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**FACTORS ASSOCIATED WITH UNPLANNED PREGNANACIES  
AMONG ADOLESCENTS IN CHIPATA DISTRICT, ZAMBIA**

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**ABSTRACT**

**Introduction:** In many developing countries, including Zambia, unplanned and unintended pregnancy among adolescents is an important public health challenge. In general, their sexual and reproductive health needs are not being met due to lack of knowledge on the services offered. This in turn has negatively affected their access and utilization of the services including family planning hence, increased numbers of unplanned pregnancies among them.

**Methodology:** A quantitative, descriptive and cross-sectional study design was used to provide answers to factors associated with unplanned pregnancies among the adolescents in Chipata District. **Results:** The study revealed that over half, 215 (57%) of the adolescents in the district had unplanned pregnancies, while 159 (43%) reported that their pregnancy was planned. The study showed that the adolescents lacked knowledge on the types of methods available. There were persistent barriers such as the restrictive laws, poorly implemented policies, reluctant providers and deeply held social norms. Further, the utilisation of family planning was low and only 73 (19.5%) among adolescents used condoms. The study showed association between unplanned pregnancy with access and utilisation of family planning services as the p-value was less than 0.001. Therefore, the adolescent did not access the adolescents' services and this had a negative influence on the utilisation of the services, hence, increased numbers of unplanned pregnancies among the adolescents. The study showed that the majority 75 (93.8%) adolescents asked for pocket money from their boyfriends or 'sugar daddies', in return for sexual favours, though not significant. The study showed that, the Stakeholders in adolescent health who are parents/guardian and health care

providers did not recognise adolescent's problems nor advocate for the provision of appropriate care and youth-friendly services to help them navigate through their problems. Furthermore, the study showed that socio-cultural factors influence acceptability of family planning services as 239 (94.5%) of the adolescents indicated that norms and customs were still followed where a girl child believes to have child before using any family planning method. The results revealed culture of silence: where lessons on sexual activity, access to sexual and reproductive health information and services by adolescents was considered taboo.

**Conclusion:** The circumstances surrounding unplanned pregnancies among adolescents need to be addressed collectively as they are interconnected and affect not only the adolescents themselves but also the family and the society at large. Therefore, this study provides insights that will inform the development or revision of policies and strategies that would adequately address the sexual and reproductive health and rights of adolescents.

**KEYWORDS:** Adolescents, unplanned pregnancy.

## INTRODUCTION

Unintended pregnancy among adolescents represents an important public health challenge globally, with low and middle-income countries accounting for 99% of global maternal deaths of women ages 15 to 49 yearly (WHO, 2018). The various preventive strategies such as health education, skills-building and improving accessibility to contraceptives have been employed by countries across the world, in an effort to address this problem (Oringanje et.al, 2016). However, there was uncertainty regarding the effects of these interventions, hence the need to review the evidence-base information which could help to strengthen strategies to reduce the incidences of unplanned pregnancies among the adolescents.

## METHODOLOGY

The researcher used quantitative, descriptive and cross-sectional study design to provide answers to factors associated to unplanned pregnancies among the adolescents in Chipata District. The design assisted in obtaining information on the unplanned pregnancies among the adolescents and the variables in the study. The study included 374 pregnant adolescents who were attending antenatal care services in selected health facilities in Chipata district.

## THE FINDINGS AND DISCUSSIONS

The majority of the respondents 207 (55,3%) were in the age category of 15-17 years. This indicates that prevalence of adolescent pregnancies is high in the age category of 15-17 years

as this age group is sexually active (MOH, 2010). However, all age groups are affected therefore health education should be targeted to all age groups.

The education level of adolescents and the data shows more than half 248 (66.3%) of adolescents attained primary education. Many adolescents had attained primary education which could be attributed to the fact that access to primary education is almost universal in Zambia. Then, the least 6 (1.6%) adolescents had attained tertiary education. The adolescents who had no formal education were 37 (9.9 %) and those with secondary education were 83 (22.2%).

Further, the study shows that the majority belonged to the Reformed Church in Zambia 101 (27.0%). Most of the adolescents affected were from the Reformed Church in Zambia due to the fact that this is a common church in the eastern province of Zambia. However, the findings showed that all churches are affected by having some adolescents getting pregnant which are unplanned. Therefore, this calls for all the churches to integrated the church teachings with sexual and reproductive services among the adolescents through health committees found in churches and if not available to establish them. This will assist in disseminating the information to adolescent as the church meeting is a common meeting place for the adolescents.

Furthermore, the study showed more than three quarters 324 (86.6) of the adolescents' parents or guardian were in informal employment. Only 50 (13.4%) of the adolescent's guardians were formally employed. This means the majority of the respondents had parents/guardian who did not have reliable jobs where they can easily make a plan about the utilisation of the funds earned monthly.

The study revealed more than half, 224 (59.9%) of the adolescents indicated a family monthly income of less than K500. Further, the findings are that 300 (80.2%) adolescents were not involved and only 74(19.8) were involved in planning. This may mean that adolescents may not be aware the challenges that the parents or guardians are facing and un intentionally engage in the sexual activity which may lead them into getting pregnant.

The findings are in agreement with an article published by Villa in 2019 on; Adolescent Pregnancy in Mexico: A Growing Problem Fueled by Inequity. The article explained several risk factors to adolescent pregnancies which relate to the individual, the family and the social situation. The article also explained on protective factors, including a supportive family, good interpersonal communication skills, a sense of the importance of employment and working life, and abstinence. The socio-economic support system of the adolescents has repercussions on their lives. This is because adolescents lack creation of culturally appropriate and inclusive

programmes that could improve their living conditions and enable them to make better decisions about the best time to engage in sexual relationship and start a family.

Further, the above findings are similar with the study done in Southern province, Zambia on adolescent pregnancy and social norms by Syanemyr in 2018. The findings also revealed that for girls, sexual relationships and early pregnancies were at odds with dominant norms. Besides, the findings revealed lack of resources and insufficient knowledge about sexuality and reproduction, together with gender norms governing sexual behaviour and contraceptive use, combine to place adolescent girls in a vulnerable position with respect to unintended pregnancy. This, in turn leads to economic difficulties for young women and their parents, school dropouts and health problems for the young woman and her baby. Therefore, there is need to promote empowerment of the women folk in terms of education and employment to remove the girl child from the poverty cycle

The study revealed that over half, 215 (57%) of the adolescents in the district had unplanned pregnancies, while 159 (43%) reported that their pregnancy was planned (Figure 1). This is attributed to the adolescents involving themselves in sexual activity without understanding the consequences. The adolescents lacked knowledge on services they were entitled including the utilisation of family planning services as preventive measure to unplanned pregnancies. The findings are also attributed to the power dimensions of adolescents' lives, and economic disadvantage that exert powerful influences on the decision -making process in that they may prefer to engage in sexual activity in exchange of gifts or money. In addition, the adolescents are psychologically immature to make the right decision pertaining to their health and life.

The first objective of this study was to assess adolescents' knowledge levels on sexual and reproductive health services. The results revealed that over three quarters, 288 (77%) of adolescents in Chipata district had never heard about adolescent sexual and reproductive health services. This could be attributed to lack of sensitization campaigns related to adolescent and sexual reproductive health services among the adolescents.

Among the few 86 (23%) adolescents who were aware of ASRHS, health facility 47 (54.7%) and peers 24 (27.9%) were the common sources of information indicated. This is attributed to the adolescent's belief and trust that they have in the health providers and that, the adolescents are free among themselves unlike discussing sexual issues with other stake holders like adults. However, this calls for involvement of other stake holders such as guardians and family members who are close to the adolescents so that most of them become aware of the services.

Nevertheless, among those who were aware, less than a quarter, 19 (22.1%) expressed no interest in learning more about ASRHS despite being aware of the services, (Table 4.4). Counselling on sexual maturity 35 (40.7%) and education on prevention of STIs/HIV 18 (20.9%) were the common SRH services known to adolescents, while less than a quarter, 18 (20.9%) did not know any ASRHS. This means that there is lack of intensification of the information concerning adolescents sexual and reproductive health services. The adolescents need to have the full package of services inclusive how the unplanned pregnancies can be prevented.

The study showed that the average knowledge levels on SRH services were low in the majority, 368 (98.4%) of adolescents in the district. There was lack of knowledge and understanding of sexual reproductive health services and how unplanned pregnancies can be prevented by adolescents. This could be attributed to lack of informants in all sectors and this calls for the stake holders; the parent/guardians, teachers, pastors, health providers and fellow peers to often talk to adolescents about sexual and reproductive health services

The results could mean that there is lack of information about family planning services by various stake holders on reproductive health services to the adolescents. Health care providers, teachers, parents, community leaders and other influential leaders are neither willing nor committed to counsel young people on sexual health without discrimination or judgement, as well as provide accurate information about family planning options.

The results further showed that the young girls and young women were not empowered with the tools and knowledge they needed to take control of their sexual and reproductive health. Therefore, there is need to ensure that policies and guidelines are in place at National and Community level to provide young people with equitable access to reproductive sexual health and family planning inclusive. These findings were similar to Munakampe et al study conducted in 2018 in Ethiopia and Tanzania where findings showed that there was limited knowledge about sexual and reproductive health among adolescents which was a significant cause of reduced access to contraception and safe abortion services, especially among unmarried adolescents.

Furthermore, the results were similar to the report by WHO (2017) and a study done in Zimbabwe by Mupasi et al in 2016 which revealed that parents, health workers and teachers are not being taken as trusted sources of information about sexual reproductive health but often received the most information from peers and other family members like aunties who could support any actions taken by the adolescents. Therefore, there is need to sensitize the parents, teachers and health workers to impact the knowledge on sexual reproductive health

services to the adolescents so that they understand and be able to make an informed choices and make the decision that they will not regret in future as they will be accountable for their actions.

The other objective of this study was to assess the utilisation of family planning by the adolescents. The results revealed that just under half, 180 (48.1%) of the adolescents had never heard about family planning services. This could be attributed to lack of information dissemination to the adolescents. This requires that health workers together with other stake holders to intensify on family planning services so that adolescents are able to make informed choices pertaining to issues related to their health and much more in the prevention of unplanned pregnancies. The study showed that utilisation of family planning was low, 73 (19.5%) among adolescents with condoms being the most, 62 (84.9%) used method among family planning users. A small proportion, 7 (9.6%) of adolescents who used family planning experienced sides effects with most, 4 (71.4%) of them discontinuing use thereafter .These findings could be attributed to the fact that the adolescents lacked knowledge on the types of methods available, persistent barriers such as the restrictive laws, poorly implemented policies, reluctant providers and deeply held social norms, for instance, the adolescent sexual reproductive services are still be being integrated in main Maternal Child Department (MCH) which restrict the adolescents to freely access the services inclusive of family planning. They could also be due to the fact that the health providers and the system do not prioritize the contraceptive needs and rights of adolescents.

The findings were similar to a study conducted by Ekpenyong et al., (2017) in Nigeria on factors influencing the utilisation of family planning services among female aged 15 to 45 years in which adolescents were included. The findings were that cultural acceptance, access to family planning services, schedule of family planning clinic, effectiveness of family planning methods and awareness negatively influence utilisation of family planning by the adolescents. Further, the academic attainment and knowledge of family planning methods of the adolescents were significant in influencing family planning use. The results were also in agreement with the United Nations report in 2017 where cultural norms and non-accommodating family planning clinic schedule negatively influence the utilisation of family planning. Furthermore, the results revealed that adolescents did not use the family planning due to lack of access with regard to residential areas, knowledge gaps on the importance on the utilisation of family planning services and economic status of an individual. This implies that media messages on contraceptive use focusing on adolescents should be intensified. Health professionals should be trained to be better equipped to deal with youths as they

access services to reduce unwanted pregnancies and their negative consequences. Additionally, interventions in rural areas should be intensified and adolescents be economically empowered as those with a rich household status attained good education which in turn acquire knowledge on adolescent's health services and family planning services inclusive and are more likely to use contraceptives.

This was also related to the health providers not being oriented in the standard provision of sexual reproductive services in which family planning to adolescents where they need to provide the services as it is their right. Therefore, there is need to involve the stakeholders in adolescent sexual reproductive health such as parents, teachers and religious leaders to propagate the knowledge of family planning and encourage the utilisation of the services by adolescents as a way of helping them to prevent unplanned pregnancies and their consequences.

However, the findings disagree with study conducted by Simataa in Lusaka, Zambia in 2017 where the findings revealed that 99% of youths had knowledge of contraceptives but its use was as low as 32% among females and 39% among males. The results also revealed that female youths with urban residence, higher education and those that talked to a health worker at the health facility were more likely to use contraceptives unlike where the majority of adolescents gets the information on family planning services from their peers.

The findings revealed that there is association between unplanned pregnancy with access and utilisation of family planning services as the p-value was 0.001. Therefore, this entails that adolescent do not access the adolescents' services and this have a negative influence on the utilisation of the services, hence, increase numbers of unplanned pregnancies among the adolescents.

The other objective of this study was to identify the socio-economic factors influencing accessibility to SRH services unplanned pregnancies among adolescents. The findings revealed that a large proportion, 249 (80.4%) of the adolescents were never given any pocket money by their guardians/parents while the majority, 100 (80.0%) of those given pocket money were not satisfied with the amount. Over three quarters, 79 (79.0%) of adolescents who were not satisfied with the amount of pocket money, asked for money from their boyfriends, and it was in return for sexual favours in the majority 75 (93.8%) of adolescents who asked from their boyfriends or sugar daddy. This clearly indicated that majority of the adolescents engaged themselves in sexual activity in exchange of the gifts either in monetary form or in kind. Furthermore, the findings revealed that most adolescents came from the homes which were economically challenged where they cannot earn more than a K500 in a

month. The study further showed that, the adolescents have no opportunity to take part in financial planning and are not given the pocket money to meet their individual needs and desires, hence finding an alternative way of finding money. This situation attributed to the fact that the guardians are not considering giving an adolescent some money for personal use instead prioritising the basic needs at the family level. The current study findings show that adolescents are vulnerable due to social and economic challenge such that they can engage themselves in unprotected sexual relations for monetary gain. The results agreed with the study in Nigeria where adolescents engaged themselves in unprotected sexual intercourse due to lack of economic support.

Nevertheless, the results can be attributed to the Stakeholders in adolescent health who are parents/guardian and health care providers who do not recognise adolescent's problems nor advocate for the provision of appropriate care and youth-friendly services to help them navigate through their problems

The findings were in agreement with the study done on unintended Pregnancy among unmarried adolescents and Young Women in South East Nigeria by Ilika and Anthony in 2017. The results were that over 75% of the girls had their first sexual intercourse by 19 years and over 95% had sex for economic reasons and exchanged sex for money or gifts and only 13.5% ever used condoms as protection during the sexual inter course.

Further, the findings were similar with results from the study done by Sungwe in 2015 in Lusaka whose objective was to determine factors associated with teenage pregnancy. The findings showed that socio-economic factors were important determinants of teenage pregnancy but they were not statistically significant. The results indicate that adolescents are vulnerable due to social and economic challenge such that they can engage themselves in unprotected sexual relations for monetary gain secondary due to lack of economic support. Nevertheless, the results are attributed to the stakeholders in adolescent health who are parents, teachers, religious groups and health care providers who neither recognise adolescent's problems nor advocated for the provision of appropriate care and youth-friendly services to help them navigate through their problems. In addition, social pressure from the peers from economically challenged homes can influence other innocent adolescent to earn money through exchange with casual unprotected sexual activity.

In addition to the objectives, study aimed at establishing to what extent are socio-cultural factors contributing to unplanned pregnancies among adolescents. The findings revealed that three quarters, 284 (75.9%) of the adolescents attained menarche between the ages of 12 to 13 years old and just over two thirds, 253 (67.6%) had undergone through initiation ceremony

with the majority, 203 (80.2%) having undergone through the ceremony for a week. The majority, 203 (80.2%) of the adolescents reported that menstrual hygiene was taught during initiation while about two thirds, 166 (65.6%) reported that abstinence was not emphasised. A significantly larger proportion, 243 (96%) reported that safer sex practice was not emphasised during initiation lessons, and 239 (94.5%) indicated that the importance of family planning was never emphasised either. There were over three quarters, 285 (76.2%) of the adolescents who reported that the belief of not using contraceptives before starting childbearing prevented them from accessing SRH services. The findings showed that adolescents are deep rooted on the socio and cultural norms for instance where the majority said they could not use any family planning method as they could be barren in future. The findings also revealed that during initiation ceremony “alangizi” do not sensitize and emphasised on the importance of abstinence and safer sex if the adolescent cannot abstain from sexual intercourse as this can prevent unplanned pregnancies among adolescents.

These findings are in agreement with the study conducted in 2017 by Vinh and Tuan in Vietnam on factors influencing unintended pregnancy and abortion among unmarried adolescents. The findings pointed out four (4) major determinants of unintended pregnancy and abortion among unmarried youths which included; cultural norms, which considered premarital sex a taboo, lack and inadequate quality of sexuality education in the schools, lack of youth-friendly SRH services and no separate policy addressing youth SRH services. These findings are attributed to late introduction of reproductive health sciences in school curricula especially in primary grades, lack of communication between parents or guardians and children on matters relating to adolescent sexuality and reproductive health. The findings revealed that there is culture of silence: the culture where the sexuality education on the adolescents is taken as a taboo. There no counsellors to counsel young girls confidentially on sexuality issues in general and pregnancy prevention, in particular. The fear that their private information will be exposed and they will be ridiculed for engaging in sex prevents adolescents from seeking counsel from older girls in the community. This makes the adolescents to act out of curiosity and get engaged in sexual activity. Besides, the adolescents indulged in early sex due to external forces such as peer pressure. The findings could be due to failure of adolescent girls to make decision pertaining to their sexuality and reproductive health. They could have been forced to engage into having unprotected sexual intercourse with the belief that a woman should always be submissive to a man, hence unplanned pregnancy.

The findings of the present study are in agreement with a study that was done in Kenya and Zambia by Sychareun (2018) on determinants of adolescent's pregnancy and access to reproductive and sexual health services for married and unmarried adolescents which revealed that pre-marital sex; early marriage and pregnancy are the norm. The unplanned pregnancies were associated with liberal attitudes to teen pre-marital sexual intercourse, early marriage and pregnancy, inadequate knowledge of sexual and reproductive health and limited access to appropriate services. Therefore, parents/guardians should not consider sexuality as sacred issue to be mentioned to adolescents, instead the girls engage in sexual activities out curiosity and lack of knowledge on sexual and reproductive services. In addition, social workers need encourage sex education among teenagers which is being largely neglected by families, schools and religious organizations.

## CONCLUSION

The study also revealed that there is association between the dependent variable which is unplanned pregnancy with accessibility and utilization of adolescent health service inclusive of family planning services by adolescents. Further, the study revealed that; cultural beliefs play a critical role towards acceptability and utilization of adolescent SRH services, hence, high prevalence of unplanned pregnancies.

In addition, the study showed that adolescents experience socio-economic challenges in the families which acts as a main driver among others of unplanned pregnancies among adolescent girls. Therefore, there is need to implement strategies and interventions that focus on improving sexual and reproductive health knowledge of adolescents and expand access to contraception among adolescents and young people.

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**Authors' contributions:** FN conceptualized the study, prepared the data collection tools, collected the data, led the analysis and wrote the text of the manuscript.

CMN advised on the conceptualization of the study, reviewed and edited the manuscript

SM contributed to the proposal development, analysis of data and edited the text.

**Competing interests:** The authors declare that there are no competing interests

## REFERENCES

1. Nkhonde, B. (2016). *Factors affecting access and utilisation among adolescents in Lusaka district*  
[http://dspace.unza.zm:8080/xmlui/bitstream/handle/123456789/4697/Barbara%27%20s%20Dissertation\\_2016.pdf?sequence=1&isAllowed=y](http://dspace.unza.zm:8080/xmlui/bitstream/handle/123456789/4697/Barbara%27%20s%20Dissertation_2016.pdf?sequence=1&isAllowed=y) accessed on 9/5/2019
2. Frankenfield, J. (2019). *Data Analytics*. Available at:
3. ICRW (2014). *Adolescents and Family Planning: What the Evidence Shows*  
<https://www.icrw.org/wp-content/uploads/2016/10/140701-ICRW-Family-Planning-Rpt-Web.pdf> Accessed on 10/5/2019
4. Munakampe, M.,N, Zulu, J., M and Michelo, C. (2018). *Contraception and abortion knowledge, attitudes and practices among adolescents from low and middle-income countries: a systematic review*  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6267062/> Accessed on 16/5/2019
5. Simataa M., N. (2017). *Factors associated with contraceptive use among youths aged 15 to 24 years in Zambia*.  
<http://dspace.unza.zm:8080/xmlui/bitstream/handle/123456789/5267/MAIN%20DOCUMENT.pdf?sequence=1&isAllowed=y> accessed on 9/5/2019
6. Syanemyr, J. (2018.) *Adolescent pregnancy and social norms in Zambia*  
<https://www.tandfonline.com/doi/full/10.1080/13691058.2019.1621379>.Accessed 10/5/2020
7. UNFPA (2016). *Universal Access to Reproductive Health Progress and challenges*.  
[https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA\\_Reproductive\\_Pape](https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_Reproductive_Pape). accessed on 8/5/2019
8. WHO (2017). *Family planning/Contraception*. <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>. Accessed on 8/5/2019
9. WHO (2019) *Acceptability*  
<https://www.who.int/gender-equityrights/understanding/acceptability-definitio> Accessed on 18/7/2019
10. ZANEC (2018). *Promoting Quality Education for every Zambian*  
<http://zanec.org.zm/2018/05/16/zanec-press-statement-on-the-number-of-girls-that-are-getting-pregnant/> Accessed on 06/7/2019