

# BEYOND BEHAVIOUR

Gender-Inequitable Attitudes and Sexual and Reproductive Health among Adolescent Boys and Young Men in Eastern and Southern Africa

January 2026

**This evidence brief summarises findings from a multi-country analysis of the association between gender-inequitable attitudes and sexual and reproductive health and rights (SRHR) outcomes. The analysis draws on data from more than 4,900 adolescent boys and young men aged 13–24 from five cross-sectional, nationally representative Violence Against Children and Youth Surveys (VACS): Kenya, Lesotho, Mozambique, Namibia and Zimbabwe.**

## BACKGROUND

Achieving sexual and reproductive health and rights (SRHR) for adolescents and young people in Eastern and Southern Africa is essential for their well-being, advancing gender equality, and driving broader socio-economic development.<sup>1,2</sup> Yet, many still face poor SRHR outcomes, including high rates of HIV, unplanned early pregnancies, violence experience and perpetration, and limited access to health and protection services.<sup>3,4,5,6</sup> Despite considerable reductions in HIV incidence among adolescent girls and young women, recent data suggest growing HIV incidence among adolescent boys and young men (ABYM) in some countries in the region, alongside lower HIV treatment coverage among men.<sup>7,8</sup>

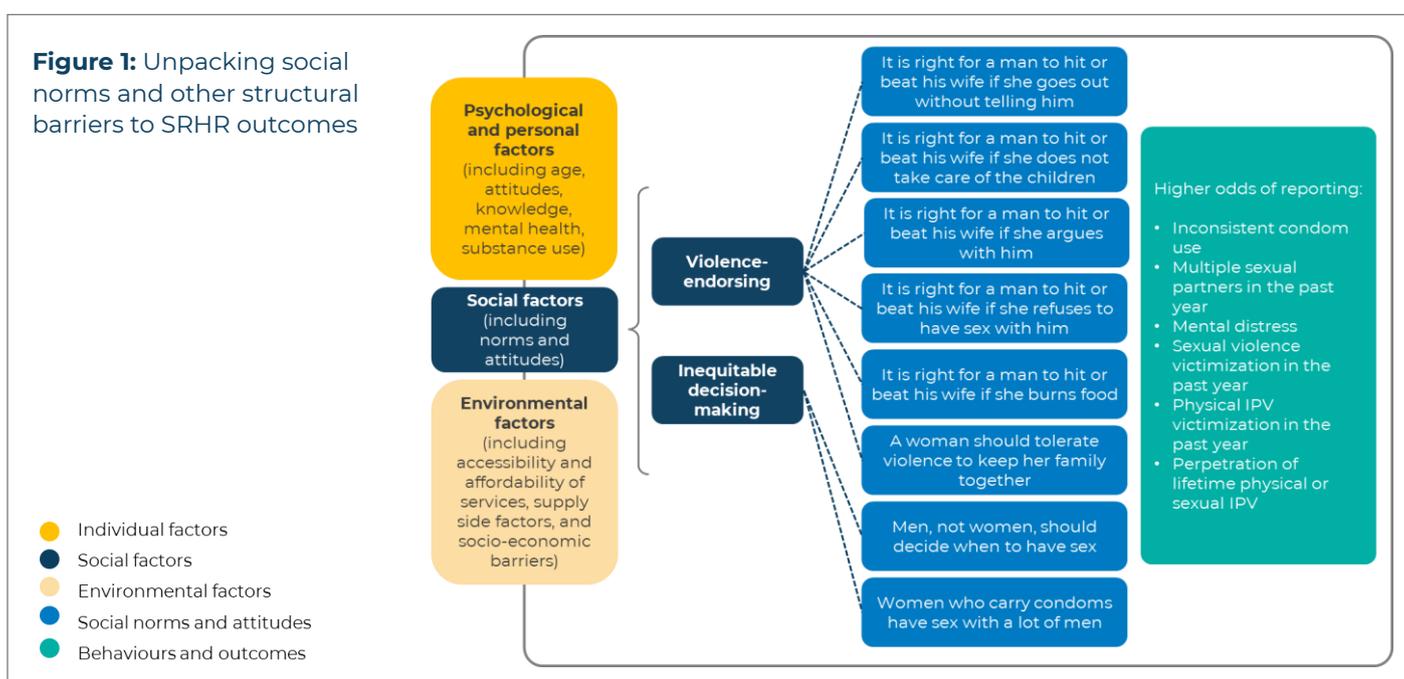
Harmful social and gender norms contribute to poor HIV and SRHR outcomes, with lasting individual, social, and economic consequences.<sup>9</sup> Inequitable gender norms that underpin the power relations that privilege men over women can reinforce the acceptance of gender-based violence and limit adolescent girls' and young women's access to services, including contraceptives and HIV prevention and treatment.<sup>10</sup> Inequitable norms also dictate how boys and girls are expected to behave, increasing their sexual risk-taking, sustaining unhealthy relationships and cycles of violence perpetration, poor mental health and substance use.<sup>11,12</sup> These norms can be internalised early in life and continue to shape adolescent trajectories by reinforcing gendered patterns of health-seeking behaviours and entrenching power disparities. Amongst boys and men, for example, norms can shape inequitable gender attitudes, determining when violence is considered acceptable, and discouraging them from seeking SRHR information or care, as doing so may be perceived as an indication of vulnerability. Inequitable norms intersect with other structural barriers, such as poverty, lack of education, and displacement, leading to a higher risk of poor outcomes.

Given the influence of social norms on adolescent health, it is critical to understand their links to SRHR outcomes and identify effective ways to promote positive norms that can shift these outcomes. Evidence on the relationship between norms and SRHR outcomes among ABYM in Eastern and Southern Africa remains limited, underscoring the need for further quantitative analysis.<sup>13</sup>



## RESEARCH METHODS

We conducted a secondary analysis of cross-sectional, nationally representative data from the Violence Against Children & Youth Surveys (VACS) conducted in Kenya, Lesotho, Mozambique, Namibia, and Zimbabwe between 2017 and 2019, including responses from 4,917 males 13-24-year-old. The surveys collected data on the risk and protective factors for violence and HIV/SRHR-related outcomes. Multivariable logistic regressions were used to examine how gender-inequitable attitudes – particularly those condoning violence and unequal decision making – are linked to eight SRHR outcomes, including risk behaviours, violence victimisation and perpetration. Eight survey items representing gender-inequitable attitudes were included: six items on attitudes condoning men’s violence and control over women, and two items representing attitudes supporting men as decision-makers in couples.<sup>1</sup> This analysis was guided by our understanding of the complex network of norms that underpin adolescent and young people’s behaviours, deeply intertwined with psychological and personal factors, social factors and environmental factors (**Figure 1**).<sup>14</sup> The figure also includes the survey questions and their linked SRHR outcomes measured in the VACS and included in this analysis.

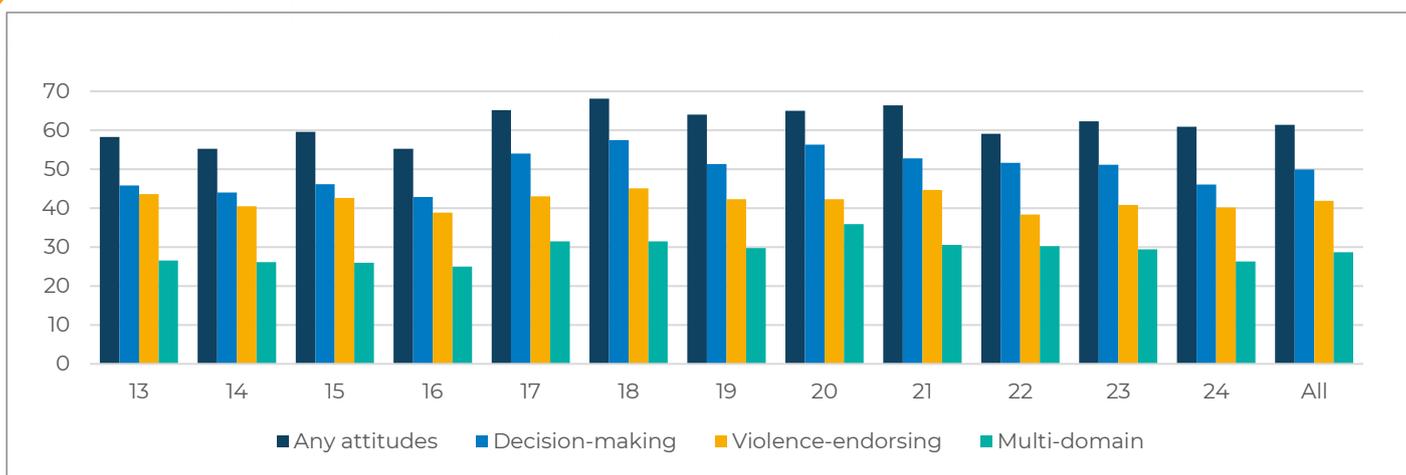


## KEY FINDINGS

This research highlights several important patterns in the prevalence of inequitable gender attitudes among ABYM and associations between these attitudes and poor SRHR outcomes:

- **High levels of gender-inequitable attitudes were documented among ABYM in all five Eastern and Southern African countries:** nearly two-thirds of participants (64%) reported at least one inequitable attitude.
- **Levels of endorsed attitudes did not vary considerably by age between boys aged 13 and young men aged 24.** For example, 58% of 13-year-old boys and 61% of 24-year-old young men reported at least one gender-inequitable attitude (**Figure 2**).

<sup>1</sup> Inequitable decision-making attitudes items included questions such as (1) Men, not women, should decide when to have sex or (2) Women who carry condoms have sex with a lot of men; violence-endorsing attitudes included questions such as (1) It is right for a man to hit or beat his wife if she goes out without telling him or (2) It is right for a man to hit or beat his wife if she refuses to have sex with him. Response options were dichotomous: “yes” and “no.” A positive response to one or more of the items corresponded to endorsing any gender-inequitable attitudes.



**Figure 2.** Prevalence of gender-inequitable attitudes amongst ABYM by age (%)

- **Reporting gender-inequitable attitude was significantly associated with higher risks of several poor SRHR outcomes in the region.** ABYM endorsing a higher number gender-inequitable attitudes had 23% greater odds of reporting inconsistent condom use, 14% higher odds of having multiple sexual partners in the past year, and 17% increased odds of mental distress. In addition, strong associations were found between inequitable attitudes and violence experiences and perpetration: endorsing more gender-inequitable attitudes was linked to 21% higher odds of past-year sexual violence, 23% higher odds of past-year physical IPV victimisation, and 28% higher odds of lifetime physical or sexual IPV perpetration.
- **Multiple domains of inequitable attitudes (violence-endorsing and inequitable decision-making attitudes, alone or together) were associated with poorer SRHR outcomes:** inconsistent condom use, multiple sexual partnerships, mental distress, and physical or sexual IPV perpetration (**Figure 3**).
- **Endorsing attitudes from both of these domains had the strongest associations:** 2.13 times greater odds of inconsistent condom use, 1.66 times greater odds of having multiple sexual partners, 1.90 times greater odds of past-year sexual abuse, 2.29 times greater odds of perpetrating IPV, and 1.33 times greater odds of experiencing mental distress.
- **Prevalence of gender-inequitable attitudes and associations between gender-inequitable attitudes and SRHR outcomes varied amongst countries,** highlighting the importance of context in understanding and shifting social and gender norms. **Figure 3** highlights where associations between attitudes and SRHR outcomes were present in multi-country and single-country analyses.<sup>2</sup>

	Inconsistent condom use				Violence Exposure (sexual)			IPV Exposure (physical)			Multiple sexual partners		
Inequitable attitudes (score)	●	●	●	●	●	●	●	●	●	●	●	●	●
Violence-endorsing attitudes	●	●	●	●	●	●	●	●	●	●	●	●	●
Inequitable decision-making attitudes	●	●	●	●				●	●		●		
Both violence-endorsing & inequitable decision-making	●	●	●	●	●	●		●			●	●	●
	Mental distress			Alcohol use		Violence perpetration				HIV status knowledge			
Inequitable attitudes (score)	●	●	●	●	●	●	●	●	●	●	●		
Violence-endorsing attitudes		●	●		●	●	●	●	●	●	●		
Inequitable decision-making attitudes		●	●			●	●	●	●				
Both violence-endorsing & inequitable decision-making		●		●	●	●	●	●	●	●	●		

**Figure 3.** Country-level & pooled associations of inequitable gender attitudes and SRHR outcomes

<sup>2</sup> Country-specific analyses should be interpreted with caution due to small sample sizes.

**In conclusion, inequitable gender attitudes and norms, including those that condone violence and inequitable decision-making, shape multiple negative health and well-being outcomes for ABYM (Figure 1).** It is crucial to promote positive gender norms among this group. Interventions that combine SRHR information with critical discussions on social norms, such as comprehensive sexuality education and community engagement, have shown promise.<sup>15 16</sup> Evidence indicates that programme effects can differ between boys and girls, making it essential to tailor approaches to how each group learns and responds.<sup>17</sup> Successful norms change programmes are typically supported by broader enabling environments and reinforced through diffusion strategies that spread new norms and behaviours across networks.<sup>18,19</sup> Strengthening research in this area is essential to guide programming that not only challenges inequitable norms but also supports ABYM in adopting health-promoting behaviours that benefit themselves, their partners, and their communities.

## RECOMMENDATIONS

- Promote gender-equitable attitudes among boys and men** through transformative, multi-level approaches. This includes community and school-based norms discussions; parenting programmes; and sensitisation of leaders, teachers, healthcare workers, and policymakers. Evidence-based social and behavioural change strategies can challenge harmful norms, prevent violence, and promote healthy relationships. Gender-transformative programming can meaningfully engage boys and men to redefine ideas of masculinity and demonstrate how gender equality benefits everyone.
- Intervene early in adolescents' lives to shift gender norms**, recognising that these are often formed during early adolescence and remain stable into adulthood. Equip young adolescents – who may already face SRHR risks – with knowledge, skills, and agency to make informed, preventive choices throughout their lives. This stage presents a critical opportunity to promote healthy attitudes and behaviours that can have life-long benefits.
- Build local, contextualised evidence on gender norms and attitudes** to guide programming. Conduct formative research to identify prevailing norms, reference groups influencing adolescents' behaviours, role models, and potential facilitators for community activities. Ground approaches in a contextual understanding of social networks, ensuring interventions are tailored to the specific community dynamics to strengthen the diffusion and sustainability of positive change.
- Address other structural barriers alongside norms**, recognising that social norms are not the sole determinants of SRHR outcomes. This includes complementing norms interventions with adolescent-friendly health, education, and protection services, as well as economic support and social protection programmes.



This brief is based on the following upcoming publication: Toska, E., Mchenga, M., Leite, L., Yates, R., Strigelli, G., Niwagaba, N., Han, Y.-C. J., & Maughan-Brown, B. *Beyond behaviour: How gender inequitable attitudes shape HIV risks for adolescent boys and young men in eastern and southern Africa*. The publication can be read in conjunction with other research by the University of Oxford and University of Cape Town team, including: i) [an evidence review of interventions](#) addressing social norms for improved SRHR outcomes among adolescents and young people, ii) [a review of the network of norms](#) underpinning SRHR outcomes, combining secondary qualitative and conceptual literature analyses with key informant interviews; iii) [a technical brief](#) summarising findings from both reviews.

## REFERENCES

- <sup>1</sup> Cislaghi, B., & Shakya, H. (2018). Social Norms and Adolescents' Sexual Health: An introduction for practitioners working in Low and Mid-income African countries. *Afr J Reprod Health*, 22(1), 38–46.
- <sup>2</sup> Leite, L., Yates, R., Strigelli, G. C., Han, J. Y.-C., Chen-Charles, J., Rotaru, M., & Toska, E. (2025). Scoping review of social norms interventions to reduce violence and improve SRHR outcomes among adolescents and young people in sub-Saharan Africa. *Frontiers in Reproductive Health*, 7. <https://doi.org/10.3389/frph.2025.1592696>
- <sup>3</sup> Makusha, T., Mabaso, M., Zungu, N., Moyo, S., Naidoo, I., Jooste, S., Mohapanele, K., Zuma, K., & Simbayi, L. (2024). HIV prevalence and associated factors among adolescent boys and young men in South Africa: 2017 nationally representative household-based population survey. *BMJ Public Health*, 2(2), e000674. <https://doi.org/10.1136/bmjph-2023-000674>
- <sup>4</sup> Melesse, D. Y., Mutua, M. K., Choudhury, A., Wado, Y. D., Faye, C. M., Neal, S., & Boerma, T. (2020). Adolescent sexual and reproductive health in sub-Saharan Africa: who is left behind? *BMJ Global Health*, 5(1), e002231. <https://doi.org/10.1136/bmjgh-2019-002231>
- <sup>5</sup> Pretorius, L., Gibbs, A., Crankshaw, T., & Willan, S. (2015). Interventions targeting sexual and reproductive health and rights outcomes of young people living with HIV: a comprehensive review of current interventions from sub-Saharan Africa. *Global Health Action*, 8(1), 28454. <https://doi.org/10.3402/gha.v8.28454>
- <sup>6</sup> United Nations Children's Fund. *Violence against Girls, Boys and Women in Southern Africa: A Statistical Profile*. <https://data.unicef.org/wp-content/uploads/2023/11/Violence-against-girls-boys-and-women-in-Southern-Africa-.pdf> (2023).
- <sup>7</sup> Makusha, T., Mabaso, M., Zungu, N., Moyo, S., Naidoo, I., Jooste, S., Mohapanele, K., Zuma, K., & Simbayi, L. (2024). HIV prevalence and associated factors among adolescent boys and young men in South Africa: 2017 nationally representative household-based population survey. *BMJ Public Health*, 2(2), e000674. <https://doi.org/10.1136/bmjph-2023-000674>
- <sup>8</sup> UNAIDS. (2024). *Eastern and Southern Africa regional profile — 2024 global AIDS update: The urgency of now: AIDS at a crossroads*. [https://www.unaids.org/sites/default/files/media\\_asset/2024-unaids-global-aids-update-eastern-southern-africa\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update-eastern-southern-africa_en.pdf)
- <sup>9</sup> WHO. (2017). *Consolidated guideline on sexual and reproductive health and rights of women living with HIV*. <https://iris.who.int/bitstream/handle/10665/254885/9789241549998-eng.pdf>
- <sup>10</sup> Leite, L., Yates, R., Strigelli, G. C., Han, J. Y.-C., Chen-Charles, J., Rotaru, M., & Toska, E. (2025). Scoping review of social norms interventions to reduce violence and improve SRHR outcomes among adolescents and young people in sub-Saharan Africa. *Frontiers in Reproductive Health*, 7. <https://doi.org/10.3389/frph.2025.1592696>
- <sup>11</sup> Yates, R., Leite, L., Toska, E., Laurenzi, C., Busakhwe, C., Chen-Charles, J., Rotaru, M., Strigelli, G. C., Han, J. Y.-C., & Niwagaba, N. (2025). *Understanding the network of norms affecting adolescent sexual and reproductive health and rights in Eastern and Southern Africa*. <https://www.2gether4srhr.org/uploads/files/NETWORK-OF-NORMS.pdf>
- <sup>12</sup> Young, A. M., Moji, M., Duby, Z., Tenza, S., Atujuna, M., Palanee-Phillips, T., Minnis, A. M., & Montgomery, E. T. (2025). The "Ideal Man": How Gender Norms and Expectations Shape South African Men's Masculinity, Sexual Identities, and Well-Being. *The Journal of Men's Studies*, 33(2), 417–440. <https://doi.org/10.1177/10608265241303734>
- <sup>13</sup> Leite, L., Yates, R., Strigelli, G. C., Han, J. Y.-C., Chen-Charles, J., Rotaru, M., & Toska, E. (2025). Scoping review of social norms interventions to reduce violence and improve SRHR outcomes among adolescents and young people in sub-Saharan Africa. *Frontiers in Reproductive Health*, 7. <https://doi.org/10.3389/frph.2025.1592696>
- <sup>14</sup> Yates, R., Leite, L., Toska, E., Laurenzi, C., Busakhwe, C., Chen-Charles, J., Rotaru, M., Strigelli, G. C., Han, J. Y.-C., & Niwagaba, N. (2025). *Understanding the network of norms affecting adolescent sexual and reproductive health and rights in Eastern and Southern Africa*. <https://www.2gether4srhr.org/uploads/files/NETWORK-OF-NORMS.pdf>
- <sup>15</sup> Leite, L., Yates, R., Strigelli, G. C., Han, J. Y.-C., Chen-Charles, J., Rotaru, M., & Toska, E. (2025). Scoping review of social norms interventions to reduce violence and improve SRHR outcomes among adolescents and young people in sub-Saharan Africa. *Frontiers in Reproductive Health*, 7. <https://doi.org/10.3389/frph.2025.1592696>
- <sup>16</sup> Makusha, T., Mabaso, M., Zungu, N., Moyo, S., Naidoo, I., Jooste, S., Mohapanele, K., Zuma, K., & Simbayi, L. (2024). HIV prevalence and associated factors among adolescent boys and young men in South Africa: 2017 nationally representative household-based population survey. *BMJ Public Health*, 2(2), e000674. <https://doi.org/10.1136/bmjph-2023-000674>
- <sup>17</sup> Global Early Adolescent Study. (2025). *GEAS intervention supplement: Insights from two gender-transformative interventions*. <https://publichealth.jhu.edu/sites/default/files/2025-05/GEAS-Intervention-Supplement-report.pdf>
- <sup>18</sup> Leite, L., Yates, R., Strigelli, G. C., Han, J. Y.-C., Chen-Charles, J., Rotaru, M., & Toska, E. (2025). Scoping review of social norms interventions to reduce violence and improve SRHR outcomes among adolescents and young people in sub-Saharan Africa. *Frontiers in Reproductive Health*, 7. <https://doi.org/10.3389/frph.2025.1592696>
- <sup>19</sup> Ruane-McAteer, E., Gillespie, K., Amin, A., Aventin, Á., Robinson, M., Hanratty, J., Khosla, R., & Lohan, M. (2020). Gender-transformative programming with men and boys to improve sexual and reproductive health and rights: a systematic review of intervention studies. *BMJ Global Health*, 5(10), e002997. <https://doi.org/10.1136/bmjgh-2020-002997>