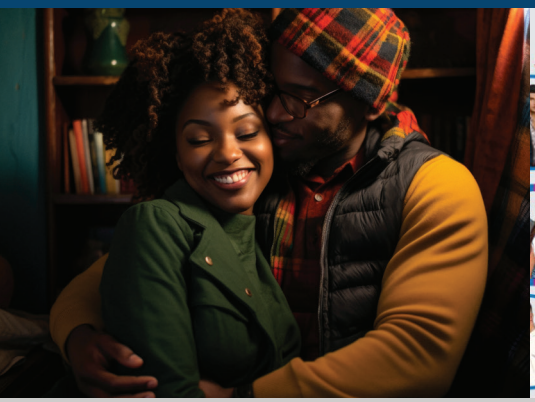
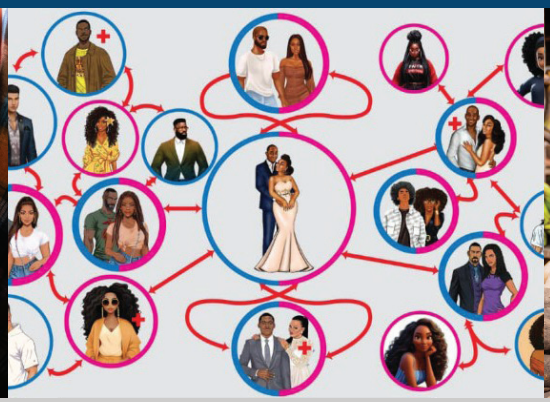
Blueprint Consortium Africa

POLICY BRIEF

Issue No.4, July 2026

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Addressing the Rising New HIV Infections Among Young Women in Uganda


Executive Summary

While Uganda has made significant progress in reducing HIV infections, young people aged 15 to 24 years account for a growing share of new infections nationally, rising from 34% in 2010 to 38% in 2024. Within this age group, young women bear a disproportionate burden, accounting for 78% of new HIV infections among young people aged 15–24 in 2024, up from 73.5% in 2010. This brief draws on data from the Uganda Demographic and Health Survey (UDHS) 2022 to examine gender disparities among young people aged 15 to 24 years in HIV prevention knowledge, sexual behaviour, and HIV testing uptake. Key findings reveal that young women have lower HIV prevention knowledge, reduced ability to negotiate safe sex, and lower awareness of asymptomatic HIV transmission. Young men, on the other hand, report substantially higher shares of multiple and non-regular sexual partnerships, low condom use, and lower HIV testing uptake. To address these disparities, the Government of Uganda, through the Ministry of Health and other relevant Ministries, Departments and Agencies (MDAs), in collaboration with development partners, should: deliver gender-disaggregated, sub-region-specific HIV prevention literacy campaigns; strengthen women's economic and social empowerment; intensify HIV testing outreach for young men; and promote consistent condom use alongside HIV self-testing, as part of a broader commitment by government to ending HIV as a public health threat by 2030.

Introduction

Uganda has made remarkable progress in reducing new HIV infections. New HIV infections fell from 96,000 in 2010 to 37,000 in 2024, a 61% reduction (UAC, 2025). But the pace of decline must accelerate sharply: Uganda needs infections to fall a further 74% by 2030 to meet the target of fewer than 9,600 annual infections, in line with the 2021 UN General Assembly High-Level Meeting on AIDS commitment to a 90% reduction from 2010 baseline levels. At the current pace of approximately 101 new infections per day, this goal remains out of reach without urgent, targeted action.

Young people aged 15 to 24 years are central to this challenge. Their share of new infections has risen from 34% in 2010 to 38% in 2024, even as absolute numbers fell from 33,000 to 14,000, a slower decline than in the general population. Within this group, young women bear a disproportionate burden: their share of new infections in the 15 to 24 age group

rose from 73.5% in 2010 to 78% in 2024, while young men's share declined from 26.5% to 20% over the same period. Understanding why young women remain more vulnerable and what drives new HIV infections among young people is essential to closing this gap before 2030.

This policy brief draws on data from the Uganda Demographic and Health Survey (UDHS) 2022 by the Uganda Bureau of Statistics (UBOS) to examine gender disparities among young people aged 15 to 24 years in HIV prevention knowledge, sexual behaviour, and HIV testing uptake.

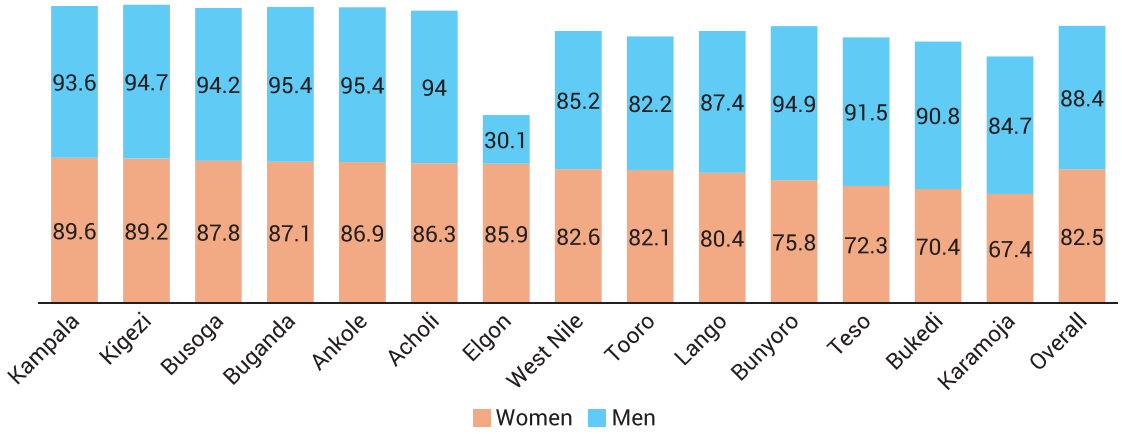
Evidence Indicates That:

Young women have lower HIV prevention knowledge than young men, with notable sub-regional variation. Overall, only 82.5% of young women knew that using condoms reduces the risk of HIV infection, compared to 88.4% of young men. The gap widens considerably in specific sub-regions: in Karamoja, only 67.4% of young women had this knowledge versus 84.7% of young men; in Bukedi, the gap was even more pronounced, with 70.4% of young women unaware that condoms reduce HIV risk compared to 90.8% of young men.

The Elgon sub-region is a notable exception: only 30.1% of young men knew that condoms reduce HIV risk, compared to 85.9% of young women. This is likely attributable to cultural beliefs surrounding Imbalu, the traditional male circumcision practice, which may give circumcised men a false sense of protection from HIV and reduce their perceived need for condom use, despite circumcision only partially reducing transmission risk.

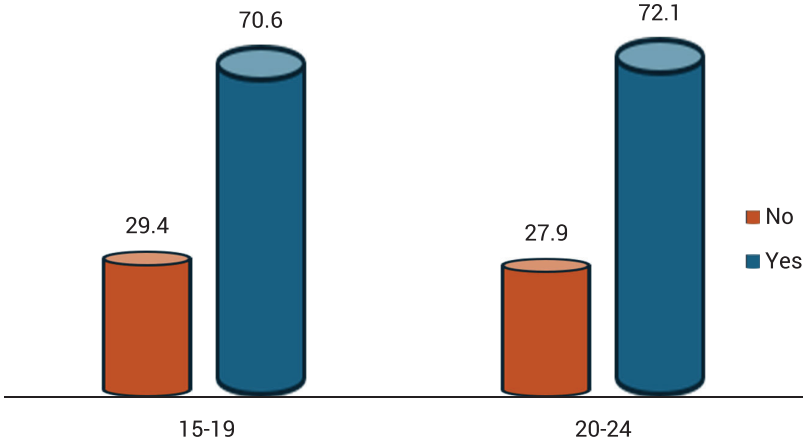
Most notably, young women's confidence in asking a partner to use a condom is limited and increases only modestly with age: 70.6% of young women aged 15–19 reported they could ask their partner to use a condom, rising slightly to 72.1% among those aged 20–24. This is not merely a knowledge gap, but a power gap rooted in entrenched gender power imbalances in their relationships. A young woman who knows about condoms but cannot negotiate their use is no more protected than one who does not know at all. Economic dependence on male partners, social norms that subordinate

Figure 1: Awareness that condoms reduce HIV risk (%)



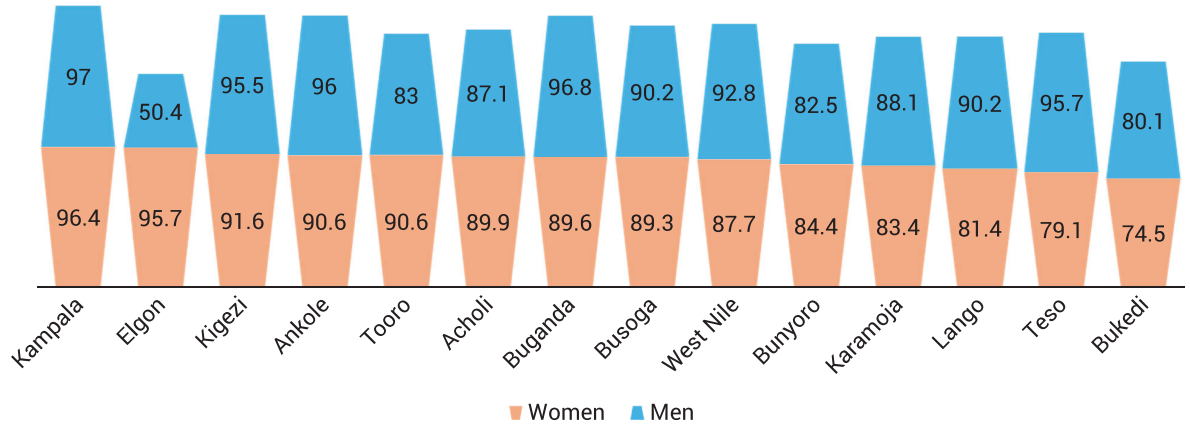
Source: Author's construction using data from UDHS 2022

Figure 2: Women that can ask partner to use a condom (%)



Source: Author's construction using data from UDHS 2022

Figure 3: Awareness that faithfulness to one uninfected partner reduces HIV risk (%)



Source: Author's construction using data from UDHS 2022

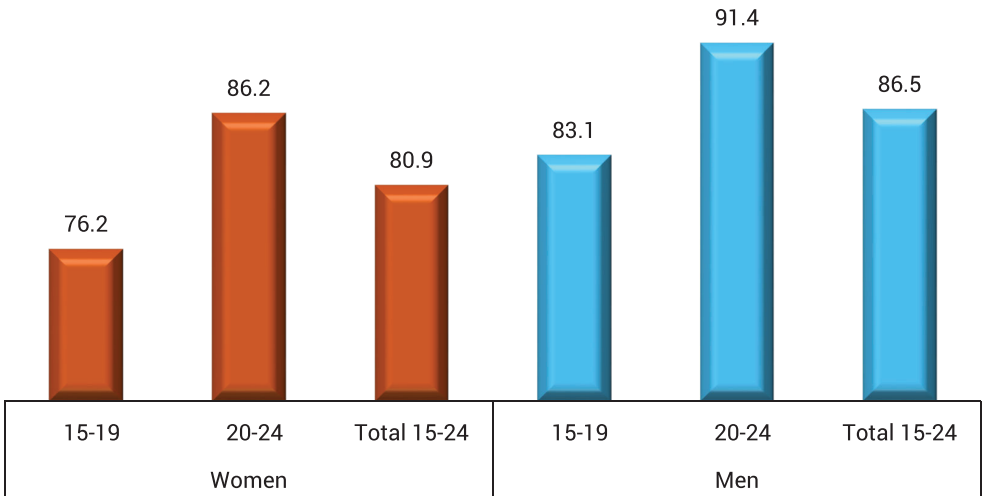
women's sexual autonomy, and fear of relationship consequences all constrain young women's ability to translate knowledge into protective behaviour.

Knowledge gaps extend beyond condom use. A smaller share of young women than young men were aware that limiting sexual intercourse to one uninfected partner reduces the risk of HIV infection (Figure 3). The gender gap was largest in Teso (79.1% of young women compared with 95.7% of young men), followed by Lango (81.4% versus 90.2%), and Bukedi (74.5% versus 80.1%). Again, the Elgon sub-region shows a contrasting pattern: only 50.4% of young men knew that faithfulness to an uninfected partner reduces risk, compared with 95.7% of young women, suggesting the influence of circumcision-related beliefs on HIV prevention knowledge.

Young women are less aware that a healthy-looking person can have HIV. As shown in Figure 4, the share of young women who knew that a person living with HIV can still appear healthy (80.9%) was lower than that of young men (85.6%). This may be attributed to modern antiretroviral therapy (ART), which enables people living with HIV to maintain a healthy appearance while remaining infectious prior to viral load suppression. Consequently, individuals may assume that they or their partners are uninfected, engage in unprotected sex, and inadvertently transmit the virus.

Importantly, awareness increases with age in both sexes: 76.2% of women aged 15–19 were aware, compared with 86.2% among those aged 20–24; among men, the figures were 83.1% and 91.4%, respectively. The lower awareness among younger adolescents may be attributed to their limited exposure to accurate health information, as most are still in school and may not receive comprehensive HIV prevention messaging, thereby increasing their vulnerability.

Figure 4: Awareness that a healthy-looking person can have HIV (%)



Source: Author's construction using data from UDHS 2022

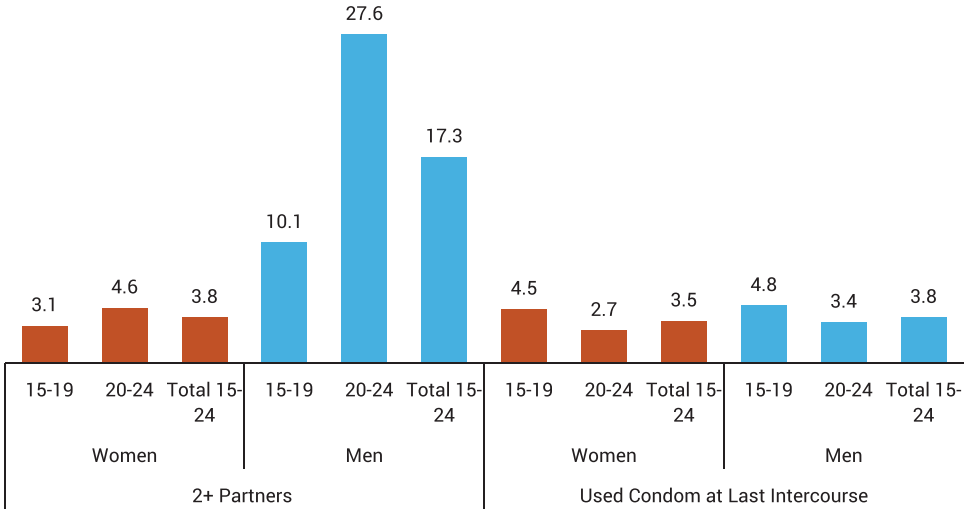
More young men have multiple and non-regular sexual partners than young women. As illustrated in Figure 5, 17.3% of young men reported two or more sexual partners in the past 12 months, nearly five times that of young women (3.8%), and this rises sharply to 27.4% among young men aged 20–24. These figures also challenge the widespread assumption that young women are more likely to engage in multiple partnerships for transactional or social gain — the data show clearly that it is young men, not young women, who are far more likely to have multiple partners.

Despite this elevated risk, condom use with multiple partners remained critically low for both sexes, with young men only marginally more likely to report use (3.8%) than women (3.5%). Such negligible condom use transforms multiple partnerships into transmission chains: a single HIV-positive man with several female partners exposes each of them to infection, even if each woman herself has only one partner.

Non-regular partnerships are also far more common among young men: 40.3% of young men reported sex with a non-regular partner in the past 12 months, compared to 20.5% of young women, rising to 56.4% among men aged 20–24 (Figure 6). Interestingly, young women who reported non-regular partnerships were somewhat more likely to use condoms (8.3%) than men (6.7%), likely reflecting fear of unintended pregnancy rather than HIV specifically.

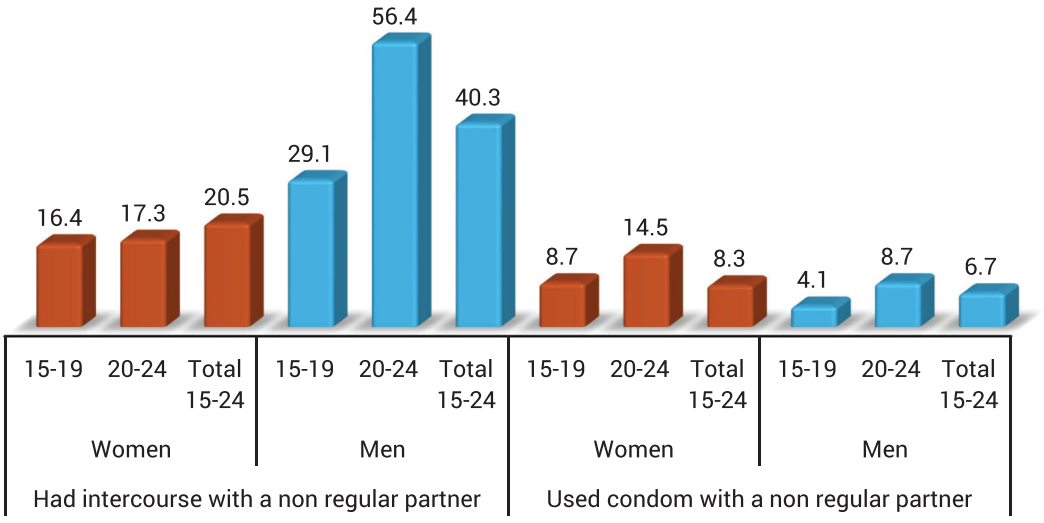
Taken together, these behavioural patterns have a clear structural consequence: a young woman with a single partner can still face significant HIV risk if that partner has multiple or non-regular partnerships and does not use condoms. The low condom use reported by young men in both multiple

Figure 5: Multiple sexual partnerships among young people in the past 12 months (%)



Source: Author's construction using data from UDHS 2022

Figure 6: Non-regular sexual partnerships among young people in the past 12 months (%)



Source: Author's construction using data from UDHS 2022

and non-regular partnerships means that many HIV-positive young men continue to expose their female partners unaware.

HIV testing rates among young men are far lower than among young women. Among young people who reported having sexual intercourse in the past 12 months, only 40.7% of young men had tested for HIV in the same period, compared to 56% of young women (Figure 7). This testing gap is largest among the youngest men: only 20.1% of those aged 15–17 had tested, rising gradually to 54.8% among men aged 23–24. Among young women, testing rates ranged from 40.4% for those aged 15–17 to 60.6% for those aged 20–22, before declining to 54.8% at ages 23–24.

The low testing rates among young men are likely driven by multiple factors: poorer general health-seeking behaviour compared to women (women more frequently access health services through antenatal and reproductive health clinics), social stigma that frames HIV testing as an admission of vulnerability, fear of a positive result, and concerns about confidentiality.

Fewer young men also know where to access HIV testing: among those aged 15–19, only 28.5% of men knew where to get tested, versus 49.9% of women in the same age group according to UDHS 2022 (UBOS, 2023). Without testing, an HIV-positive young man is unlikely to seek treatment, remains sexually active, and continues to expose partners, typically women, to infection.

What Is the Way Forward?

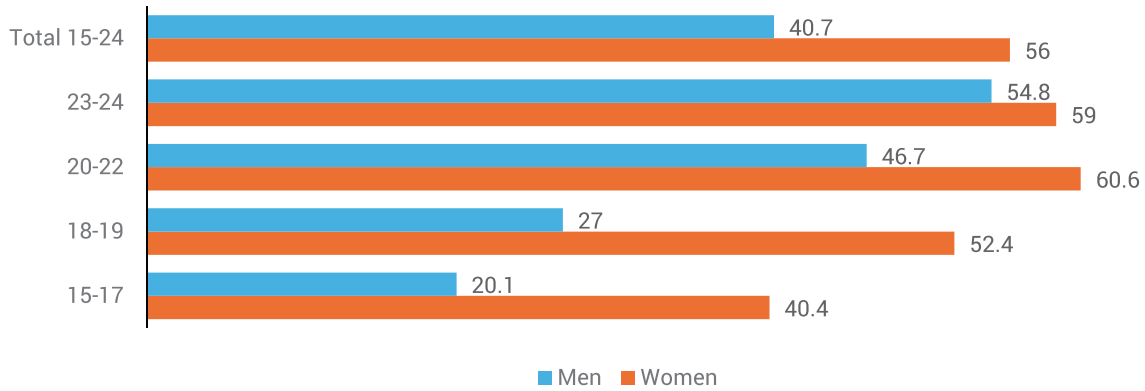
In summary, the evidence shows that the disproportionate burden of HIV among young Ugandan women is not random. It is a product of structural and socio-economic disadvantages: lower prevention knowledge, limited power to negotiate safe sex, heightened exposure through male partners with multiple and non-regular partnerships, and low HIV testing uptake among men that increases onward transmission risk. Therefore, the government should:

Deliver gender-disaggregated, sub-region-specific HIV prevention literacy campaigns. The Ministry of Health should develop and roll out targeted campaigns addressing the specific knowledge gaps in condom use awareness among young women in Karamoja and Bukedi, faithfulness-based prevention knowledge in Teso and Lango, and the misconception that circumcision confers HIV immunity among young men in the Elgon sub-region. Campaigns should be delivered through schools, youth groups, and religious institutions rather than mass media alone, with community health workers trained to lead structured sessions.

Strengthen women's economic and social empowerment to enhance sexual negotiating power. The Ministry of Gender, Labour and Social Development should scale up livelihood programmes, including vocational training and savings groups, targeting young women aged 15–24, particularly in Karamoja, Bukedi, Teso, and Lango where HIV prevention knowledge gaps are most acute. Financial autonomy strengthens young women's ability to make independent decisions about their sexual and reproductive health. Life skills training covering sexual negotiation, rights, and reproductive health should be embedded into these livelihood programmes to reinforce the link between economic empowerment and HIV prevention.

Intensify HIV testing outreach targeting young men. The Uganda AIDS Commission and Ministry of Health should expand community-based and facility-based testing to reach young men where they are: schools, workplaces, sports venues, and social spaces. Peer-led testing initiatives and self-testing options can help address stigma barriers. Strategies should also improve young men's knowledge of where to access testing services.

Figure 7: HIV testing uptake among sexually active young women and men aged 15–24 (%)



Source: Author's construction using data from UDHS 2022

Promote consistent condom use alongside HIV self-testing. The Ministry of Health should intensify condom promotion, ensuring availability and affordability. As HIV self-testing uptake grows, the Ministry should invest in literacy campaigns on correct interpretation of results and reinforce that self-testing does not replace condom use.

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Uganda Bureau of Statistics (UBOS). (2023). Uganda Demographic and Health Survey 2022. Kampala, Uganda.

Uganda AIDS Commission (UAC). (2025). Abridged 2025 Uganda HIV and AIDS Factsheet. Kampala, Uganda.

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