REVIEW ARTICLE

Perceptions of reproductive health among indigenous communities in Africa: A systematic review of cultural beliefs, practices, and health outcomes

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Munyangane O. Livhuwani[1], Mokwena T. Johhannes[2] and Matshidze Pfarelo[3]*

Department of Indigenous Knowledge Systems, Faculty of Humanities, University of Venda, South Africa[1]; Department of Biokinetics, Recreation and Sport Science, Faculty of Health Sciences, University of Venda, South Africa[2]; Office of the Deputy Dean: Teaching and Learning, Faculty of Humanities, University of Venda, South Africa[3]

***For Correspondence**: Email: *11627539@mvula.univen.ac.za*

Abstract

Diverse conceptualisation of reproductive health is a major public health problem in Africa, especially among indigenous communities were cultural beliefs shape health behaviours and outcomes. This review, following the PRISMA framework, looked at how indigenous African people understand reproductive health by examining studies published from 2015 to 2025. A thorough search was done in PubMed, Scopus, Web of Science, CINAHL, and African Journals Online, resulting in 30 studies being identified for this study. An analysis of these showed that ideas about fertility, pregnancy, and contraception are strongly linked to traditions. Infertility, for instance, was often thought to be caused by ancestors' anger or witchcraft, while menstruation and pregnancy were controlled by taboos and rituals. Traditional birth attendants are essential in looking after mothers, especially where formal health services are difficult to reach. Even though these customs build and exploit cultural trust, they sometimes cause delays in communities seeking formal medical help, leading to adverse outcomes. The conclusion from this research is that combining traditional knowledge with modern health services will help improve reproductive health in Africa. *(Afr J Reprod Health 2026; 30 [17]: 139-150).*

Keywords: Cultural Beliefs, Indigenous Communities, Maternal Health, Reproductive Health

Résumé

La diversité des conceptions de la santé reproductive constitue un enjeu majeur de santé publique en Afrique, en particulier au sein des communautés autochtones où les croyances culturelles façonnent les comportements et les résultats en matière de santé. Cette revue, réalisée selon la méthodologie PRISMA, a examiné la manière dont les populations autochtones africaines perçoivent la santé reproductive en analysant des études publiées entre 2015 et 2025. Une recherche approfondie dans les bases de données PubMed, Scopus, Web of Science, CINAHL et African Journals Online a permis d'identifier 30 études pertinentes. L'analyse de ces travaux révèle que les représentations liées à la fertilité, à la grossesse et à la contraception sont étroitement liées aux traditions. L'infertilité, par exemple, était souvent attribuée au courroux des ancêtres ou à la sorcellerie, tandis que les menstruations et la grossesse étaient régies par des tabous et des rituels. Les accoucheuses traditionnelles jouent un rôle essentiel dans la prise en charge des mères, notamment là où l'accès aux services de santé formels est difficile. Bien que ces pratiques favorisent et exploitent la confiance culturelle, elles entraînent parfois des retards dans le recours aux soins médicaux formels, ce qui peut avoir des conséquences néfastes. Cette recherche conclut que la combinaison des savoirs traditionnels et des services de santé modernes contribuerait à améliorer la santé reproductive en Afrique. *(Afr J Reprod Health 2026; 30 [17]: 139-150).*

Mots-clés: Cultural Beliefs, Indigenous Communities, Maternal Health, Reproductive Health

Introduction

Reproductive health covers the physical, mental, and social well-being connected to the reproductive system, at all ages. It refers to safe pregnancies, childbirth, family planning, fertility, and preventing infections of the reproductive system and sexually transmitted diseases. Around the world, reproductive health is seen as a key part of general health and well-being, affecting population growth,

the health of mothers and children, and social and economic development.[1,2] Making sure people can access appropriate reproductive health services, when needed, helps, for instance, to lower the number of mothers and babies who die, avoid unplanned pregnancies, and support gender equality.[3]

In Africa, reproductive health is a major public health concern because maternal and child deaths remain high, due to the fact that many people cannot access family planning, and sexually transmitted infections, including HIV/AIDS, are widespread.[4,5] Many African countries follow policies that agree with the Maputo Plan of Action (2006, renewed 2016), which stresses that everyone should have access to full sexual and reproductive health and rights (SRHR) services; that reproductive health should be part of primary healthcare, and that cultural factors shaping health behaviour must be considered.[6]

These commitments are also supported by the African Union's Agenda 2063, which positions reproductive health as vital for human development and gender equality.[7] Problems such as weak health systems, lack of resources, gender inequality, and cultural barriers make it difficult to deliver and use services, despite these policies and commitments. Available policies make specific reference to the need for cultural awareness, however, indigenous knowledge and practices are often left out, creating a gap between what policies say and what communities practise.[8]

Indigenous communities often have health systems based on traditional knowledge, cultural rules, and spiritual beliefs. These systems take a holistic approach to health, using natural remedies, rituals, and community customs.[9] For reproductive health, indigenous practices may include herbal medicines, traditional midwives, fertility rituals, and cultural ways of handling birth and postpartum care.[10,11] These local systems shape how communities understand and practise reproductive health, as well as, how they seek care, and how they use formal health services.[12]

Knowing how indigenous people view reproductive health is imperative for creating health programs that are culturally suitable and work well. Cultural beliefs, for instance, affect attitudes toward contraception, pregnancy, childbirth, and family planning, which can either help or discourage people from using modern health services.[10] This is an indication that including indigenous views in reproductive health programs can improve community acceptance, builds trust, and makes interventions more successful.[11]

Even though cultural context is significant, most reproductive health policies and programs focus on biomedical approaches and ignore indigenous knowledge. Few studies, however, have looked closely at how traditional beliefs and practices affect reproductive health in African communities, leaving a lack of evidence-based, culturally sensitive strategies, to create an inclusive environment.[12]

This study therefore aims to review the evidence on how indigenous African communities perceive reproductive health, focusing on their cultural beliefs, practices, and health outcomes.

Methods

Design and framework

This study used a systematic review design, following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines.[13]

The methodology is based on the framework by Arksey and O'Malley,[14] which describes the main steps for identifying, selecting, and combining studies. This framework was improved using suggestions from Levac and the Joanna Briggs Institute's (JBI) guidelines for systematic reviews, to ensure strong methods, thereby, making the review robust, clear, consistent and trustworthy.[15]

Eligibility criteria

Search strategy

The search strategy was designed using the PIO framework to find studies on reproductive health outcomes among indigenous African communities, with a focus on cultural beliefs and traditional practices. A search was carried out on databases, including PubMed, Scopus, Web of Science, CINAHL, and African Journals Online. Grey literature was also collected from institutional

repositories, from 2015 and 2025 and the search terms combined keywords such as:
("indigenous peoples" OR “indigenous” OR "indigenous communities” OR “Africa") AND ("reproductive health" OR "sexual and reproductive health" OR "maternal health" OR "family planning" OR “pregnancy” OR “neonatal” OR “fertility”) AND (“perception” OR “belief” OR “attitude” OR “knowledge” OR “practice” OR "traditional practice" OR “culture”) Manual searches of reference lists and relevant grey literature were also done to include studies not found in these databases.

Study selection process

Two reviewers (OLM and TJM) carefully checked the titles and abstracts of all studies using Rayyan software. Each study was compared against the inclusion and exclusion criteria. When disagreements came up during screening, a third reviewer (PM) helped to settle them and make fair decisions. This approach, using more than one reviewer, follows best practice in systematic reviews, improving consistency and reducing bias. Full texts of studies that might be eligible were then collected and checked in detail against the eligibility criteria (Table 1).

Data extraction

A standard data extraction tool was created and tested to ensure accuracy and consistency of the information. Information collected included details on - author(s), year of publication, country (site of the study), indigenous group(s) studied, study design, sample details, main cultural beliefs and practices about reproductive health, and outcomes related to maternal and newborn health, fertility, use of contraception, and interaction with formal health services. As indicated earlier, two reviewers (OLM and TJM) extracted the data independently to reduce bias and any differences were then resolved through discussion or by consulting a third reviewer (PM).

Quality appraisal

The quality of the included studies was assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Tools, which suit qualitative, quantitative, and mixed-methods studies. [15] These tools allowed careful checking of how rigorous, valid, and reliable the evidence was. Two reviewers did the appraisal independently, and any disagreements were solved through discussion or by involving a third reviewer.[16]

Data synthesis

The studies were different in design, population, and outcomes; a narrative synthesis was used. [17] Data were analysed by theme to identify common cultural beliefs and practices about reproductive health among indigenous African communities. The synthesis also looked at how these beliefs and practices affected reproductive health outcomes, such as maternal and newborn health, fertility, contraception use, and engagement with formal health services.

Results

Study selection

A thorough search of Google Scholar (17,900 records), Web of Science (54), African Journals Online (5,882), and CINAHL (31,767) found a total of 55,603 records. After removing 32,000 duplicates, 23,603 titles and abstracts were checked against the set inclusion and exclusion criteria. Of these, 22,900 records were excluded because they did not meet the criteria, leaving 703 studies for full-text review. After reading the full texts, 673 studies were excluded for reasons, such as not reporting relevant reproductive health outcomes; not focusing on indigenous communities or being done outside Africa. In the end, 30 studies were included in the final analysis. The PRISMA flow diagram (Figure 1) shows the study selection process.

Study characteristics

A total of 30 studies were included in this systematic review; these were conducted across multiple African countries, including South Africa,[18,19,20,21, 22] Uganda,[23,24,25] Kenya,[26, 27] Nigeria, [28, 29, 30] Sudan,[31] Gambia,[32] and multi-country or regional studies.[33,34]

Sample sizes in these studies varied widely from small qualitative studies with fewer than 20 participants[35,36] to large surveys with over 1,000 respondents.[28,37] The indigenous groups studied included the Dagomba,[38] pastoralist adolescents in

Table 1: Inclusion and exclusion criteria

Element	Inclusion Criteria	Exclusion Criteria
Population	Indigenous Communities in Africa.	Non-indigenous populations or indigenous groups located outside of Africa.
Interest	Perceptions, cultural beliefs, and practices related to reproductive health.	Studies unrelated to reproductive health
Outcome	Maternal and neonatal health, fertility, contraception, and engagement with formal health services.	Outcomes unrelated to Reproductive Health.
Study Types	Qualitative, quantitative, reviews, and mixed-method studies.	Editorials and conference abstracts without complete data are excluded.
Time Frame	Publications from 2015 to 2025.	Studies published before 2015.
Language	English.	Studies in languages other than English.

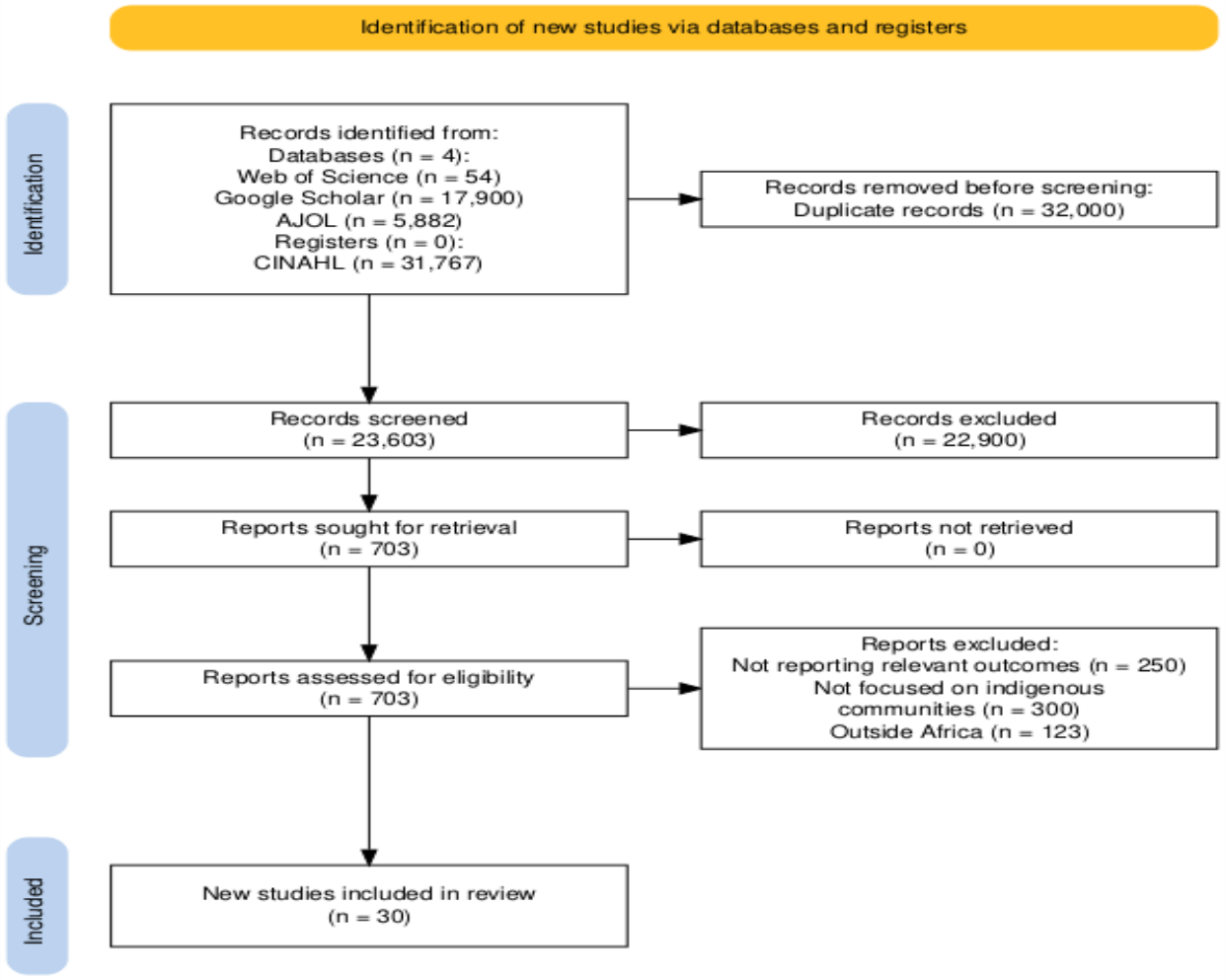

Figure 1: PRISMA Flow diagram for study selection

Karamoja, Uganda,[23] the Nandi in Kenya,[27] and different cultural groups in South Africa.[18,19] The research approach used were qualitative and mixed-methods approach[28,33,39,40] and data were collected using, semi-structured interviews, questionnaires, focus-group discussions, surveys and document reviews. The main findings show that cultural beliefs and practices strongly influence reproductive health outcomes. Common themes that emerged focused on - beliefs about fertility and menstruation;[22,41] pregnancy and childbirth practices involving traditional birth attendants and herbal medicines; [21, 29, 42] taboos and rituals affecting contraceptive use and family planning; [43,44] as well as passing knowledge down through the generations.[20,45] Overall, these studies highlight the need to understand indigenous cultural contexts to improve reproductive health programs and policies across Africa.

Thematic findings

From the 30 studies, three main themes emerged: cultural beliefs, cultural practices, and reproductive health outcomes; thereby, illustrating how these themes are closely connected in African communities.

Theme 1: cultural beliefs shaping reproductive health

Cultural beliefs strongly affected how indigenous African communities understood fertility, pregnancy, menstruation, and contraception. Fertility and infertility were often seen through spiritual or ancestral ideas, with infertility sometimes blamed on ancestors' anger, witchcraft, or failure to follow cultural duties. [46, 44, 38, Menstruation is surrounded by social and spiritual taboos, which affect adolescent girls' access to sexual and reproductive health services, school attendance, gender roles, and participation in social or religious activities.[23,31,27]

Pregnancy and childbirth were also guided by spiritual and social beliefs, with rituals such as protective charms, cleansing ceremonies, and observing taboos to protect mothers and babies.[19, 21, 36] These beliefs supported communal care and culturally based maternal health practices, sometimes, however, these conflicted with biomedical advice, causing delays in communities seeking formal healthcare.

Theme 2: Cultural practices in maternal and reproductive health

Indigenous communities in Africa possess many cultural practices that shape maternal and reproductive health. Traditional birth attendants (TBAs) play a key role in culturally acceptable maternal care, especially in rural and marginalised areas.[24, 26,29] TBAs help with delivery, counselling, and spiritual support, and were often preferred to formal health facilities, as they are trusted, accessible, and aligned with culture.

Herbal medicine is widely used in maternal health, for improving fertility, ensuring safe pregnancies, helping labour, and aiding postpartum recovery.[35, 34, ,40] This is not only a clear evidence of the strength of indigenous knowledge but also points to gaps in trust or access to formal healthcare. Cultural rituals and taboos further shape the whole process of falling pregnancy and childbirth. Common practices around these life incidents focus on - special diets, limits on movement, and restrictions on sexual activity during pregnancy; all meant to protect mothers and ensure good birth outcomes.[25,42,47]

While these practices preserve culture and identity, they sometimes go against medical advice, potentially delaying or preventing formal reproductive healthcare.

Theme 3: Reproductive health outcomes

The studies showed that reproductive health outcomes are strongly influenced by cultural beliefs and practices among indigenous African communities. Maternal health varied depending on whether communities relied on traditional or formal healthcare. In some cases, depending on traditional birth attendants and herbal remedies caused delays in seeking biomedical care, leading to maternal illness, obstructed labour, and even maternal deaths.[20,28,30] On the other hand, approaches that respected culture, including community support, and combining traditional practices with formal care, were also linked to better maternal health and positive pregnancy results.[33,42,47]

Table 2: The characteristics of the included studies

Author (Year)	Design	Population	Setting	Sample & Sampling Technique	Instrument	Outcomes
Abukari & Petrucka (2021)	Qualitative	Dagomba community	Northern Ghana	Purposive	Interviews	Traditional reproductive health & family planning practices
Achen, Atekyereza & Rwabukwali (2021)	Qualitative	Adolescent girls	Karamoja sub-region, Uganda	30, purposive	FGDs, interviews	Influence of culture on sexual & reproductive health
Aguessivognon (2022)	Commentary / Review	African adolescents	Africa		Literature review	Ethical practices and challenges in adolescent reproductive health research
Amoo et al. (2019)	Systematic review	Men in sub-Saharan Africa	Sub-Saharan Africa		Secondary data synthesis	Traditional practices affecting men's reproductive health
Arousell & Carlbom (2016)	Narrative review	Women & men	Africa		Literature review	Role of culture and religion in reproductive health
Atekoja et al. (2025)	Cross-sectional	Pregnant women	Sagamu, Nigeria	400, convenience	Survey questionnaire	Utilisation of complementary & alternative medicine
Baakeleng et al. (2023a)	Qualitative	Indigenous practitioners	Northwest Province	15, purposive	Interviews	Perceived causes of female infertility
Baakeleng et al. (2023b)	Qualitative	Women with infertility	Northwest Province	20, purposive	Interviews	Use of indigenous practices to conceive
Baird, Smith & DeBacco (2015)	Qualitative	Health providers	Northern Uganda	25, purposive	Interviews	Perspectives on cultural beliefs and birth outcomes
Bopape, Randa & Mudau (2024)	Qualitative	Adolescent girls	Makhado Municipality	18, purposive	Interviews	Indigenous sexual & reproductive health practices
Cheboi, Kimeu & Rucha (2020)	Qualitative	Mothers & caregivers	Elgeyo Marakwet	40, purposive	Interviews	Uptake of maternal healthcare services
Chowdhury & McKague (2018)	Qualitative	Adolescent girls	Eastern Equatoria	25, purposive	Interviews	Cultural influence on sexual & reproductive health practices
Davy et al. (2016)	Framework synthesis	Indigenous peoples	Australia		Literature synthesis	Access to primary health care services
Emenike et al. (2023)	Qualitative	Secondary school teachers	Northern Nigeria	20, purposive	Interviews	Adolescents' reproductive health education perspectives
Ivanova, Rai & Kemigisha (2018)	Systematic review	Refugee, migrant, displaced girls	Africa		Literature review	SRHR knowledge, experiences, and access to services
Kogo, Omare & Rono (2025)	Qualitative	Indigenous healers	Kabiyet, Kenya	15, purposive	Interviews	Integration of indigenous medicine with conventional healthcare
Liddell, Kington & Wright (2024)	Narrative review	Women	Africa		Literature review	Indigenous health knowledge
Mabusela et al. (2024)	Qualitative	Pregnant women	Limpopo Province	22, purposive	Interviews	Indigenous practices during pregnancy, labour, and puerperium

Maskay (2020)	Qualitative	Indigenous peoples			Interviews	Reproductive health perspectives & practices
Mazur, Brindis & Decker (2018)	Systematic review	Youth	Africa		Literature review	Assessment of youth-friendly sexual & reproductive health services
Mdhluli, Tshifhumulo & Matshidze (2025)	Community-based study	Allandale Village women	South Africa	30, purposive	Interviews & observation	Knowledge, beliefs & practices regarding women's reproductive health
Muthoni (2024)	Qualitative	Women	Kenya	20, purposive	Interviews	Indigenous midwifery & reproductive health
Naidu (2014)	Qualitative	Women	South Africa		Interviews	Indigenous approaches to reproductive health & traditional medicine
Opara & Petrucka (2025)	Systematic review	Women	Sub-Saharan Africa		Literature review	Influence of cultural beliefs & practices on maternal health service use
Rerimoi et al. (2019)	Qualitative	Survey respondents	Gambia		Interviews & observation	Cultural beliefs, attitudes & reproductive health discourse
Rogers, Mfeka-Nkabinde & Ross (2022)	Cross-sectional	Male learners	Northern KwaZulu-Natal, South Africa	200, stratified	Questionnaire	Knowledge, attitudes & practices regarding sexual & reproductive health
Sankar & Kuruvilla (2023)	Qualitative	Indigenous women	India	24, purposive	Dyadic interviews	Myths & misconceptions about sexual & reproductive health
Shewamene, Dune & Smith (2017)	Systematic review	African women	Africa & diaspora		Literature review	Use of traditional medicine in maternity care
Thipanyane et al. (2022)	Qualitative	Pregnant women	Rural South Africa	18, purposive	Interviews	Perceptions of traditional health practices during pregnancy
Wakabi et al. (2019)	Qualitative	Mothers	Kalisizo Hospital, Uganda	25, purposive	Interviews	Cultural beliefs & practices associated with weaning

Neonatal and infant health can also be affected. Some cultural practices, such as protective rituals and taboos, supported infant survival by encouraging breastfeeding, good hygiene, and care after birth.[19,21,25] Certain taboos or delays in going to hospital, however were connected to poor outcomes, like low birth weight or preventable complications.[44,46]

Contraceptive use and family planning, in some African communities are shaped by myths, religion, and cultural rules. Several studies found low use of modern contraception because of fears about infertility, social disapproval, or misunderstandings about fertility control.[39,41] Community-based and culturally adapted programs, such as education from respected elders and using indigenous knowledge in health messages, helped increase awareness, improve contraceptive use, and support informed reproductive choices.[33,45,48] These studies, hence, show that cultural beliefs and practices can both limit and improve reproductive health, depending on how well traditional practices align with biomedical guidance.

Theme 4: Integration of indigenous knowledge into health systems

Several studies have highlighted ways to integrate indigenous knowledge in reproductive health programs and policies. Collaboration between TBAs and biomedical staff have showed promise for improving maternal health while keeping cultural identity.[26,40] Using indigenous practices in community health programs have helped build trust, increased use of medical services, and reduced cultural resistance.[33, 38] These findings suggest that combining traditional and modern practices can create culturally-sensitive and sustainable reproductive health programs. Overall, the studies showed that cultural beliefs and practices are double-edged - they provide identity, meaning, and support during health situations, but can also reduce the effectiveness of biomedical care if not properly infused into reproductive health interventions.

Discussion

This systematic review has brought together findings from 30 studies that looked at how indigenous African communities perceive reproductive health, focusing on cultural beliefs, practices, and health outcomes. The review shows that indigenous knowledge strongly influences reproductive health behaviours and results, hence, presenting both challenges and opportunities for traditional practices becoming inclusive in formal health systems.

Influence of cultural beliefs on reproductive health

Cultural beliefs were found to shape how communities understand health aspects like fertility, menstruation, pregnancy, and contraception. Infertility was often explained as a manifestation of ancestors' anger, witchcraft, or spiritual mistakes, [22,44,46] thereby, making reproductive health a cultural and spiritual matter, rather than purely biomedical. These beliefs affect care-seeking, as affected people often go first to traditional healers instead of medical clinics.

Menstruation was shown as being surrounded by social and spiritual taboos that limited girls' school attendance and access to reproductive health services.[23,31] These beliefs reinforce gender inequality and silence around reproductive health, affecting young women's well-being. Pregnancy was also viewed spiritually, with rituals performed to protect mothers and unborn children.[19,21,36] While these beliefs encouraged community support and psychosocial care, they sometimes were in conflict with biomedical advice, causing delays in accessing medical care.

Cultural practices and maternal health

Traditional birth attendants (TBAs) continue to play a central role in maternal health care in many rural African communities. [24, 26] They act as counsellors who assist with deliveries, and provide spiritual support, thereby, making them preferred over medical facilities, especially in marginalised areas; [29] however, relying on TBAs sometimes leads to delays in referrals, maternal illness, and poor outcomes for newborns.[20,28]

Herbal medicine is also widely used to improve fertility, help with labour, and support recovery after childbirth. [34, 35,40, 42] The persistence of these traditional remedies shows the strength of

indigenous knowledge but also points to gaps in trust and access to formal healthcare. The safety of many of these remedies has not always been well researched and documented.

Cultural taboos and rituals also shape pregnancy and childbirth. Common practices include restrictions on diet, movement, and sexual activity, believed to protect mothers and babies.[25,48] While these practices help maintain cultural identity, they sometimes conflict with medical advice, which may result in missed opportunities for appropriate care at health facilities.

Reproductive health outcomes

Cultural beliefs and practices can have complex effects on reproductive health. Depending on TBAs and herbal remedies was linked in some cases to maternal complications, obstructed labour, and newborn deaths.[28,30] On the other hand, protective rituals, communal care, and culturally-embedded practices, have in some instances, improved maternal well-being, encouraged breastfeeding, hence, infant wellness and survival.[19,25]

Contraceptive use and family planning are influenced by myths, taboos, and religious beliefs, since misconceptions that modern contraceptives cause infertility or go against cultural values reduced uptake;[39,41] however, interventions that are inclusive of cultural knowledge, involved elders, or embedded indigenous perspectives, resulted in increased awareness, better contraceptive use, and improved health services' uptake.[33, 45]

Integrating indigenous knowledge into health systems

Several studies have highlighted the benefits of combining indigenous knowledge with formal healthcare. Collaboration between TBAs and health professionals has increased trust and encouraged more women to deliver at health facilities.[26,40] Including indigenous medicine in formal health programs has also improved acceptance and use of services.[34,38] These transformational practices reflect a wider policy shift in Africa communities towards culturally-sensitive health systems, although practical implementation remains limited. Ignoring indigenous beliefs can alienate communities, while integrating them respectfully can lead to better outcomes, therefore, hybrid models that respect culture while promoting safe, evidence-based health practices are recommended.

Strengths and limitations

This review followed recognised systematic review guidelines and included recent studies from diverse African contexts, providing a broad understanding of indigenous perceptions on reproductive health. The inclusion of different study designs allowed for a comprehensive examination of cultural beliefs, practices, and health outcomes. A major strength of the review is its focus on indigenous knowledge systems, which are often overlooked in reproductive health research.

The review, however, had some limitations. Only English-language studies were included, which may have excluded relevant evidence from some African settings. Many studies were qualitative and context-specific, limiting generalisability. Variation in study designs and outcomes also prevented quantitative synthesis, hence, the findings depend, largely, on the quality of the original studies.

Policy and practice implications

These findings have important lessons for policy and practice in Africa. Training and working with traditional birth attendants (TBAs) can improve maternal health, while respecting local culture. Including TBAs in health systems as referral agents or community educators can help connect biomedical care with indigenous practices.[26,40] Reproductive health programs, therefore, should include indigenous perspectives in contraceptive education and family planning. Myths and misunderstandings about contraception can be better addressed when elders, traditional healers, and community leaders take part in health promotion, making services more accepted and utilised.[33,41] The common use of herbal medicines, among communities necessitate requires focused scientific investigations to check their safety and effectiveness. Policymakers should support partnerships between biomedical researchers and indigenous practitioners to identify safe practices and prevent harm from unsafe traditional remedies. Finally, national and regional reproductive health

policies should clearly include indigenous worldviews. Culturally-sensitive guidelines in health systems can promote fairness, build trust, reduce maternal and infant deaths, hence, giving communities more ownership of health programs and their wellness.

Conclusion

This systematic review shows that cultural beliefs and practices strongly affect reproductive health in indigenous African communities. Fertility, menstruation, pregnancy, and use of contraception are understood through spiritual and cultural lenses, while practices, such as relying on traditional birth attendants (TBAs), herbal medicines, and rituals, influence maternal and newborn health. These findings underscores the fact that indigenous knowledge can be both a source of strength and a barrier to biomedical care. To improve reproductive health, policies and programs should integrate indigenous knowledge within culturally-sensitive approaches that respect local values while addressing unsafe practices. Building strong partnerships between traditional and formal health systems can help reduce maternal and newborn deaths and promote fair and effective reproductive health care across Africa.

Authors' contributions

OLM coordinated the review, while TJM and OLM carried out the data extraction. OLM and TJM analysed the data and drafted the manuscript. TJM, OLM, and PM were involved in the literature search, data extraction, analysis, and contributed to writing the paper. PM handled the investigation, software, validation, and participated in reviewing and editing. All authors have read and approved the final manuscript.

Ethics approval and consent to participate

Not applicable.

Data availability statement

No new data were created; we used secondary data.

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Conflict of interests

The authors declare that they have no competing interests.

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