

REVIEW ARTICLE

Role of religious leaders in adolescents' reproductive health and family planning: A systematic review

DOI: 10.29063/ajrh2024/v28i10s.34

Ashriady¹, Lutfi A. Salim^{2*}, Suko Widodo³ and Ahmad Ruhardi¹

Doctorate Degree Program in Public Health, Faculty of Public Health, Universitas Airlangga, Surabaya, East Java, 60115, Indonesia¹; Department of Epidemiology, Population Biostatistics and Health Promotion, Faculty of Public Health, Universitas Airlangga, Surabaya, East Java, 60115, Indonesia²; Department of Communication, Faculty of Social and Political Science, Universitas Airlangga, Surabaya, East Java, 60286, Indonesia³;

*For Correspondence: Email: lutfi.as@fkm.unair.ac.id; Phone: +628123141371

Abstract

This systematic review examines the role of religious leaders in adolescents' reproductive health and family planning. Following PRISMA guidelines, databases like PubMed, ScienceDirect, Scopus, ProQuest, and Web of Science were searched, yielding 1435 articles from 2018 to 2023. Inclusion criteria comprised of open access original peer-reviewed articles that were written in English language, with a concentration on adolescent health. On the other hand, reviews, systematic reviews, and meta-analyses were excluded. From our findings, religious leaders play a significant role in influencing the use of modern contraceptives among adolescents, although their role as a source of reproductive health information is limited. Collaborating with local religious leaders can strengthen efforts to promote family planning and achieve sustainable development goals, despite challenges posed by cultural and social norms. Involving religious leaders in adolescents' reproductive health programs is a crucial strategy to raise awareness and support them in making responsible decisions regarding their sexual and reproductive health. (*Afr J Reprod Health 2024; 28 [10s]: 303-317*).

Keywords: Family planning; religious leaders; reproductive health

Résumé

Cette revue systématique examine le rôle des chefs religieux dans la santé reproductive et la planification familiale des adolescents. Conformément aux directives PRISMA, des bases de données telles que PubMed, ScienceDirect, Scopus, ProQuest et Web of Science ont été consultées, ce qui a donné lieu à 1435 articles de 2018 à 2023. Les critères d'inclusion comprenaient des articles originaux en libre accès évalués par des pairs, rédigés en anglais et axés sur la santé des adolescents. En revanche, les revues, les revues systématiques et les méta-analyses ont été exclues. D'après nos résultats, les chefs religieux jouent un rôle important en influençant l'utilisation de contraceptifs modernes chez les adolescents, bien que leur rôle en tant que source d'informations sur la santé reproductive soit limité. La collaboration avec les chefs religieux locaux peut renforcer les efforts visant à promouvoir la planification familiale et à atteindre les objectifs de développement durable, malgré les défis posés par les normes culturelles et sociales. Impliquer les chefs religieux dans les programmes de santé reproductive des adolescents est une stratégie cruciale pour les sensibiliser et les aider à prendre des décisions responsables concernant leur santé sexuelle et reproductive. (*Afr J Reprod Health 2024; 28 [10s]: 303-317*).

Mots-clés: Planification familiale; chefs religieux; santé reproductive

Introduction

Reproductive health and family planning are important aspects of overall health and well-being¹. Family planning allows couples and individuals to determine if, when, how often to have children, together with the total number of children to have². Nearly 923 million women worldwide want to avoid or delay pregnancy, and about three-quarters of these women currently use modern contraceptive

methods³. However, more than 218 million women still have unmet family planning needs⁴. Reproductive health and family planning services that are widely accessible can help lower the number of unintended pregnancies and avoid maternal fatalities¹. Every year, pregnancy-related problems claim the lives of over 295,000 women; nearly all of these deaths take place in low and middle-income nations⁵. A third or more of maternal deaths may be avoided annually if women who choose not to

African Journal of Reproductive Health October 2024; 28 (10s):303

become pregnant had access to and used effective contraception³.

Adolescents, defined as individuals aged 10 to 24 years according to National Population and Family Planning Board (Badan Kependudukan dan Keluarga Berencana Nasional, or BKKBN), face specific challenges in accessing comprehensive reproductive health services due to various social, cultural, and economic factors⁶. Religious leaders have an important role in improving reproductive health and family planning. Research shows that religious figures, such as imams and priests can possibly influence the demand for and the uptake of family planning services and commodities⁷. This is due to their community role as leaders and source of knowledge, including in matters of reproductive health^{8,9}.

There are programs that aim to build the capacity of religious leaders to overcome sexual and reproductive health challenges faced by adolescents and the younger generation¹⁰. Religious leaders have also called for action on sexual and reproductive health and reproductive rights at the UN¹¹. In Mali, religious leaders have been trained to address sexual and reproductive health as well as breaking taboos around sexuality and sexually transmitted diseases¹². An evaluation of data from the Nigerian Urban Reproductive Health Initiative found that contraceptive use was 1.7 times higher among women who received family planning messages from religious leaders compared to women who did not receive family planning messages from them¹³. Capacity building of religious leaders to overcome the sexual and reproductive health challenges faced by adolescents and the younger generation is an important thing to do¹⁰. Furthermore, it is thought to be crucial for religious and community leaders to be included in the process of formulating plans and policies for family planning initiatives that cater to both men and women¹⁴.

However, some religious leaders have beliefs that make them oppose modern contraceptive methods possibly due to them not been aware of the benefits of family planning for women's, children's, and families' health or about issues, such as stock outs, that health institutions confront when

providing contraceptive service⁷. This is worrisome considering the massive influence of these leaders within their communities. Consequently, it may be advantageous to provide them the voice and tools they need to advocate for family planning using facts-based arguments¹³.

Therefore, against this background, this study aimed to conduct a systematic review with the specific objective of examining the role of religious leaders in adolescents' reproductive health and family planning. To the best of the researchers' knowledge, there has been no systematic review with this specific objective, and it is thus a research gap that this study aimed to fill. The findings from this systematic review will help to inform, with available evidence, discussions, and hence policies, at the global, regional, and national level about the role of religious leaders in adolescents' reproductive health and family planning, with the goal of achieving universal access to sexual and reproductive health services among them. This effort is aligned with United Nations Sustainable Development Goal 3 and its targets, particularly SDG target 3.7 and indicator 3.7.2¹⁵.

Methods

Data sources, search strategies, and search process

This study used the Preferred Reporting Items for Systematic Reviews and Meta-analyses checklist guidelines (PRISMA)¹⁶. The initial researcher conducted the search for articles between September 13 and September 20, 2023. The research used several journal databases: PubMed, ScienceDirect, Scopus, ProQuest, and Web of Science. In order to search for related published literature, first, the title of this systematic review was broken down into searchable keywords by adapting the PICOS framework: participants/population, interventions and comparisons, outcomes, and study design.

In addition, in order to capture as much related literature as possible, different synonyms and Medical Subject Heading (MeSH) terms were included in the search expression. Furthermore, the

Table 1: Search strategy in selected database

Database	Search strategy	Filter	Number of Articles
PubMed	"adolescent health" OR "teenage health" AND "faith leaders" OR "religious leaders"	2018 – 2023, Free Full Text	6
ScienceDirect	"adolescent health" OR "teenage health" AND "faith leaders" OR "religious leaders"	2018 – 2023, Research articles, Open access & Open archive	629
Scopus	"adolescent health" OR "teenage health" AND "faith leaders" OR "religious leaders"	2018 – 2023, Language English	8
ProQuest	"adolescent health" OR "teenage health" AND "faith leaders" OR "religious leaders" NOT "literature review" NOT "systematic review" NOT "meta-analysis"	2018 – 2023, Journal, Language English	646
Web of Science	"adolescent health" OR "teenage health" AND "faith leaders" OR "religious leaders"	2018 – 2023, Open Access, Article, Language English,	146

research also used manual searches, including searching the reference lists of previously selected articles. This Systematic Reviews was registered on Prospero with number ID CRD42023463246. The publication year of articles searched for was limited to 2018 – 2023. This was done to assess recent developments in the literature related to the role of religious leaders in reproductive health and family planning among adolescents. The search strategy for database journals is presented in Table 1.

Inclusion and exclusion criteria

The inclusion criteria used in this research include the following: original peer-reviewed articles, articles in English, and open access articles. Additionally, it must be based on the research topic: investigating the role of religious leaders on adolescents' reproductive health and family planning. Other inclusion criteria are articles published within the selected timeframe, namely 2018 to 2023. Both qualitative and quantitative studies were included in this systematic review.

The exclusion criteria are articles in the form of reviews, systematic reviews, or meta-analyses. Additionally, articles that did not concentrate on adolescents' reproductive health and family planning were excluded. This means that articles that

did not focus on adolescents in relation to their reproductive health were excluded.

Data extraction

Finding the same articles (duplicates) based on the article title is the first stage in data extraction; duplicate articles were then removed. Following this, the selected articles were then assessed based on their titles and abstracts. Articles with titles and abstracts that do not fit the inclusion criteria were eliminated. Full text reviews of papers that satisfy the inclusion and exclusion criteria were conducted. The following information were then extracted to a Microsoft Excel spreadsheet: the citation information, title, aim of study, methods, results obtained, and conclusions. The data extraction was done by two authors independently, with any disagreements resolved by discussion within the team until consensus was reached.

Bias assessment

Research articles were independently assessed for methodological quality by two researchers independently, with any disagreements resolved by discussion within the team until consensus was reached. The quality appraisal tool was based on the

Joanna Briggs Institute critical appraisal tools for cross-sectional and qualitative studies¹⁷.

Results

Included and excluded studies

This study identified many records from several major databases, including PubMed (n = 6), ScienceDirect (n = 629), Scopus (n = 8), ProQuest (n = 646), and Web of Science (n = 146), totalling 1435 initial articles. After removing duplicates, 20 articles were excluded, leaving 1415 unique articles for title and abstract screening. Of these, 1399 were

excluded after initial evaluation based on title and abstract, with 6 requiring additional manual review. Subsequently, 16 articles were fully analysed for eligibility. From this process, 8 more articles were excluded after full-text review, while the remaining 8 articles were assessed based on their results and suitability for inclusion in this study. Finally, these 8 articles were included in the systematic review. The process includes initial identification, duplicate removal, title and abstract screening, and further full-text review to select articles meeting the research criteria. The complete process for the selection of articles is depicted in Figure 1.

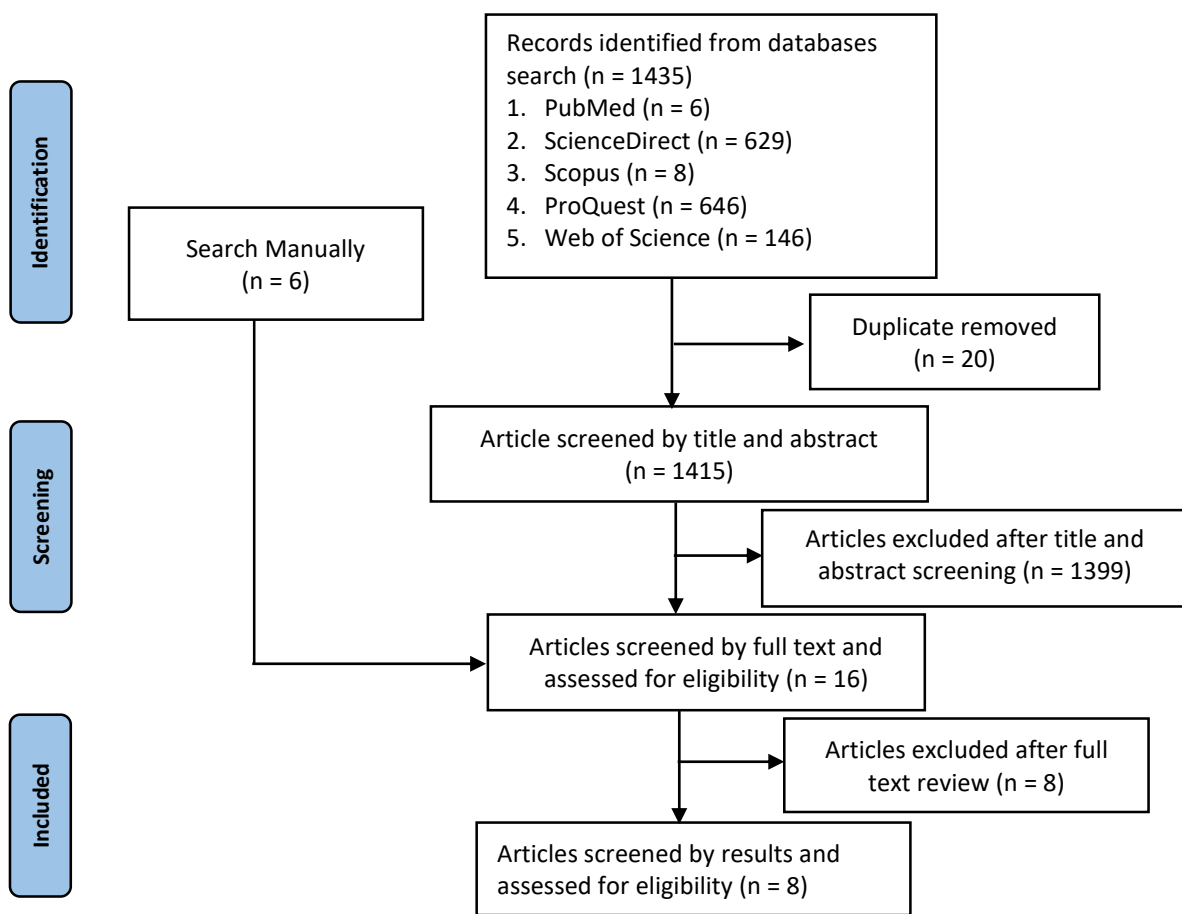


Figure 1: PRISMA flow diagram identification of articles included in systematic review

Table 2: Characteristics of studies (n=8)

Aspects	Categories	Number of Articles
Type of Research	Quantitative research	3
	Qualitative research	5
Design	Cross-Sectional	3
	Explorative	3
	Phenomenology	1
	Thematic analysis	1
Country	Indonesia	3
	Nigeria	1
	Uganda	1
	Malawi	1
	United States	1
	Cameroon	1

Table 3: Quality score of the study using the JBI appraisal checklist

Author	Year	Design	Score based on appropriate JBI appraisal*										Score	Quality
			1	2	3	4	5	6	7	8	9	10		
Maruf et al. ¹⁴	2021	Cross-Sectional	☑	☑	☑	☑	☒	☒	☑	☒	○	○	5	Moderate
Kistiana et al. ¹⁵	2023	Cross-Sectional	☑	☑	☑	☑	☒	☑	☑	☑	○	○	7	Moderate
Saparini et al. ¹⁶	2023	Cross-Sectional	☑	☑	☑	☑	☒	☒	☑	☑	○	○	6	Moderate
Roets et al. ¹⁷	2021	Qualitative	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	10	High
Agu et al. ¹⁸	2022	Qualitative	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	10	High
Barbara et al. ¹⁹	2021	Qualitative	☑	☑	☑	☑	☑	☑	☑	☑	●	☑	9	High
Golman et al. ²⁰	2021	Qualitative	☑	☑	☑	☑	☑	☑	☑	☑	●	☑	9	High
Chimatiro et al. ²¹	2020	Qualitative	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	10	High

JBI, Joanna Briggs Institute; ☒ = No; ● = Unclear; ☑ = Yes; ○ = Not Applicable

*Appraisal tools for cross-sectional (8 items), qualitative (10 items) were used.

Characteristics of Included Studies

Table 2 illustrates the characteristics of the research with a total sample size (n) of 8 articles. This table provides a clear overview of the variation in research types, study designs, and geographical distribution of the studies sampled for the research analysis. From Table 2, there were two types of research methods used: quantitative and qualitative studies. Specifically, out of the 8 articles, 3 utilized quantitative methods, while 5 used qualitative methods. In terms of study design, various types such as cross-sectional, exploratory, phenomenological, and thematic analysis were used. Specifically, 3 articles used cross-sectional designs, 3 used exploratory designs, and 1 each utilized phenomenological and thematic analysis designs.

Regarding the country the studies concentrated, 3 articles were from Indonesia, and 1 article each from Nigeria, Uganda, Malawi, the United States, and Cameroon.

Risk of bias assessment

Quality scores in this review were categorized into three groups: low (1-4), moderate (5-7), and high (8-10)¹⁸. The purpose of this appraisal was to determine the possibility of bias in its design, conduct, and analysis. This is shown in Table 3.

Findings from the final selected articles

Religious figures have a significant influence in providing information and supporting awareness

Table 4: Results of journal collection and analysis

Author (Year)	Title	Aims	Methods	Results	Conclusion
Maruf <i>et al.</i> ²²	Predisposing, enabling and reinforcing factors associated with sexual intercourse intention among Indonesian young men	This study investigates the factors influencing young unmarried men's intentions to engage in sexual activity in Indonesia.	The study utilizes data from the 2012 Indonesian Demographic and Health Survey, specifically the Adolescent Reproductive Health component, with a total of 9,109 respondents aged 10 to 24 years. Data were analysed descriptively and inferentially using the Chi-square and Mann Whitney tests, with statistical significance criterion set at a p value of 0.05.	The results show that religious leaders have a different influence compared to other sources of information regarding intentions to engage in sexual activity. The percentage of young unmarried men intending to engage in sexual activity is lower if they receive information from religious leaders compared to those who do not (13.9% vs. 22.1%, p value < 0.05).	Involvement of religious leaders in adolescent reproductive health programs is necessary. A more moderate approach could be developed to encourage teenagers to be more open in discussing their sexuality issues with religious leaders.
Kistiana <i>et al.</i> ²¹	Differentials in reproductive health knowledge among adolescents in Indonesia	The aim of this study is to assess the knowledge of Indonesian adolescents who have never been married in relation to reproductive health issues, modern contraceptive methods, and sources of reproductive health information	Quantitative analysis was done using data from the 2019 Performance and Accountability Survey (Survei Kinerja dan Akuntabilitas Program Kependudukan, Keluarga Berencana, dan Pembangunan Keluarga, or SKAP). The survey used a cross-sectional design and was conducted in 34 provinces by the National Population and Family Planning Board (Badan	The results related to religious leaders as a source of reproductive health information indicate that out of 41,582 respondents aged 10 to 24 years, only 3,651 respondents (8.78%) obtained reproductive health information from religious leaders.	Religious leaders are one of the least accessed sources of reproductive health information by adolescents in Indonesia, compared to other sources such as television (75.10%), teachers (69.44%), and friends/relatives (48.54%).

Saparini <i>et al.</i> ²³	Knowledge and access to adolescent reproductive health information in Indonesia	The aim of this study is to examine the relationship between reproductive health behaviour among adolescents in Indonesia and their knowledge and access to information.	<p>Kependudukan dan Keluarga Berencana Nasional, or BKKBN). Data analysis was specifically done using descriptive and bivariate analysis, with statistical significance criterion set at a p value of 0.05. However, in analysing the effect of religious leaders on adolescents' reproductive health knowledge, only descriptive analysis was used.</p> <p>This research uses a quantitative analysis with a cross-sectional approach. The study utilizes secondary data from the 2019 Performance and Accountability Survey (SKAP). It focuses on unmarried male and female adolescents aged between 10 and 24 years, with a total of 41,788 adolescents. Several statistical analysis methods, such as univariate, bivariate analysis using chi square, and multivariate logistic analysis were used. However, in analysing the effect of religious leaders on adolescents'</p>	<p>The role of religious leaders as a source of reproductive health information for adolescents in Indonesia is relatively low compared to other sources of information. According to the data, only 26.6% (11,133) of respondents received reproductive health information from religious leaders, while 73.4% (30,655) did not receive information from this source. This indicates that although religious leaders have a role, it is not as significant as the role of other sources of information such as friends/relatives (70.4%), teachers (70.7%), and formal education (74.6%).</p>	<p>This study highlights the importance of strengthening the role of religious leaders in providing reproductive health information to adolescents, given their potential to influence adolescents' attitudes and behaviours.</p>
--------------------------------------	---	--	--	--	---

Roets <i>et al.</i> ²⁴	Teenage pregnancy prevention: The church, community, culture and contraceptives.	The aim of this study is to explain the perceptions of teenagers in Cameroon regarding a peer education training program they participated in and the effect it had on their sexual behaviour in the context of cultural and religious diversity.	reproductive health information, only descriptive analysis was used. This research uses a descriptive, exploratory, and contextual qualitative design by conducting in-depth interviews with 15 participants. The participants were made up of unmarried adolescents aged 13 to 19 years, both male and females.	The role of religious leaders, along with social and cultural norms, poses significant challenges to contraceptive use among adolescents. Although peer education programs can have a positive impact on empowering teenagers and preventing unwanted teenage pregnancies, the influence of religious leaders and the traditional values they support often hinder contraceptive use.	Ignorance and failed communication, coupled with enduring religious, cultural, and social values, play a crucial role in the decision not to use contraceptives. Therefore, to increase contraceptive use and reduce unwanted teenage pregnancies, it is important to involve religious leaders and community leaders in addressing existing cultural norms.
Agu <i>et al.</i> ¹⁹	An analysis on the roles and involvements of different stakeholders in the provision of adolescent sexual and reproductive health services in Southeast Nigeria.	The aim of this study is to explore the position, attitudes, and involvement of different stakeholders; such as government/public institutions, non-governmental organizations (NGOs), community leaders including the community religious leaders, in the policy-making and implementation process of Adolescent Sexual and Reproductive Health	This research used a qualitative method with an exploratory approach to gather detailed information about engagement and support systems in adolescent reproductive health. Data were collected through Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs). For the KIIs, a total of 81 participants were interviewed from across different levels of administration; State, Local	Overall, the role of religious leaders in this context can be described as follows: 1. Influence and power: Religious leaders have strong influence within their communities, but their power to drive the ASRH agenda is often not fully utilized. 2. Attitudes and support: While the majority show supportive attitudes towards ASRH, there are also some who are less supportive or even obstructive, especially regarding sensitive issues such as adolescent sexuality.	The role of religious leaders in supporting adolescent reproductive health is identified as important but requires a more coordinated and consistent approach to maximize their potential in influencing behaviour and policy at the local level.

		(ASRH) in Ebonyi State, Nigeria.	Government Area, and community level. On the other hand, for the FGDs a total of 59 participants divided across a total of six focus groups were involved.	3. Involvement in programs: They are involved in providing information and services related to ASRH, though the level of involvement can vary from one religious leader to another. 4. Collaboration with local authorities: Some religious leaders actively collaborate with local authorities to support ASRH programs at the community level.	
Barbara <i>et al.</i> ²⁰	Qualitative study of roles of religious leaders in promoting adolescent sexual reproductive health and rights in Iganga municipality Uganda	To assess the role of religious leaders in the promotion of adolescents' sexual and reproductive health and rights (ASRHR) in Iganga City	This research used qualitative phenomenological design, with a sample size of 30 participants (made up of 25 religious leaders and 5 adolescents aged 15 to 19 years). In-depth interviews were used for data collection, with data transcribed, coded, and analysed using thematic content analysis.	The information that religious leaders share with teenagers helps them live responsible lives in terms of their sexual and reproductive health. Research result suggests that religious leaders consider the promotion of ASRHR to imply an increase in sexual immorality. Religious leaders have a protective and preventive influence in promoting ASRHR.	Religious leaders contributed greatly towards the promotion of ASRHR by increasing information exchange. Therefore, this dialogue results in an increase in the awareness of ASRHR by religious leaders, thereby giving them the confidence to address this problem with adolescents.
Golman <i>et al.</i> ²⁵	Engaging church leaders in the reduction of teen birth rate in high-risk areas	The purpose of this research was to identify church leaders' perceptions of pregnancy among teenagers in their community and the role of the church in preventing these pregnancies.	Qualitative research using three focus group discussion (FGD) with a total of 25 church leaders as the participants. Recordings were done for all the FGDs, with data transcribed manually, and analysed using thematic content analysis.	The church leaders acknowledged that there are programs in churches regarding the mentoring of youths for life guidance. This thus shows the important role the church leaders generally play in terms of youth development. However, the church leaders, especially those from African American and Hispanic churches, also acknowledged the fact that church programs engaging parents and youths	This study found that collaborating with faith-based organizations, such as churches, can be an effective method for preventing teenage pregnancy in communities with high teenage birth rates.

Chimatiro <i>et al.</i> ²⁶	The role of community leaders on adolescent's HIV and sexual reproductive health and rights in Mulanje, Malawi	The aim of this study is to determine the role of community leaders on the incidence of HIV and Adolescent Sexual and Reproductive Health (ASRH) in Malawi, specifically in the Mulanje district.	The research method used is an exploratory qualitative study conducted in Mulanje district, Malawi. The study utilized 17 Key Informant Interviews (KIIs) and 12 Focus Group Discussions (FGDs) with community leaders, including religious leaders.	in matters relating to sexual education rarely exists in the churches. This is due to cultural and religious barriers, and the lack of awareness about available resources concerning reproductive health of teenagers.	The roles performed by religious leaders reflect efforts to integrate modern health practices with cultural sensitivity, aiming to protect the health and well-being of adolescents amidst evolving social norms and health challenges such as HIV/AIDS.
---------------------------------------	--	---	--	---	--

about reproductive health^{19,20}. For example, the study by Muraf *et al.*²¹ found out that young unmarried men in Indonesia are less likely to intend to engage in sexual intercourse if they receive information from religious figures compared to those who do not (13.9% vs. 22.1%, $p < 0.05$). However, other quantitative studies showed that religious leaders are one of the least accessed sources of reproductive health information by adolescents in Indonesia^{18,22}. For example, Kistiana *et al.*²¹ found out that only 8.78% of never married adolescents aged 10 to 24 years received knowledge of reproductive health from religious leaders, with most of them (75.10%) receiving this information from television. On the other hand, the qualitative research results generally showed that religious leaders have strong influences within their communities^{19,20,23-25}. This can possibly be keyed into, with them being aware of available sexual and reproductive services for adolescents and having improved knowledge on sexual education, in relation to the promotion of adolescents sexual and reproductive health and rights^{19,20,23-25}. The education of religious leaders so that they have improved knowledge about adolescents' reproductive health and rights, together with the services available to cater to this demographic, is important because there are religious leaders that consider the promotion of adolescents' reproductive health and rights as a path that leads to an increase in sexual immorality²⁰. Further details about the result findings from the included papers in this systematic review can be found in Table 4.

Discussion

The main objective of this research is to conduct a systematic review aimed specifically at examining the role of religious leaders in adolescent reproductive health and family planning. This study was considered important given the strong influence religious leaders have within their communities^{19,20,23-25} while looking towards the achievement of UN SDG target 3.7. SDG target 3.7 aims at achieving universal access to sexual and reproductive healthcare services, including for adolescents, by 2030. Adolescent birth rate is thus

used as one of the indicators to assess progress towards the achievement of SDG target 3.7, and hence the 3rd SDG which aims at ensuring healthy lives and promoting well-being for all people of all ages.

Findings from this systematic review highlights the significant role of religious leaders in adolescent reproductive health and family planning, although their influence varies compared to other sources of information. Studies indicate that religious leaders have different effects on adolescents' intentions to engage in sexual activity. The percentage of individuals intending to engage in sexual activity is lower when they receive information from religious leaders compared to those who do not receive information from religious leaders²². These findings indicate that religious leaders can be effective agents in reducing premarital sexual intentions among adolescents. This is supported by previous research indicating that religious leaders are figures to be followed or obeyed by children and adolescents in Indonesian culture and are considered to play an important role in curbing adolescent sexuality²⁷.

In another context, data indicate that only a small proportion of adolescents access reproductive health information from religious leaders. The role of religious leaders as sources of reproductive health information is relatively low compared to other sources such as television, teachers, and friends/relatives²¹. Information from religious leaders is critically needed because research findings show that information received from mass media tends to be incomplete and biased on religious and cultural issues, while information from peers or parents often misguides as they may be less exposed to quality information, thus making adolescents more vulnerable²⁸.

Furthermore, only a minority of respondents obtained reproductive health information from religious leaders, while the majority did not receive information from this source. This indicates that although religious leaders play a role, it is not as significant as other information sources such as friends/relatives, teachers, and formal education²³. This study underscores the importance of strengthening the role of religious leaders in

providing reproductive health information to adolescents, given their potential to influence attitudes and behaviors. According to Odimegwu and Somefun research, social norms and cultures influenced by religious teachings can reinforce positive attitudes among adolescents. Religious leaders play a key role in shaping and reinforcing these norms through sermons, counseling, and religious education programs. Thus, they can help reduce teenage pregnancy rates and the spread of sexually transmitted infections²⁹.

The role of religious leaders, alongside social norms and culture, poses significant challenges in contraceptive use among adolescents. While peer education programs can have positive impacts on empowering adolescents and preventing unintended pregnancies, the influence of religious leaders and the traditional values they uphold often inhibit contraceptive use. Ignorance and failed communication, coupled with enduring religious, cultural, and social values, play a crucial role in decisions not to use contraceptives²⁴. Therefore, to increase contraceptive use and reduce unintended teenage pregnancies, it is crucial to engage religious leaders and community leaders in addressing existing cultural norms.

The research findings indicate that collaboration with local religious leaders can help promote family planning and enhance Burkina Faso's achievement of sustainable development goals by attaining demographic dividends in the country³⁰. The involvement of local authorities in identifying and addressing local factors is crucial as it aids in understanding sexual and reproductive health issues from a community perspective³¹.

Overall, the role of religious leaders in this context can be described in terms of influence and power. In these conditions, religious leaders wield significant influence within their communities, yet their power to drive adolescent reproductive health agendas is often underutilized. Additionally, in terms of attitudes and support, while the majority exhibit supportive attitudes towards adolescent reproductive health, there are some who are less supportive or even hindering, especially concerning sensitive issues like adolescent sexuality¹⁹. This aligns with Adedini et al.'s research indicating that religious

leaders have the power to either obstruct or facilitate the effective implementation of contraceptive methods to support family health⁷.

Another form of their role involves participation in programs where they engage in providing information and services related to adolescent reproductive health, although the level of involvement may vary among different religious leaders. Furthermore, they establish collaborations with local authorities, with several religious leaders actively engaging in partnerships with local authorities to support community-level adolescent reproductive health programs¹⁹.

Religious leaders play a protective and preventive role in promoting adolescent sexual and reproductive health. Research by the World Health Organization indicates that the most effective interventions for reaching adolescents involve community and religious leaders in promoting health among adolescents³². They contribute significantly to promoting adolescent sexual and reproductive health by enhancing information exchange. Therefore, dialogue increases their awareness of adolescent reproductive health and empowers them to address these issues with adolescents²⁰.

In the United States, research shows that religious-based organizations, particularly churches, play a role in preventing teenage pregnancies in high-risk areas, especially African-American and Hispanic communities²⁵. In this study, church leaders identified the importance of the church's role in interacting with teenagers and recognized the need to improve communication with them regarding sex and sexual health. However, there are obstacles such as lack of resources, awareness, and comprehensive sexuality education. The research suggests providing educational materials to churches to be delivered to parents so that churches are better prepared to facilitate more effective discussions between parents and teenagers³³. Collaborating with religious-based organizations can be an effective method to prevent teenage pregnancies in communities with high teenage birth rates.

In Indonesia, religious leaders also play a crucial role in encouraging teenage boys to undergo medical circumcision instead of traditional practices

that may increase HIV risks. Female leaders advocate for teenage girls to undergo cancer screenings at health facilities, emphasizing early detection and preparedness. Moreover, religious leaders discuss contraceptive options with teenagers, promoting safe sexual practices to prevent early pregnancies and sexually transmitted infections²⁶. These findings are consistent with those reported in other studies, where traditional leaders encourage behavior change among teenagers to control the spread of HIV³⁴.

These roles reflect efforts to integrate modern health practices with cultural sensitivity, aiming to protect the health and well-being of teenagers amid evolving social norms and health challenges like HIV/AIDS²⁶. Involving religious leaders in adolescent reproductive health programs can provide strong support in disseminating accurate information and building supportive environments for teenagers to make responsible decisions regarding their sexual and reproductive health.

Conclusion

This systematic review examined the role of religious leaders in adolescents' reproductive health and family planning. Religious leaders play a positive significant role in adolescent reproductive health and family planning in terms of their intention to engage in sexual activity. However, it was found out that they are not a major source of information on reproductive health and sexuality by adolescents, in comparison to other sources of information such as the media. In addition, qualitative studies indicate that due to the traditional and cultural values religious leaders hold, unlike other community leaders, they may hinder contraceptive use among the adolescents. Therefore, in improving sexual and reproductive health among adolescents using religious leaders, comprehensive sexual education is needed by them such as an increase awareness of reproductive services available to adolescents.

Authors contribution

Ashriady: conceptualization, writing-review and editing

Lutfi Agus Salim: designed the methodology
Suko Widodo: validation, investigation, supervision
Ahmad Ruhardi: wrote the introduction and conducted database searches.

References

1. WHO. Family Planning/Contraception Methods. Published 2018. Accessed July 16, 2024. <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>
2. Singh S, Darroch JE, Ashford LS. Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014. Guttmacher Institute. Published 2014. <https://www.guttmacher.org/report/adding-it-costs-and-benefits-investing-sexual-and-reproductive-health-2014>
3. Guttmacher Institute. Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017. Published 2020. Accessed July 16, 2024. <https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>
4. USAID. Family Planning and Reproductive Health. Published 2023. <https://www.usaid.gov/global-health/health-areas/family-planning>
5. WHO. Maternal Mortality. Published 2019. Accessed July 16, 2024. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>
6. Budiharsana M. Contraceptive Services Available to Unmarried Sexually Active Adolescents. *Makara J Heal Res.* 2017;21(2):68-74. <https://doi.org/10.7454/msk.v21i2.7231>
7. Adedini SA, Babalola S, Ibeawuchi C, Omotoso O, Akiode A, Odeku M. Role of Religious Leaders in Promoting Contraceptive Use in Nigeria: Evidence From the Nigerian Urban Reproductive Health Initiative. *Glob Heal Sci Pract.* 2018;6(3):500-514. <https://doi.org/10.9745/GHSP-D-18-00135>
8. Otchere SA, Omunoyide S, Rosales A, et al. Faith Leaders Improve Healthy Timing and Spacing of Pregnancy: Results of Operations Research on the Channels of Hope Methodology in Kenya and Ghana. *Ann Glob Heal.* 2023;89(1):1-17. <https://doi.org/10.5334/aogh.3944>
9. Manurung IFE, Wahyuni CU, Probandari A. Religious Leader's Support toward Individual at Risk of HIV/AIDS to Attend Voluntary Counselling and Testing Service. *Kesmas Natl Public Heal J.* 2020;15(2):73-79. <https://doi.org/10.21109/kesmas.v15i2.3057>
10. UNESCO. Inter-faith Dialogue on Reproductive Health: How Religious Leaders Play a Central role in Supporting Young People. Published 2023. <https://www.unesco.org/en/articles/inter-faith-dialogue-reproductive-health-how-religious-leaders-play-central-role-supporting-young>

11. UNFPA. Religious leaders call for action on sexual and reproductive health and reproductive rights at UN. Published 2014. <https://www.unfpa.org/news/religious-leaders-call-action-sexual-and-reproductive-health-and-reproductive-rights-un>
12. Cordaid. Breaking Taboos: Training Religious Leaders on Addressing Sexual and Reproductive Health In Mali. <https://www.cordaid.org>. Published 2023. <https://www.cordaid.org/en/news/breaking-taboos-training-religious-leaders-on-addressing-sexual-and-reproductive-health-in-mali/>
13. Bornet M, Kishoyian J, Siame Y, Ngalande N Jr, Erb K, Parker K, Huber D and Hardee K. Faith-Based Advocacy for Family Planning Works: Evidence From Kenya and Zambia. *Glob Heal Sci Pract*. 2021;9(2):254-263. <https://doi.org/10.9745/GHSP-D-20-00641>
14. Lim S, Lee H, Lee J, Geda NR, Nam E. Priority analysis of factors affecting family planning practices among Ethiopians using a decision tree analysis. *Afr J Reprod Health*. 2023;27(5):46-57. <https://www.ajrh.info/index.php/ajrh/article/view/3829/pdf>
15. WHO. Adolescent Pregnancy. Published 2024. <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>
16. Page MJ, McKenzie JE, Bossuyt PM, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. 2021;372:n71. <https://doi.org/10.1136/bmj.n71>
17. JBI. Critical Appraisal Tools. Published 2023. Accessed July 17, 2024. <https://jbi.global/critical-appraisal-tools>
18. Mansoor K, Maqbool Ahmed Khuwaja H. The Effectiveness of a Chronic Disease Self-Management Program for Elderly People: a Systematic Review. *Elder Heal J*. 2020;6(1):51-63. <https://doi.org/10.18502/ehj.v6i1.3416>
19. Agu C, Mbachu C, Agu I, Iloabachie U, Onwujekwe O. An analysis on the roles and involvements of different stakeholders in the provision of adolescent sexual and reproductive health services in Southeast Nigeria. *BMC Public Health*. 2022;22(1):2161. <https://doi.org/10.1186/s12889-022-14644-1>
20. Barbara NB, Kizito O. Qualitative study of roles of religious leaders in promoting adolescent sexual reproductive health and rights in Iganga municipality Uganda. *Int J Med*. 2021;9(1):23-30. <https://doi.org/10.14419/ijm.v9i1.31341>
21. Kistiana S, Fajarningtiyas DN, Lukman S. Differentials in Reproductive Health Knowledge among Adolescents in Indonesia. *Media Kesehatan Masy Indones*. 2023;19(1):19-29. <https://doi.org/10.30597/mkmi.v19i1.23641>
22. Maruf MA, Richter K, Soonthorndada A. Predisposing, Enabling and Reinforcing Factors Associated with Sexual Intercourse Intention among Indonesian Young Men. *J Kedokt dan Kesehatan*. 2021;17(1):66. <https://doi.org/10.24853/jkk.17.1.66-76>
23. Saparini S, Simbolon D, Ningsih L. Knowledge and Access to Adolescent Reproductive Health Information in Indonesia. *J Promosi Kesehat Indones*. 2023;19(1):1-10. <https://doi.org/10.14710/jpki.19.1.1-10>
24. Roets L, Clemence IS. Teenage pregnancy prevention: The church, community, culture and contraceptives. *Afr J Reprod Health*. 2021;25(6):51-57. <https://www.ajrh.info/index.php/ajrh/article/view/3032>
25. Golman M, Luu A, Ricks N, Norris V, Nguyen S. Engaging Church Leaders in the Reduction of Teen Birth Rate in High-Risk Areas. *Int Q Community Health Educ*. 2021;41(2):125-132. <https://doi.org/10.1177/0272684X20915378>
26. Chimatiro CS, Hajison P, Muula AS. The role of community leaders on adolescent's HIV and sexual reproductive health and rights in Mulanje, Malawi. *Reprod Health*. 2020;17(1):66. <https://doi.org/10.1186/s12978-020-00917-8>
27. Chairilisyah D. Sex Education in The Context of Indonesian Early Childhood. *Int J Educ Best Pract*. 2019;3(2):41. <https://doi.org/10.31258/ijebp.v3n2.p41-51>
28. Kyilleh JM, Tabong PTN, Konlaan BB. Adolescents' reproductive health knowledge, choices and factors affecting reproductive health choices: a qualitative study in the West Gonja District in Northern region, Ghana. *BMC Int Health Hum Rights*. 2018;18(1):6. <https://doi.org/10.1186/s12914-018-0147-5>
29. Odimegwu C, Somefun OD. Ethnicity, gender and risky sexual behaviour among Nigerian youth: an alternative explanation. *Reprod Health*. 2017;14(1):16. <https://doi.org/10.1186/s12978-017-0284-7>
30. Barro A, Bado AR. Religious Leaders' Knowledge of Family Planning and Modern Contraceptive Use and Their Involvement in Family Planning Programmes in Burkina Faso: A Qualitative Study in Dori in the Sahel Region. *Open Access J Contracept*. 2021;12:123-132. <https://doi.org/10.2147/OAJC.S315395>
31. High impact Practice in family planning (HIPs). *Chanhing Norms to Improve Sexual and Reproductive Health*; 2016. <https://www.fphighimpactpractices.org/briefs/community-group-engagement/>
32. Ngilangwa DP, Rajesh S, Kawala M, Mbeba R, Sambili B, Mkuwa S, Noronha R, Meremo AJ and Nyagero J. Accessibility to sexual and reproductive health and rights education among marginalized youth in selected districts of Tanzania. *Pan Afr Med J*. 2016;25(Suppl 2). <https://doi.org/10.11604/pamj.suppl.2016.25.2.10922>
33. Powell TW, Weeks FH, Illangasekare S, Rice E, Wilson J, Hickman D and Blum RW. Facilitators and Barriers to Implementing Church-Based Adolescent Sexual Health Programs in Baltimore City. *J Adolesc Heal*.

- 2017;60(2):169-175.
<https://doi.org/10.1016/j.jadohealth.2016.09.017>
34. Marashe J. The African traditional religious landscape: An examination of the role of traditional leaders in the

fight against HIV and AIDS in Chipinge, Zimbabwe.
Verbum Eccles. 2014;35(1).
<https://doi.org/10.4102/ve.v35i1.871>.