

ORIGINAL RESEARCH ARTICLE

Gender disparities and sexual double standards in risky sexual behaviors among youth in Togo: A multiple indicator cluster survey

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Abstract

This study explored gender disparities in risky sexual behaviors (RSB) among Togolese youth (15-24 years) using 2017 Multiple Indicator Cluster Survey data. Results from 1,768 sexually active participants revealed an RSB prevalence of 40.8% (95% CI: 38.1–43.6). Significant gender gaps were observed: males reported higher RSB rates (47.9% vs. 39.9%, $p = .002$) and were five times more likely than females to report multiple sexual partnerships (AOR = 4.56, $p < .001$). Median age at first sex was 16 years, significantly lower for girls. While no gender difference was found for non-condom use, factors like alcohol consumption and education levels were strongly associated with RSB. These findings highlight a persistent sexual double standard in Togo. Effective interventions must move beyond individual behaviors to address deep-seated gender norms through integrated family, school, and community-based reproductive health programs. (*Afr J Reprod Health* 2026; 30 [18]:71-86).

Keywords: risky sexual behaviors, gender disparities, sexual double standard, youth, Togo

Résumé

Cette étude analyse les disparités de genre liées aux comportements sexuels à risque (CSR) chez les jeunes Togolais (15-24 ans) à partir des données MICS 2017. L'analyse de 1 768 participants sexuellement actifs révèle une prévalence des CSR de 40,8 % (IC 95 % : 38,1-43,6). Des écarts significatifs apparaissent : les hommes affichent une prévalence plus élevée (47,9 % contre 39,9 %, $p = 0.002$) et sont cinq fois plus susceptibles que les femmes d'avoir des partenaires multiples (AOR = 4,56, $p < 0,001$). L'âge médian au premier rapport est de 16 ans, plus précoce chez les filles. Si aucune différence de genre n'est notée pour le non-utilisation du préservatif, la consommation d'alcool et le niveau d'instruction influencent fortement les CSR. Ces résultats soulignent un "double standard" sexuel persistant au Togo. Les interventions doivent cibler les normes de genre via les cadres familiaux et scolaires. (*Afr J Reprod Health* 2026; 30 [18]: xx-xx).

Mots-clés : comportements sexuels à risque, disparités de genre, double standard sexuel, jeunes, Togo

Introduction

The World Health Organization (WHO) defines adolescents as individuals aged 10 to 19 years and youth as those aged between 15 and 24 years. Young people are defined as individuals aged 10 to 24 years.¹ Globally, young people aged 15 to 24 represent 16.0% of the world's population, amounting to 1.2 billion, with projections reaching 1.3 billion by the end of 2030.² This young population represents a significant opportunity for the economic and social development of the region. Africa is the continent with the youngest population in the world. People under 25 accounted for 60.0% in 2022.³

Many adolescents and young people engage in risky sexual behaviors that can result in unintended health outcomes. Risky sexual behaviors, defined as sexual activities that expose individuals or their partners to adverse health outcomes, contribute substantially to sexual and reproductive health (SRH) concerns among adolescents and young adults.⁴⁻⁷ However, these risks are unevenly distributed; they are deeply embedded in social constructions of masculinity and femininity that dictate different gendered sexual norms for young men and women.^{8,9}

Adolescents, especially young girls, are at higher risk of developing reproductive health disorders, including unintended pregnancies, unsafe abortions, and contracting HIV infection and other sexually transmitted infections (STIs).^{10,11} In 2022, 480,000 young people aged 10 to 24 were newly infected with HIV, with girls being disproportionately affected. Globally, 4,000 adolescent girls and young women (15-24) contract HIV each week, 70.0% of whom are in sub-Saharan Africa.¹² There are also the consequences of unwanted pregnancies and unsafe abortions.^{13,14} This vulnerability is often exacerbated by gender-based power imbalances, limited negotiation power regarding condom use, and prevailing social norms, as theorized by Gagnon and Simon's (1973/2005) concept of sexual scripts, which shape how gender, power, and negotiation unfold in sexual encounters.^{8,15,16} For instance, a study conducted across 14 Sub-Saharan African countries reported prevalences of multiple partners ranging from 4.0%

to 15.0% among young adolescent females and from 16.2% to 37.6% among their male counterparts. Moreover, non-use of condoms varied from 19.8% to 84.5% among young males and from 32.6% to 93.2% among adolescent females.⁷ This disparity suggests the influence of a "sexual double standard," where male sexual exploration is often socially tolerated or encouraged, while female sexuality is more strictly controlled.^{17,18}

In Togo, approximately 32% of the population is under 25 years old,¹⁹ and these youths also face significant challenges such as unintended pregnancies, gender-based violence, STIs, and HIV infections.²⁰ While a law on SRH was passed in 2007 to improve access to services, the prevalence of risky sexual practices and their determinants remain under-researched from a gender-sensitive perspective. Most existing studies have focused on general predictors without adequately examining how gender norms and social expectations shape sexual risk-taking behaviors.²¹ This study aims to estimate the prevalence of risky sexual behaviors among young people in Togo and to identify the associated sociodemographic factors while exploring gender disparities through the lens of social norms and the sexual double standard.

Methods

Study type

This cross-sectional study was based on a secondary analysis of data from the most recent Multiple Indicator Cluster Survey (MICS6), conducted in Togo in 2017.

Data source

The MICS program was initiated in the 1990s by the United Nations Children's Fund (UNICEF). It is a nationally representative survey designed to support countries in collecting representative and internationally comparable data²², particularly regarding key indicators of maternal, child, and adolescent health, including aspects related to sexuality.²³

The study population was selected using a multistage stratified cluster sampling design. The primary sampling units (PSUs) included clusters.

They were selected using the sampling frame of the 2010 General Census of Population and Housing (RGPH4) of Togo.²⁴ A total of 420 PSUs (253 in rural settings, and 167 in urban settings) were selected for the survey. Households were the secondary sampling units. Twenty households were selected from each PSU, yielding a total sample of 8,400 households. All the women living in the household or who stayed there last night, and aged between 15 and 49 years old, were eligible and invited to participate in the survey. Additionally, men aged between 15 and 49 years old in seven out of twenty households were also eligible and invited to participate. A total of 7,326 women and 2,286 men participated in the MICS 2017.²⁴

For further details, readers are referred to the final survey report.²³ The study included sexually active male and female adolescents and young adults aged 15 to 24, whether married or not.

Study variables

Given the hierarchical structure of the MICS data, young people were nested within households, and households were nested within clusters. Consequently, explanatory variables were considered at the community, household, and individual levels of analysis.

Dependent variables

Four dependent variables were selected for the study and defined as follows:

Risky sexual behaviors: any sexual activity that increases the risk of contracting HIV and other sexually transmitted infections (STIs), or unintended pregnancies.^{25,26} This is a composite variable, operationalized into a dichotomous variable (Yes/No). Individuals who engage in high-risk sex include those who had their first sexual intercourse before the age of 15, those who have had sex with non-marital partners, or those who have had more than one partner in the 12 months preceding the survey.²⁶

Early sexual activity: any sexual intercourse initiated before the age of 15.²⁷ In the MICS6 survey, this variable is derived from the question: "At what age did you have your first sexual intercourse?" It was operationalized into a binary variable (Yes/No),

where "Yes" corresponds to individuals who had their first sexual intercourse before the age of 15.

Non-condom use: a sexual relationship without the use of a male or female condom.²⁸ This variable is constructed from two questions: "Did you use a condom during your last sexual intercourse?" and "What was your relationship with the person you had your last sexual intercourse with?". It has been operationalized into a dichotomous variable (Yes/No). Individuals who answered "No" to the first question and indicated having a "casual partner" or "boyfriend/girlfriend" as a relationship during their last sexual intercourse were classified in the "Yes" category, meaning they had unprotected sex.

Multiple sexual partners: having more than one sexual partner over a given period, which may involve having one sexual partner and then another, or having more than one sexual partner in the same period.^{29,30} In the MICS6 survey, this variable is constructed from the question: "Apart from this person, have you had sexual relations with another person in the last 12 months?". It is a binary variable (Yes/No), where individuals who answered "Yes" are considered to have engaged in multiple sexual partnerships.

Independent variables

Seventeen explanatory variables were considered and grouped into individual-level household-level, and community-level variables. These variables were selected based on their availability in the database as well as existing literature on the determinants of risky sexual behaviors.^{6,7,25,31–33}

Individual level variables: They included age (categorized into 15-19 and 20-24 years), gender (male and female), education level (uneducated, primary, and secondary and above), marital status (in a relationship and single), parental status (parent and non-parent), knowledge of HIV (Yes/No), alcohol consumption (non-drinker, occasional drinker, and regular drinker), and media exposure (not exposed, moderate exposure, and high exposure). The media exposure variable was recoded based on three questions in the MICS6 survey.²³ The questions assessed the frequency of reading newspapers or magazines, listening to the radio, and watching television, each at least once a week, or not at all. The response options were "Not at all", "Less than

once a week", "At least once a week", and "Almost every day". Individuals who responded, "Not at all" to all three questions were recoded as "Not exposed". Those who responded, "Less than once a week" and "At least once a week" to the three questions were recoded as "Moderate exposure", and those who answered, "Almost every day" were recoded as "High exposure".

The variable 'Knowledge of HIV' is used to assess individuals' understanding of strategies to prevent sexual transmission of HIV. This measure is obtained by analyzing participants' responses to key questions from the MICS6 survey.²³ It focuses on evaluating knowledge of methods to prevent sexual transmission, such as consistent condom use and remaining faithful to an uninfected partner. It also includes the ability to debunk common misconceptions about HIV transmission, such as the belief that it can be spread through handshakes or mosquito bites. Questions HA2 to HA7 were used to operationalize these variables in the MICS6 survey.²³

The alcohol consumption variable was operationalized using the question "In the past month, how many days did you drink at least one alcoholic drink?". Individuals who had not consumed alcohol during the month were categorized as "No-drinkers". Those who had consumed alcohol from 1 to 10 days or more, but less than 30 days in the month, were recoded as "Occasional drinkers". And those who had consumed alcohol every day or nearly every day were recoded as "Regular drinkers".^{34,35}

Household and community level variables: They included household head age (≤ 44 vs ≥ 45 years), gender (male, female), educational level (no education, primary, secondary or higher), religion (Christian, Muslim, traditional or other), and economic well-being quintile (poorest, poorer, middle, richer, richest), as well as place of residence (urban, rural), region (Lomé-Commune, Maritime, Plateaux, Centrale, Kara, Savanes), and household size (≤ 5 vs > 5 members). In MICS6, the economic well-being index was constructed using principal component analysis (PCA).^{23,36} These household and community level variables are selected based on their categorization in the MICS6, the Demographic and Health Survey (DHS), and previous studies.^{23,33,37}

Statistical data analysis

Descriptive analysis: All categorical variables, including sociodemographic characteristics and the four risky sexual behaviors, were summarized using frequencies and percentages and compared by gender using the Chi-square test. Continuous variables (age, age at first sexual intercourse) were summarized using median and interquartile range (IQR) and compared by gender using the Mann-Whitney U test. Sociodemographic characteristics were presented in Table 1, while the four risky sexual behaviors were illustrated using gender-disaggregated bar charts with corresponding Chi-square p-values.

Modeling: Multilevel logistic regression (MLR) was used³⁸ to examine the association between individual, household-, and community-level factors, and the study outcomes. Intra-class correlation coefficients (ICCs) were estimated to account for the clustered structure of the data, with primary sampling units (PSUs) specified as random intercepts. Four models were constructed: an empty model (Model 0) without explanatory variables; Model 1, including only individual-level factors; Model 2, including household and community-level factors; and Model 3, simultaneously controlling for individual, household, and community factors (supplementary material). Variables with a p-value < 0.20 in univariate analyses were considered for inclusion in the multivariable models. The likelihood ratio (LR) test was used to assess model fit. Additionally, the Akaike Information Criterion (AIC) and Bayesian Information Criterion (BIC) were used to compare the fit of the different models. Multicollinearity among variables was assessed using the variance inflation factor (VIF). Analyses were performed using Stata 16 (StataCorp LLC, College Station, Texas, United States), accounting for sampling weights. The significance level was set at $p < 0.05$.

Ethics approval and consent statement

The studies involving human participants were reviewed and approved by the National Bioethics Advisory Committee of Togo. Permission to use the data was obtained following an online request. Written informed consent to participate in this study

was provided by the participants' legal guardian or next of kin.

Results

Characteristics of study participants

The 2017 MICS survey included 10,113 individuals aged 15 to 49 years, of whom 7,657 (75.7%) were women. A total of 2,198 sexually active adolescents and young adults aged 15–24 years were included, of whom 78.6% were female (Figure 1)

The median age of participants was 20 years (IQR: 18–22), with no significant difference between females (median: 20 years; IQR: 18–22) and males (median: 21 years; IQR: 18–22) ($p = 0.989$). The median age at first sexual intercourse was 16 years (IQR: 15–18), with a statistically significant difference between females (16 years; IQR: 15–18) and males (17 years; IQR: 15–18) ($p = 0.007$).

Most participants had attained secondary or higher education (62.2%), with a significantly higher proportion among males than females (82.9% vs. 56.6%, $p < 0.001$). Approximately 40.7% were in a relationship, predominantly females (48.5% vs. 11.9%, $p < 0.001$). Alcohol consumption was more frequent among males, with 29.0% reporting regular use compared to 18.2% of females ($p < 0.001$). Media exposure was also higher among males (54.2% vs. 40.2%, $p < 0.001$). Most participants lived in rural areas (55.2%), and 73.7% resided in male-headed households (Table 1).

Prevalence of risky sexual behaviors

The prevalence of risky sexual behaviors was 40.8% (95% CI: 38.1–43.6), being hiThe prevalence of risky sexual behaviors) was reported by 22.2% (95% CI: 20.0–24.6), with no statistically significant difference between males and females. The prevalence of non-condom use during the last non-

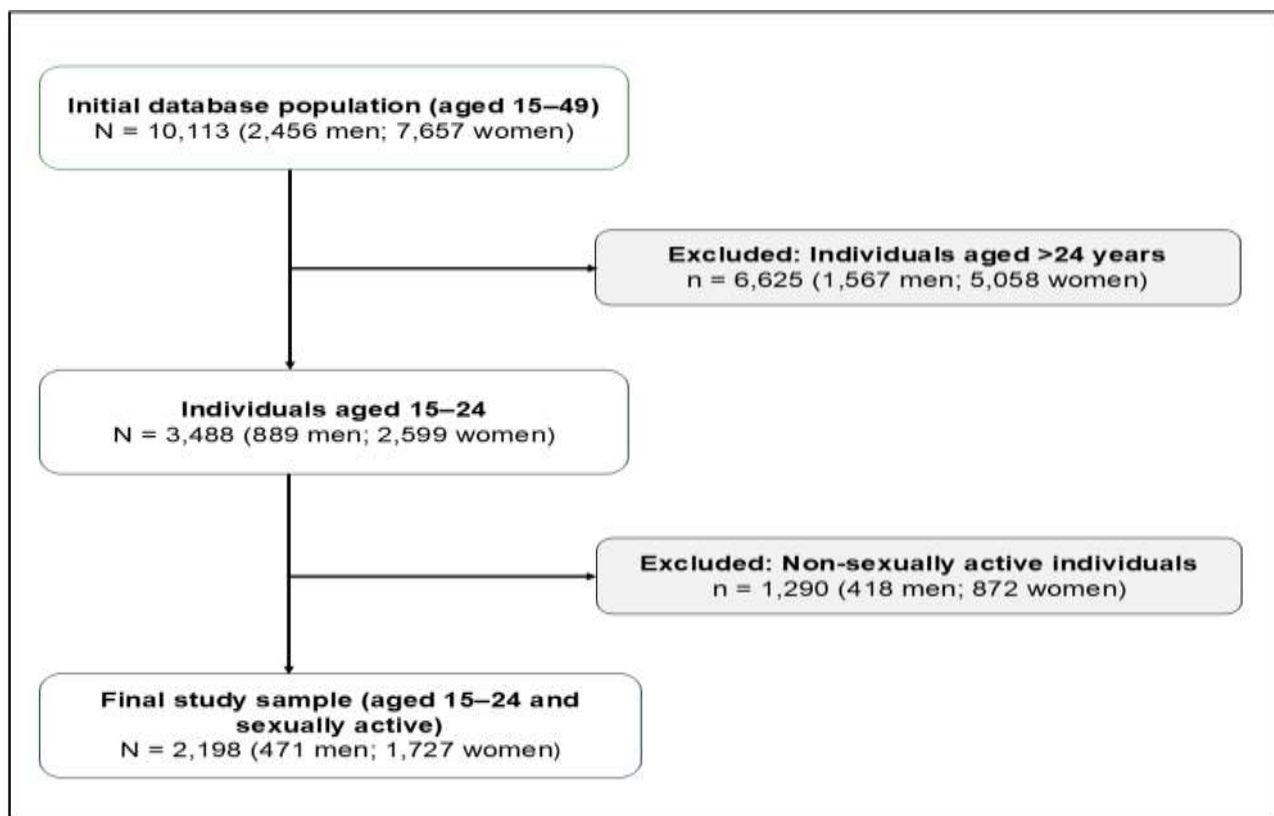
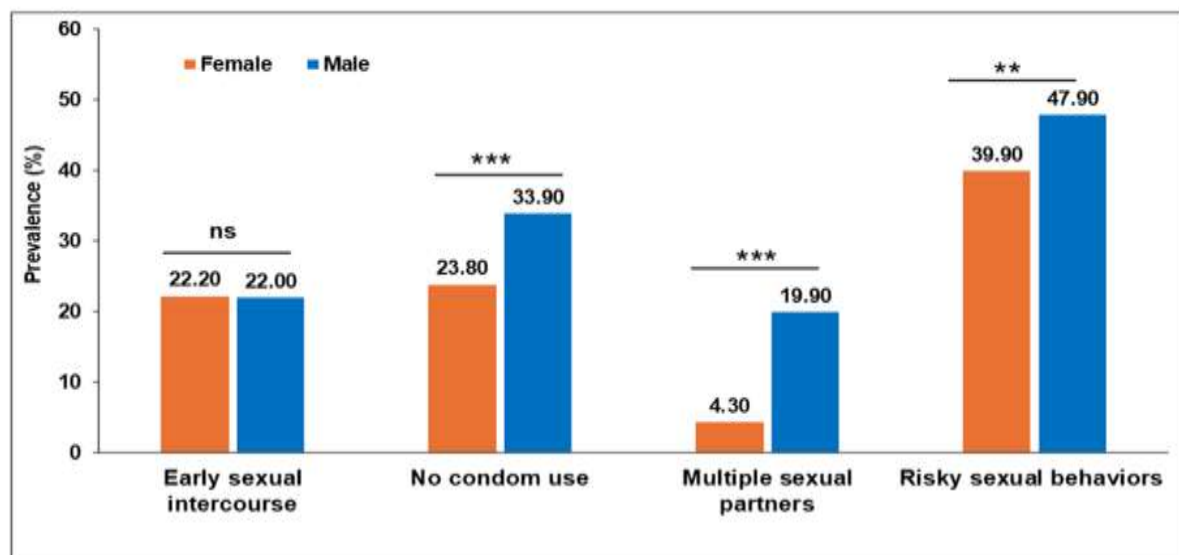


Figure 1: Flowchart of the inclusion of adolescents and young adults in the study, 2017 MICS Survey in Togo

Table 1: Characteristics of adolescent and young adults aged 15 to 24 in Togo by gender, 2017 MICS Survey

Characteristics of participants	Female Number (%)	Male Number (%)	Total number (%)	P-value
Age group (years)				0.957
15-19	672 (38.9)	186 (39.4)	858 (39.0)	
20-24	1,055 (61.1)	285 (60.6)	1,340 (61.0)	
Level of education				p < 0.001
No education	249 (14.4)	13 (2.7)	262 (11.9)	
Primary	501 (29.0)	68 (14.4)	569 (25.9)	
Secondary and above	977 (56.6)	390 (82.9)	1,367 (62.2)	
Marital status				p < 0.001
In a relationship	838 (48.5)	56 (11.9)	894 (40.7)	
Single	889 (51.5)	415 (88.1)	1,304 (59.3)	
Parental status				p < 0.001
No parent	857 (49.6)	411 (87.3)	1,268 (57.7)	
Parent	870 (50.4)	60 (12.7)	930 (42.3)	
Knowledge of VIH				0.191
No	109 (6.3)	22 (4.6)	131 (5.9)	
Yes	1,618 (93.7)	449 (95.4)	2,067 (94.1)	
Alcohol consumption frequency				p < 0.001
Non-consumer	841 (48.7)	141 (30.0)	982 (44.2)	
Occasional consumer	573 (33.2)	193 (41.0)	766 (35.0)	
Regular consumer	314 (18.2)	137 (29.0)	451 (20.7)	
Media exposure				p < 0.001
No exposure	528 (30.6)	64 (13.7)	592 (27.0)	
moderate exposure	506 (29.3)	151 (32.1)	657 (29.9)	
High exposure	694 (40.2)	255 (54.2)	949 (43.2)	
Household characteristics				
Age of household head				p < 0.001
15-44	955 (55.3)	190 (40.3)	1,145 (52.1)	
45-95+	772 (44.7)	281 (59.7)	1,053 (47.9)	
Gender of household head				0.002
Male	1,252 (72.5)	368 (78.1)	1,620 (73.7)	
Female	475 (27.5)	103 (21.9)	578 (26.3)	
Education of household head				0.725
No education	451 (26.1)	130 (27.6)	581 (26.4)	
Primary	532 (30.8)	135 (28.7)	667 (30.3)	
Secondary and above	744 (43.1)	206 (43.7)	950 (43.3)	
Household head religion				0.218
Christians	904 (52.3)	232 (49.2)	1,136 (51.7)	
Muslim	344 (19.9)	80 (17.0)	424 (19.3)	
Traditional and others	480 (27.8)	159 (33.7)	639 (29.1)	
Place of residence				0.402
urban	777 (45.0)	208 (44.2)	985 (44.8)	
Rural	950 (55.0)	263 (55.8)	1,213 (55.2)	
Region of residence				0.896
Lomé-Commune	468 (27.1)	119 (25.3)	587 (26.7)	
Maritime	200 (11.6)	62 (13.2)	262 (12.0)	
Plateaux	466 (27.0)	132 (28.0)	598 (27.2)	
Centrale	171 (9.9)	44 (9.4)	215 (9.7)	
Kara	212 (12.3)	55 (11.6)	267 (12.2)	
Savanes	210 (12.1)	59 (12.6)	269 (12.2)	

Wellbeing index				0.082
Poorest	263 (15.2)	72 (15.3)	335 (15.2)	
Poor	323 (18.7)	85 (18.0)	408 (18.5)	
Middle	352 (20.4)	124 (26.2)	476 (21.7)	
Richer	383 (22.2)	119 (25.2)	502 (22.8)	
Richest	408 (23.6)	72 (15.3)	480 (21.8)	
Household size				0.078
≤5	1,005 (58.2)	250 (53.1)	1,255 (57.1)	
>5	722 (41.8)	221 (46.9)	943 (42.9)	



Note: Risky sexual behaviors (composite) includes individuals reporting early sexual intercourse, no condom use, or multiple sexual partners. Statistical significance for sex differences is indicated by asterisks: ** $p < 0.01$, *** $p < 0.001$ (ns: non-significant).

Figure 2: Prevalence of risky sexual behaviors among youth and adolescents aged 15 to 24 in Togo by gender, 2017 MICS Survey

marital sexual intercourse was 25.8% (95% CI: 23.2–28.6) and was higher among males (34.0% vs. 24.0%) than females (20.0% vs. 4.3%) and was significantly more common among males than females (20.0% vs. 4.3%) (Figure 2).

Factors associated with risky sexual behaviors

Null models showed significant clustering variations for risky sexual behaviors, early initiation, non-condom use, and multiple partnerships (variances: 0.26 to 1.07). ICC value slightly increased in complete models (Table 2), while declining AIC/BIC values confirmed improved model fit (Supplementary material). Age, marital status, and media exposure were key predictors. Youth aged

20–24 and those with moderate media exposure had lower odds of risky behaviors (AOR=0.54, 95% CI: 0.41–0.72 and AOR=0.60, 95% CI: 0.44–0.83, respectively). Conversely, singles were 3.75 times more likely to engage in risky sexual behaviors (AOR=3.75, 95% CI: 2.61–5.37) and significantly less likely to use condoms (AOR=0.74, 95% CI: 0.58–0.95) compared to those in relationships.

Early sexual initiation odds were lower among youth aged 20–24 (AOR=0.32), those with secondary and above education (AOR=0.58), and those with moderate media exposure (AOR=0.54). For non-condom use, having secondary or higher education was associated with lower odds of the outcome (AOR=0.38, 95% CI: 0.20–0.75). Finally, multiple partnerships were significantly associated

Table 2: Multivariate analysis of factors associated with risky sexual practices among adolescent and young adults aged 15 to 24 in Togo, 2017 MICS Survey (multilevel logistic regression models)

VARIABLES	Early sexual intercourse AOR(IC95%)	Multiple sexual partner AOR(IC95%)	No condom use AOR(IC95%)	Risk sexual behaviors AOR(IC95%)
Individual level variables				
Age group (years)				
15-19	ref		ref	Ref
20-24	0.32 (0.23-0.45) ***		1.00 (0.70-1.44)	0.54 (0.41-0.72) ***
Gender				
Female	—	ref	ref	Ref
Male	—	4.56 (2.34-8.86) ***	0.78 (0.53-1.16)	1.29 (0.97-1.72)
Level of education				
No education	ref	ref	ref	Ref
Primary	1.11 (0.60-1.77)	3.39 (0.81-14.24)	0.84 (0.43-1.63)	1.28 (0.85-1.95)
Secondary and above	0.58 (0.37 -0.89) *	3.39 (0.83-13.78)	0.38 (1.20-0.75) **	0.68 (0.45-1.03)
Marital status				
In a relationship	—	ref	ref	Ref
Single	—	5.22 (2.07-13.16) ***	74.48 (24.25-228.75) ***	3.75 (2.61-5.37) ***
Parental status				
No parent	—	ref	ref	
Parent	—	1.76 (0.79-3.93)	1.10 (0.59-1.94)	1.27 (0.89-1.80)
Knowledge of HIV				
No	ref	—	—	—
Yes	0.81 (0.49 - 1.34)	—	—	—
Alcohol consumption frequency				
Non consumer		ref	—	—
Occasional consumer		1.68 (0.83-3.29)	—	—
Regular consumer		3.33 (1.49-7.45) **	—	—
Media exposure				
No exposure	ref	ref		Ref
Moderate exposure	0.54 (0.36 - 0.81) **	1.93 (0.83-4.49)		0.60 (0.44-0.83) **
High exposure	0.77 (0.53 - 1.12)	1.41 (0.61-3.25)		0.79 (0.58-1.08)
Household level variables				
Age of household head				
15-44	—	ref	ref	Ref
45-95+	—	1.22 (0.70-2.13)	1.37 (0.99-1.91)	1.03 (0.79-1.33)

Gender of household head				
Male	—	—	ref	Ref
Female	—	—	1.00 (0.70-1.44)	1.11 (0.85-1.44)
Education of household head				
No education	ref	—	ref	Ref
Primary	1.01 (0.68 - 1.49)	—	0.90 (0.77-1.06)	0.93 (0.67-1.29)
Secondary and above	0.79 (0.54 - 1.17)	—	0.83(0.56-1.23)	0.78(0.57-1.07)
Place of residence				
urban	ref	ref	—	—
Rural	0.91 (0.58 - 1.43)	0.72 (0.27-1.95)	—	—
Region of residence				
Lomé-Commune	—	ref	—	—
Maritime	—	0.73 (0.24-2.24)	—	—
Plateaux	—	0.46 (0.13-1.67)	—	—
Centrale	—	0.82 (0.27-2.49)	—	—
Kara	—	0.82 (0.29-2.32)	—	—
Savanes	—	0.71 (0.24-1.99)	—	—
Household size				
≤5 people	—	—	ref	Ref
>5 people	—	—	1.06 (0.77-1.47)	1.02 (0.80-1.32)
Random effect				
PSU variance (CI:95%)	0.50 (0.28-0.8)	0.30 (0.12-0.77)	0.28 (0.11-0.72)	0.33 (0.19-0.54)
ICC(SE)	0.13 (0.03)	0.25 (0.04)	0.08 (0.07)	0.09 (0.02)
Wald χ^2	113***	73.78***	155.9***	171.4**
Model fitness				
AIC	2,130.3	679.5	1,501.5	2,689.9
BIC	2,024.2	773.2	1,573.3	277.5.3
Log-likelihood	-1,045.2	-321.7	-737.8	-1,329.9

* p< 0.05; ** p< 0.01; *** p< 0.001; AIC: Akaike's Information Criterion; BIC: Bayesian Information Criterion; ICC: Intraclass Correlation Coefficient.

with being male (AOR=4.56), single (AOR=5.22), and frequent alcohol consumption (AOR=3.33) (Table 2).

Discussion

The present study aimed to estimate the prevalence of risky sexual behaviors in Togo and to identify associated sociodemographic factors while exploring gender disparities through the lens of social norms and the sexual double standard. Approximately two in five adolescents and young adults (40.8%) engaged in risky sexual behaviors, with significant gender differences. These risky sexual behaviors were primarily associated with individual characteristics, including age, sex, educational level, media exposure, and alcohol consumption.

The median age at the initiation of sexual activity was 16 years. This finding is consistent with reported in the West African sub-region.^{39,40} This represents a decrease from data in previous studies,⁴¹ indicating a shift in the sexual behaviors of the youth with an earlier initiation into sexual activity. This may be attributed to factors such as a lack of sexual education for young people, peer pressure, gender disparities and a deficit in intergenerational communication.^{42,43} Implementing gender-sensitivity SRH education in schools, health facilities, and other centers frequented by the youth, as well as family support programs to enhance communication on sexual matters, could improve young people's knowledge, attitudes, and sexual health practices.⁴⁴

Females also initiated sexual activity earlier than males, consistent with findings reported in previous studies.^{40,45} Earlier sexual initiation among girls may reflect the influence of social constraints, cultural norms, and gender inequalities commonly observed in the study setting.^{17,50} These results can be understood through Gagnon and Simon's (2005) sexual scripting theory, where young women may internalize a script characterized by sexual restraint and early partnership formation, often driven by social pressure and the fear of being judged. In contrast, the script for young men is one of postponed commitment but greater sexual freedom once initiated.^{8,9} These findings highlight the need

for policymakers, program managers, and healthcare providers to strengthen public health and sexual education interventions that address gender disparities.

As compared to females, males generally delay their sexual initiation by one year on average. However, once sexually active, males were more likely than females to engage in risky sexual behaviors. These results are similar to those identified among adolescents in 15 low- and middle-income countries worldwide and 14 sub-Saharan African countries.^{7,46} Men may be more likely to report risky sexual behaviors openly because they face less social stigma than women. In contrast, women may underreport such behaviors because of social desirability bias and fear of social judgment, as several studies have demonstrated.^{47–51} Regarding condom use, the decision is often left to the initiative of men, as women have limited negotiation power due to their economic dependence or fear of stigmatization.^{51,52} The concept of sexual double standards, highlighted by Moreau *et al.* (2018),¹⁷ reflects gender inequalities in sexuality, a phenomenon that also appears to be present in the Togolese context.

This double standard may translate into distinct sexual 'scripts': a male script based on initiative, performance, and multiple partnerships, and a female script based on reserve, control, and fidelity.^{8,9,17,53} In the Togolese context, these norms may provide men with greater sexual autonomy and decision-making power, potentially increasing the risk of STI and HIV transmission. Interestingly, although men were five times more likely than women to report multiple sexual partnerships, no significant sex difference was observed in non-condom use. This suggests that the double standard operates more strongly on the number of partners than on protection practices, or that condom use is influenced by other factors such as relationship status or education. The presence of this double standard underscores the importance of developing SRH interventions that recognize and address gender disparities. Such interventions may contribute to reducing the burden of STIs and unintended pregnancies while promoting gender equality. Compared with adolescents aged 15–19 years, young adults aged 20–24 years were 46% less likely

to engage in risky sexual behaviors and 68% less likely to report early sexual initiation. Similar results have been found in studies conducted in Sub-Saharan Africa.^{31,54} This finding may be explained by greater life experience, better access to information, and higher educational attainment among young adults.⁴³ These findings highlight the importance of early sexual health education and parental involvement in promoting safer sexual behaviors among young people.^{40,55}

Youth with secondary or higher education were 42% less likely to report early sexual initiation and 62% less likely to report non-condom use. Similarly, participants exposed to media were less likely to engage in risky sexual behaviors and early sexual initiation than those who were not exposed to media. The reduction in risky sexual practices associated with a higher level of education has also been highlighted in other studies.^{56,57} Education plays a crucial role in improving living standards and promoting the adoption of healthier behaviors. Access to education represents an important investment in human capital and may contribute to reducing social and health inequalities. However, the presence of risky behaviors among student populations, who are in the process of being educated, has also been noted.⁵⁸ Thus, while youth with higher education levels are generally better off than the general population, this does not mean they are immune from risky practices and should not be overlooked in the implementation of such interventions.

The findings suggest that moderate exposure to traditional media, including television, newspapers, and radio, is associated with lower engagement in risky sexual behaviors. However, previous studies have shown that media exposure can increase the likelihood of engaging in risky sexual behaviors among youth.^{59,60} This contrasting trend can be explained by the fact that traditional media, unlike social media may have a more educational and preventive role.⁶¹ They can help raise awareness about the risks associated with certain risky sexual behaviors. This difference highlights the importance of considering the specific type of media when assessing its impact on the sexual behaviors of youth.

Furthermore, findings suggest that being single is associated with an increased risk of

engaging in risky sexual behaviors among youth and adolescents. In fact, compared to those in a relationship, singles are four times more likely to engage in risky sexual behaviors. Specifically, they are almost five times more likely to report multiple sexual partnerships and approximately 74 times more likely to report non-condom use with casual partners than their counterparts who are in a relationship. The link between marital status and behaviors has also been observed in other studies, which have found that divorced, single, or widowed individuals are more likely to engage in risky sexual practices compared to married individuals.³³

Several factors may explain this association, including the absence of a stable partnership, social norms and cultural perceptions surrounding singleness and young adult sexuality, as well as the social acceptance of polygamy.^{17,48,49} These factors may contribute to an increase in sexual exploration or encounters with multiple partners and may influence the attitudes and behaviors of youth and adolescents. Additionally, unmarried adolescents and young adults may move away from their families for educational or vocational reasons, potentially increasing their vulnerability to risky sexual behaviors.³³ Therefore, providing appropriate support, promoting communication about sexuality within families, and implementing responsible sexual education that considers sociocultural contexts and gender inequalities could be beneficial.

It emerged from the results that men are approximately five times more likely than women to have multiple sexual partners. These findings are consistent with several other studies conducted in the African context.^{41,46,62} This difference in the risk of multiple sexual partnerships between men and women reflects a sexual double standard that grants men greater freedom and power in the sexual sphere, compared to women.^{17,63} This perpetuates gender disparities and creates an environment conducive to STIs and their lifelong consequences.⁶³

The results highlighted that young people who frequently consume alcohol have a three times higher risk of having multiple sexual partners compared to those who do not consume alcohol. In 2023, a meta-analysis reported a strong association between alcohol consumption and risky sexual practices.⁶⁴ Regular and substantial alcohol consumption may impair young people's ability to

make informed decisions regarding their health, particularly their sexual health.^{65,66} These findings underscore the importance of implementing targeted and effective interventions that take into account the complex relationship between alcohol consumption and risky sexual behaviors among youth.⁶⁷ Further research tailored to specific cultural and contextual settings is needed to inform interventions adapted to different sociocultural environments.^{67,68}

Strengths and limitations

This study has some limitations. The cross-sectional design does not allow causal inference, and the use of secondary data restricted the selection of explanatory variables, potentially omitting relevant factors. In addition, responses on sexual behavior may be affected by social desirability bias, with women more likely to underreport their sexual practices while men may be more open. Furthermore, the data used are from 2017; although the situation may have evolved since then, this remains the most recent survey available. Despite these limitations, the study benefits from nationally representative data, allowing generalization of findings. It also accounts for the hierarchical nature of the data and applies sampling weights, enhancing the robustness of the analyses.

Policy implications

These findings call for gender-transformative interventions that actively challenge the sexual double standard, which encourages male sexual exploration while constraining female sexuality. Such programs should target young people before sexual debut, engage key socialization settings including families, schools, and health services, and be co-designed with both young men and women to foster equitable relationships and shared responsibility for sexual health. Policies should also address social norms that normalize multiple partnerships among boys while stigmatizing similar behaviors among girls.

Conclusion

Despite ongoing initiatives, risky sexual behaviors remain highly prevalent among youth aged 15–24 in

Togo, affecting nearly one in two individuals. These behaviors are significantly associated with age, gender, education, marital status, media exposure, and alcohol consumption. Importantly, our findings highlight persistent gender disparities. Young men were substantially more likely than young women to report multiple sexual partners, reflecting a sexual double standard that encourages male sexual exploration while constraining female sexuality. In contrast, no significant gender difference was observed in condom non-use, suggesting that this double standard operates more strongly on partnership patterns than on protective practices. Further qualitative research involving young people could provide deeper insights into how these gender disparities are experienced, negotiated, and perceived in everyday life.

Author contributions

Smaila Alidou and Désiré Lucien Dahourou conceived the study, performed data curation, and developed the methodology. Smaila Alidou, Désiré Lucien Dahourou, and Dègninou Yehadji conducted the formal analysis, while Smaila Alidou, Dègninou Yehadji, and Samadou Tchakondo contributed to software support. Smaila Alidou drafted the manuscript. Désiré Lucien Dahourou, Ter Tiero Elias Dah, Dègninou Yehadji, Samadou Tchakondo, Labanté Outcha Daré, Mohamed Garba Salifou, and Didier Koumavi Ekouevi critically reviewed and edited the manuscript. Désiré Lucien Dahourou, Ter Tiero Elias Dah, Labanté Outcha Daré, and Didier Koumavi Ekouevi provided supervision and validation. All authors read and approved the final manuscript.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Data availability

Publicly available datasets were analyzed in this study. This data can be found at <http://mics.unicef.org/surveys> following an online request.

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