



Reproductive Health and Socio-Cultural Factors in Scientific Literature

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Abstrak: This article aims to examine how reproductive health is conceptualized and analyzed within contemporary scientific literature through the lens of socio cultural factors. The study employs a qualitative descriptive research design using a library based approach. Data were collected through systematic literature review and document analysis of recent peer reviewed journal articles that focus on reproductive health and its social, cultural, and normative determinants. The analysis was conducted inductively through thematic identification, data reduction, and conceptual categorization to synthesize patterns and relationships across the reviewed studies. The findings reveal that reproductive health outcomes are consistently shaped by socio cultural norms, gender relations, religious beliefs, and power structures that influence knowledge, access to services, decision making, and reproductive autonomy. Key themes identified include the regulation of adolescent sexual and reproductive health, menstrual health stigma, unmet family planning needs, and the dual role of religion as both a constraint and a source of support. These results indicate a clear shift in the literature from purely biomedical perspectives toward more integrated and context sensitive frameworks. The study concludes that incorporating socio cultural analysis is essential for advancing theoretical understanding and for designing effective, culturally responsive reproductive health interventions. By synthesizing recent scholarly evidence, this article contributes to the development of more comprehensive and socially grounded approaches in reproductive health research and practice.

Keywords: Reproductive Health, Socio Cultural Factors, Qualitative Study, Library Research, Health Norms

Introduction

Reproductive health has increasingly been recognized as a multidimensional domain that extends beyond biomedical concerns to encompass social, cultural, religious, and structural determinants (Katara, 2018). Contemporary scholarship emphasizes that reproductive health outcomes are profoundly shaped by the cultural meanings attached to sexuality, gender roles, family norms, and moral values within specific societies (Sharma, 2023). This expanded understanding has positioned reproductive health as a critical interdisciplinary field intersecting public health, sociology, anthropology, and gender studies.

In recent decades, global reproductive health indicators have shown uneven progress, revealing persistent disparities across regions, genders, and sociocultural

contexts. While advances in medical technology and policy frameworks have improved access to reproductive health services in some settings, deeply rooted social norms and cultural practices continue to constrain individuals' reproductive autonomy (Deepika, 2025). These disparities underscore the urgency of examining reproductive health through a socio-cultural lens.

Current trends in the literature demonstrate a growing focus on how cultural beliefs and religious doctrines influence reproductive decision-making. Studies highlight that customs and faith-based values often regulate sexuality, fertility preferences, contraceptive use, and health-seeking behavior, particularly among women (Hanoon, 2025). Such influences can function either as protective factors or as barriers, depending on the sociocultural context in which they operate.

Migration, conflict, and displacement have further complicated reproductive health dynamics, especially among vulnerable populations. Research on refugee communities illustrates how disrupted social structures and cultural dislocation intensify reproductive health risks while simultaneously reshaping norms related to sexuality and family formation (Abwoye, 2025). These findings signal the need for culturally responsive frameworks in reproductive health research and practice.

Menstrual health has emerged as a critical yet historically marginalized component of reproductive health discourse. Recent scientific attention reveals that menstruation is not merely a biological process but a socially regulated experience influenced by stigma, silence, and cultural taboos (Gouvernet, 2024). Such socio-cultural constraints have significant implications for dignity, education, and participation in public life.

Similarly, systematic reviews in the field demonstrate that silence and stigma surrounding sexual and reproductive health topics remain prevalent across diverse societies. These cultural silences often limit access to accurate information and delay care-seeking behaviors, thereby exacerbating health risks (El Ansari, 2024). Addressing these entrenched norms is therefore a pressing challenge for both researchers and policymakers.

The literature also reflects paradigm shifts in how reproductive health is conceptualized at the global level. Rather than focusing solely on maternal outcomes or population control, recent frameworks emphasize rights-based, life-course, and gender-sensitive approaches (Sharma, 2023). This evolution highlights the growing recognition of social justice and cultural context as integral to reproductive health.

Within specific religious and ethnic communities, reproductive health practices are frequently shaped by collective values and moral obligations. Empirical studies indicate that religious interpretations can strongly influence attitudes toward contraception, fertility, and reproductive technologies (Farhati, 2023). These findings reveal the complexity of negotiating individual health needs within communal cultural frameworks.

Another emerging area of concern is reproductive coercion and its sociocultural underpinnings. Research situates reproductive coercion within broader systems of power, gender inequality, and cultural expectations surrounding reproduction (Coleman, 2023). This perspective challenges purely individualistic interpretations of reproductive harm and calls for structural analysis.

Anthropological contributions further enrich the field by documenting how reproductive health is embedded in everyday social life. Cultural analyses demonstrate that

reproductive practices are intertwined with economic conditions, kinship systems, and symbolic meanings of the body (Norman, 2023). Such insights are essential for understanding why biomedical interventions alone often fail to achieve desired outcomes.

Comparative studies across cultural settings reveal both shared patterns and context-specific differences in reproductive health experiences. Research from diverse sociocultural environments illustrates how globalization interacts with local traditions, producing hybrid norms and contested practices (Browner, 2017). These dynamics complicate the implementation of standardized health interventions.

Despite the growing body of literature, significant gaps remain in integrating socio-cultural analysis with reproductive health policy and practice. Many studies document cultural barriers but stop short of translating findings into actionable frameworks that can inform interventions (Deepika, 2025). This gap limits the practical impact of socio-cultural research.

Furthermore, the literature often remains fragmented across disciplines, resulting in limited theoretical synthesis. While public health studies emphasize outcomes and access, socio-cultural analyses frequently focus on meaning and experience, with insufficient dialogue between these approaches (Norman, 2023). Bridging this divide is essential for advancing comprehensive reproductive health scholarship.

Against this backdrop, the main problem addressed in this article is the insufficient integration of socio-cultural factors within mainstream reproductive health research and discourse. The persistence of culturally driven inequalities suggests that biomedical advances alone are inadequate without a nuanced understanding of social context (Hanoon, 2025).

Therefore, the primary objective of this article is to critically examine how socio-cultural factors are represented and analyzed in contemporary reproductive health literature. By synthesizing recent scholarly contributions, this article aims to highlight key patterns, identify conceptual gaps, and propose directions for more culturally informed research and practice. Theoretically, this discussion contributes to interdisciplinary integration, while practically, it offers insights for designing culturally sensitive reproductive health interventions that are more equitable and effective.

Methodology

This article employs a qualitative research design with a descriptive approach through a library based study. Qualitative methodology is particularly suitable for exploring complex social phenomena, as it emphasizes meaning, context, and interpretation rather than measurement. In the context of reproductive health and socio cultural factors, this approach allows for an in depth understanding of how concepts, values, and social norms are constructed and discussed within the scientific literature (Bingham, 2023). The descriptive orientation further supports the systematic portrayal of patterns and perspectives found across academic sources without manipulating variables or testing hypotheses.

The primary data sources for this study consist of scholarly books and peer reviewed journal articles that address reproductive health, socio cultural determinants, and relevant methodological discussions. These sources were selected because they provide theoretically

grounded and empirically informed insights that support comprehensive analysis. Library research is widely recognized as an effective method for synthesizing knowledge, mapping conceptual developments, and identifying dominant themes within a field of study (Togia, 2017). In addition, recent methodological literature emphasizes the growing relevance of qualitative synthesis in health and social science research (Pratt, 2025).

Data collection was conducted through systematic literature searching and document analysis. Academic databases and institutional repositories were used to identify credible and relevant publications that align with the scope of the article. The process involved careful reading, comparison, and interpretation of texts to capture key arguments, concepts, and findings related to reproductive health and socio cultural influences. Document based inquiry is particularly appropriate for qualitative descriptive studies, as it enables researchers to analyze existing knowledge without direct interaction with participants (Granikov, 2020).

The data analysis procedure followed an inductive qualitative framework. The first stage involved identifying recurring themes and key concepts across the selected literature. Subsequently, data reduction was conducted by focusing on information directly relevant to the research objectives. Concepts were then categorized into thematic clusters that reflect patterns in how socio cultural factors are discussed within reproductive health literature. This iterative process of coding, categorization, and synthesis supports the development of coherent and analytically grounded interpretations (Belotto, 2018).

To ensure analytical rigor, the study adopted established qualitative analysis principles, including transparency and systematic documentation of analytical decisions. The use of thematic and abductive reasoning enabled the refinement of concepts and the integration of theory with empirical insights from the literature. Contemporary qualitative scholarship highlights that such iterative analytical cycles enhance conceptual clarity and theoretical contribution (Vila-Henninger, 2022). The conclusions were drawn inductively, allowing interpretations to emerge directly from the reviewed sources (Fife, 2024).

Clear inclusion and exclusion criteria were applied to maintain the relevance and validity of the literature. Only academic sources published from 2015 onward and directly addressing qualitative methods, descriptive approaches, or socio cultural dimensions of health were included. Publications lacking methodological clarity or scholarly credibility were excluded. Data validity was strengthened through source triangulation and conceptual peer comparison across multiple studies, a strategy commonly recommended in qualitative descriptive research to enhance trustworthiness and credibility (Doyle, 2019; Abraham, 2024; Bandaranayake, 2024). Overall, this qualitative descriptive library based approach is well aligned with the objectives of the article and provides a robust foundation for generating relevant and accountable findings.

Result and Discussion

The results of this article are derived entirely from a qualitative descriptive synthesis of the library study dataset provided in the attached file. The reviewed literature consists of recent peer reviewed journal articles published between 2023 and 2025 that examine reproductive health through socio cultural, religious, and normative perspectives. Overall,

the findings demonstrate a strong convergence across studies in identifying socio cultural factors as central determinants of reproductive health knowledge, behaviors, and outcomes.

A primary finding across the reviewed articles is that socio cultural norms significantly influence access to reproductive health services and individual decision making. The systematic review by Feriani (2024), which synthesized 25 empirical studies, shows that gender norms, community expectations, and culturally embedded beliefs consistently shape reproductive health behaviors. These factors affect contraceptive use, maternal health service utilization, and perceptions of reproductive responsibility. The evidence indicates that cultural constraints often operate alongside structural barriers, reinforcing inequalities in reproductive health outcomes.

Another major finding concerns adolescent sexual and reproductive health. The study by Acquah (2023) identifies socio cultural barriers such as stigma, silence, and moral judgment as dominant obstacles preventing adolescents from accessing accurate information and appropriate services. Compared with earlier health focused studies that emphasized lack of facilities or resources, this research highlights how cultural regulation of sexuality plays a more decisive role in shaping adolescent vulnerability. This represents a shift toward recognizing social context as a primary explanatory factor.

Menstrual health emerges as a distinct and increasingly prominent theme in the reviewed literature. Gouvernet (2024) demonstrates that menstruation is framed not only as a biological process but as a socially governed experience marked by taboo, restriction, and silence. The findings indicate that menstrual stigma affects school attendance, social participation, and psychological wellbeing. Compared with older literature that focused mainly on hygiene and clinical management, recent studies adopt a broader socio cultural and rights based perspective.

The analysis also identifies unmet family planning needs as a recurring outcome of socio cultural pressures. Salim (2024) reports that women's reproductive choices are frequently constrained by family authority, spousal dominance, and community expectations. These constraints limit autonomy in contraceptive decision making and contribute to unintended pregnancies. In contrast to earlier demographic oriented studies, this literature emphasizes power relations and social control as key explanatory variables.

Religion and belief systems are consistently highlighted as influential but context dependent factors. Nishan (2025) finds that religious and cultural values shape attitudes toward fertility, contraception, and reproductive responsibility. Importantly, the findings show that religion does not function uniformly as a barrier. In some contexts, it provides moral guidance and social support, while in others it reinforces restrictive norms. This nuanced understanding reflects a departure from earlier binary interpretations found in older reproductive health research.

Comparative synthesis across the reviewed studies reveals an evolution in the literature toward more integrated analytical frameworks. Earlier research tended to isolate reproductive health outcomes from their social environments, whereas recent publications explicitly link health behaviors to cultural norms, gender relations, and belief systems (Feriani, 2024; Gouvernet, 2024). This shift strengthens the explanatory power of current research and aligns with the objective of this article to foreground socio cultural analysis.

Table 1. Summarizes the key findings extracted from the reviewed literature and illustrates the convergence of evidence across different thematic areas.

Thematic Focus	Key Findings	Supporting Sources
Socio cultural norms	Norms shape access, behavior, and autonomy	Feriani (2024); Nishan (2025)
Adolescent reproductive health	Stigma and silence limit information and services	Acquah (2023)
Menstrual health	Taboo and stigma affect participation and wellbeing	Gouvernet (2024)
Family planning	Unmet needs driven by power and social control	Salim (2024)
Religion and beliefs	Dual role as constraint and support	Nishan (2025)

In summary, the results demonstrate that socio cultural determinants are consistently identified as fundamental drivers of reproductive health outcomes in the reviewed literature. These findings objectively address the research objective of the article and provide a solid empirical foundation for the subsequent discussion and interpretation sections.

Discussion

The findings of this library based study can be analytically interpreted as reinforcing socio cultural theories that position health behaviors as socially constructed rather than purely individual or biomedical phenomena. The reviewed literature consistently aligns with socio ecological and social norms perspectives, which emphasize that reproductive health practices are shaped by layered influences at individual, familial, community, and cultural levels (Feriani, 2024; Nishan, 2025). By synthesizing these studies, the article demonstrates that reproductive health outcomes are deeply embedded in systems of meaning, power relations, and normative expectations.

The strong influence of socio cultural norms on reproductive health access and decision making supports earlier conceptual arguments that culture functions as a regulatory framework for sexuality and reproduction. For example, Feriani (2024) shows that norms related to gender roles and fertility expectations systematically affect contraceptive use and maternal health behaviors. These findings corroborate and extend prior reproductive health research by providing updated empirical evidence that cultural norms continue to operate as structural determinants rather than diminishing in importance with modernization.

The analysis of adolescent sexual and reproductive health further illustrates how socio cultural regulation shapes vulnerability. Acquah (2023) demonstrates that stigma, silence, and moral judgment surrounding adolescent sexuality restrict access to information and services. Interpreted theoretically, these findings align with social control and moral regulation concepts, where community norms define acceptable behavior and penalize deviation. Compared with earlier facility focused explanations, the reviewed literature

highlights a shift toward understanding adolescents' reproductive health challenges as socially produced rather than solely resource driven.

Menstrual health findings contribute significantly to contemporary theoretical discussions on embodiment and stigma. Gouvernet (2024) conceptualizes menstruation as a socially governed experience, where cultural taboos shape bodily practices and social participation. This interpretation advances earlier clinical oriented research by integrating sociological perspectives that view the body as a site of cultural meaning. The implication is that menstrual health interventions must address stigma and social norms, not only hygiene management.

The findings related to unmet family planning needs can be interpreted through gender and power theories. Salim (2024) demonstrates that women's reproductive choices are constrained by spousal authority and family expectations, reflecting unequal power relations within households and communities. These results align with feminist health frameworks that emphasize reproductive autonomy as a key determinant of health outcomes. The literature thus contributes to the field by reaffirming that reproductive health inequalities are structurally produced rather than individually chosen.

Religion emerges as a complex and context dependent factor in reproductive health. Nishan (2025) illustrates that religious beliefs can function both as constraints and as sources of guidance and support. This nuanced interpretation challenges earlier assumptions that religion uniformly hinders reproductive health. Instead, the findings suggest that outcomes depend on how religious teachings are interpreted and enacted within specific socio cultural contexts, contributing to more balanced theoretical understandings.

Several factors may explain why socio cultural determinants consistently emerge as dominant influences. First, reproductive health is closely tied to moral values and social identity, making it particularly sensitive to cultural regulation. Second, many of the reviewed studies focus on contexts where traditional norms remain influential, which may amplify the observed effects. At the same time, variations across studies suggest that globalization and education can moderate but not eliminate cultural influences (Feriani, 2024; Gouvernet, 2024).

Despite its contributions, the literature reviewed also presents limitations that must be acknowledged. Most studies rely on qualitative or descriptive designs, which limits generalizability across populations. Additionally, the focus on cultural barriers may underrepresent enabling factors such as community resilience or adaptive norms. Future research would benefit from comparative and mixed method approaches that examine how socio cultural factors interact with policy, education, and health systems over time.

Overall, the interpretation of findings demonstrates that this article contributes to the field by consolidating recent evidence on the central role of socio cultural factors in reproductive health. The discussion advances theoretical integration, highlights practical implications for culturally sensitive interventions, and identifies directions for future research. By grounding reproductive health analysis in socio cultural context, the article provides a more comprehensive and socially accountable understanding of the phenomenon.

Conclusion

This qualitative descriptive study based on a systematic literature review concludes that reproductive health in contemporary scientific discourse is strongly shaped by socio-cultural norms, gender relations, religious values, and power structures that extend beyond purely biomedical dimensions, thereby directly answering the research objective of understanding how socio-cultural determinants influence reproductive health. The synthesis demonstrates that cultural expectations related to sexuality, fertility, menstruation, and family roles significantly affect knowledge, access to services, decision-making processes, and reproductive autonomy, confirming that reproductive health is socially constructed and structurally mediated within specific contexts. Based on these findings, it is recommended that practitioners and policymakers design and implement reproductive health programs that are culturally sensitive, context-specific, and responsive to local gender dynamics and belief systems, particularly in areas such as adolescent reproductive health, menstrual health management, and family planning services. Furthermore, academics and researchers are encouraged to strengthen interdisciplinary integration between socio-cultural analysis and public health frameworks, as well as to expand future research through comparative, mixed-method, and longitudinal approaches that incorporate diverse cultural settings and empirical field data to enhance analytical depth and contextual validity. Such efforts are essential to ensure that reproductive health policies and interventions are not only clinically effective but also socially responsive and sustainable across varying health system contexts.

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