NOVEMBER 2025

HDSS REPORTS: DASH 2024

PRELIMINARY FINDINGS ON ADOLESCENTS' AND YOUNG ADULTS' SEXUAL AND REPRODUCTIVE HEALTH FROM THE 2024 DASH SURVEY

01

HDSS REPORT OVERVIEW

With funding from the:
Federal Ministry of Research, Technology and Space
RHISSA Research Networks for Health Innovations in Sub-Saharan Africa

Introduction

Adolescents and young adults represent a growing and vital portion of the population in Sub-Saharan Africa (SSA), where nearly 60% of people are under the age of 25 (Gates, 2016). Despite their demographic significance, the health needs of this age group remain under-researched and under-prioritized in policy and programming. Young people face a unique set of challenges—including early marriage, unintended pregnancy, mental health concerns, poor nutrition, and limited opportunities for physical activity—that can have lasting impacts on their well-being and life trajectories.

Filling the knowledge gap surrounding adolescent health has been recognized as a critical first step toward advancing the global health agenda (Weny et al., 2017). The DASH (Research Network for design and evaluation of adolescent health interventions and policies in SSA) survey responds to this need by generating robust, policy-relevant evidence on the health and well-being of adolescents and young adults in several communities across SSA, with a particular focus on sexual and reproductive health, mental health, nutrition, physical activity, and other key areas of adolescent development.

This fact sheet presents preliminary findings from the first round of the DASH survey conducted in 2024 across seven SSA countries: Burkina Faso, Ethiopia, Ghana, Nigeria, South Africa, Tanzania, and Uganda.

Implementing Partners

The study was conducted in partnership with institutions that are all part of the Africa Research, Implementation Science, and Education (ARISE) Network, including the Africa Academy for Public Health (Tanzania), the Centre de Recherche en Santé de Nouna (Burkina Faso), the Addis Continental Institute of Public Health (Ethiopia), the University of Dodoma (Tanzania), the University of Ghana (Ghana), Makerere University (Uganda), the University of KwaZulu-Natal (South Africa), the University of Ibadan (Nigeria), as well as the Heidelberg Institute of Global Health (Germany), the Technical University of Munich (Germany), and the Harvard School of Public Health (United States).

Data for the DASH survey were collected in seven African communities through pre-existing Health and Demographic Surveillance System (HDSS) sites, with one HDSS site in each participating African country.

All HDSS sites are community-based, with the exception of the Ibadan/Lagos HDSS, which operates in a school-based setting. The size of HDSS populations varies considerably, ranging from approximately 23,000 to 200,000 residents. Descriptions of each individual HDSS community are provided below.

Sampling and Study Design

The DASH study is designed to collect data from samples that are representative of adolescent and young adult population groups within the respective communities. This is accomplished through rigorous, age- and sex-stratified sampling methods to ensure that the samples accurately reflect the local populations. However, the DASH study was not designed to produce nationally or regionally representative estimates.

Age-eligible adolescents from each community were randomly selected from household member lists derived from HDSS household rosters. Households with at least one adolescent resident were randomly selected, and in cases where multiple eligible adolescents were listed in a household, one was randomly chosen for interview. All sampled adolescents were sought for interview.

Face-to-face interviews were conducted between July 2024 and December 2024 by trained research assistants with prior data collection experience and strong knowledge of the local language and context. Both male and female interviewers participated in the data collection process.

Fig. 1: Global Partners that are part of the DASH project

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POLICY CONTEXT

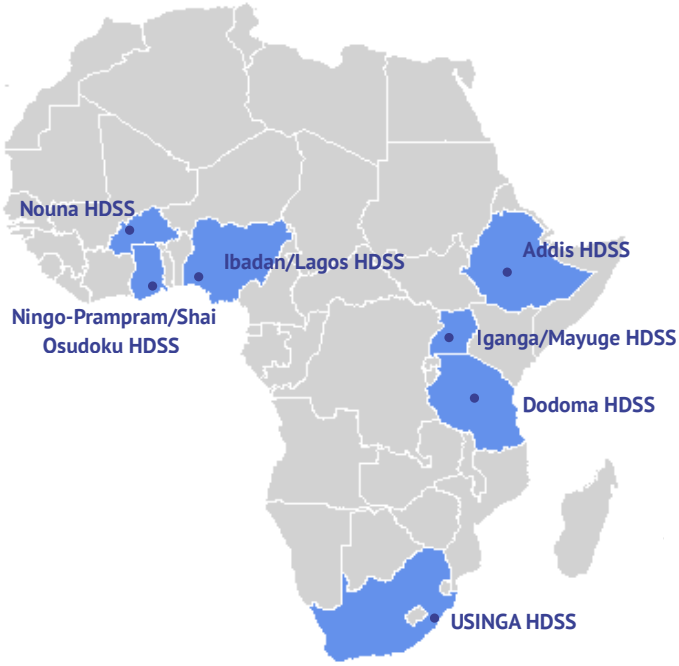

Fig. 2: Health and Demographic Surveillance System (HDSS) sites included in the DASH survey.

Young people aged 10–24 make up a large and growing share of the population in SSA, representing both a critical human capital asset and a priority group for health and development policies. Sexual and reproductive health (SRH) is central to their well-being, influencing not only physical health but also educational attainment, economic opportunities, and long-term life prospects.

Adolescence, in particular, is a critical stage of physical, emotional, and social development. While biological transitions are universal, the social environments in which they occur vary widely, shaping young people's SRH trajectories.

Across the region, many adolescents and young adults face early SRH risks, including unintended pregnancy, sexual violence, and HIV, often compounded by limited access to comprehensive sex education, contraception, and youth-friendly services. Gender inequality, social stigma, and structural barriers continue to constrain their ability to make informed choices and access care.

While adolescents and young adults are increasingly visible on the political agenda, translation into practice remains slow. To inform more responsive and equitable policies and programs, there is a need for reliable, age-disaggregated data that reflects the lived realities of adolescents and young adults in the region. The DASH survey responds to this need.

The following HDSS-specific reports present preliminary findings from Wave 1, offering insights into key SRH indicators among adolescents and young adults in communities in Burkina Faso, Ethiopia, Ghana, Nigeria, South Africa, Tanzania, and Uganda.

Table 1: Demographic characteristics of participants enrolled at each community

			Gender		Age-group		
Community	Location	N	Male	Female	10–14	15–19	20–24
Ningo-Prampram/Shai Osudoku HDSS, Ghana	Rural	2084	995 (47.7)	1089 (52.3)	713 (34.2)	730 (35.0)	641 (30.8)
Iganga/Mayuge HDSS, Uganda	Rural	2074	1019 (49.1)	1055 (50.9)	686 (33.1)	677 (32.6)	711 (34.3)
Usinga HDSS, South Africa	Urban	2002	945 (47.2)	1057 (52.8)	630 (31.5)	700 (35.0)	672 (33.6)
Addis HDSS, Ethiopia	Urban	1836	905 (49.3)	931 (50.7)	735 (40.0)	649 (35.3)	452 (24.6)
Nouna HDSS, Burkina Faso	Peri-urban	2041	1093 (53.6)	948 (46.4)	858 (42.0)	701 (34.3)	482 (23.6)
Dodoma HDSS, Tanzania	Peri-urban	2343	1146 (48.9)	1197 (51.1)	840 (35.9)	714 (30.5)	789 (33.7)
Ibadan/Lagos HDSS, Nigeria	School-based	2120	903 (42.6)	1217 (57.4)	817 (38.5)	683 (32.2)	620 (29.2)

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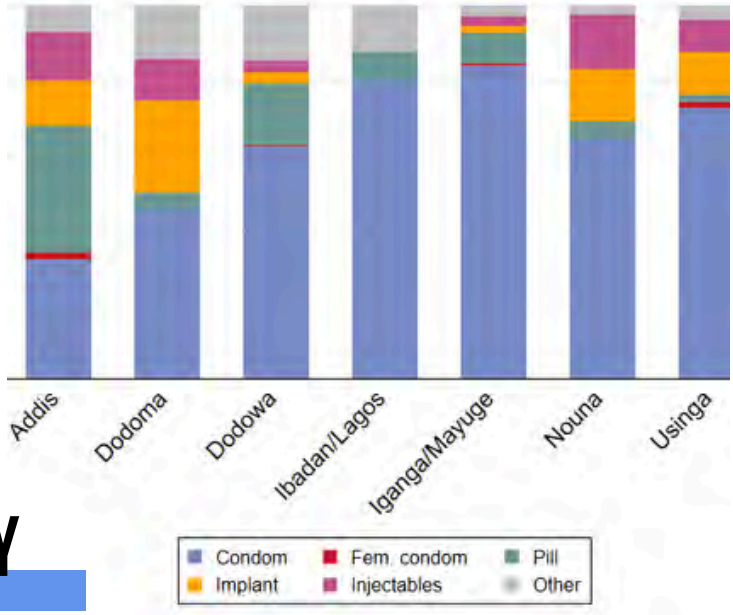
KEY FINDINGS

- **Condom knowledge prevails:** Condoms were the most widely known and used method of contraception, likely reflecting visibility and ease of access compared to other methods.
- **Menstrual knowledge and product access are high, but gaps persist:** Despite widespread awareness of menstruation and access to sufficient products, a large share of girls across communities still miss school, work, or important activities due to their periods.
- **Knowledge does not consistently translate into behavior:** High levels of awareness of contraceptive methods did not align with consistent use, suggesting ongoing gaps between knowledge and risk mitigating behaviors.
- **Gender differences shape risk exposure:** While boys and girls often reported similar levels of sexual initiation, behaviors tend to diverge in terms of multiple partnerships and contraceptive use.

80% of respondents have heard about condoms

56% of respondents used contraception at last intercourse

Condoms are the most used method at last intercourse



EXECUTIVE SUMMARY

Across these HDSS sites, this report highlights that adolescent SRH behaviors are complex and shaped by a range of factors. While knowledge of contraception was generally high, this did not always translate into protective behaviors. In two of the seven HDSS sites, many respondents reported not knowing why they did not use contraception, while partner opposition and desire for pregnancy were consistent reasons across most sites. This suggests that limited awareness is not the primary barrier to uptake. Instead, these findings point towards possible misperceptions of risk, limited understanding of the consequences of non-use, and the role of fertility intentions, underlining the need to move beyond awareness-raising alone and strengthen adolescents' risk perception, decision-making skills, and autonomy in reproductive health.

Condoms emerged as the most widely reported method of contraception, which may reflect both their visibility in health promotion and their accessibility compared to methods requiring contact with health facilities. For menstruation, knowledge and access to products were relatively high in most samples, yet participation in daily activities, including school and work, was still affected. This suggests that beyond products, confidence and preparedness remain critical for enabling girls to manage menstruation without disruption.

Looking forward, future waves of DASH provide an important opportunity to track these patterns over time. Monitoring whether awareness gaps, contraceptive use behaviors, fertility, and menstrual participation shift will be key to understanding the effectiveness of interventions and evolving needs of adolescents.

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NOUNA HDSS, BURKINA FASO

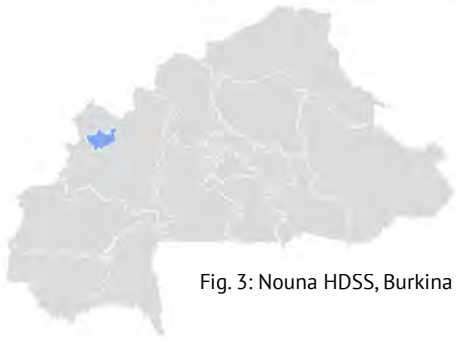


Fig. 3: Nouna HDSS, Burkina Faso

Survey Demographics

This sample comprises 2,041 young people from the semi-urban Nouna HDSS site in the Boucle du Mouhoun region of Burkina Faso. 50.8% of the sample were enrolled in school, college or vocational training at the time of the survey. The majority of the sample identify as Muslim (58.2%), followed by Catholic (32.7%). 58.6% of the sample reported being currently married. The median age of respondents is 16.2 years.

46.4% Female **53.6%** Male

Sexual Behavior & Knowledge

Adolescent sexual behavior and contraceptive knowledge are central to understanding reproductive health risks and decision-making. In contexts where early childbearing is common and access to contraception is uneven, these factors shape long-term outcomes for young people, especially girls. In our sample, the median age of first sexual intercourse was 18 years for girls and 19 years for boys. Among those who had initiated sex, only 3.1% had an early sexual debut (<15 years).

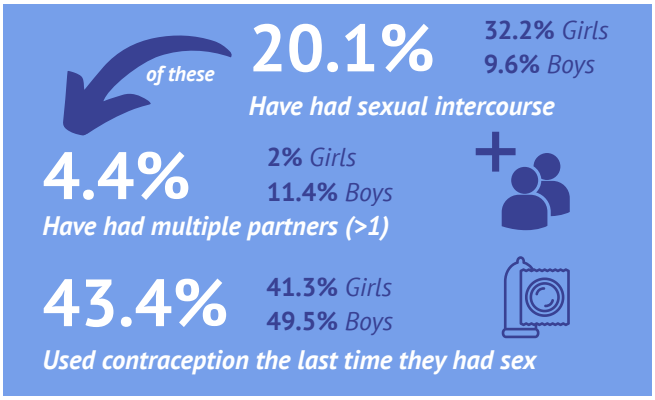
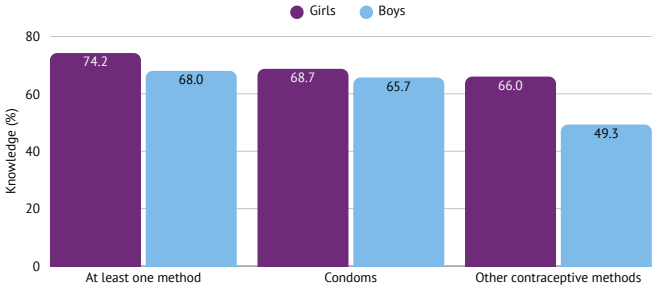


Fig. 4: Sexual behaviors of young people in Burkina Faso

Despite low contraceptive use during the last sexual encounter, knowledge of at least one contraceptive method was high (70.4%). Girls generally demonstrated greater awareness of contraceptive methods than boys, particularly for methods beyond condoms (66% vs 49.3%, respectively), yet reported lower actual use (see Figures 4 and 5). The most frequently cited reasons for non-use include desire for pregnancy (46.1%), having a partner opposed to contraceptive use (10.9%) and breastfeeding (8.3%). These findings underscore that knowledge alone does not translate into use, particularly for girls, whose choices may be shaped by relationship dynamics, reproductive intentions, and social norms. Among sexually active adolescents, low contraceptive uptake may increase the risk of unintended pregnancies, especially for those initiating sex at younger ages—potentially affecting their health, education, and future opportunities.

Fig. 5: Knowledge of Contraceptive Methods by Gender



Pregnancy

Early pregnancy is often viewed as a key challenge in many SSA countries. Yet, findings from our sample in the Nouna HDSS suggest it may be less common in the community surveyed. 23.6% of female respondents reported having ever given birth, and among them, just 3.6% were under the age of 18. Among girls under 18, 77.8% reported that their most recent born child was still in their care. While adolescent births represent a small share in this sample, early caregiving responsibilities may still limit educational and social opportunities, with long-term implications for those affected (Morgan et al., 2022).

Menstruation

Menstrual health plays an important role in shaping adolescent girls' ability to participate fully in school, work, and daily life. In our sample, 68% of respondents reported knowledge of menstruation, with girls significantly more informed than boys (77.2% vs. 54.9%, a gap of 22.3-percentage-points). Among adolescent girls who had not yet menstruated, knowledge was notably lower (46.3%), suggesting that information may often be acquired after menarche rather than before, as would be ideal.

Among menstruating adolescents, 70.5% reported having sufficient menstrual products, with single-use pads (38.5%) and reusable pads (25.2%) being the most commonly used. Despite this, 9–12% reported missing school, work, or other important activities, pointing to ongoing barriers linked to menstrual health.

Limited awareness of menstruation among adolescents and their wider communities may compound the experience of period poverty, where limited access to menstrual products, information, and supportive environments restricts full participation in education, work, and activities of daily living (UN Women, 2025).

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ADDIS HDSS, ETHIOPIA

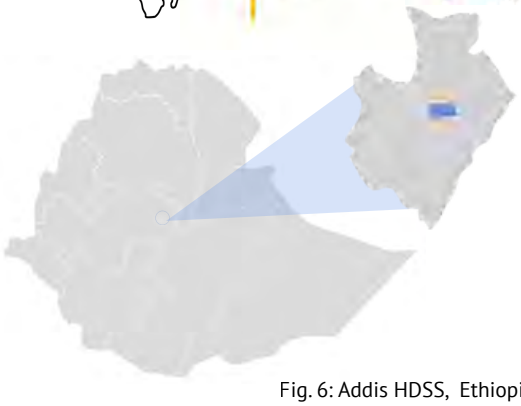


Fig. 6: Addis HDSS, Ethiopia

Survey Demographics

This sample consists of 1,836 young people from the semi-urban Addis HDSS site in the Addis Ababa region of Ethiopia. The majority of respondents (90.4%) were enrolled in school, college or vocational training at the time of the survey. Religious affiliation is mostly Orthodox Christian (87.2%) followed by Muslim (6.5%). At the time of data collection, 23.3% of the sample were currently married.

50.7% Female **49.3%** Male
median age of **16.3** years

Sexual Behavior & Knowledge

In this sample, sexual debut tended to occur in late adolescence, with the median age at first sexual intercourse being 19 years for boys and 20 years for girls. Notably, no respondents reported early sexual initiation (<15 years), indicating that sexual activity is concentrated among older adolescents and young adults.

Figure 7 shows additional patterns of sexual behavior. Contraceptive use at last sexual intercourse was relatively high, with 74.7% of respondents reporting use. Among those not using contraception, the most common reasons were a desire for pregnancy (35.7%), infrequent sex (10.7%) and access constraints (7.1%). Boys reported higher engagement in multiple sexual partnerships (13%) compared to girls (1.2%), which may reflect gendered differences in sexual behavior and associated risk exposure.

Knowledge of contraception varied by method: while 73.3% of respondents were aware of condoms, only 59.6% reported knowledge of other modern methods. This suggests that condoms may be the most visible or accessible option in this context, either because they are more widely available, more frequently promoted, or more commonly discussed among adolescents. Interestingly, condoms may also present the fewest barriers to access, as they do not require a visit to a health facility unlike many other modern methods.

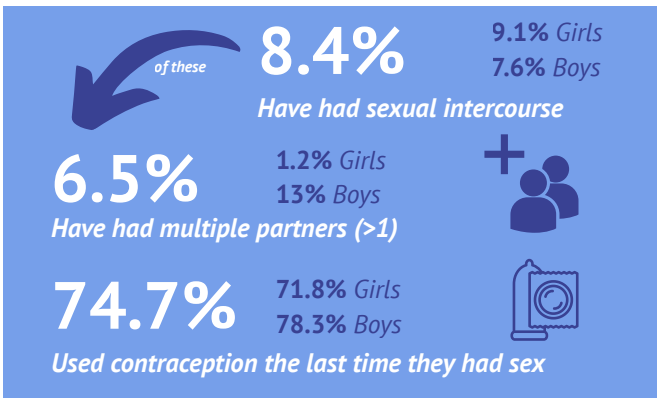


Fig. 7: Sexual behaviors in young people in Ethiopia

Modern contraceptive methods include condoms, injectables, implants, pills, intrauterine devices (IUDs) and surgical procedures

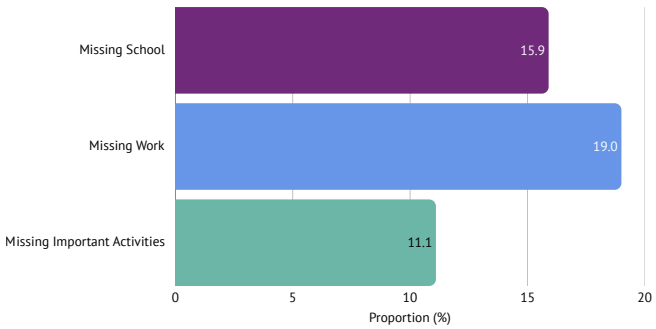
Pregnancy

Only 4.5% of respondents reported having ever given birth, none of whom were under 18. This relatively low figure may be influenced by the demographics of the sample, as most respondents were currently enrolled in school, potentially underrepresenting girls who may have left education due to childbearing. It may also align with the comparatively high levels of reported contraceptive use in this group, though both outcomes are likely shaped by broader social and structural factors.

Menstruation

Knowledge of menstruation was high across the sample, with 82.4% of respondents reporting that they had learned about it. The majority had received this information either at school (56.7%) or from a relative (16.7%). A greater proportion of girls reported knowledge of menstruation (91.1%), though most boys also indicated awareness (82.1%). This high level of awareness was consistent even among pre-menarche girls (78.8%).

Fig. 8: Proportion of Girls Missing Activities during Menstruation



Access to menstrual products was high (90.7%), with single-use pads being the most commonly used item (91.8%). Despite high awareness and access to products, menstruation still poses barriers to participation: 15.9% of respondents reported missing school, 19% reported missing work, and 11.1% reported missing another important activity due to their period. This suggests that challenges extend beyond awareness and product availability, potentially relating to stigma, difficulties with symptom management, or lack of access to adequate facilities for hygiene and safe menstrual care.

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NINGO-PRAMPRAM/SHAI OSUDOKU HDSS, GHANA

Fig. 9: Ningo-Prampram/Shai Osudoku HDSS, Ghana

Survey Demographics

This sample consists of 2,084 young people from the Ningo-Prampram and Shai Osudoku rural HDSS sites in the Greater Accra region of Ghana. 66.4% of this sample was enrolled in school, college or vocational training at the time of the survey. Most respondents identify as either Protestant (54.6%) or Orthodox Christian (30.5%). At the time of data collection, only 1.2% of the sample were married.

52.3% Female **47.7%** Male

median age of **16.8** years

Sexual Behavior & Knowledge

In this sample, nearly one-third of respondents (30.5%) reported having engaged in sexual intercourse, with boys showing a 10-percentage point higher prevalence of sexual initiation compared to girls. Interestingly, however, the median age at first sexual intercourse is slightly lower for girls (17 years) than for boys (18 years), and 7.8% of all respondents reported early initiation (before age 15).

Notable gender differences also emerged in partnership patterns: 24.6% of boys reported having had more than one sexual partner compared to only 9.6% of girls. Among those who were sexually active, about half reported using contraception during their last sexual encounter, indicating partial but not universal protection against unintended pregnancy and sexually transmitted infections. Figure 10 highlights key statistics relating to sexual behaviors in this sample.

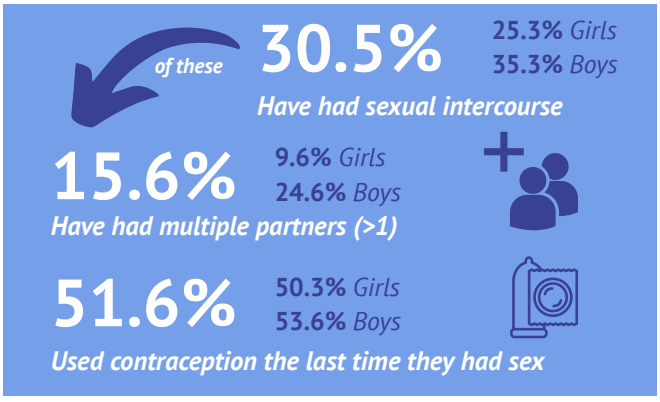
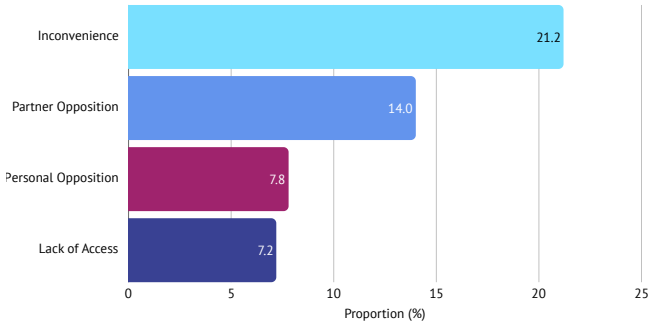


Fig. 10: Sexual behaviors in young people in Ghana

Knowledge of condoms was high (84.4%) and similar between boys and girls. Knowledge of other methods was lower overall (66%), with girls reporting greater awareness (70%) compared to boys (61.7%). Despite relatively high knowledge, this did not consistently translate into contraceptive use. Figure 11 highlights reported reasons for non-use of contraception. The most common reason cited was inconvenience of use (21.2%), followed by partner opposition (14%), personal opposition (7.8%) and lack of access (7.2%). These findings suggest that beyond awareness, factors such as relationship dynamics, attitudes toward contraception, and structural barriers shape adolescents' contraceptive behaviors.

Fig. 11: Primary Reasons for Contraceptive Non-Use



Pregnancy

Adolescent childbearing is an important indicator of reproductive health and social vulnerability, as it can have far-reaching implications for maternal well-being, educational attainment, and caregiving responsibilities. In this sample, 15.2% of respondents reported having given birth. Among girls under the age of 18, 5.4% already experienced childbirth. Notably, 75% of these children remained in the care of their mothers. These findings suggest that early childbearing may reduce adolescents' available time for school, work, and other activities due to childcare responsibilities.

Menstruation

Knowledge of menstruation was high among respondents (89.9%), with awareness greater among girls (94%) than boys (85.2%). Among those who had not yet menstruated, knowledge was somewhat lower (76.2%) but still substantial. Access to sufficient menstrual products was also high (91.7%), with nearly all respondents reporting use of single-use pads (97.3%).

Despite this, menstruation was linked to disruptions in daily life: 14% of respondents reported missing school, 14.6% missed work, and 8.1% missed other important activities. These findings suggest that barriers are particularly pronounced in school and work settings. Such barriers may reflect issues related to the availability and adequacy of facilities, as well as broader social factors such as stigma or discomfort in managing menstruation in public spaces.

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IBADAN/LAGOS HDSS, NIGERIA

Fig. 12: Ibadan/Lagos HDSS, Nigeria

Survey Demographics

This sample contains data from 2,120 young people from the school-based HDSS sites in Ibadan and Lagos in Nigeria. This means that 99.8% of the sample were enrolled in school, college or vocational training at the time of the survey. The sample comprised 39.6% Muslim and 28.9% Protestant respondents. The majority of the sample were unmarried at the time of data collection (89.4%). The median age is 16 years.

57.4% Female **42.6%** Male

Sexual Behavior & Knowledge

In this sample, we observe notable gender differences in sexual behaviors. While the median age at first sexual intercourse was 19 years for both boys and girls, early sexual debut was more common among boys (17.8%) compared to girls (4.4%), a difference of 13.4-percentage points. Having multiple sexual partners was more common among boys compared to girls, while a smaller share of boys reported using contraception at last intercourse. Figure 13 highlights these key statistics. Taken together, these patterns suggest that behaviors associated with increased sexual health risks were more prevalent among boys in this sample.

> *Risky sexual behavior is defined as any sexual activity that increases the risk of contracting sexually transmitted infections (STIs) and unintended pregnancies.*
>
> Muche et al. (2017)

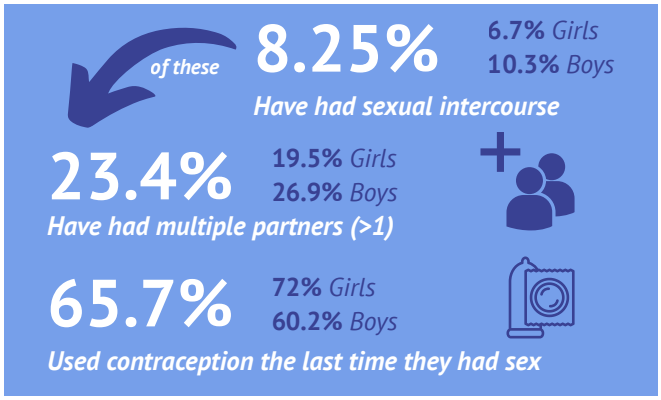


Fig. 13: Sexual behaviors in young people in Nigeria

Knowledge of contraceptive methods was fairly equal across genders, with 73% of respondents aware of at least one method. Knowledge of condoms was much more common (70.4%) compared to other methods (50.8%). Among those not using contraception, 18.2% reported unexplained non-use, saying they did not know why they had not used a method. Other reported reasons included infrequent sex (13.6%) and partner opposition (11.4%). This suggests that, beyond knowledge, there may be gaps in understanding of when and why contraception should be used, as well as relational and contextual factors that influence decision-making.

Pregnancy

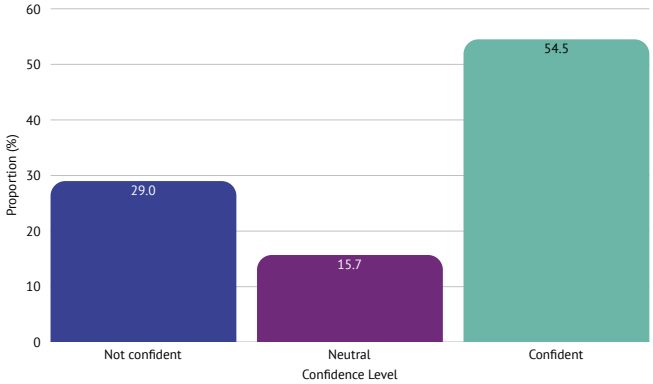
Only one respondent reported having ever been pregnant, and this case was among those aged over 18 years. The low number of pregnancies observed most certainly reflects the school-based nature of the HDSS sample in Nigeria, as adolescents who become pregnant often drop out of school and are therefore underrepresented in this sample. This also suggests that re-entry or continuation in school after giving birth may be limited, highlighting a potential barrier for adolescent mothers in pursuing their education.

Menstruation

Knowledge of menstruation was high overall (84.5%), with girls reporting greater awareness (90%) than boys (77%). Among pre-menarche girls, knowledge was slightly lower at 73.9%. Most respondents (84%) reported having sufficient access to menstrual products, with single-use pads being the predominant choice (93.2%).

Despite these positive indicators, menstruation continued to disrupt daily life: 20% of respondents reported missing school and 19.6% reported missing work due to their period. Figure 14 shows that 29% of menstruating respondents did not feel confident participating in activities during menstruation, a factor that may contribute to decisions around school and work attendance.

Fig. 14: Confidence in Participating in Activities during Menstruation



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USINGA HDSS, SOUTH AFRICA

Fig. 15: USINGA HDSS, South Africa

Survey Demographics

This sample comprises 2,002 young people from the urban USINGA HDSS site in Umlazi, South Africa. 71.3% of the sample were enrolled in school, college or vocational training at the time of the survey. The majority of the sample identify as Catholic (45.8%) or with a traditional faith (38.9%). 96.7% belong to the Zulu ethnic group. At the time of data collection, 96.9% of the sample were unmarried.

52.8% Female **47.2%** Male

median age of **17** years

Sexual Behavior & Knowledge

The median age at first sexual intercourse differed by two years between boys and girls, with boys initiating at 16 years and girls at 18 years. A greater proportion of boys from the sample had engaged in sexual intercourse, with a difference of 10.5-percentage-points compared to girls.

> *Early sexual initiation is defined as an experience of first intercourse before 15 years of age.*
>
> Ferede et al. (2023)

Early sexual debut was reported by 7.1% of the sample. Among respondents who are sexually active, nearly 40% reported having multiple sexual partners, with boys reporting this behavior significantly more often than girls (difference of 26.4 percentage-points). In contrast, contraceptive use at last sexual intercourse was fairly similar across genders, with just over two-thirds of respondents reporting use.

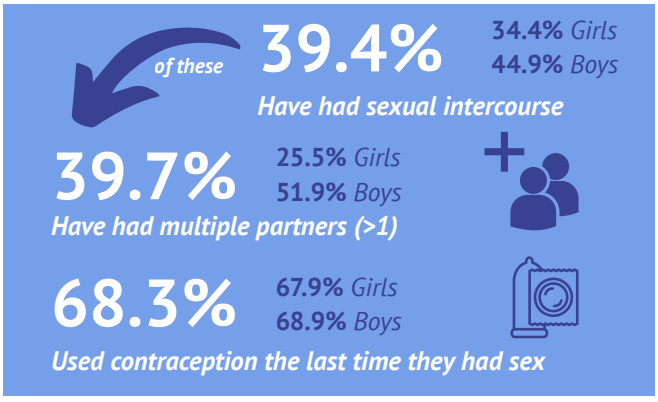


Fig. 16: Sexual behaviors in young people in South Africa

Among respondents not using contraception, 23.9% were unable to identify a reason for non-use, while 13.3% reported access constraints as a barrier to obtaining family planning. Knowledge of contraceptive methods was high and similar across genders, with 88.3% of respondents aware of at least one method. These findings suggest that awareness of contraceptive methods does not necessarily translate into use — and may not reflect a full understanding of their purpose. The fact that many respondents could not explain why they were not using contraception may point to limited awareness of the potential consequences of unprotected sex, including unintended pregnancy and sexually transmitted infections. This gap is particularly relevant in a context where multiple sexual partnerships are common, indicating elevated risk despite widespread method knowledge.

Pregnancy

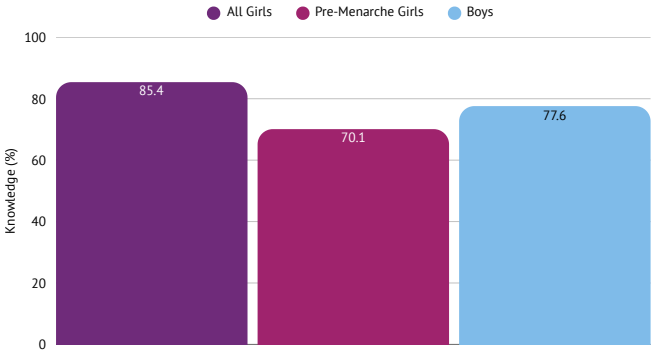
In this sample, 20% of girls reported having given birth, though only 2.8% of these respondents were under the age of 18 years. This pattern reflects the relatively high proportion of sexually active adolescents, while also aligning with the older median age at sexual initiation among girls (18 years). It suggests that childbearing is concentrated among older adolescents and young adults, rather than younger girls. However, these findings may not capture those who dropped out of school due to pregnancy or childcare responsibilities, and who may therefore be underrepresented in the sample.

Menstruation

Knowledge of menstruation was fairly high across the sample (see Figure 17), though lowest among pre-menarche girls (70.1%). Most respondents (82.2%) reported having sufficient access to menstrual products, with single-use pads being the predominant product used (98.5%).

Reported disruptions to daily activities were relatively low: 5.7% missed school, 7.3% missed work, and 4.5% missed other important activities. Additionally, 62.8% of respondents reported feeling confident participating in activities during menstruation. These findings suggest that girls in this sample are generally able to engage in education and work during their periods, supporting greater opportunities for learning and economic participation.

Fig. 17: Knowledge of Menstruation by Group



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RHISSA Research Networks for Health Innovations in Sub-Saharan Africa

DODOMA HDSS, TANZANIA

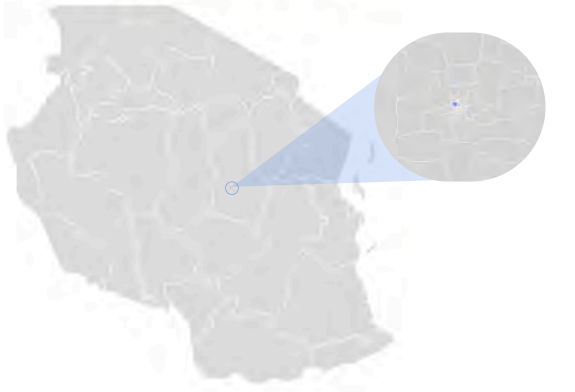


Fig. 18: Dodoma HDSS, Tanzania

Survey Demographics

This sample comprises 2,343 young people from the semi-urban Dodoma HDSS site in the Chamwino district of Dodoma, Tanzania. Just 36.5% of the sample were enrolled in school, college or vocational training at the time of the survey. The majority of respondents identify as Protestant (93.5%). 40.3% of the sample report being currently married.

51.1% Female **48.9%** Male

median age of **17** years

Sexual Behavior & Knowledge

Sexual activity was common among adolescents and young adults in this sample, with nearly half reporting having engaged in sexual intercourse. Boys and girls were represented in fairly equal proportions, though the median age at first intercourse differed slightly - 16 years for boys and 17 years for girls. Early sexual initiation (before age 15) was reported by 13.3% of respondents, and was substantially more common among boys (11.4%) than girls (1.9%).

While knowledge of contraceptive methods was similar across genders (85%), reported behavior varied. A significantly higher share of boys reported having had multiple sexual partners, and slightly fewer reported using contraception at last intercourse. These patterns suggest that boys in this sample may be more exposed to SRH risks, particularly due to higher rates of multiple partnerships and lower contraceptive use.

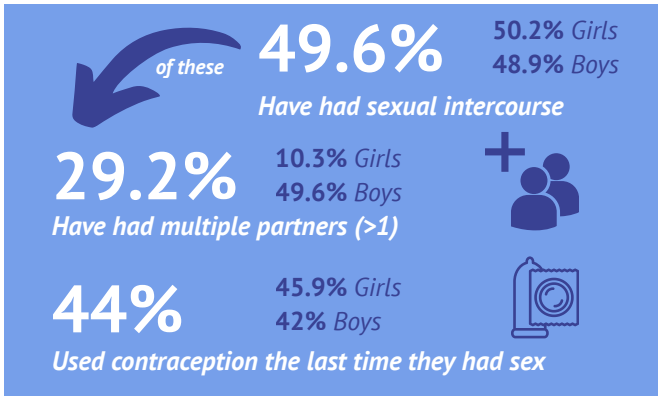


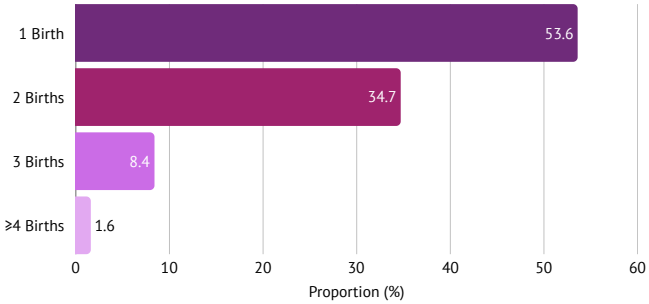
Fig. 19: Sexual behaviors in young people in Tanzania

Understanding why adolescents do not use contraception is an important consideration, as it reflects both personal and contextual factors that shape risk exposure. The most commonly reported reason for not using contraception was a high desire for pregnancy (38.1%), suggesting that fertility intentions are a predominant driver of low contraceptive use in this sample. These patterns highlight the importance of considering adolescents' reproductive goals alongside their sexual behaviors.

Pregnancy

High desire for pregnancy as a driver of contraceptive behaviours is also reflected in the large share of girls in this sample who had already given birth. Overall, 40.7% of girls reported having given birth, though only 3.1% were under 18 years. The mean number of births per person was 1.6. Among those who had given birth, 53.6% had one birth, while 44.7% had two or more births.

Fig. 20: Distribution of Reported Number of Births



These findings suggest that childbearing is concentrated among young adults in the sample. The high prevalence of childbirth may reflect prevailing norms and intentions around childbearing, rather than barriers to access, as fewer than 2% of respondents reported access constraints to contraception.

Menstruation

Access to sufficient menstrual products during menstruation was reported by 82.2% of respondents, with reusable pads being the most commonly used product (64.2%), followed by single-use pads (32.6%). Menstural knowledge was moderate overall (74.5%), but notably lower among boys (about 20 percentage points below girls) and lowest among pre-menarche girls (57.1%). Improving menstrual knowledge early on is crucial to help girls understand and manage their first period with confidence, and to prevent confusion or fear. Raising awareness among boys is also essential to reduce stigma and foster supportive environments that enable girls to participate confidently in school, work and other daily activities.

Despite good product access, participation during menstruation remained a challenge: 30.4% of girls felt unconfident engaging in activities, and many reported disruptions—18.6% missed important events, 12.8% missed work, and 9.4% missed school.

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IGANGA/MAYUGE HDSS, UGANDA

Fig. 21: Iganga/Mayuge HDSS, Uganda

Survey Demographics

This sample comprises 2,074 young people from the rural Iganga/Mayuge HDSS site in Uganda. 68.1% of the sample were enrolled in school, college or vocational training at the time of the survey. The majority of the sample identify as Muslim (52.7%) or Protestant (34.1%). At the time of data collection, 73% of the sample were unmarried.

50.9% Female **49.1%** Male

median age of **17** years

Sexual Behavior & Knowledge

Examining sexual behaviors by gender is important for understanding both shared patterns and differences in adolescents' risk exposure. In this sample, over one-third had engaged in sexual intercourse, with a median age of initiation at 17. Early initiation was relatively rare (7.1%). While boys and girls reported broadly similar rates of sexual activity, important gender differences emerge in how they engage with risk. Boys were more likely to report multiple partners (10.3 percentage points higher than girls), but also more likely to use contraception at last sex (7.4 percentage points higher).

This highlights the complexity of adolescent sexual behavior: young people may adopt both risk-increasing and protective behaviors at the same time. These findings underscore the need for nuanced, gender-sensitive sexual health education that supports adolescents in making informed, safe choices.

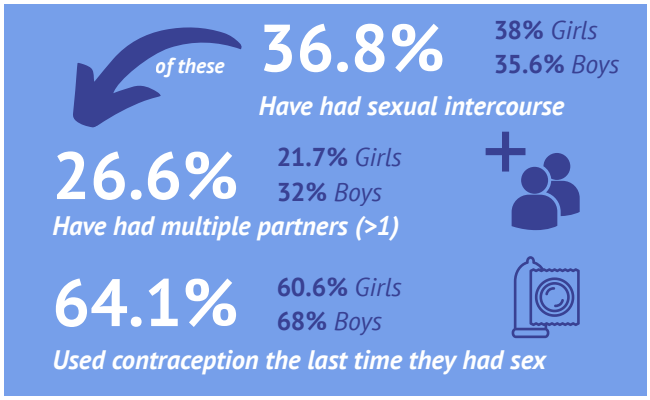
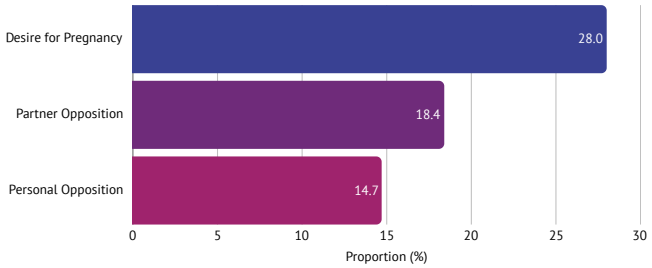


Fig. 22: Sexual behaviors in young people in Uganda

Knowledge of contraception was high in the sample, with 85.3% of respondents able to identify at least one method, and little difference observed between boys and girls. The main reported reasons for non-use of contraception were desire for pregnancy, partner opposition, and personal opposition (see Figure 23). These determinants may disproportionately affect girls, whose contraceptive behaviors are often influenced by male partners (Sarnak et al., 2021).

High levels of partner and personal opposition to contraception, despite widespread knowledge of methods, illustrates that awareness alone does not necessarily translate into perceptions or behaviors that support consistent use of family planning. Instead, it underscores the need for education and interventions to go beyond awareness-raising and address misconceptions, gender norms and social influences that can shape contraceptive decision-making.

Fig. 23: Primary Reasons for Contraceptive Non-Use



Pregnancy

Although a desire for pregnancy was the predominant reason for non-use of contraception, relatively few respondents had given birth. Overall, 12.3% of the sample reported having given birth before, with only 3.8% of these births occurring among girls under 18 years.

Menstruation

Overall knowledge of menstruation was high (80.8%), but was lower among boys (74.4%) and pre-menarche girls (60.6%). Access to menstrual products during menstruation, however, was more limited, with just over half of respondents (54.9%) reporting sufficient access. Single-use pads were the most commonly used product (85.2%), while 5.8% still relied on cloth.

Menstruation also affected participation in daily activities, likely reflecting both access to menstrual products and confidence in managing menstruation. Overall, 29.5% of respondents reported lacking confidence to engage in activities of daily living during their period, which may contribute to the reported missing of school (13.9%), work (13.7%), and other important activities (15.5%). These findings underscore the importance of providing adequate menstrual products and education to support adolescents' full participation in education, work, and daily life.

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ACKNOWLEDGEMENTS

We sincerely thank the communities who participated in the HDSS and make this work possible through their ongoing cooperation and trust. Their willingness to share information over time is the foundation of this longitudinal survey.

We are deeply grateful to the field teams (enumerators, supervisors, coordinators and data managers) whose commitment and professionalism ensured the successful implementation of data collection activities. Their efforts in maintaining high-quality longitudinal data are central to this project.

We also acknowledge the support of our institutional partners, funders, and local stakeholders, whose collaboration has sustained the HDSS infrastructure and enabled continued learning and policy-relevant insights.

With funding from the: