first- or second-choice item for *all* of the countries being compared. Likewise, for the use of scalar variables comprising several individual items, researchers need to ensure that the items used to measure the scale are optimal items across *all* of the countries.

Further, while the current analysis focused on sexual and reproductive health and rights, some of the findings and learning may easily transfer to other social or political attitudes or opinions that are context-bound by country and/or that measure sensitive or potentially controversial topics. Survey measurement of such topics may be susceptible to some of the effects identified here, such as rates of non-response, influence of respondent demographics, characteristics of item representation in the survey (item order, item randomisation, etc.), and variable performance of individual items across countries and scales.

In summary, researchers who make use of data on sensitive or controversial topics are encouraged to ground their interpretations in a clear understanding of each country's legal, cultural, and political landscape; assess patterns of non-response carefully; report and flag item response rates transparently; and draw on complementary multivariate and qualitative methods to strengthen analysis and interpretation.

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Appendix A

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

Country	N	Round 10 fieldwork	Previous survey rounds
Angola	1,200	March-April 2024	2019
Benin	1,200	January-Feb. 2024	2005, 2008, 2011, 2014, 2017, 2020
Botswana	1,200	July 2024	1999, 2003, 2005, 2008, 2012, 2014, 2017, 2019
Cabo Verde	1,200	August-Sept. 2024	2002, 2005, 2008, 2011, 2014, 2017, 2019
Cameroon	1,200	Feb.-March 2024	2013, 2015, 2018, 2021
Chad	1,128	Febr.-April 2025	N/A
Comoros	1,200	May-June 2025	N/A
Congo-Brazzaville	1,200	Sept.-Oct. 2024	N/A
Côte d'Ivoire	1,200	January 2024	2013, 2014, 2017, 2019
Eswatini	1,200	April-May 2025	2013, 2015, 2018, 2021, 2022
Gabon	1,200	April-May 2024	2015, 2017, 2020
Gambia, The	1,200	April-May 2024	2018, 2021
Ghana	1,200	July-August 2024	1999, 2002, 2005, 2008, 2012, 2014, 2017, 2019
Guinea	1,200	May-June 2024	2013, 2015, 2017, 2019
Guinea-Bissau	1,034	July-August 2025	N/A
Kenya	2,400	April-May 2024	2003, 2005, 2008, 2011, 2014, 2016, 2019
Lesotho	1,200	March 2024	2000, 2003, 2005, 2008, 2012, 2014, 2017, 2020
Liberia	1,200	July-August 2024	2008, 2012, 2015, 2018, 2020
Madagascar	1,200	Oct.-Nov. 2024	2005, 2008, 2013, 2015, 2018
Malawi	1,200	August 2024	1999, 2003, 2005, 2008, 2012, 2014, 2017, 2019
Mali	1,200	Oct.-Nov. 2024	2001, 2002, 2005, 2008, 2013, 2014, 2017, 2020
Mauritania	1,200	Dec 2024-Jan 2025	N/A
Mauritius	1,200	April-May 2024	2012, 2014, 2017, 2020
Morocco	1,200	Feb.-March 2024	2013, 2015, 2018, 2021
Mozambique	1,199	July-August 2025	2002, 2005, 2008, 2012, 2015, 2018, 2021, 2022
Namibia	1,200	March 2024	1999, 2003, 2006, 2008, 2012, 2014, 2017, 2019
Nigeria	1,600	June-July 2024	2000, 2003, 2005, 2008, 2013, 2015, 2017, 2020
São Tomé and Príncipe	1,200	Sept.-Nov. 2024	2015, 2018
Senegal	1,200	Feb.-March 2025	2002, 2005, 2008, 2013, 2014, 2017, 2021, 2022
Seychelles	1,200	May 2025	2022
Sierra Leone	1,200	March-April 2025	2012, 2015, 2018, 2020, 2022
South Africa	1,600	June-August 2025	2000, 2002, 2006, 2008, 2011, 2015, 2018, 2021, 2022
Tanzania	2,400	June-July 2024	2001, 2003, 2005, 2008, 2012, 2014, 2017, 2021
Togo	1,200	Nov.-Dec. 2024	2012, 2014, 2017, 2021
Tunisia	1,200	Feb.-March 2024	2013, 2015, 2018, 2020
Uganda	2,400	Jan.-Feb. 2024	2000, 2002, 2005, 2008, 2012, 2015, 2017, 2019
Zambia	1,200	July 2024	1999, 2003, 2005, 2009, 2013, 2014, 2017, 2020
Zimbabwe	1,200	June 2024	1999, 2004, 2005, 2009, 2012, 2014, 2017, 2021

Table A.2: Non-sensitive questions

Item	Question phrasing
Q1	How old are you?
Q2	What is the primary language you speak in your home?
Q3	Let's start with your general view about the current direction of our country. Some people might think the country is going in the wrong direction. Others may feel it is going in the right direction. So, let me ask you about the overall direction of the country: Would you say that the country is going in the wrong direction or going in the right direction?
Q4A	In general, how would you describe the present economic condition of this country?
Q4B	In general, how would you describe your own present living conditions?
Q5A	Looking back, how do you rate the following compared to 12 months ago: Economic condition of this country?
Q5B	Looking back, how do you rate the following compared to 12 months ago: Your living conditions?

Figure A.1: Item non-response rates | SRHR module vs. non-sensitive items | 38 countries | 2024/2025

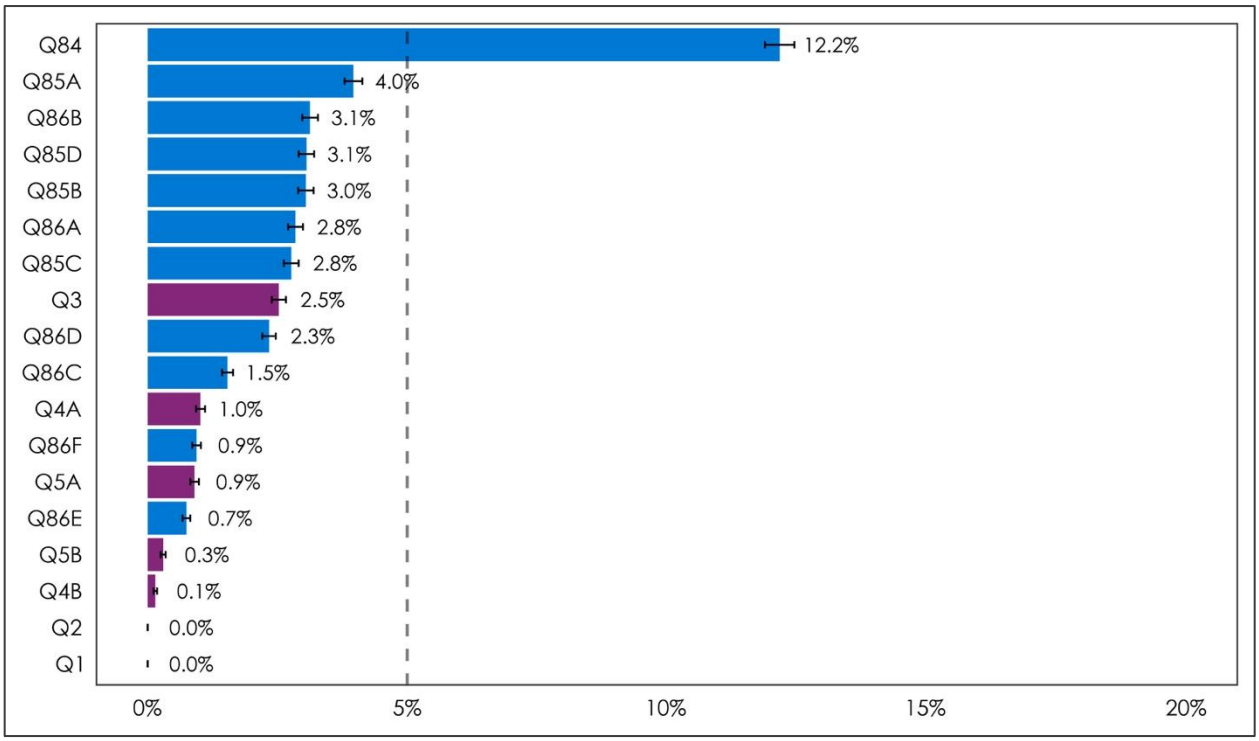


Chart compares item non-response rates across the SHRH module (blue bars) and neutral items (purple bars), calculated as the percentage of respondents who said "don't know" or refused to answer each question. The dashed vertical line indicates the 5% benchmark, and error bars indicate 95% confidence intervals.

Table A.3: Distribution of gender dyads (%) | 38 countries | 2024/2025

Country	F/F	F/M	M/M	M/F	Same-gender	Mixed-gender
Angola	18.9	19.3	31.2	30.6	50.1	49.9
Benin	29.8	30.2	20.0	20.0	49.8	50.2
Botswana	25.0	25.1	24.9	25.0	49.9	50.1
Cabo Verde	39.8	39.9	10.2	10.1	50.0	50.0
Cameroon	24.8	25.5	24.9	24.8	49.7	50.3
Chad	26.5	26.9	23.6	23.0	50.1	49.9
Comoros	33.6	33.3	16.7	16.5	50.3	49.8
Congo-Brazzaville	26.8	26.5	23.5	23.3	50.3	49.8
Côte d'Ivoire	26.3	25.8	24.2	23.7	50.5	49.5
Eswatini	24.6	24.5	25.5	25.4	50.1	49.9
Gabon	19.8	19.8	30.4	30.1	50.2	49.8
Gambia, The	18.7	19.0	31.2	31.2	49.8	50.2
Ghana	18.2	18.5	31.5	31.8	49.7	50.3
Guinea	16.7	15.3	34.8	33.3	51.4	48.6
Guinea-Bissau	25.3	25.2	25.0	24.5	49.8	50.2
Kenya	23.4	23.3	26.8	26.6	50.1	49.9
Lesotho	31.3	31.1	18.8	18.8	50.2	49.8
Liberia	17.5	17.5	32.4	32.6	49.9	50.1
Madagascar	27.8	28.2	21.8	22.3	49.6	50.4
Malawi	27.3	27.1	22.8	22.8	50.1	49.9
Mali	25.2	25.3	24.8	24.8	50.0	50.0
Mauritania	26.5	26.4	23.6	23.5	50.1	49.9
Mauritius	25.1	25.2	24.9	24.8	50.0	50.0
Morocco	39.0	39.0	11.0	11.0	50.0	50.0
Mozambique	24.6	24.6	25.4	25.4	50.0	50.0
Namibia	33.8	33.1	16.7	16.5	50.4	49.6
Nigeria	24.9	25.1	25.1	24.9	50.0	50.0
São Tomé and Príncipe	28.8	28.8	21.3	21.3	50.0	50.0
Senegal	30.2	29.8	20.3	19.8	50.4	49.6
Seychelles	42.5	42.0	7.8	7.7	50.3	49.7
Sierra Leone	25.0	25.0	25.0	25.0	50.0	50.0
South Africa	37.9	38.0	12.1	12.0	49.9	50.1
Tanzania	31.5	31.2	18.7	18.6	50.2	49.8
Togo	24.8	24.8	25.3	25.1	50.1	49.9
Tunisia	38.3	37.8	12.1	11.8	50.4	49.6
Uganda	28.0	28.0	21.9	22.0	49.9	50.1
Zambia	35.0	34.8	15.1	15.1	50.1	49.9
Zimbabwe	33.4	33.3	16.8	16.6	50.2	49.8
38-country average	27.6	27.6	22.3	22.5	50.1	49.9

Table A.4: Presence of others in interview (%) | 38 countries | 2024/2025

Country	No one	Spouse only	Children only	Another adult/ a few others	Small crowd	Others present
Angola	42.7	8.2	20.9	23.5	4.8	57.3
Benin	85.0	2.6	7.4	4.7	0.3	15.0
Botswana	52.4	6.1	16.6	22.4	2.5	47.6
Cabo Verde	62.6	5.8	14.8	16.5	0.3	37.4
Cameroon	69.5	4.1	12.9	12.3	1.2	30.5
Chad	66.8	7.2	14.8	8.6	2.7	33.2
Comoros	65.8	6.5	15.4	11.0	1.3	34.2
Congo-Brazzaville	84.1	3.6	9.1	3.2	0.1	15.9
Côte d'Ivoire	74.8	3.3	15.2	6.3	0.3	25.2
Eswatini	70.8	3.2	14.1	11.1	0.8	29.2
Gabon	61.8	5.9	11.3	17.7	3.3	38.3
Gambia, The	53.1	4.8	27.8	11.8	2.6	46.9
Ghana	68.8	4.7	12.7	13.0	0.9	31.2
Guinea	87.8	3.7	3.8	3.3	1.6	12.3
Guinea-Bissau	77.4	2.6	11.3	6.4	2.3	22.6
Kenya	68.3	4.3	18.5	8.7	0.3	31.8
Lesotho	64.1	6.8	10.8	17.3	1.0	35.9
Liberia	81.8	4.9	11.1	2.2	0.0	18.2
Madagascar	59.4	15.3	10.4	12.7	2.2	40.6
Malawi	75.2	4.0	16.1	4.4	0.3	24.8
Mali	91.8	1.8	5.0	1.5	0.0	8.3
Mauritania	48.4	14.3	17.0	17.4	2.9	51.6
Mauritius	63.1	14.6	5.8	15.9	0.6	36.9
Morocco	85.8	3.1	6.2	4.3	0.6	14.2
Mozambique	71.4	6.8	13.3	6.8	1.8	28.6
Namibia	77.0	5.7	8.2	8.3	0.8	23.0
Nigeria	75.6	5.5	11.1	6.9	0.9	24.4
São Tomé and Príncipe	56.4	6.8	20.7	15.0	1.2	43.6
Senegal	73.1	3.8	4.6	17.8	0.7	26.9
Seychelles	72.0	8.1	7.6	11.5	0.8	28.0
Sierra Leone	87.4	1.0	9.9	1.4	0.3	12.6
South Africa	52.6	8.5	15.8	21.3	1.8	47.4
Tanzania	85.2	2.3	9.2	3.2	0.1	14.8
Togo	67.4	9.3	10.3	12.8	0.2	32.6
Tunisia	56.7	12.3	10.6	13.3	7.1	43.3
Uganda	60.7	6.5	16.9	15.3	0.6	39.3
Zambia	79.8	2.7	14.7	2.6	0.3	20.3
Zimbabwe	52.3	13.4	19.2	14.8	0.3	47.8
38-country average	69.2	6.0	12.8	10.7	1.2	30.8

Figure A.2: Respondent attitudes | 38 countries | 2024/2025

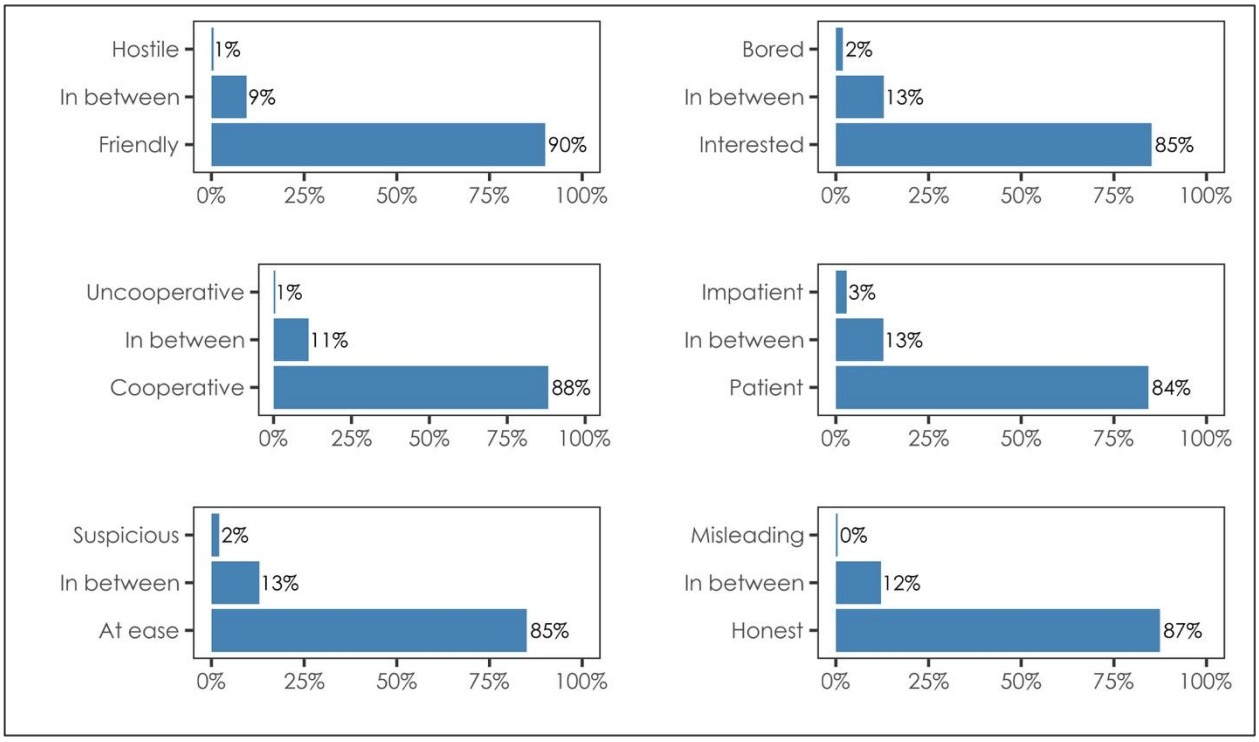
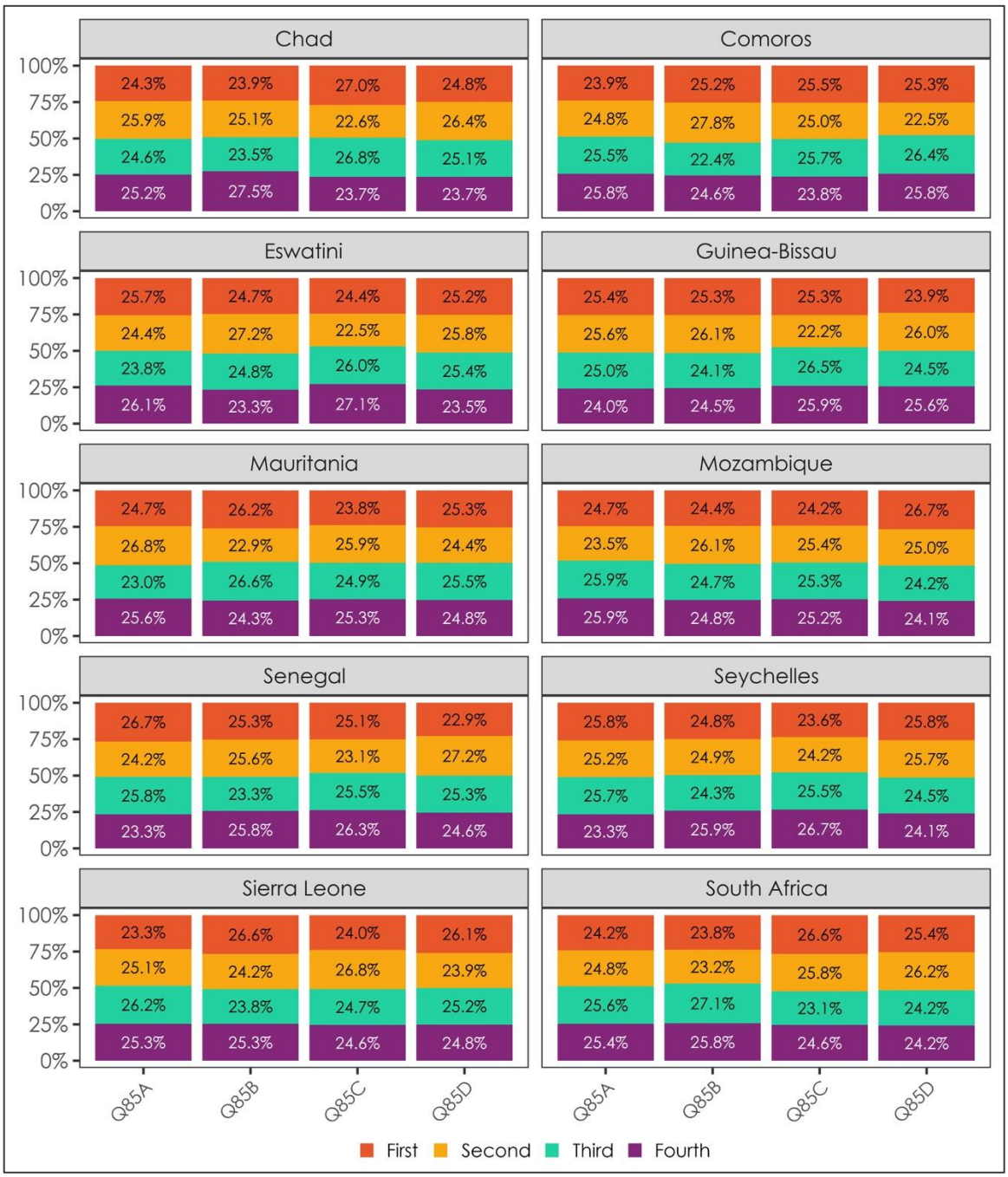


Figure A.3: Q85 randomisation implementation | 10 countries | 2024/2025



Randomisation check for survey items Q85A-D showing the frequency with which each question appeared in each position. The approximately uniform distribution confirms successful implementation of the randomisation protocol.

Table A.5: Non-response rates for justification of abortion by question order
| 10 countries | 2024/2025

Country	Item	Non-response rate				Mean valid score			
		First	Second	Third	Fourth	First	Second	Third	Fourth
Chad	Q85A	6%	3%	5%	7%	2.5	2.4	2.4	2.4
	Q85B	1%	2%	3%	3%	2.0	2.0	2.0	2.0
	Q85C	2%	3%	4%	1%	2.7	2.6	2.6	2.6
	Q85D	4%	2%	2%	4%	2.6	2.7	2.6	2.7
Comoros	Q85A	6%	6%	7%	4%	2.5	2.5	2.5	2.4
	Q85B	3%	3%	4%	5%	2.2	2.2	2.1	2.1
	Q85C	**4%**	**5%**	**4%**	**3%**	2.5	2.5	2.5	2.5
	Q85D	**6%**	**5%**	**3%**	**5%**	2.5	2.5	2.5	2.5
Eswatini	Q85A	4%	4%	5%	2%	2.2	2.2	2.2	2.2
	Q85B	3%	3%	3%	4%	2.2	2.2	2.2	2.2
	Q85C	1%	3%	3%	2%	2.6	2.6	2.7	2.6
	Q85D	2%	3%	4%	2%	2.8	2.7	2.7	2.8
Guinea-Bissau	Q85A	16%	18%	22%	19%	2.2	2.2	2.2	2.2
	Q85B	**18%**	**16%**	**17%**	**16%**	1.9	1.9	1.9	1.9
	Q85C	**17%**	**16%**	**17%**	**16%**	2.5	2.5	2.4	2.4
	Q85D	17%	14%	14%	18%	2.4	2.5	2.4	2.4
Mauritania	Q85A	3%	2%	4%	3%	2.7	2.6	2.6	2.6
	Q85B	1%	3%	2%	2%	1.9	1.9	1.9	1.9
	Q85C	2%	2%	3%	1%	2.7	2.8	2.7	2.8
	Q85D	2%	2%	2%	2%	2.8	2.8	2.7	2.8
Mozambique	Q85A	4%	3%	3%	4%	2.0	2.1	2.1	2.0
	Q85B	**1%**	**2%**	**5%**	**4%**	2.0	2.0	1.9	2.0
	Q85C	4%	3%	1%	3%	2.4	2.4	2.4	2.4
	Q85D	4%	3%	2%	3%	2.4	2.5	2.5	2.5
Senegal	Q85A	2%	1%	0%	1%	2.5	2.6	2.6	2.6
	Q85B	1%	1%	2%	1%	2.2	2.1	2.2	2.2
	Q85C	0%	1%	1%	1%	2.9	2.9	2.8	2.9
	Q85D	0%	1%	0%	0%	**2.9**	**2.9**	**2.9**	**2.9**
Seychelles	Q85A	6%	4%	7%	5%	1.9	2.0	1.9	1.8
	Q85B	4%	6%	3%	6%	1.6	1.7	1.6	1.6
	Q85C	6%	2%	4%	5%	**2.6**	**2.5**	**2.4**	**2.6**
	Q85D	5%	6%	4%	4%	2.7	2.7	2.6	2.6
Sierra Leone	**Q85A**	**0%**	**1%**	**0%**	**2%**	2.4	2.4	2.3	2.5
	Q85B	0%	1%	0%	0%	2.4	2.5	2.5	2.5
	Q85C	1%	0%	0%	0%	2.8	2.8	2.8	2.8
	Q85D	0%	0%	0%	0%	2.8	2.9	2.8	2.8
South Africa	Q85A	2%	3%	2%	3%	1.7	1.8	1.8	1.8
	Q85B	4%	2%	3%	2%	1.8	1.8	1.9	1.8
	Q85C	3%	2%	4%	2%	2.1	2.0	2.2	2.1
	Q85D	3%	3%	2%	4%	2.2	2.2	2.2	2.1

Note: Results marked in **red** indicate questions for which differences by question order were statistically significant.

Appendix B: Psychometric validation

We conducted our psychometric validation work using classical test theory. This entailed focusing on validity as tested using factor analysis and on internal consistency (reliability) as tested using Cronbach's alpha.

The factor analysis was exploratory in nature and used either maximum likelihood (ML) or principal axis factor (PAF) extraction criteria, together with oblique minimum rotation to account for potential correlations between two or more identified factors. ML was employed when there was assurance of a minimum of three items per factor, and PAF was used when this threshold was not met. The reliability analysis was conducted to standard regulations.

The validation work was conducted on 33 countries as a unitary data set, and thereafter for each country separately. Psychometric validation excluded Angola, Guinea-Bissau, Mauritius, Morocco, and Tunisia because of their high non-response rates.

Table B.1: Validity and reliability testing for Q85A-D | 33 countries | 2024/2025

Country	Factor analysis			Reliability testing		
	% shared variance	Weakest item	Strongest item	Scale Cronbach (A, C, D)	Weakest item	Strongest item
Benin	42.3	A	D	0.63	A	D
Botswana	46.8	A	C	0.66	A	C
Cabo Verde	32.8	A	C	0.48	A	C
Cameroon	42.8	A	D	0.66	A	C
Chad	46.3	A	C	0.69	A	C
Comoros	48.4	A	D	0.73	A	D
Congo-Brazzaville	51.7	A	C	0.74	A	C
Côte d'Ivoire	42.7	A	C	0.64	A	C
Eswatini	48.4	A	C	0.71	A	C
Gabon	40.1	A	C	0.59	A	C
Gambia	60.9	A	C	0.82	A	C
Ghana	47.7	A	C	0.69	A	C
Guinea	59.2	A	C	0.81	A	C
Kenya	31.5	A	C	0.49	A	C
Lesotho	51.1	A	C	0.72	A	C
Liberia	58.1	A	C	0.81	A	C
Madagascar	49.9	A	C	0.55	A	C
Malawi	31.8	D	C	0.54	D	C
Mali	52.5	A	D	0.75	A	D
Mauritania	55.3	A	D	0.78	A	D
Mozambique	32.5	A	C	0.52	A	C
Namibia	52.6	A	C	0.73	A	C
Nigeria	48.3	A	C	0.68	A	C
São Tomé and Príncipe	42.4	A	C	0.64	A	C
Senegal	33.8	A	C	0.49	A	C
Seychelles	44.1	A	C	0.58	A	C
Sierra Leone	41.6	A	C	0.59	A	C
South Africa	47.7	A	C	0.72	A	C
Tanzania	46.6	A	C	0.66	A	C
Togo	45.2	A	C	0.65	A	C
Uganda	48.4	A	C	0.70	A	C
Zambia	40.3	A	C	0.55	A	C
Zimbabwe	48.5	A	C	0.55	A	C
All 33 countries	**41.0**	**C**	**B**	**0.71**	**C**	**B**

Note: Cell shading in the column for reliability testing indicates whether the results are reliable, marginally reliable, or not reliable.

Table B.2: Validity and reliability testing for Q86A-F | 33 countries | 2024/2025

Country	% missing cases	Factor analysis					Reliability				Weakest item (unitary scale)
		% Shared variance	Factor 1	Factor 2	Factor 3	Weakest item	Scale AB	Scale CD	Scale EF	Unitary	
Benin	1.3	49.6	CD	AB	EF	C	0.70	0.58	0.59	0.68	F
Botswana	3.0	40.5	ABCD	EF		C	0.62	0.51	0.75	0.69	C
Cabo Verde	3.5	47.5	ABCD	EF		C	0.55	0.52	0.85	0.70	B
Cameroon	0.4	40.7	CDEF	AB		F	0.71	0.62	0.51	0.68	F
Chad	3.9	56.0	ABCD	EF		C	0.85	0.74	0.77	0.75	F
Comoros	9.0	44.9	ABD	CEF		C	0.78	0.78	0.67	0.73	C
Congo-Brazzaville	1.1	56.8	AB	CD	EF	E	0.81	0.70	0.60	0.66	F
Côte d'Ivoire	0.4	42.1	AB	CD	EF	C	0.66	0.52	0.57	0.58	C
Eswatini	1.8	38.4	ABCD	EF		C	0.59	0.45	0.66	0.64	F
Gabon	0.7	43.2	AB	DC	EF	D	0.65	0.33	0.68	0.60	C
Gambia	6.8	40.5	AB	CD	EF	D	0.67	0.36	0.52	0.45	C
Ghana	2.5	44.2	ABD	CEF		D	0.77	0.58	0.65	0.67	F
Guinea	2.5	52.3	AB	CD	EF	E	0.79	0.68	0.54	0.67	F
Kenya	3.4	31.7	AB	CDEF		D	0.61	0.43	0.54	0.58	C
Lesotho	1.3	38.3	CDEF	AB		D	0.71	0.50	0.61	0.67	C
Liberia	0.8	49.0	CDEF	AB		C	0.80	0.77	0.68	0.77	F
Madagascar	0.9	44.2	AB	EF	CD	C	0.67	0.45	0.60	0.52	C
Malawi	2.1	31.4	AB	EF		C	0.65	0.26	0.54	0.56	C
Mali	3.3	53.9	AB	EF	CD	D	0.77	0.55	0.72	0.67	C
Mauritania	3.8	54.9	AB	EF	CD	D	0.79	0.53	0.70	0.65	C
Mozambique	2.8	34.1	ABD	EF		C	0.57	0.49	0.62	0.65	B
Namibia	2.2	46.3	ABCDEF			F	0.68	0.76	0.77	0.83	F
Nigeria	2.9	52.9	ABEF	CD		E	0.78	0.82	0.73	0.80	F
São Tomé and Príncipe	5.8	35.7	ABCD	EF		D	0.54	0.56	0.62	0.65	B

Country	% missing cases	Factor analysis					Reliability				Weakest item (unitary scale)
		% Shared variance	Factor 1	Factor 2	Factor 3	Weakest item	Scale AB	Scale CD	Scale EF	Unitary	
Senegal	2.0	34.1	ABEF	CD		E	0.68	0.52	0.52	0.59	C
Seychelles	3.1	50.4	ABCD	EF		B	0.42	0.72	0.83	0.73	B
Sierra Leone	1.2	45.8	AB	CD	EF	D	0.77	0.29	0.67	0.61	C
South Africa	0.4	42.7	ABCD	EF		A	0.59	0.57	0.70	0.70	D
Tanzania	3.3	40.6	AB	EF		C	0.74	0.33	0.70	0.57	C
Togo	2.4	37.7	ABCD	EF		C	0.68	0.52	0.60	0.64	C
Uganda	1.6	28.4	ABD	EF		C	0.65	0.32	0.46	0.53	E
Zambia	2.6	39.6	EF	AB	CD	D	0.66	0.25	0.63	0.56	C
Zimbabwe	0.8	38.0	ABCD	EF		C	0.66	0.47	0.61	0.70	C
All 33 countries	2.6	43.7	ABD	EF		C	**0.75**	**0.55**	**0.68**	**0.72**	**C**

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