



Perceptions of Adolescents' Family Planning Services among Parents in Chawama, Lusaka District, Zambia

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How to cite this paper: Malumani, F., Zulu, M. and Masumo, M. (2026) Perceptions of Adolescents' Family Planning Services among Parents in Chawama, Lusaka District, Zambia. *Open Access Library Journal*, 13: e14374. <https://doi.org/10.4236/oalib.1114374>

Received: September 30, 2025

Accepted: October 27, 2026

Published: October 30, 2026

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Abstract

Introduction: Globally, unmet need for family planning among adolescents contributes to unintended pregnancies and related health and social consequences such as unsafe abortions. Parents and guardians can influence adolescents' access to and use of family planning services. This study explored parents and guardian perceptions of adolescents' utilisation of family planning services in Chawama, Lusaka District. **Methods:** This qualitative exploratory study included 20 purposely selected parents and guardians of adolescents. Face to face interviews were conducted in participants' homes using a semi structured interview guide. Interviews were audio-recorded, transcribed and analysed thematically until thematic saturation was reached. **Results:** The study revealed that parents perceived family planning services as acceptable for some adolescents depending on their age, sexual activity and method being used. Abstinence and condoms were the preferred methods of family planning for adolescents. Adolescents were engaging in sex but not using family planning services for pleasure, lack of knowledge on family planning services among adolescents, and fear of parents or infertility in adult life. Family Planning Services were perceived as beneficial for goal fulfilment by preventing pregnancy while in school and sexually transmitted infections including HIV/AIDS. Family planning and sexual reproductive health education were perceived as a collective responsibility for teachers, parents and health personnel. However, the initial SRH education for adolescents was looked at as a responsibility for parents. Parents expressed the desire to learn effective approach to discussing the topic and the suitable FP methods for this age group. **Conclusion:** Parents and guardians generally supported family planning for

sexually active adolescents, particularly to prevent unintended pregnancy and support educational goals, but expressed concerns and misconceptions about some methods. Strengthening parent-adolescent communication and providing accurate, age-appropriate family planning information may support informed decision-making.

Subject Areas

Sociology

Keywords

Adolescents, Parents to Adolescents, Family Planning Services, Perceptions

1. Introduction

In Zambia, the utilization of sexual and reproductive Health (SRH) services and information is affected by myths and misconceptions, socio-cultural norms, poor services, lack of knowledge and mistrust of health workers [1] [2]. Parents can potentially improve utilization of family planning services, yet many are uncomfortable talking to adolescents or may have inaccurate contraceptive information [3]. Furthermore, parents represent a resource for providing clear messages about the use of contraceptives among adolescents [4]. This can enrich adolescents with lifelong sexual health information needed in good decision making in sexual and reproductive health.

Background

Family planning prevents unintended pregnancies, reduces the need for unsafe abortion and delays pregnancies for adolescent girls who are at increased risk of health problems resulting from child bearing [5]. A modern Contraceptive method is a product or medical procedure that interferes with reproduction from acts of sexual intercourse [6]. According to World Health Organization [7], 77.5% of women of reproductive age (aged 15 - 49 years) worldwide had their need for family planning satisfied with modern methods. According to the United Nations Population [8], there is slow increase in utilization of contraceptive methods due to limited choice of methods; restricted access to services especially among the young, poorer and unmarried people; fear of side-effects; cultural or religious disapproval; poor services; gender-based barriers to accessing services. It is recognised that removing obstacles has been linked to a rise in the use of modern contraceptive methods in several parts of the world [9].

Moreover, the global contraceptive prevalence of any method in 2022 was estimated at 65% and at 58.7% of modern methods for married or in a union women [8]. When people access their preferred contraceptive methods, it makes them achieve their many human rights such as right to life and liberty, right to education

and work and freedom of opinion. Methods of contraception include oral contraceptive pills, implants, injectables, patches, vaginal rings, intra uterine devices, condoms, male and female sterilization, lactational amenorrhea, withdrawal and fertility awareness-based methods [7]. In order to fulfil the pledge of the 2030 Agenda for Sustainable Development that “no one will be left behind”, it is cardinal to achieve universal access and the realization of sexual and reproductive health services [10].

Close to half of sexually active school-going adolescents in the nine African countries namely Sierra Leone, Liberia, Benin, Ghana, Mauritius, Mozambique, Namibia, Seychelles and Tanzania, were found not to use condoms or other birth control methods during the last sexual intercourse [11]. The youth-friendly sexual and reproductive health interventions must therefore, target at-risk adolescents and promote effective communication, connectedness of adolescents and parents.

The population in Zambia is estimated at 18,383,956 of which a quarter are adolescents [12]. The adolescents face several challenges related to their development, including unintended and teenage pregnancies, Human Immuno Deficiency Virus (HIV) infections and sexually transmitted infections (STIs), among other challenges [7]. Adolescent health has been prioritised in Zambia in line with the Vision 2030 and the Sustainable Development Goals. Adolescent Health Strategic Plan is in line with the National Health Strategic Plan 2022-2026, which aims to attain universal health coverage through the primary health care approach [5]. The National Adolescent Health Strategic Plan is aligned with the Zambia National Health Strategic Plan 2022-2026 and other relevant documents, policies and strategic frameworks, such as the Vision 2030 Strategy for Zambia, the Eighth National Development Plan for 2022-2026 [13]. Despite all these strides, adolescents continue to engage in early and unprotected sexual activities usually resulting in critical health problems [14]. This is averted by service provision tailored to adolescents and their unique needs such as provision of contraceptives, and follow-up medical care [15].

In Zambia, approximately 12.7 percent of girls and 16.3 percent of boys had sexual intercourse before they turned 15 years old while approximately 40 per cent of girls and 45 per cent of boys had first sexual intercourse between the ages of 15 and 19. Consequently, the teenage pregnancy has not significantly reduced since 2007, as it was at 27.9 percent compared to 29.2 percent in 2018 [16]. The drivers of early pregnancies and childbearing among others in Zambia include low uptake of contraceptives, gender, poverty, limited economic opportunities for adolescents and young people (AYP) and early marriages [5].

Efforts to ensure good health for adolescents in Zambia is in line with the regional policies and strategic frameworks on adolescent health such as the Sustainable Development Goals 3, 5 and 10 which are good health and well-being, gender equality and reduced inequalities respectively. This includes the Eastern and Southern Africa Ministerial Commitment on Sexuality Education, the Southern Africa Development Community (SADC) Sexual and Reproductive Health and

Rights 2019-2030 [17]. In line with all these commitments, Zambia has envisioned enhancing equitable access to high quality SRH services for Adolescents by reducing teenage pregnancies from 29 percent to 26.5 per cent by 2026, and increasing the percentage of adolescents gaining access to any type of modern contraceptive methods from 18.4 percent to 25 percent by 2026 [14]. This can to large extent be achieved through use of FP services. This will in turn reduce maternal complications such as obstetric fistula, pre-eclampsia, postpartum haemorrhage among pregnant adolescent girls and young women who are the most hit in this regard [7].

Parents can play a vital role in educating their adolescents about reproductive health, contraception options, and the consequences of sexual activity to make adolescents make informed choices. Parents are expected respect their adolescents' autonomy and right to make their own decisions regarding family planning such as choices related to contraception or when to become sexually active. On the other hand, there is need to promote knowledge and education on reproductive health services among teenagers especially in rural regions, as adolescents in urban areas (3 in 10) utilize RHS more than their counterparts in rural areas (3 in 100) [18].

In Zambia, parental consent is required for adolescents under age of 16 years to access contraceptives. However, by law there is no clear age restriction on young people's access to contraception, including emergency ones [15]. Adolescents and youths are entitled to access contraceptive service and the age of consent for sexual intercourse is 16 years in Zambia. Any person below 16 years would be denied unless there is parental consent [14]. In order to give consent, parents need to be knowledgeable of the benefits of FP services to sexually active adolescents. The benefits of FP use include extended education opportunities and empowerment for women, sustainable population growth that enhances economic development among countries. Additionally, utilization of family planning services averts pregnancy-related health risks for women, particularly adolescent girls [5] [7]. The medical complications associated with early child birth are obstetric fistulae, postpartum haemorrhage (PPH), puerperal endometriosis, pelvic inflammatory disease, prolonged and difficult labour, hypertensive disorders, cephalo pelvic disproportion, severe anaemia, disability and even maternal death. Providentially, utilization of family planning services among adolescents prevent deaths resulting from unsafe abortion, helps prevent infant mortality and HIV/AIDS and other discussed adverse effects.

Therefore, the researcher seeks to understand the perceptions held by parents to adolescents in Chawama, Lusaka District. Most studies done are looking at the adolescents and contraceptives. Very few studies have been done that look at the perceptions of parents on FP services.

2. Materials and Methods

2.1. Study Design and Study Setting

The research was conducted using the qualitative exploratory design. This re-

search design is used when a topic under investigation has received little previous attention [19].

Therefore, the researcher used the qualitative exploratory design to explore the perceptions held by parents on the utilization of family planning services by adolescents in Lusaka. This is in order to allow parents express themselves on how they perceive the use of family planning services. The study setting was Chawama compound located in Lusaka urban district, Zambia. This is because qualitative researchers collect data in a natural setting where the participants experience the issue being studied [20]. Chawama community comprises people of diverse cultures, norms, beliefs, tribes, races, religion and nationality. The researcher selected this site due to the increased number of adolescent pregnancies experienced in this cosmopolitan community.

2.2. Study Population, Sampling Technique and Sample Size

The data were collected until saturation was reached. A total of 20 participants comprised the sample. Participants with diverse characteristics were selected using purposive sampling. To get a heterogeneous sample, the researcher sampled 1 - 2 clients from each of the twelve sections or units of Chawama based on the researcher's judgment on which potential participants would be most informative.

The study population comprised parents and guardians who were raising or providing regular care for adolescents in Chawama. Eligible participants were male or female parents or guardians aged 25 years or older who had a direct caregiving relationship with an adolescent.

In qualitative research, sample adequacy is determined by the depth and richness of information and by thematic saturation rather than by statistical power. Methodological evidence indicates that saturation can often be reached within approximately 9 - 17 interviews in relatively focused and homogeneous qualitative studies, although the required number varies according to the study design, sample characteristics, and information richness [21] [22]. Data collection in this study continued until the 20th interview, when ongoing analysis indicated that no substantively new themes were emerging. The final sample therefore comprised 20 participants.

2.3. Data Collection Tools and Technique

Data were collected using a semi structured interview guide to allow the participants to describe their perceptions of adolescents' use of family planning services. The questions were translated into Chinyanja where necessary facilitate communication. Face-to-face interviews were conducted privately in participants' homes. Potential participants who met the inclusion criteria were identified through community-based recruitment across the twelve sections/units of Chawama, approached by the researcher, and given information about the study. Participants were eligible if they were biological parents, grandparents, or other adult guardians who were responsible for raising or providing regular

care to an adolescent. This was reflected in the final sample, which included parents, grandparents, and other caregiving relatives. Participation was voluntary, and written informed consent was obtained before each interview. The purpose, benefits, potential risks, confidentiality measures, and the right to decline or withdraw were explained before consent. Interviews lasted approximately 30 - 40 minutes, with one to three interviews conducted per day over 12 days. Two voice recorders were used as a precaution against data loss. Data collection and preliminary analysis continued until thematic saturation was reached after 20 interviews.

2.4. Ethical and Cultural Considerations

Ethical approval was obtained from Zambia Biomedical and Research Ethics Committee. Permission to conduct the study was granted by the National Health Research Authority (NHRA) and the Lusaka District Health Office. The nature and purpose of the study was explained to the participants through the information sheet before commencing the interview. The Participants signed an informed consent form before being enrolled in the study.

3. Results

3.1. Data Analysis and Presentation of Findings

Each questionnaire used was assigned a distinct number (001 to 020).

Data Processing and Analysis

Management and storage:

The paper transcripts and voice recorder were secured in a lockable cupboard.

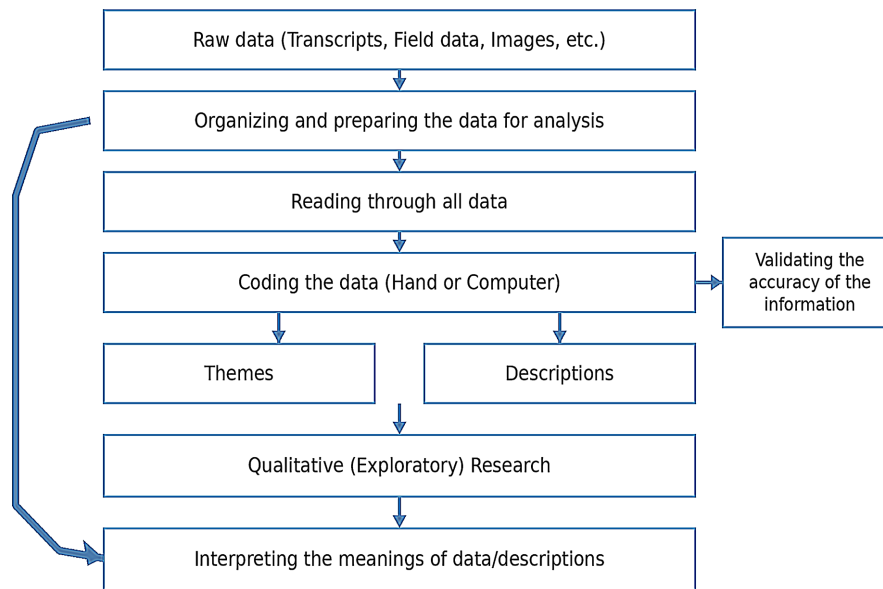
Data analysis:

At the end of each interview, the researcher transcribed and summarized the interview while the discussion was still fresh. The transcripts were reviewed against the audio recordings, coded systematically, and repeatedly compared across interviews to identify similarities, differences, and emerging themes. An audit trail was maintained through the interview records, transcripts, coding decisions, and development of themes. These procedures (**Figure 1**) strengthened the credibility, dependability, and confirmability of the findings.

Trustworthiness was addressed through prompt transcription, checking transcripts against the audio recordings, systematic coding, and repeated comparison of coded data across interviews. An audit trail was maintained to document data collection, transcription, coding, and theme development. The use of verbatim participant quotations and inclusion of participants with varied socio demographic and caregiving characteristics further supported the credibility and transparency of the findings.

3.2. Presentation of Findings

The social demographic characteristics were collected and the results were as shown in **Table 1**.



Creswell, 2018.

Figure 1. Data analysis in qualitative research.

Table 1. Socio demographic characteristics of parents (n = 20).

Participant ID	Age (Years)	Sex	Tribe	Religion	Nationality	Relationship with Adolescent	Length of stay with adolescent	Schooling Status of Adolescent	Adolescent ever Pregnant?
001	38	Female	Chewa	Reformed Church in Zambia	Zambian	Son	16 years	Yes	No
002	35	Female	Chewa	Baptist church	Zambian	Daughter	10 years	Yes	No
003	47	Female	Chikunda	New Apostolic Church	Zambian	Daughter	14 years	Yes	No
004	39	Female	Namwanga	Jehovah's Witness	Zambian	Daughter	15 years	Yes	No
005	43	Female	Chewa	Reformed Church	Zambian	Son	17 years	Yes	No
006	33	Male	Kaonde	Moslem	Zambian	Son	14 years	Yes	No
007	80	Male	Lozi	Pentecoastal Holiness	Zambian	Grand Son	13 years	Yes	No
008	30	Male	Tonga	Seventh Day Adventist	Zambian	Daughter	17 years	Yes	No
009	56	Male	Lunda	CMML	Zambian	Daughter	15 years	Yes	No
010	48	Female	Nsenga	Jehovah's Witness	Zambian	Son	16 years	Yes	No
011	50	Male	Nsenga	Jehovah's Witness	Zambian	Daughter	17 years	Yes	No
012	72	Female	Yawo	Moslem	Malawian	Grand Daughter	14 years	Yes	No
013	42	Female	Bemba	Jehovah's Witness	Zambian	Daughter	18 years	Yes	No
014	51	Female	Falase	Pentecoastal Holiness	Ruandan	Daughter	18 years	Yes	No
015	29	Female	Bemba	Jordan Baptist	Zambian	Niece	15 years	Yes	No

Continued

016	40	Female	Ngoni	Jordan Baptist	Zambian	Daughter	19 years	Yes	No
017	48	Male	Lenje	Reformed Church	Zambian	Son	17 years	Yes	No
018	52	Male	Chikunda	Muslim	Zambian	Niece	15 years	Yes	No
019	77	Female	Nsenga	Reformed Church	Zambian	Grand daughter	13 years	Yes	No
020	60	Male	Ngoni	Reformed Church	Zambian	Grand child	15 years	Yes	No

Summary of Study Findings

Table 2. Shows major and subthemes and key statements.

Major theme	Sub Theme	Key Statement
1. Family Planning services acceptable for some adolescents	Age as a determinant of FP use	<i>Family planning is better used by older adolescents aged between 15 years - 19 years. Family planning should not be given to adolescents who are very small like 10 - 12 years old. It is like destroying them (ID # 001).</i>
	Sexual intercourse as determinant of FP use.	<i>Adolescent who are sexually active must be on family planning to complete school (ID # 006).</i>
	Method as determinant of FP use.	<i>Adolescents can use condoms. They prevent STIs too. Encourage adolescents to use condoms, FP pills or Injectable methods because are not good for young ones as they can cause infertility (ID # 011).</i>
2. Adolescents sexually active but not using FP services.	For pleasure	<i>They want to want to have pleasure and feel good. They want to enjoy life (ID # 001).</i>
	Lack parental guidance.	<i>Lack of sensitisation by parents. Abstinence come with guidance from parents. As parents we do not sensitise them of family planning (ID # 011).</i>
	Lack of knowledge on FP	<i>Most adolescents have no knowledge on FP use. They are not using FP because they don't know about it (ID # 011).</i>
	Fear of consequences	<i>Adolescent don't use FP because they fear that they can have infertility. They fear being unable to have children when they want to have children and can have diseases like STIs/HIV/AIDS (ID # 007).</i>
3. Perceived benefits Of FP use.	Goal fulfilment	<i>The girls will be able to complete school and not drop out due to pregnancy. The goodness of FP to male adolescents is that they will not impregnate. They will be able to go to school and complete with a free mind (ID # 013).</i>
	Prevention of infection	<i>Adolescents are protected from STIs & HIV and unwanted pregnancy if they use condoms as well (ID # 017).</i>
	Prevention of pregnancy	<i>FP use is okay because it helps adolescent girls not to have unplanned pregnant. FP prevents adolescents from becoming mothers at a tender age (ID # 016).</i>
4. FP education, a collective responsibility for Teachers, parents and Health	Information on FP to be given by parents.	<i>The elderly people in the community like us parents who understand the consequences of sex such as STI, HIV and pregnancy must tell adolescents about the use of FP (ID # 006).</i>
	Information on FP to be given by Teachers.	<i>The adolescent must be taught by their teachers about family planning at school as they are with them most of the time at school (ID # 005).</i>

workers	Information on FP to be given by Medical personnel.	<i>Health workers must tell adolescents about FP because as a parent it is tough to do so. Nurses at the hospital must sensitise adolescents on benefits of using family planning (ID # 006).</i>
5 Initial SRH and FP education, a responsibility of parents	Adolescents receive age appropriate FP information from parents	<i>I have not yet started communicating about FP with my daughter as they are still young at the age of twelve years. I talk about FP services to my children above 14 years in order for them to use if they want when they are old enough. This will avoid unplanned pregnancy/STI (ID # 006).</i>
	Abstinence as preferred FP method by parents to avoid consequences	<i>If you abstain you will not get pregnant/impregnate. If you don't abstain you will get pregnant and stop school. You can even be infected with HIV or STIs (ID # 010).</i>

Perceptions of Parents on Adolescents' Utilization of Family Planning Services

All respondents were asked the main question "What is your view with regards to FP use by adolescents?" In addition to this question, each of the respondents was asked questions according to their responses. There were five prompt questions that were asked using the interview schedule. These were as follows: What are some of the reasons adolescents are engaging in sex without using family planning services? What are the benefits associated with utilization of family planning services? What are the disadvantages? Why do some sexually active adolescents choose to use family planning services and others not? Which places can adolescent access family planning services from? In your opinion what can be done to help sexually adolescents to use family planning services?

The perception of the parents interviewed on adolescents' utilization of family planning was as follows (**Table 2**):

1) Major theme one: Family planning services as acceptable for some adolescents

Family planning services were acceptable for some adolescents depending on age, schooling status of the adolescent and the method of family planning.

Sub theme: Age as a determinant for FP use

Most parents interviewed felt only older children must use family planning services if they were sexually active. The younger ones particularly below 15 years must not be allowed to use FP services.

"...At 10 -12 years adolescents must not use family planning services. It is like destroying them. What is it for at this age? Children aged between 15 years to 19 years can use because they are older." (Respondent ID # 001, Female aged 38 years).

Sub theme: Sexual intercourse as a determinant of FP use

Parents perceive FP services as useful for adolescents who are school going and involved in sexual activities. This is to allow them to complete school without getting pregnant. This was revealed by one parent who said:

"...Adolescent who are sexually active must be on family planning so that they don't get pregnant to allow them to complete school" (Respondent ID # 006, male aged 33 years)."

Sub theme: Method as a determinant of FP use

The parents were more comfortable if adolescents used condoms for contraception. This is to prevent pregnancy and STIs including HIV/AIDS. They did not want adolescent to use other methods such as pill or injectable as they believed they can cause infertility in later life.

“...Encourage adolescents to use condoms, FP pills or Injectable methods because are not good for young ones. They can cause infertility...” (Respondent ID # 011, Male aged 50 years).

2) Major Theme 2: Adolescents sexually active but not using family planning services

Adolescents are engaging in sex but not using family planning services due to lack of parental guidance, for pleasure and lack knowledge on FP services.

Sub theme: Adolescents not using FP for pleasure

Some parents knew that the adolescents are engaging in sex but not using FP services as they were having sex just for pleasure. This came out in the following statement:

... They want to have unprotected sex. They want to experience what sex is really like, to know what other people say about sex. (Respondent ID # 001, female aged 38 years).

Sub theme: Lack Parental guidance

Adolescents are not using family planning services despite having sexual intercourse due to lack of parental guidance. Most of the parents interviewed cited none utilization of FP services mostly due to lack of parental guidance among other factors. This was expressed in the statement by parent ID # 005, female 43years.

“...Parents do not talk to adolescents about use of family planning services...”

Sub theme: Lack of knowledge on FP services

Parents to adolescents realised that the adolescents were not using family planning services due to lack of knowledge on FP services and the outcomes of unprotected sex.

“Adolescents are not using FP as they lack knowledge. Not using and don’t know the outcome of sex...” (Respondent ID # 011, Male aged 50 years).

Sub theme: Adolescents are engaging in sex but not using family planning services due to fear of consequences

Adolescents are engaging in sex but not using FP services due to fear of infertility in adult life. Parents feel that Family planning can cause infertility in adult life and make the adolescents promiscuous.

“...adolescent are not using FP as they are scared of infertility in...when they get married...” (Respondent ID # 007, male aged 80 years).

Adolescents engaging in sex but not using FP services due to fear of their parents. Adolescents are engaging in sex but not using FP services due to fear of their parents and what they would say as expressed by the parent who said:

“They know but can’t use because they are Scared of their parents” (Respondent

ID # 009, Male aged 56 years).

3) Major Theme 3: Perceived benefits of FP use

The Family Planning services were seen as beneficial to adolescents as they enabled adolescents to avoiding pregnancy there by completing school. The FP services also protected them from sexually transmitted Infections and HIV/AIDS especially barrier methods such as condoms.

Sub theme: Goal fulfilment

The FP service utilization was seen as beneficial to adolescents as they enabled adolescents to complete school through avoiding unplanned pregnancies. FP was seen as beneficial for both male and female school going adolescent. This was observed to be the major reason most parents wanted the adolescent to use FP services. This was expressed in the statement:

“FP helps to avoid unwanted pregnancies. School is not disturbed for both female and male adolescents...” (Respondent ID # 011, male aged 50 years).

Sub theme: The FP prevent adolescents from sexually transmitted infections and HIV/AIDS

When adolescent use Family planning services particularly condoms, it prevents them from contracting sexually transmitted infections and HIV/AIDS. This is as said by respondent ID # 009, Male aged 56 years.

...If the adolescents use condoms, they cannot contract HIV/AIDS and STIs such as syphilis...

Sub theme: The FP services prevents unplanned pregnancies among adolescents

Parents looked at FP services as beneficial in avoiding unplanned pregnancy. This was voiced in the statement:

“...FP is okay because it prevents adolescents from unplanned pregnancy. An unplanned pregnancy is an economic burden to parents. Most men who impregnate adolescents are not financially stable to accept responsibility of raising a child.” (Respondent ID # 005, female aged 43 years).

4) Major Theme 4: FP Education as a collective responsibility for teachers, parents and Medical personnel

Adolescents ought to be given information by parents, medical personnel and teachers to persuade them to use Family planning services when they engage in sex. FP services were seen as beneficial for sexually active adolescents.

Sub theme: Information on family planning services to be given by parents

Parents were perceived to have as having strong influence on FP utilization among adolescents. Most parents felt that each parent must talk about FP services to their children.

“...Parents must tell adolescents facts about FP even when they are not indulging in sexual activities. Encourage the adolescents to use condoms and FP tablets whenever they have sex... The parents must be the first ones to teach the Adolescents family planning issues.” (Respondent ID # 006, male aged 33 years).

Sub theme: Information on family planning services to be given by teachers

Teachers were thought to have influence in FP use as they were with the adolescents most of the time at school.

“The elderly people in the community and at school such as parents and teachers must talk to adolescents on the dangers of early sex debut. The consequences unprotected sexual intercourse are STIs, HIV/AIDS and pregnancy. The best is to abstain than having sexual partners all over...” (Respondent ID # 005, female aged 43 years).

Sub theme: Information on family planning services to be given by medical personnel

The medical practitioners were seen to have influence in the family planning utilization among adolescents. This is because the medical personnel have knowledge and counselling skill FP. This was expressed in the statement:

“Health workers must teach adolescents family planning issues as it is tough for me to do so as a parent. If I talk about it, It is like I’m sending my child to start engaging in sex...” (Respondent ID # 006, male aged 33 years).

“Since most of adolescents don’t have access to information on FP, I will engage the health personnel to also teach the adolescents...” (Respondent ID # 005, female aged 43 years).

5) Major theme 5: Initial SRH and Family planning education as a responsibility of parents

Parents mostly encourage adolescents to abstain and avoid early, unplanned parenthood. However, parents raised concern about not knowing how to approach this sensitive topic and the accurate information they needed to know.

Sub theme: Adolescents receive age appropriate FP information from parents

Parents talk about family planning services to the adolescents who are older. This is to equip them with age appropriate knowledge in order to learn and use the available FP services to avoid pregnancy and STIs. However, parents do not communicate about FP to younger adolescents such as twelve years or less.

“I have not yet started talking about family planning services to my 10 and 12 year old daughters. I’ll start talking about abstaining and STIs when they at least reach age 13 so that they know as they as they grow older...” (Respondent ID # 002, female aged 35 years).

“... I talk about FP services to my children as they are old now. This will empower them to make informed decisions in case they want to use these services as they grow...” (Respondent ID # 004, female aged 39 years).

Parents mostly communicate to adolescents. The information communicated is mainly to abstain, to avoid early parenthood and concentrate on school.

Sub theme: Abstinence as a preferred FP method by parents to avoid consequences

Parents communicate similar information to both male and female adolescents. They tell them to abstain from sex and concentrate on their education. Parents further tell their girl children that they can be pregnant if they have sex without

using family planning. This may result in school dropout. They tell the boy child to abstain to avoid impregnating girls.

“Abstain, avoid group influence, and pray, if you don’t abstain, you will have pressure for avoidable responsibilities of raising a child...” (Respondent ID # 010, female aged 48 years).

“...I want to know other family planning methods that can help the adolescents and how to counsel children, the approach; how to help them understand so that they can benefit from FP...” (Respondent ID # 011, male aged 50 years).

4. Discussion

The findings of the study were organized around the emergent themes derived from in-depth interviews with 20 parents of adolescents. Five major themes emerged from the analysis, shaping the discussion as follows: Family Planning services are acceptable for some adolescents depending on age, schooling status and method being used. Adolescents are engaging in sex but not using FP services despite FP being beneficial to adolescents. FP education was perceived as a collective responsibility for teachers, parents and health workers.

4.1. Demographic Characteristics of Respondents

Twenty parents of adolescents participated in the study, comprising 7 males and 13 females. The inclusion of both genders was essential for interventions aiming to increase men’s involvement in Sexual and Reproductive Health.

4.2. Family Planning Services Acceptable for Some Adolescents

Family planning services were perceived as acceptable for some adolescents based on factors such as age, schooling status, and FP method. Participants expressed varied views on the appropriate age for initiating family planning, with some suggesting it should be reserved for older adolescents, while others advocated for its use by all sexually active individuals especially those who are in school to prevent unplanned pregnancies. The preferred method of FP was condoms and abstinence. The parents preferred adolescents take family planning if they are in school to avoid dropping out of school due to unwanted pregnancy. They were also particular on the FP method preference for adolescents. They were more comfortable with abstinence and condom use than other methods. Some parents had misconceptions that other methods such as injectables and pills would cause infertility in later life.

4.3. Adolescents Sexually Active but Not Utilising Family Planning Services

Parents acknowledged the fact that adolescents were engaging in sexual activity without utilizing family planning services, leading to unplanned pregnancies. Lack of parental guidance, inadequate knowledge about family planning and pleasure seeking were identified as key factors contributing to this behaviour. Most parents were not comfortable with adolescents using FP services due to fear

of side effects and misconceptions that FP can cause infertility. Sexual activity without dual protection results in the risk of contracting STIs, HIV/AIDS, unwanted pregnancies that may end up as unsafe abortions [7]. The fact is that when COCs or IUCs are discontinued, a woman quickly returns to her baseline fertility [23]. There is need to therefore, correct the myths and misconceptions regarding FP use and associated side effects for each FP use. It would be important to conduct studies that will endeavor to explore and address the myths and misconception held by parents and adolescents in order to improve FP uptake among adolescents in Zambia.

4.4. Perceived Benefits of Family Planning Services

Most participants in this study recognized the benefits of family planning services for sexually active adolescents as prevention of pregnancy, STI including HIV/AIDS. When pregnancy is inhibited, schooling adolescents will not drop out of school. This allows continuation of education as desired by almost all parents in this study. Additionally, FP services also prevent maternal mortality and morbidity when they are youth friendly [5].

To achieve this, FP services must be provided in an adolescent friendly environment that is highlighted for its positive impact on reproductive health outcomes [24]. Further, hormonal contraceptive methods also have non contraceptive benefits such as improving heavy menstrual bleeding, dysmenorrhea, and acne and improve cycle regularity [23]. None utilization of family planning is associated to adolescents becoming pregnant. Unplanned pregnancies can end up as unsafe abortion that may result in death. Further, early child birth may also lead to difficulties during labour resulting in the negative birth outcome, including mortality [7].

4.5. Family Planning Education Is a Responsibility for Teachers, Parents and Health Workers

FP education was identified as a collective responsibility between teachers, parents and Health workers. These were identified as essential mentors who could support adolescents in utilizing FP services by providing the correct information. Parents in this study acknowledged the importance of communicating with their adolescent children about family planning to promote education, prevent early parenthood, and protect against health risks. However, challenges in discussing sensitive topics, particularly with children of the opposite sex, were noted. Efforts to enhance parental communication skills and address cultural taboos are necessary to facilitate open dialogue and promote adolescent sexual health [25]. We can postulate that parents' education has a significant impact on parents' views regarding SRH. Providing parents with sexuality education enhance their knowledge and attitude about allowing their use of family planning services for their children to ensure good SRH [26].

Health care providers also play a crucial role in improving FP service provision.

Health care providers' task is to provide adolescents with non-judgmental, accessible and quality SRH and FP Services and information in an adolescent-friendly environment according to their individual bio psychosocial needs [23]. Therefore, promotion of education and training health personnel especially Nurses/Midwives to provide adolescent friendly services are cardinal [5].

Most parents to adolescent interviewed had their children in school which means that the adolescents were with the teachers at school most of the times. Therefore, the teachers are expected to provide and teach the Comprehensive Sex Education in school. Teacher training in SRH need to be implemented in schools to increase knowledge on adolescent sexuality, abortion and contraceptive use to improve adolescents' sexual health and decrease the stigma [27].

4.6. Initial SRH and FP Education a Responsibility of Parents

Parents communicate SRH and FP services with the adolescents. According to this study initial SRH and FP education was identified as a responsibility of parents. Parents talk about FP services with adolescents in order to avoid pregnancy and STIs. Most parents were only communicating to the older adolescents and avoided the topic for the younger ones below 15 years. Contrariwise, studies have shown that initiating age appropriate conversations early on SRH and contraceptives early before the child is sexually active sets a foundation for open communication [28].

Communication between parents and adolescents help prevent unplanned pregnancies, promote sexual health and assist in correcting misinformation. The parents can help the adolescents with accurate information and how to access the services. However parents expressed the need to know how to initiate the conversation, the methods suitable for this age group and the side effects. It is important for parents to communicate similar information to both adolescent's boys and girls. This can be seen from one parent who said adolescents must be encouraged to take care of themselves, abstain from sex as they were still young. Strong parental relationships combined with information sharing about risky behaviour between parents and adolescents decrease adolescent pregnancy risk thereby improving adolescent sexual and reproductive health [15].

5. Limitations of the Study

The use of face-to-face interviews may have introduced social-desirability bias, particularly because participants were discussing adolescents' sexual behaviour, contraception, and family values. Participants may therefore have presented views they considered socially acceptable rather than their private opinions. Second, the study was conducted in a single urban compound in Lusaka District and used purposive sampling; consequently, the findings are not statistically generalisable and their transferability to other communities, rural settings, or populations with different sociocultural characteristics may be limited. Nevertheless, the inclusion of participants with varied ages, sex, and caregiving relationships provided a range of perspectives within the study setting.

6. Conclusion

The findings highlight the complex interaction of factors influencing adolescents' utilisation of family planning services as perceived by parents and guardians. Participants generally supported family planning for sexually active adolescents when it was viewed as a means of preventing unintended pregnancy, protecting educational goals, and reducing sexual and reproductive health risks. However, conditional acceptance, concerns about side effects, and misconceptions about infertility may limit acceptance of some methods. Parents and guardians also identified challenges in discussing sexuality and family planning with adolescents and expressed a need for practical communication skills and accurate information. Effective interventions must address misconceptions, alleviate fears, and promote parental involvement and communication to empower adolescents to make informed decisions about their sexual and reproductive health. Therefore, collaborative efforts involving parents and guardians, educators, healthcare providers, and community leaders may help strengthen age-appropriate sexuality education, improve communication, and support adolescents in making informed decisions about sexual and reproductive health.

Acknowledgements

The authors wish to thank Jehovah God Almighty for His blessings and grace for granting them the ability to conduct this research.

Conflicts of Interest

The authors declare no conflicts of interest.

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