

Views on sexual and reproductive health and rights present a mixed picture in seven Ouagadougou Partnership countries

Afrobarometer Dispatch No. 1138 | Komi Amewunou and Joseph Asunka

Introduction

The Ouagadougou Partnership (OP) was established in 2011 following a regional conference on population, development, and family planning held in Ouagadougou, Burkina Faso. The partnership was created to accelerate progress toward voluntary, rights-based family planning in French-speaking West Africa, a region characterised by high unmet need for contraception and low modern contraceptive prevalence (Cleland, Conde-Agudelo, Peterson, Ross, & Tsui, 2012; Greene, Joshi, & Robles, 2012). It brought together nine countries – Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo – alongside donors, technical partners, and civil society organisations, united around a shared commitment to family planning.

The OP emerged as a regional platform supporting the goals of Family Planning 2020 (2016), with an emphasis on country ownership, accountability, data-driven decision making, and coordinated partner engagement. As the global family-planning agenda transitioned to FP2030, the OP expanded its focus to encompass sexual and reproductive health and rights (SRHR), including equity, adolescent and youth sexual and reproductive health, gender equality, and sustainable domestic financing (FP2030, 2021). Today, the Ouagadougou Partnership aligns closely with FP2030's vision of enabling individuals to make informed, voluntary choices about contraception within resilient health systems while strengthening regional collaboration and mutual accountability (Starrs et al., 2018).

Following a decade and a half of implementation of the OP agenda, what do we know about the attitudes of citizens in the target countries on SRHR issues?

Between January 2024 and March 2025, Afrobarometer conducted surveys in seven of the nine OP countries (Benin, Côte d'Ivoire, Guinea, Mali, Mauritania, Senegal, and Togo) on public attitudes on SRHR issues as part of its Round 10 surveys covering 38 African countries. The surveys measured public attitudes regarding women's bodily autonomy, access to contraceptives, teaching of sexuality education in schools, continuing education for girls who get pregnant, and abortion. Other questions examined aspects of women's empowerment, such as education, employment, and financial autonomy, that may be relevant to progress on SRHR in the region.

The results show strong public support for women's autonomy, particularly in decisions about when to marry and how many children to have, and for teaching sexuality education in schools. Majorities also support the view that girls who become pregnant or have children should be allowed to continue their education. Opinions are more divided on access to contraceptives and abortion, with views varying widely across countries.¹

¹ For results from all 38 countries, see Twum, Govender, & Asunka (2025).

Afrobarometer surveys

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

Afrobarometer's national partners conduct face-to-face interviews in the language of the respondent's choice with samples of 1,200-2,400 adults that yield country-level results with margins of error of +/-3 to +/-2 percentage points at a 95% confidence level.

The data are weighted to ensure nationally representative samples. When reporting multi-country averages, all countries are weighted equally (rather than in proportion to population size).

Key findings

SRHR: A mixed picture

- Nearly two-thirds (63%) of citizens in the seven surveyed Ouagadougou Partnership (OP) countries believe that women should have the freedom to decide whether and when to marry. By contrast, fewer than half (42%) think women should have autonomy over decisions about the number and timing of children to have.
 - Support for women's autonomy in marriage decisions varies from 35% in Mali to 86% in Togo, while support for autonomy in reproductive decisions ranges from a low of 27% in Mali to 65% in Togo.
- Only about four out of 10 respondents in OP countries believe that people should have access to contraceptives regardless of their marital status (44%) or their age (40%).
 - Support for contraceptive access regardless of age or marital status is strongest in Côte d'Ivoire and weakest in Mauritania.

Survey questions on sexual and reproductive health and rights (SRHR), including questions on contraception, sexuality education, abortion, and women's autonomy, may be sensitive for some countries or groups of respondents, which raises potential challenges for data analysis and interpretation. These questions may generate *non-response bias* if respondents are uncomfortable providing answers or *social desirability bias* if they feel compelled to offer socially acceptable answers, rather than their true opinions.

We urge analysts and users of these data to recognise these challenges in their presentation and interpretation of the findings, especially by examining and reporting item non-response rates ("don't know" or refused to answer) when they exceed acceptable limits (usually 5%) and by conducting appropriate statistical tests of any proposed scales or indices generated. In most countries, non-response rates are well within acceptable limits, but in Angola, Guinea-Bissau, Mauritius, Morocco, and Tunisia, they often rise above these levels. Excluding non-responses in these cases could misrepresent public attitudes on these important issues.

For a detailed analysis of these issues in the Afrobarometer Round 10 SRHR data, and a review of diagnostic tools that can be applied in the interpretation of the findings, we refer readers to [Afrobarometer Methods Note No. 5](#).

Finally, we note that the SRHR module originally included one additional question about potential punishment for women who obtain an abortion. However, early in the implementation of Round 10, Afrobarometer concluded that the question wording was unclear, making the responses difficult to interpret. Since the findings did not meet an acceptable standard for clarity and reliability, this question was dropped from the remaining Round 10 surveys, and the data from those countries where it was asked have been excluded from all final data sets.

- One-third (34%) of respondents across the OP countries say pregnancy termination occurs “often” or “occasionally” in their communities.
 - Reported occurrence is highest in Côte d'Ivoire, where 50% of respondents say pregnancy termination happens “often” or “occasionally,” and lowest in Mauritania (21%).
 - Across the seven OP countries, about six in 10 respondents (61%) believe that pregnancy termination can “always” or “sometimes” be justified when a woman's health or life is in danger. About four in 10 respondents (41%) consider pregnancy termination justifiable in cases of rape or incest, although a majority (57%) oppose this view. By contrast, pregnancy termination on grounds of economic hardship or “for any reason” is strongly opposed across OP countries.
- Majorities of citizens in OP countries believe that school-age girls who become pregnant or have children should be allowed to continue their studies (79%) and that sexuality education should be taught in schools (65%).

Women's empowerment: Persistent gaps

- Across the OP countries, fewer women than men have had secondary (27% vs. 33%) or post-secondary (8% vs. 16%) education. Conversely, more women (39%) than men (29%) have had no formal schooling.
- On average across the seven OP countries, women are significantly less likely than men to be employed full time (7% v. 16%) or part time (4% vs. 8%).
- Women in OP countries are also less likely than men to own a mobile phone (84% vs. 95%), mobile money account (61% vs. 79%), radio (36% vs. 60%), television (35% vs. 49%), car or motorcycle (12% vs. 47%), bank account (13% vs. 25%), and computer (8% vs. 15%).
- Similarly, far fewer women than men (36% vs. 52%) report making their own decisions regarding management of household income.

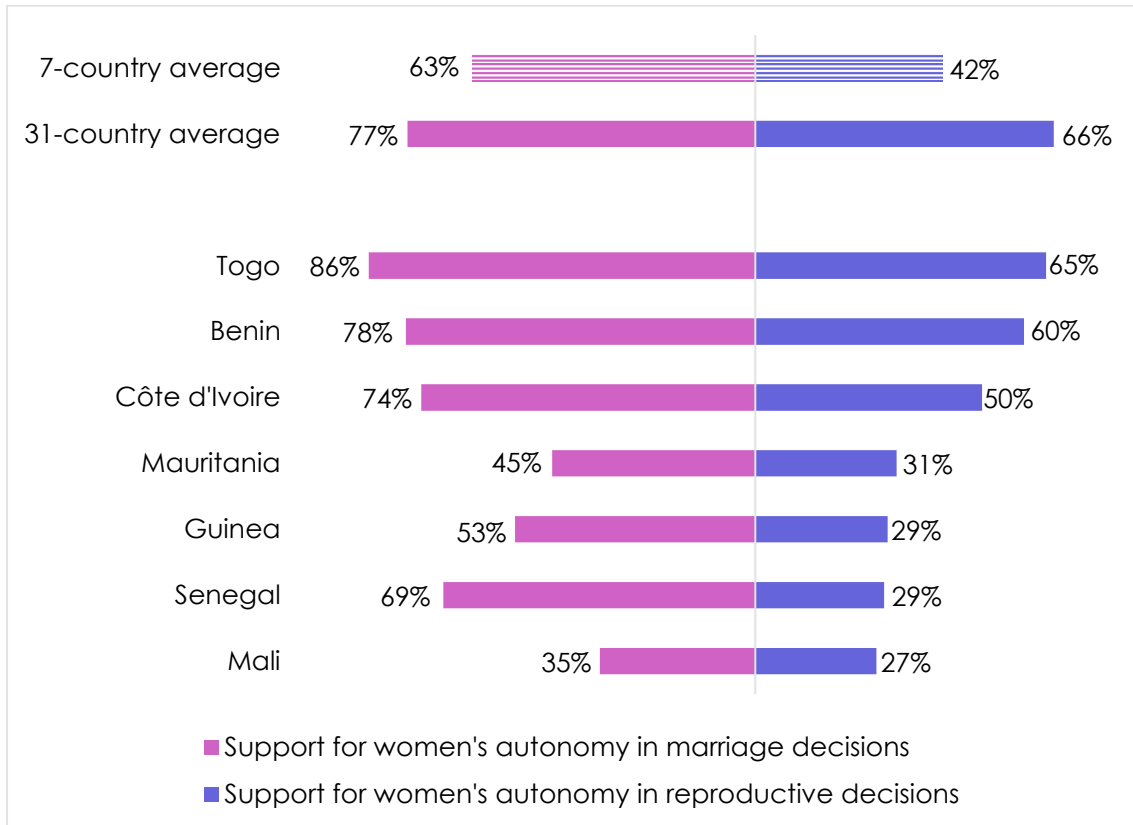
Women's autonomy in marriage and reproductive decisions

Views on women's autonomy regarding marital decisions are generally positive across OP countries. On average, a majority (63%) of respondents believe that women should be free to decide whether and when to marry (Figure 1). It is worth noting that support for women's autonomy in marital decisions is higher in the other 31 countries surveyed in 2024/2025, where more than three-quarters (77%) of citizens hold this view.

The 63% average masks substantial cross-country variation in support for women's autonomy in marital decisions. While large majorities in Togo (86%), Benin (78%), Côte d'Ivoire (74%), and Senegal (69%) support this view, fewer than half of Mauritians (45%) and Malians (35%) do so.

By contrast, support for women's autonomy in decisions about childbearing is considerably lower in OP countries. On average, fewer than half (42%) of citizens in the OP countries believe that women should be free to decide how many children to have and when to have them, compared with 66% in the remaining 31 countries. As with marital decisions, attitudes vary widely across countries, with majority support in Togo (65%) and Benin (60%) but less than one-third in Mauritania (31%), Guinea (29%), Senegal (29%), and Mali (27%).

Figure 1: Women's autonomy in marriage and childbearing decisions | 7 countries
 | 2024/2025



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

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

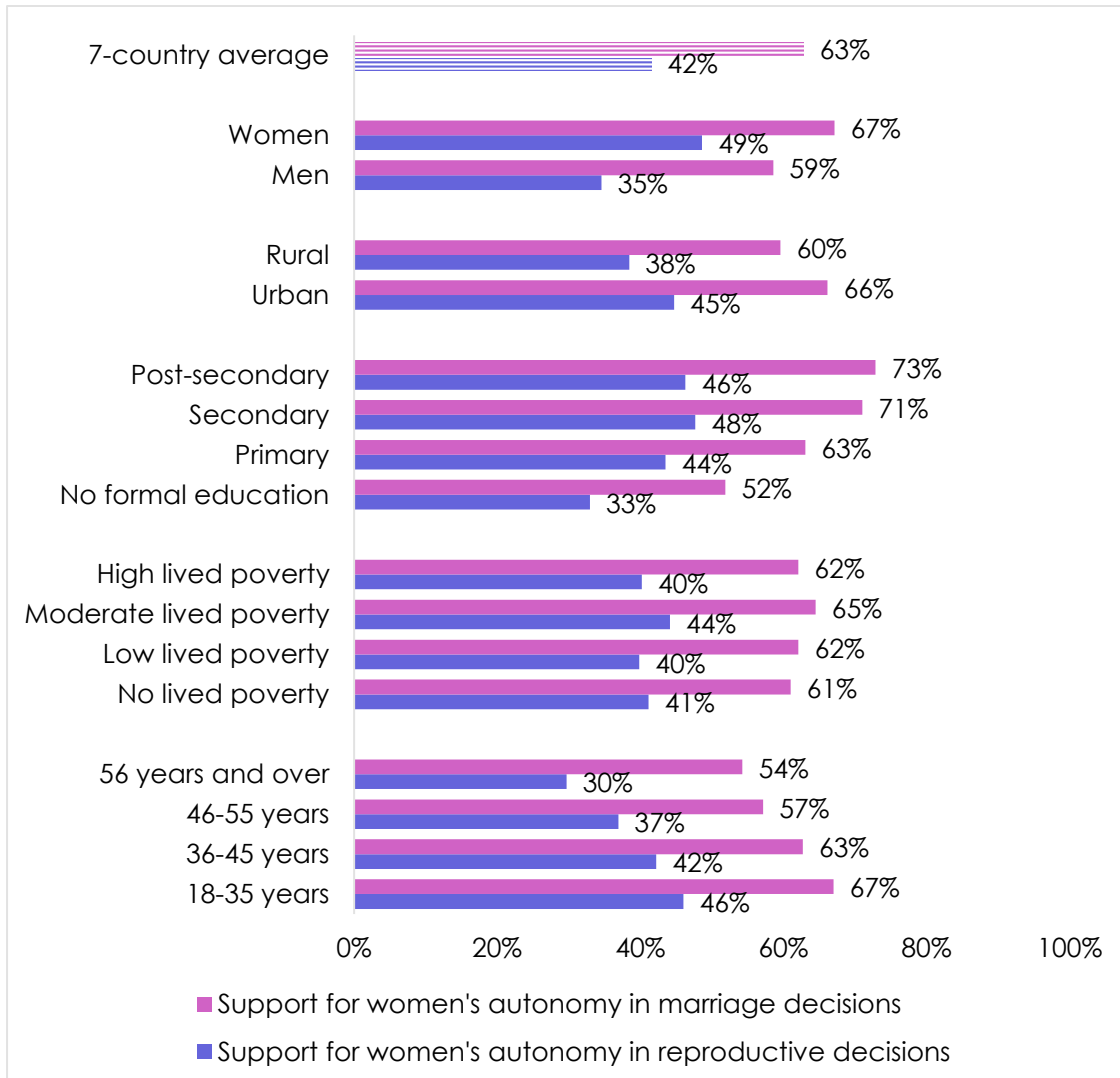
Women should decide for themselves when and how many children they want to have.

(% who "agree" or "strongly agree" with each statement)

Attitudes toward women's bodily autonomy are closely associated with respondent demographics. Across the seven OP countries, support for women's autonomy in marriage decisions increases with education but declines with age (Figure 2). Support rises from 52% among respondents with no formal schooling to 73% among those with post-secondary education and falls from two-thirds (67%) among young adults (aged 18-35) to just over half (54%) among those aged 56 and above. Support is also higher among women (67%) and urban residents (66%) than among men (59%) and rural residents (60%).

While support for women's autonomy in reproductive decisions remains low across all demographic groups in OP countries, it follows a similar pattern to that observed for marital decisions. Support increases from 33% among respondents with no formal education to 46%-48% among those with secondary or post-secondary education and declines from 46% among 18- to 35-year-olds to 30% among those aged 56 and above. As with marital autonomy, support is higher among women than men (49% vs. 35%) and among urbanites than rural residents (45% vs. 38%).

Figure 2: Women's autonomy in marriage and childbearing decisions
 | by demographic group | 7 countries | 2024/2025



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

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

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

(% who "agree" or "strongly agree" with each statement)

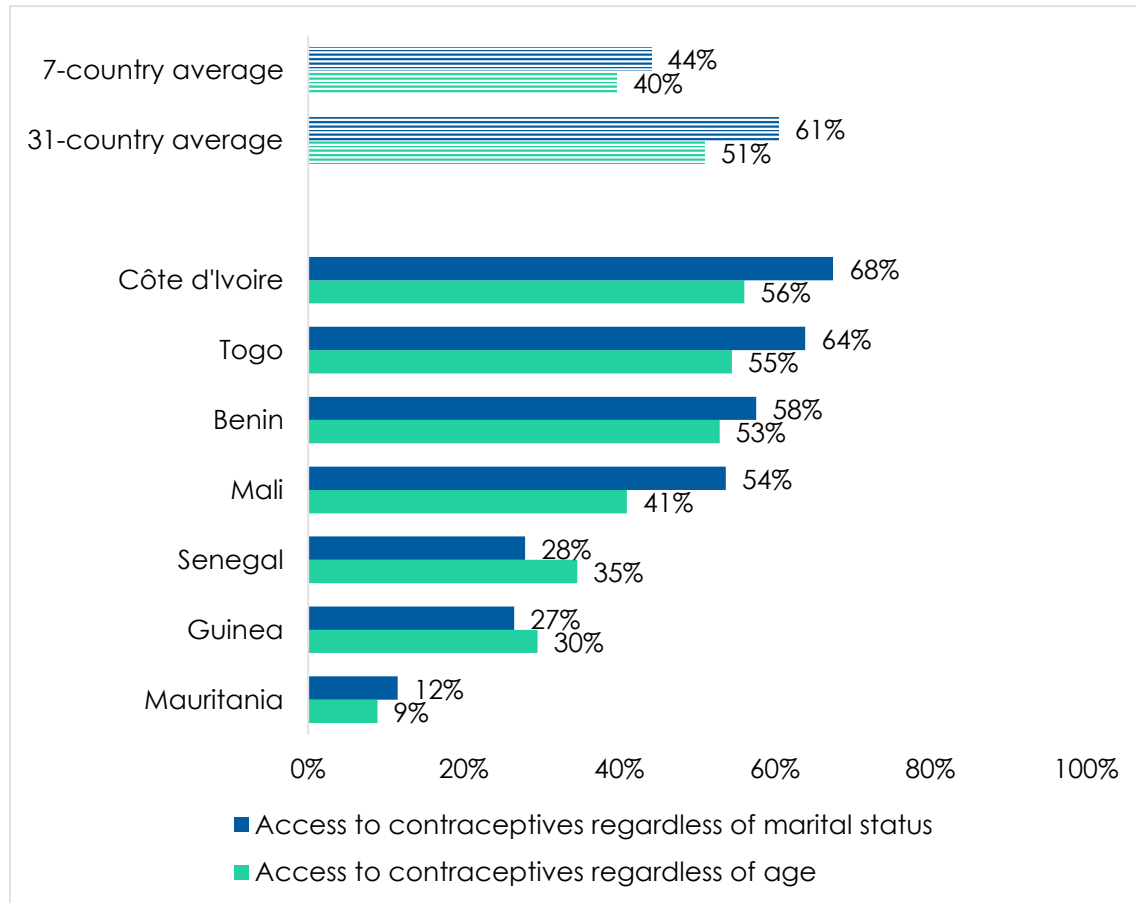
Attitudes toward contraceptives

A core objective of the Ouagadougou Partnership initiative is to expand access to contraception in the nine target countries. Afrobarometer data from the seven OP countries surveyed indicate that public attitudes toward contraceptive access remain relatively negative. Fewer than half of respondents support making contraceptives available to all people regardless of their marital status (44%) or age (40%) (Figure 3). By contrast, support for unrestricted access to contraceptives is higher in the remaining 31 countries, at 61% for access regardless of marital status and 51% regardless of age.

Support for unrestricted access to contraceptives varies widely across OP countries. Ivoirians express the strongest support – 68% favour access regardless of marital status and 56%

regardless of age – while Mauritians show the weakest support, at just 12% and 9%, respectively.

Figure 3: Support for unrestricted access to contraceptives | 7 countries | 2024/2025



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

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

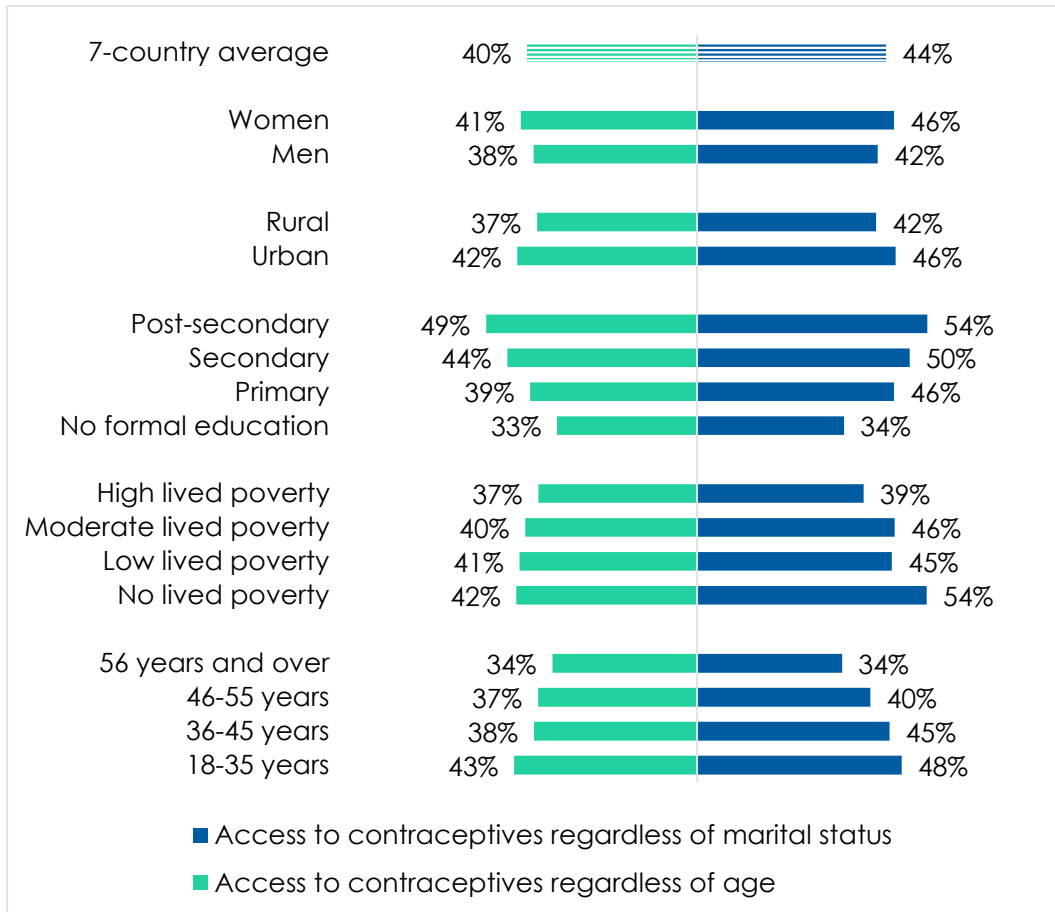
Contraceptives should be available to everyone who is sexually active, regardless of age.

(% who "agree" or "strongly agree" with each statement)

Support for unrestricted access to contraceptives declines as respondents' age and level of economic hardship² increase, but it gathers strength with education (Figure 4). Women and urban residents are also more likely to favour unrestricted access to contraceptives than men and rural residents, respectively.

² 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: Support for unrestricted access to contraceptives | by demographic group
 | 7 countries | 2024/2025



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

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

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

(% who "agree" or "strongly agree" with each statement)

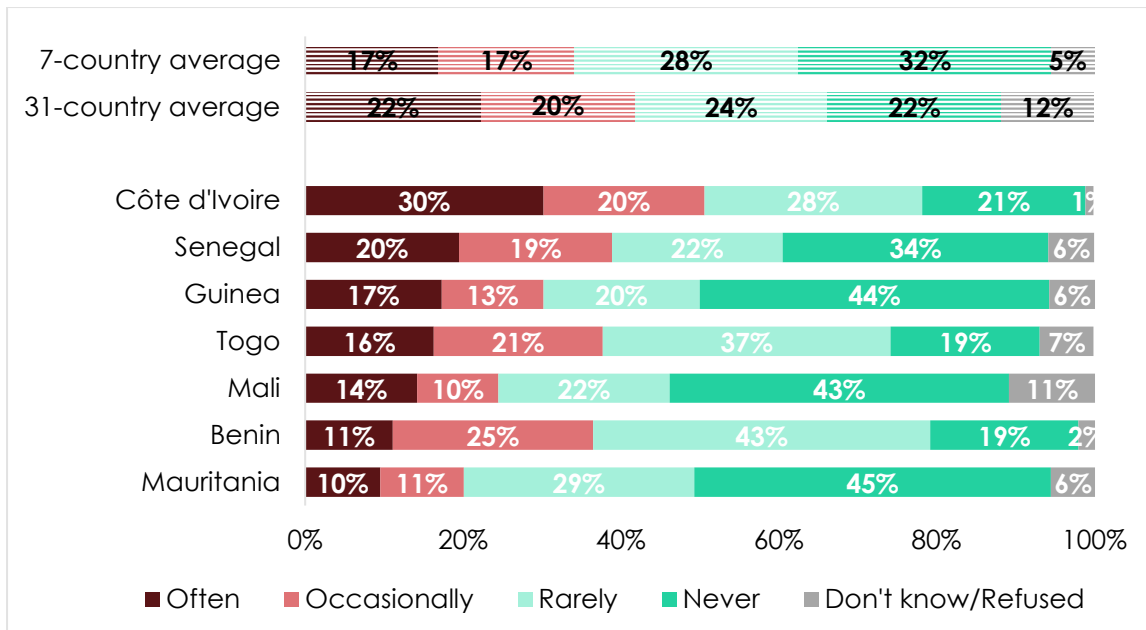
Attitudes toward pregnancy termination

Many respondents across the seven OP countries report that at least some women and girls in their communities terminate pregnancies, underscoring the importance of the OP's focus on reducing unsafe abortions through expanded access to contraceptives. When asked about the frequency of pregnancy termination in their communities, one-third (34%) of citizens across the seven countries say it occurs "often" or "occasionally" (Figure 5). Reported occurrence is highest in Côte d'Ivoire, where 50% of respondents say pregnancy termination happens often or occasionally, and lowest in Mauritania (21%).

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

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

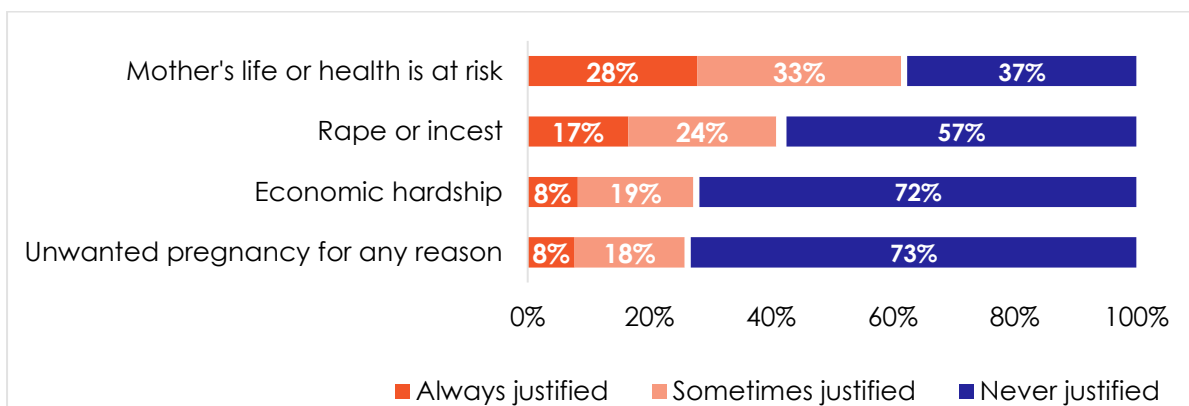
Figure 5: Frequency of pregnancy termination | 7 countries | 2024/2025



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

The survey also asked respondents whether pregnancy termination can be justified under certain circumstances. Across the seven OP countries, about six in 10 respondents (61%) believe that pregnancy termination can “always” or “sometimes” be justified if a woman's health or life is in danger (Figure 6). About four in 10 respondents (41%) consider pregnancy termination justifiable in cases of rape or incest, although a majority (57%) oppose this view. By contrast, majorities across OP countries oppose pregnancy termination on grounds of economic hardship (72%) or “for any reason” (73%).

Figure 6: Justification of pregnancy termination | 7 countries | 2024/2025



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

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

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

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

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

Girls' education and sexuality education in schools

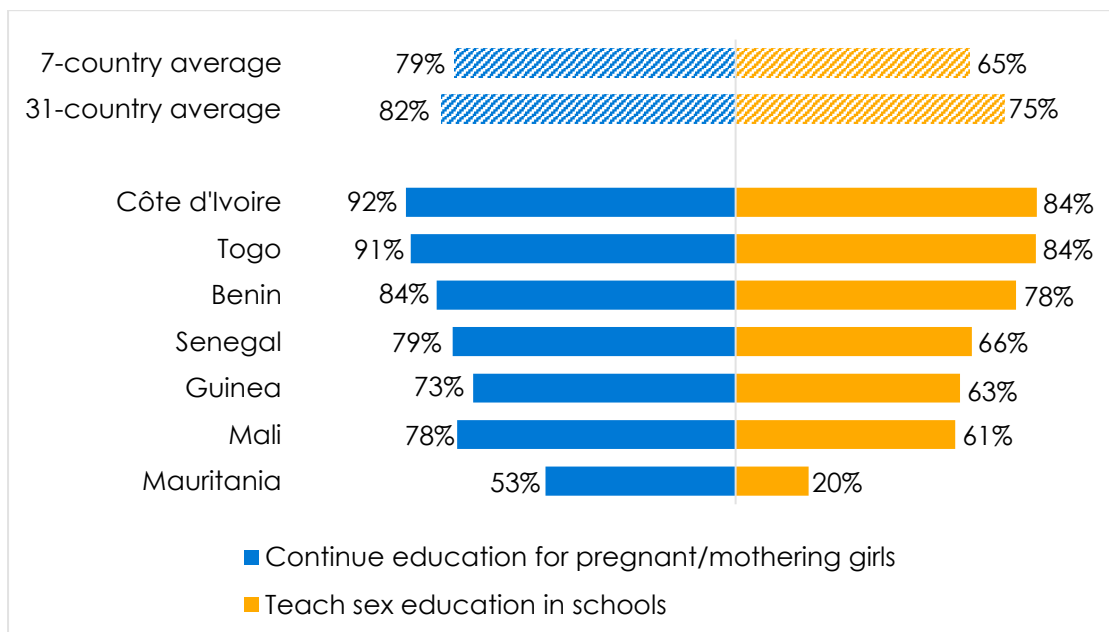
Other aspects of SRHR examined in this study include support for continued education for pregnant girls and young mothers, as well as the teaching of sexuality education in schools. The data show widespread endorsement across OP countries.

Nearly eight in 10 respondents (79%) across the seven countries support pregnant girls and young mothers continuing their education – an approval rate comparable to that in the remaining 31 countries (82%). Support ranges up to nine out of 10 in Côte d'Ivoire (92%) and Togo (91%) (Figure 7).

Similarly, nearly two-thirds (65%) of respondents endorse the teaching of sexuality education in schools, 10 percentage points less than across the other 31 countries. Côte d'Ivoire and Togo again lead the list, with 84% each.

Support for both continued education and the teaching of sexuality education constitute a majority view in all OP countries except for Mauritania, where only 20% support the teaching of sexuality education in schools.

Figure 7: Support for continuing pregnant girls' education and teaching sexuality education | 7 countries | 2024/2025



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

Girls should be allowed to continue their schooling even if they become pregnant or have children.

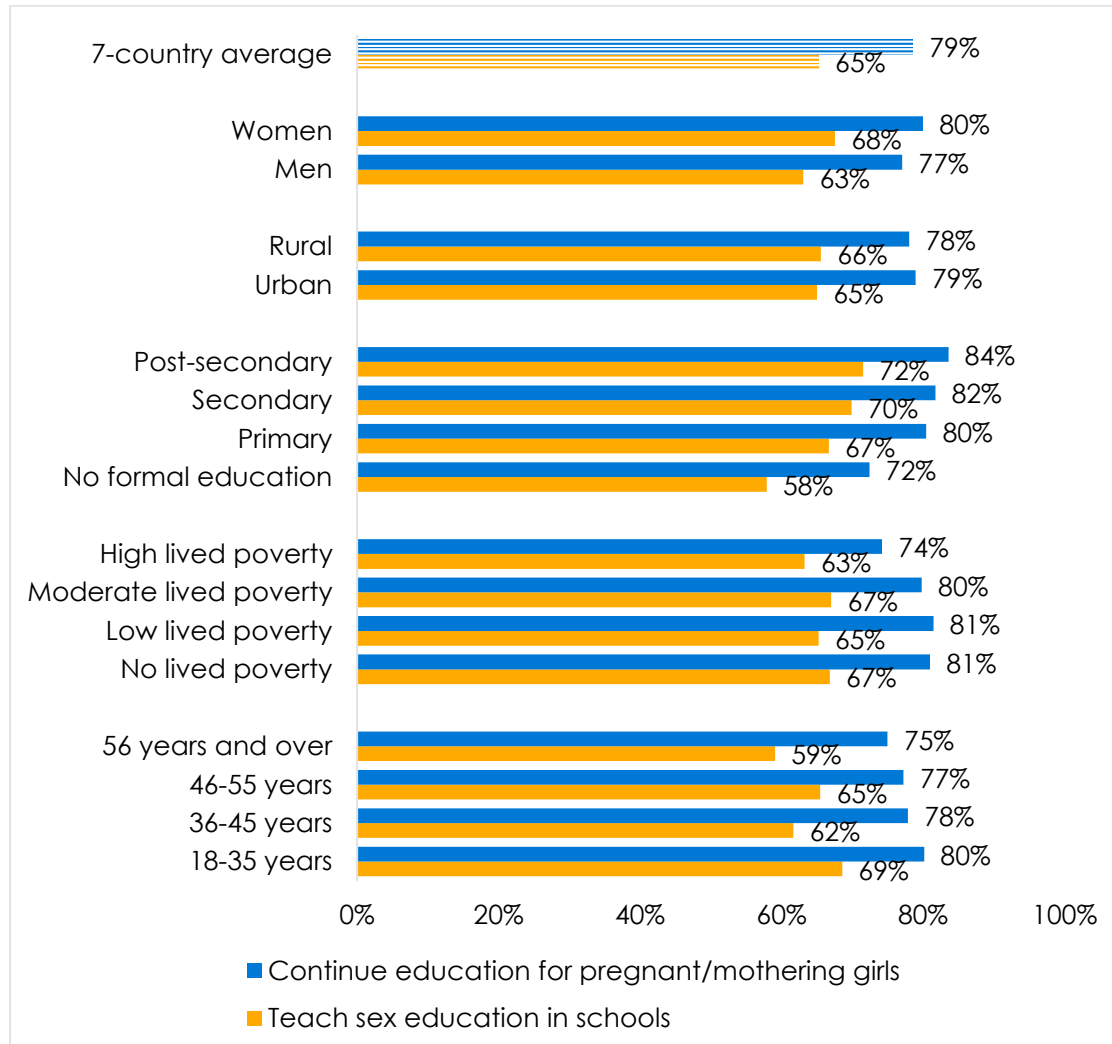
Schools should teach sex education to young people to help them make informed decisions.

(% who "agree" or "strongly agree" with each statement)

Support for pregnant girls and young mothers continuing their education is strong – more than seven in 10 respondents – across key demographic groups in OP countries, while support for teaching sexuality education is less robust and more variable (Figure 8).

Respondents aged 56 and above (59%) and those with no formal education (58%) are less supportive of teaching sexuality education in schools than younger and more educated citizens, and fewer men than women endorse the idea (63% vs. 68%).

Figure 8: Support for continuing pregnant girls' education and teaching sexuality education | by demographic group | 7 countries | 2024/2025



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

Girls should be allowed to continue their schooling even if they become pregnant or have children. Schools should teach sex education to young people to help them make informed decisions.

(% who "agree" or "strongly agree" with each statement)

Women's empowerment

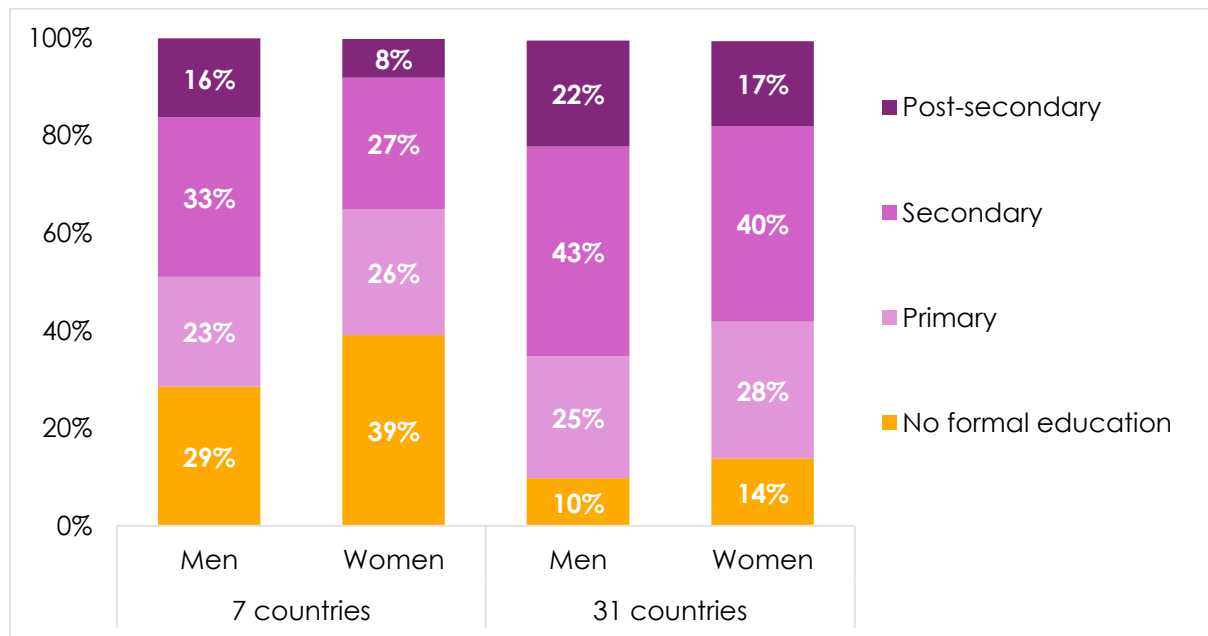
While attitudes toward sexual and reproductive health and rights present a mixed picture with potential for change across OP countries, the data also reveal persistent gender gaps in several dimensions, including educational attainment, employment, asset ownership, and decision making. These gaps have the potential to impede progress on SRHR advocacy in the region and underscore the need for complementary interventions to address these disparities.

Across the seven OP countries, fewer women than men have attained secondary (27% vs. 33%) or post-secondary (8% vs. 16%) education, while a larger share of women have had no

formal education (39% vs. 29%). By contrast, these gender gaps are considerably smaller in the remaining 31 countries (Figure 9).

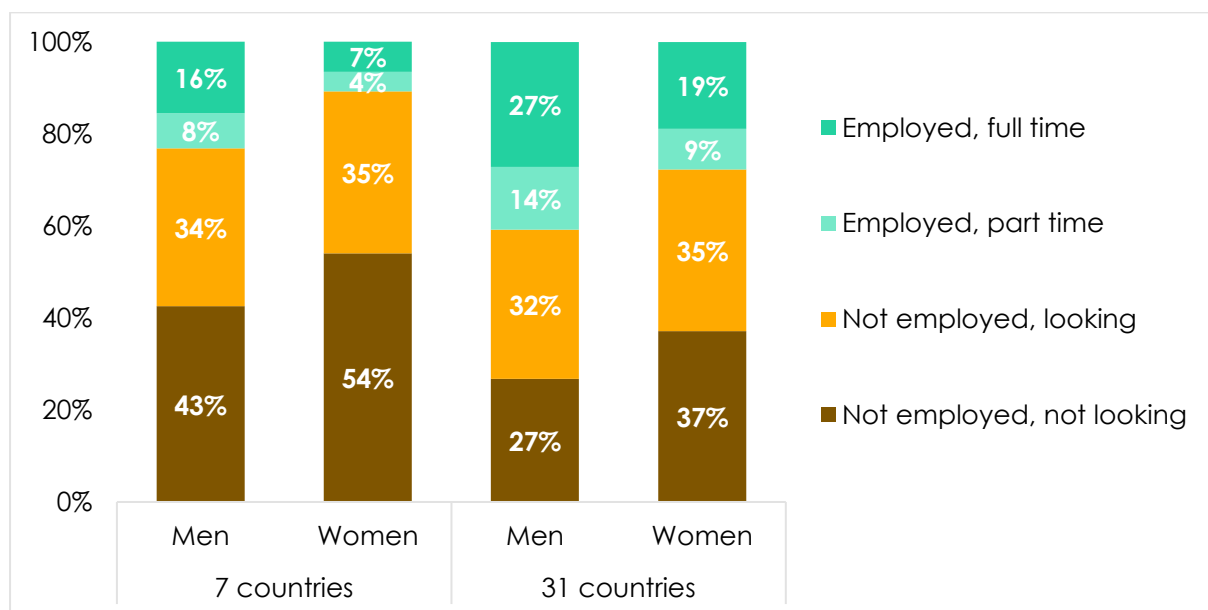
Similarly, on employment, women in the OP countries are significantly less likely than men to be employed full time (7% v. 16%) or to be employed part time (4% vs. 8%). Their counterparts in the other 31 surveyed countries do much better, with 19% in full-time employment and 9% in part-time employment, although they trail men in the 31-country sample by similar margins (Figure 10).

Figure 9: Educational attainment | by gender | 7 countries | 2024/2025



Respondents were asked: What is your highest level of education?

Figure 10: Employment status | by gender | 7 countries | 2024/2025

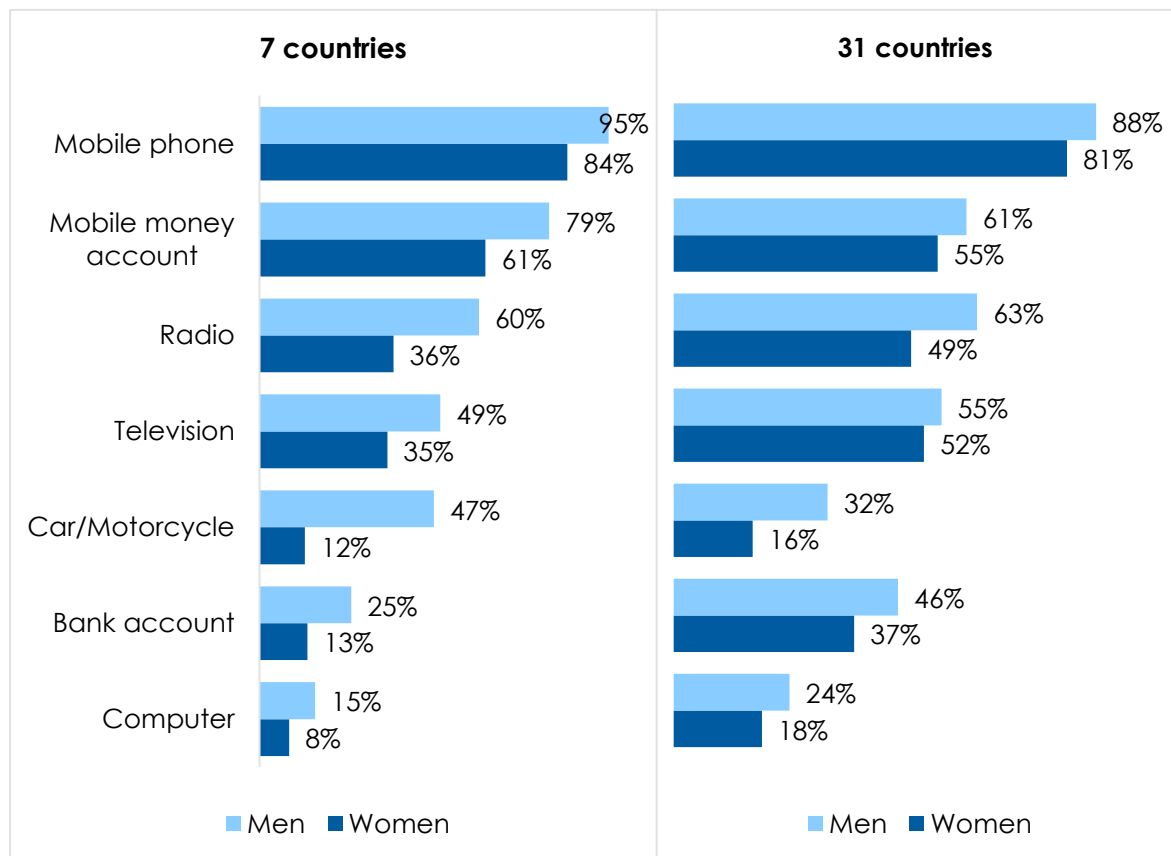


Respondents were asked: Do you have a job that pays a cash income? [If yes:] Is it full time or part time? [If no:] Are you currently looking for a job?

Asset ownership is a key dimension of women's empowerment. In the OP countries, as on the rest of the continent, women consistently lag behind men across key types of assets: They are less likely than men to report personally owning a mobile phone (84% vs. 95%), a mobile money account (61% vs. 79%), a radio (36% vs. 60%), a television (35% vs. 49%), a car or motorcycle (12% vs. 47%), a bank account (13% vs. 25%), and a computer (8% vs. 15%) (Figure 11).

Economic empowerment also depends on control over one's financial resources. To what extent are women free to manage their income? In the OP countries, fewer women than men report making their own decisions about how their money is used (36% vs. 52%). Conversely, women are three times more likely than men to say that these decisions are made by their spouse (15% vs. 5%) (Figure 12). A similar pattern is observed in the remaining 31 countries, although the gender gaps are smaller.

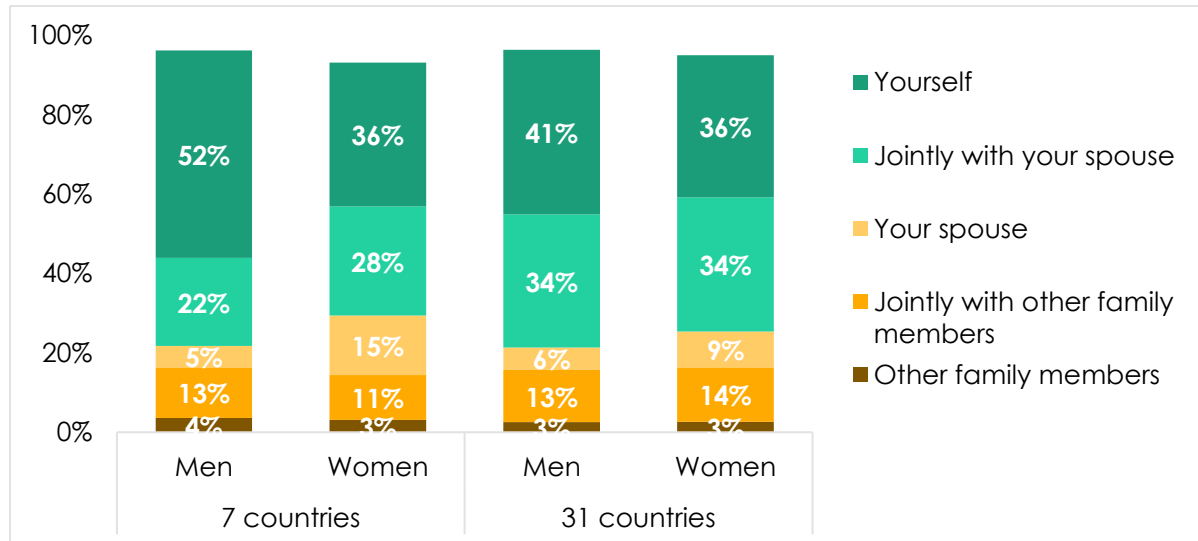
Figure 11: Asset ownership | by gender | 38 countries | 2024/2025



Respondents were asked: Which of these things do you personally own?

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 and free at www.afrobarometer.org/online-data-analysis.

Figure 12: Women's autonomy in managing income | by gender | 7 countries
 | 2024/2025



Respondents were asked: What is the main way that decisions are made about how to use any money that you have or earn, for example from a job, a business, selling things, or other activities?

Conclusion

Advocates for sexual and reproductive health and rights will find some grounds for optimism and a number of persistent challenges in citizens' views in seven Ouagadougou Partnership countries.

In five of the seven countries, solid majorities support the right of girls and women to freely choose whether and when to marry. But only two countries – Benin and Togo – record majorities who extend this same autonomy to decisions about how many children to have and when to have them. Resistance to women's autonomy is particularly strong in Mali and Mauritania.

Support for access to contraception remains limited in the OP countries. Fewer than half of respondents believe that contraceptives should be available to all sexually active individuals regardless of age and marital status – a contrast to the 31 other surveyed countries, where majority support prevails.

Attitudes toward pregnancy termination are strongly shaped by context. On average, a clear majority consider abortion justifiable if a woman's life or health is at risk, while opinions are more divided in cases of rape or incest, with opposition outweighing acceptance. By contrast, there is broad resistance across OP countries to pregnancy termination for economic reasons or without a specific justification.

Citizens give their most unified response in support of allowing girls who become pregnant to continue their schooling. Most also want their schools to provide sexuality education; Mauritania stands out as the only country registering strong opposition to this idea.

As for SRHR advocacy, the data confirm that persistent gender gaps in educational attainment, employment, and financial autonomy continue to shape the environment in which it will occur.

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Appendix

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

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

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Financial support for Afrobarometer is provided by Sweden via the Swedish International Development Cooperation Agency, the Norwegian Agency for Development Cooperation via the World Bank Think Africa Project, the Mo Ibrahim Foundation, the Open Society Foundations - Africa, Luminare, the Ford Foundation, the William and Flora Hewlett Foundation, the Mastercard Foundation, the David and Lucile Packard Foundation, the Obama Foundation, the Rockefeller Foundation, European Union Commission, the World Bank Group, the Population Institute, the Centre for International Governance Innovation, the International Development Research Centre (IDRC), the Royal Embassy of Denmark in Uganda/Danida, the Embassy of the Kingdom of the Netherlands in Uganda, and the German Federal Ministry for Economic Cooperation and Development (BMZ) supported by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH.

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