



## FACTORS AFFECTING REPRODUCTIVE HEALTH OF MUSLIM ADOLESCENTS: A SYSTEMATIC LITERATURE REVIEW

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### Abstract

**Introduction:** Sexual and reproductive health (SRH) topics are rarely discussed in Islamic communities.

**Method:** Analysis (PRISMA) approach in selecting articles from previous studies. Research articles were obtained by accessing electronic databases including Pubmed, Springerlink, Google Scholar, published in 2013-2023 using the keywords "Adolescent AND Sexual Health OR Reproductive Health AND Education AND Muslim AND Community"

**Objectives:** to determine what variables affect Muslim adolescents' access to reproductive health services and education.

**Results:** The search found 1001 studies, and 15 research articles were selected. Six major themes emerged from the study of sexual and reproductive health (SRH): marital status, socioeconomic factors associated with access to SRH services, privacy and confidentiality in health services, limitations to sexual and reproductive health education and information needs, and lack of knowledge about sources and services of information on SRH

**Conclusion:** The results show that a number of factors influence Muslim adolescents' reproductive health. Muslim teenagers' lack of knowledge and skills is a complicated problem that is impacted by a number of individual, social, cultural, and religious variables in addition to current laws and policies. These elements all interact and have an impact on one another.

**Keywords:** Adolescent, Sexual, Reproductive Health, Education, Muslim, Community"

### INTRODUCTION

The values and norms of a society are strongly influenced by religion and culture. This is evident in Islamic societies, where certain social behaviors, such as sexual relations outside of marriage, are not justified or considered unacceptable. Sexual and reproductive health issues are also rarely discussed in Muslim societies, as it is considered a sensitive subject.<sup>1</sup> Serious health risks such as unwanted pregnancies, unsafe abortions, and sexually transmitted infections can result from lack of reproductive health education, which contributes to morbidity and mortality.<sup>2</sup>

Muslim countries that adopt the ICPD agreement on Population and Development that focuses on young people, in its implementation need to consider the recommendations within the framework of Islamic Law. The Programme of Action of the International Conference on Population and Development (PoA ICPD) and other treaties

state that each country has the sovereign right to contextualize policies and programmes to suit its laws, values and culture. Interventions must uphold the rights of the individual and meet the complex needs of adolescents in terms of physical, cognitive, emotional, social and moral development.<sup>3</sup>

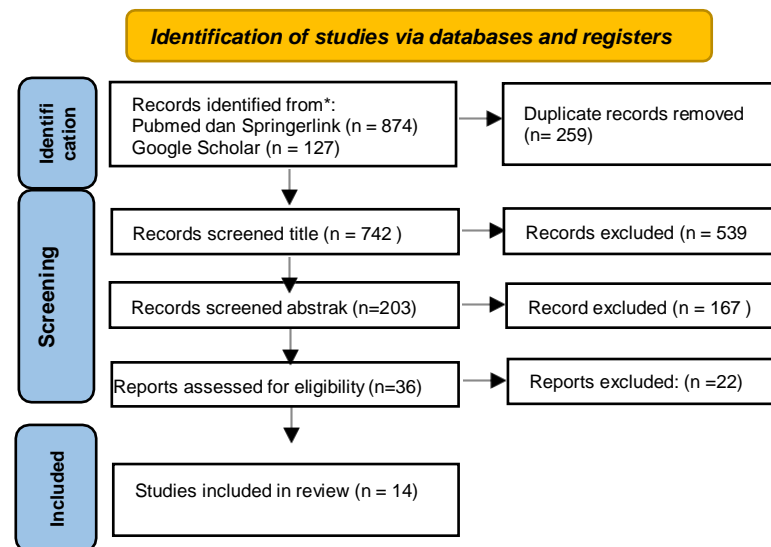
The Qur'an addresses sexuality as a fundamental part of human identity, while Western culture views sexuality as an individual right. Islamic teachings view sexuality as fundamentally tied to social responsibility and accountability.<sup>4</sup> Understanding cultural and religious realities is also a rationale for comparing countries where the majority of the population is Muslim. In Islamic cultures, there is a widespread assumption that unmarried women do not need to be knowledgeable about sexual and reproductive health. This assumption is partly based on the idea that discussing sexual and reproductive health may encourage premarital sex and the high value society places on women who are single before marriage.<sup>1</sup> Many comprehensive reviews have examined various aspects of adolescent reproductive health; however, very few have focused solely on Muslim adolescents and the variables that affect them. Therefore, the purpose of this systematic review is to find out what variables affect Muslim adolescents' access to reproductive health services and education.

## **METHODS**

The literature search was conducted systematically on qualitative and quantitative studies using the Preferred Reporting Items for Systematic Review and Meta Analysis (PRISMA) method to collect and select research articles. This study obtained the required research data from the electronic databases PubMed, Springerlink, and Google Scholar. The search used the keywords "sexual health or reproductive health AND adolescents AND Muslims AND education". Inclusion criteria were determined by selecting all articles published between 2013 and 2023, the search focused on research on Muslim adolescents aged 15-24 years. This review did not include studies published as policy documents, editorials or conference abstracts. Data from this review were combined using narrative synthesis and thematic analysis methodologies. The conceptual framework used in this review is a modification of the social ecological theory of health behavior.

## **RESULTS AND DISCUSSION**

A total of 1001 articles were identified using predefined search keywords on three search databases. There were some duplications and 259 articles were removed. Next, title screening was conducted to determine articles relevant to the review question and 539 articles were removed. There were 203 articles that passed the abstract screening stage and there were 167 articles that we removed because they were not relevant to the research objectives. Furthermore, there were 14 articles that were declared eligible and retained for analysis. The details of this search strategy are presented in the PRISMA diagram below



Picture 1 Article Selection with PRISMA Diagram

**Table 1. Summary of Factors Affecting Adolescent Reproductive Health**

No	Penulis	Judul	Metode	Hasil
1	Iqbal S, Zakar R, Zakria M, etal (2017) <sup>5</sup>	Perceptions of adolescents' sexual and reproductive health and rights: a cross-sectional study in Lahore District, Pakistan	Mixed Method. The survey was conducted with 600 respondents including adolescents (15-19 years old) and their parents/caregivers.	There was a low level of perception of ASRHR among respondents and identified socio-cultural and structural constraints as key underlying issues. While more than half of the respondents agreed with the importance of educating and supporting adolescents to have access to necessary information, they believed that adolescents have limited ability to exercise these rights.
2	Hamid SHA, Fallon D Callery P (2020) <sup>6</sup>	Influence of religion on healthcare professionals' beliefs toward teenage sexual practices in Malaysia	Qualitative, in-depth interviews of 32 health professionals in several health clinics in Malaysia. Thematic analysis was used to evaluate the data	Some health professionals positively incorporated Islamic beliefs into sexual health education sessions but excluded contraceptive information. The study also highlights the strategies used by health professionals (discourse on risk, being selective, maintaining their own honor) when providing sexual health services to adolescents.
3	Roudsari RL, Javadnoori M, Hasanpour M (2013) <sup>7</sup>	Socio-cultural challenges to sexual health education for female adolescents in Iran	Qualitative data from adolescent girls (14-18 yrs), mothers, teachers, authorities in health and education organizations, health care providers and clerics were collected in Iran through FGDs and in-depth Interviews.	Socio-cultural factors are a major challenge for sexual health education for adolescents in Iran who are influenced by taboos around sexuality. The categories that emerged were: denial of premarital sex, social concern about the negative impact of sexual education, perceived stigma and shame, reluctance to discuss sexual issues in public, sexual discussion as a socio-cultural taboo, lack of advocacy and legal support, intergenerational gap, religious uncertainty, and copying non-Islamic education patterns. religious uncertainty, and copying non-Islamic education patterns.

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4	Achora S, Tshwene agaeGT, Akpor OA (2018) <sup>8</sup>	Perceptions of adolescents and teachers on school-based sexuality education in rural primary schools in Uganda	A purposive sample was drawn from adolescents aged 12-16 years and teachers aged 28-52 years in four rural schools.	Adolescents benefit from School-Based Sexuality Education but the implementation of these programs is hampered by physical and contextual factors such as barriers at the national, institutional, community, family and individual levels.
5	El Kazdouch H, El-Ammari A, Bouftini S (2019) <sup>9</sup>	Perceptions and intervention preferences of Moroccan adolescents, parents, and teachers regarding risks and protective factors for risky sexual behaviors leading to sexually transmitted infections in adolescents: qualitative findings	Qualitative study. FGDs were conducted, including 8 groups of adolescents (28 boys and 28 girls, aged 14-16 years), 5 groups of parents, and 4 groups of teachers	Five overall themes influence adolescents' sexual risk behavior: (1) risky sexual practices and STIs; (2) adolescent social environment; (3) the role of schools; (4) media, including the internet and social media; and (5) socio-cultural norms.
6	Khan MD, Muhammad Daniyal M, Abid K (2023) <sup>10</sup>	Analysis of adolescents' perception and awareness level for Sexual and Reproductive Health Rights in Pakistan	A cross-sectional study in Bahawalpur Division, Pakistan of 500 respondents including 250 young women aged 15-19 years and 250 parents (mothers).	Most teenagers strongly agree with the importance of knowing information about SRHR. This study found low levels of awareness regarding SRHR among adolescent girls and their parents in Bahawalpur, Pakistan. There is a need to incorporate information about reproductive rights into the curriculum and teacher training while taking into account cultural values.
7	Svanemyr J, Baig Q, Mauli VC (2015) <sup>11</sup>	Scaling up of Life Skills Based Education in Pakistan: a case study	Literature study on SRH for young people and their access to SRH-related information and services in Pakistan.	There is a need for comprehensive sexuality education programs for adolescents in conservative Muslim countries through appropriate curricula, materials and approaches developed in close collaboration with stakeholders, and involving teachers and Muslim scholars in curriculum development and review.
8	Wakjira DBand Habedi DSK (2022) <sup>12</sup>	Perceptions, knowledge and exercises of sexual and reproductive health rights and associated factors among adolescents in East Arsi zone, Ethiopia: A sequential explanatory mixed method study	Mixed-method research sequential explanatory design	Overall, 45.3% were knowledgeable about SRH. Educational campaigns to reduce misconceptions and increase knowledge about SRH among adolescents are needed.
9	Dinie Ratri Desiningru, Darosy Endah H (2023) <sup>13</sup>	Sex Education For Children Based On Islamic Psychological Approach	This research uses a qualitative approach	The stages of human development are unique and stated in the Qur'an so naturally children and adolescents have different sex education needs. It is recommended to parents and educators to provide guidance to children according to their age to understand sexuality based on Islamic values.
10	Ristian Hadi Putra, Yelni Erniyati (2022) <sup>14</sup>	Sex Education in Islamic Education Perspective	Qualitative research collects data from various sources such as books, literature, documents, journals, and from print media regarding sex education in the perspective of Islamic education.	Sex education in an Islamic perspective is an inseparable part of the education of creed, morals and worship. This relates to how to behave in society to prevent sexual harassment.

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11	Ismail A et al(2022) <sup>15</sup>	Islamic Sexual Education: Necessity for Imparting Sexual Modesty	Qualitative research through semi-structured interviews with 5 Muslim scholars.	The findings of the study revealed that Muslim scholars' perceptions of sex education, centered heavily on inculcating an attitude of sexual purity, training in sexual modesty, understanding the limitations that exist between the opposite sex and preparation for fulfilling married life. The findings have implications for the Islamic curriculum on sexual education especially in the era of social media influx.
12	Alfurqan, Narulita S, Oviyanti F, Masyhudi F(2022) <sup>16</sup>	Sex Education For Millennial Islamic Perspective	Research using a qualitative approach by exploring various information about sex education in the millennial generation	Sex education should be considered as part of the educational process to strengthen the personality development of the millennial generation. Second, the important role of parents to overcome deviant sexual behavior is by teaching sex education directly and continuously to children as early as possible in the family according to Islamic teachings and local community norms so that the millennial generation accepts their sexuality which is an integral part of their lives with full responsibility.
13	Ali M, Arousell J, Essen B (2020) <sup>17</sup>	Challenges and Opportunities for School-based Sexual and Reproductive Health Education: A Qualitative Study with Bangladeshi Islamic Leaders	Semi-structured interviews were conducted with seven Priests using thematic analysis. The study was conducted in both urban and rural areas, particularly the capital, Dhaka, as well as several villages in the rural Cumilla sub-district.	Three main themes were found 1) topics suitable for SRH education, 2) methods suitable for SRH education, and 3) conservative versus progressive views. Islamic leaders seem willing to try to find ways to support more comprehensive and liberal SRH education if they are encouraged by reflective and inclusive dialog. This study presents an empirically grounded opportunity for policymakers to consider the role of religious leaders in SRH provision in Bangladesh
14	Mosavi SA, Babazadeh R, Khadijeh Mirzaii Najmabadi KM, Shariati M (2014) <sup>18</sup>	Assessing Iranian adolescent girls' needs for sexual and reproductive health information	This study was a qualitative study; collected through focus groups with adolescent girls and their mothers and semi-structured interviews with school counselors, sociologists, health providers, directors of state and nongovernmental health programs, religious leaders, and health policy makers in the Iranian cities of Masyhad, Tehran, Shahroud, and Qom.	There are six main reasons for the need to provide SRH services for adolescent girls: lack of adequate knowledge about SRH, easy access to inaccurate sources of information, cultural and social changes, increasing risky sexual behavior among adolescents, religious emphasis on sex training of children and adolescents, and the existence of a taboo culture. Most participants emphasized the need for SRH service provision for adolescent girls, so rather than talking about the provision or non-provision of such services, it is important for policymakers to plan and provide SRH services that are consistent with cultural and religious values.

All studies were analyzed descriptively and findings were synthesized.

Theme 1: Lack of knowledge about reproductive health resources and services  
Lack of sexual knowledge and entrenched negative views of sex are associated

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with physical and psychological problems for women. Women rarely receive information from their parents or teachers and prefer the internet for sexual and reproductive health information. From the personal domain, knowledge of available health information sources and services was discussed as a factor affecting adolescent reproductive health. Some adolescents are unaware of the services available to them<sup>19-21</sup>

"Providing information is more important than services, because many do not know what services are available at the puskesmas and whether they can be used for adolescents or not. I also do not know where I can go. I just found out that there is a gynecologist, and that health centers are only for married women." Adolescent, age 18 – Iran.<sup>22</sup>

Theme 2: Information and education needs related to sexual and reproductive health are hindered

Several conceptual framework domains have an impact on barriers to reproductive health education. Religious convictions affect one's attitudes in addition to influences from family and community. Some women have negative attitudes toward learning about reproductive health issues and believe that their religious practices provide adequate protection from sexually transmitted infections. Others consider sexual and reproductive education to encourage early sexual intercourse among unmarried adolescents.<sup>21</sup>

In some cases, it is considered contrary to religious beliefs to teach sexual and reproductive health topics to unmarried adolescents. Nonetheless, a lot of women think it's necessary to learn about reproductive health, and some of them specifically state that they would prefer it to be taught in a structured way by qualified teachers. Numerous women also emphasized the need to customize the content of reproductive health education to the specific needs of Muslim women.<sup>21</sup>

In one study, religious leaders were questioned about their opinions on teaching adolescents who are not married about reproductive health. The majority of them agreed that reproductive health education is important in Islam and that it does not conflict with Islamic principles. Nonetheless, they stressed the significance of educating students within the confines of Islamic doctrine and offering material that is sensitive to cultural and religious differences.<sup>21</sup>

"People who think that sex education is not allowed in religion are completely wrong, but the knowledge should be taught in a way that informs adolescents about sexuality in a simple and moral way." Religious leader, age 48 – Iran.<sup>21</sup>

Results indicate that mothers' perspectives on reproductive health education impact girls' access to knowledge and instruction<sup>20,21</sup>. Many mothers desire for their daughters to learn, but they feel inadequate in providing that knowledge, and some mothers find it awkward to discuss such topics with their daughters.<sup>21</sup>

### Theme 3: Marital status

Research indicates that single women may have more trouble getting access to or using contraception. These challenges are impacted by culture, family, and the nature of the healthcare system. Unmarried women sometimes shouldn't talk about contraception because they are perceived as sexually inactive. Young women claimed that when they asked about contraception, they received unfavorable responses.<sup>20</sup>

Women who were single disclosed that they felt inadequately informed and that they should receive formal education on reproductive health. However, when they attempt to find solutions to specific sexual and reproductive issues, they frequently encounter resistance from family members.<sup>20,21</sup>

"I knew nothing about menstruation, how pregnancy occurs, and other related issues, but I always wanted to know more about these topics. But my family believes I don't need to know about these subjects, because I am not married." Unmarried woman, age 21 – Iran.<sup>20</sup>

Unmarried women occasionally have issues with their reproductive health and need medical care. However, their families don't seem to care about them or, in some cases, even forbid them from getting medical attention. The primary reason for this is that they are single and are thought not to require reproductive health services.<sup>20,22</sup>

Some women's mothers accompany their daughters whenever they require reproductive health services so that they are not examined because they fear losing their virginity during examinations.<sup>20</sup> When single women use reproductive health services, they worry about being stigmatized or called out for having sex before marriage. This anxiety stems from the societal perception that single women shouldn't engage in sexual activity, and many mistakenly believe that the services are linked to having sex.<sup>20,21</sup>

Adolescent also stated that services labeled as 'sexual' or 'reproductive' made it difficult and uncomfortable for them to access such services. Talking about reproductive health issues is often accompanied by great embarrassment among adolescent.<sup>20</sup>

"I once accompanied one of my friends to a gynecologist's office. I saw that all the other patients were married. Despite the fact that I needed to talk to the gynecologist, it was difficult for me and I could not accept it. While I was there, I wish all the other patients knew that I was only accompanying my friend." Unmarried woman, age 29 – Iran.<sup>20</sup>

Adolescent feel more comfortable using primary care centers to receive reproductive health services without fear of exposure, as the centers offer a wide range of services not limited to reproductive health<sup>20,21</sup>

"Using public services is very good for singles. Singles are more comfortable this way, I guess, because they come to a center where everyone goes; their frequent referrals will not be noticed, and they will not be separated from others by using special labels."  
Adolescent, age 22 - Iran<sup>22</sup>

#### Theme 4: Socioeconomic variables that affect access to services for reproductive health

Personal, cultural and health policy factors mediate adolescent access to reproductive health services. The economic dependence of some adolescent on family members, including parents for adolescents, makes it difficult for some adolescent to access reproductive health services when they lack the funds to pay for such services. Physical and financial accessibility have been shown to be facilitators for accessing reproductive health services among adolescent.<sup>23</sup>

#### Theme 5: The role of health service providers

Issues that specifically affect adolescent access to and use of reproductive health services: the gender of the health care provider, language and communication issues, and the quality of services provided.

Many adolescent emphasized that the gender of the practitioner played an important role in whether they would receive or access services<sup>22,24</sup> This issue is highlighted by Islamic religious beliefs about modesty in women's dress and interactions between men and women.

Some health professionals positively incorporated Islamic beliefs into sexual health education sessions but excluded contraceptive information. The study also highlighted the strategies used by health professionals (discourse on risk, being selective, maintaining their own honor) when providing sexual health services to adolescents. The findings reveal how religion perpetuates a "moral" approach to sexual health service provision that potentially affects adolescents' access to health services.<sup>6</sup>

#### Theme 6: Confidentiality and privacy in health services

One reason given for not getting access to reproductive health services was worries about patient confidentiality being compromised.<sup>19,21,22</sup> Although adolescent do not always seem to be aware of confidentiality breaches, the presence of family members during consultations makes it difficult to discuss the reasons behind their visits<sup>20</sup>

Adolescent appeared to be concerned with healthcare providers informing family members about their visits and expressed concerns about providers sharing information discussed during consultations. For some single adolescent, family members often accompany them during health visits, making it impossible for them to talk about any issues in private<sup>20,21,24</sup>

In spite of the fact that patient records are safely stored in filing cabinets at clinics, several medical professionals in Egypt admitted to letting family members access women's health records. Women's medical records are part of the combined family health record in the Egyptian family health model, which means that any family member can easily access them in addition to the providers' disregard for confidentiality.<sup>25</sup>



## DISCUSSION

To the best of our knowledge, this is the first systematic review to rigorously and methodically synthesize the quantitative and qualitative evidence on the reproductive health of Muslim adolescents. The reproductive health of Muslim teenagers is impacted by a number of factors at different levels. Teen Muslims' lack of sexual and reproductive health knowledge and skills is a complicated problem that is influenced by a variety of social, cultural, religious, and personal factors in addition to current laws and regulations. These elements all interact and have an impact on one another. The primary underlying issues were determined to be a low level of perception regarding reproductive health among the respondents and socio-cultural and structural constraints. While over 50% of the participants acknowledged and concurred with the significance of educating adolescents about reproductive health and providing them with access to essential information, they felt that adolescents' capacity to exercise these rights is restricted.<sup>5</sup>

Shame and taboo are the main barriers that affect Muslim adolescents' knowledge and access to reproductive health services and information. Socio-cultural factors are a major challenge for sexual health education for adolescents who are influenced by taboos around sexuality. Adolescent revealed that they preferred to discuss reproductive health issues with friends and family rather than health care providers, and that friends, family, and media were the source of most reproductive health knowledge.<sup>7</sup>

The patriarchal culture and strong family values that the majority of Muslims are known for can occasionally protect young people and be advantageous to them, but it can also prevent women from getting access to resources and information about reproductive health.<sup>26</sup> Additionally, our review showed that Muslim women who are single have more obstacles when trying to get access to reproductive health services than do married women. Data analysis revealed that adolescents benefit from school-based sexuality education but program implementation is hampered by physical and contextual factors such as barriers at the national, institutional, community, family and individual levels. It is imperative to review teaching and learning resources and fully integrate sexuality education into the formal school curriculum. The combined efforts of key stakeholders including teachers, community leaders, adolescents, health professionals and parents are required for successful sexuality education among adolescents.<sup>8</sup>

According to religious authorities, sex education for children in Islam has regulated the laws pertaining to it, discussed and offered solutions for sexual problems, and covered sexual ethics and techniques related to daily worship and rituals. Islam has regulated education in this way because it recognizes that children and adolescents have different needs when it comes to sex education. The Qur'an is the only source of knowledge about the stages of human development. Islamic general sex education for kids centers on morality in regulating lust (from how one views others toward their sexual desires), honoring aurat (or body parts that need to be covered), emphasizing worship to avoid sexual urges that could originate from peers or the media, recalling the laws pertaining to puberty and puberty, and staying in touch with parents. It is advised that parents and teachers help children understand sexuality according to Islamic principles by giving them age-appropriate guidance.

## CONCLUSION

The reproductive health of Muslim teenagers is impacted by a number of factors at different levels. Many women lack basic knowledge about reproductive health, which makes it difficult for them to access resources and information on the topic. Adolescents who have negative attitudes about reproductive health are less likely to absorb and accept reproductive health education and information. These attitudes are influenced by a variety of wider sociocultural and religious factors. Only married, sexually active women are eligible for sexual and reproductive health services, and single women have more difficulty getting these services. In order to improve knowledge, information choices, and access to services that will support Muslim adolescents' improved sexual and reproductive well-being, it is imperative that interventions be made to address modifiable barriers to reproductive health education and services.

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