

# INTEGRATING POLICY, HEALTH, AND SOCIOCULTURAL DIMENSIONS IN MARRIAGE AND REPRODUCTIVE HEALTH: A SYSTEMATIC LITERATURE REVIEW

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## Abstract

*Marriage and reproductive health issues are multidimensional issues influenced by the interaction between policy, health, and sociocultural factors. However, most studies still examine these three dimensions separately, thus failing to provide a comprehensive understanding. This study aims to identify, map, and synthesize literature on marriage and reproductive health through an approach that integrates policy, health, and sociocultural dimensions. The study used the Systematic Literature Review (SLR) method with reference to the PRISMA 2020 guidelines. Articles were obtained from the Scopus database for the 2015–2025 period. Of the 167 identified articles, 21 met the inclusion criteria and were analyzed thematically. The results indicate that the literature can be grouped into three main themes: policy interventions and child marriage, premarital screening and reproductive health, and changes in attitudes toward*

*premarital sex and marriage. The most dominant themes include knowledge, attitude, practice, policy, screening, marriage, and child marriage. These findings indicate that policy success is determined not only by regulations, but also by the quality of implementation, health literacy, and public acceptance of the program. This research contributes by offering a perspective that integrates policy, health, and sociocultural dimensions as a basis for developing more comprehensive marriage and reproductive health policies.*

**Keywords:** *Child marriage; Marriage; Public policy; Reproductive health; Systematic literature review*

## INTRODUCTION

Marriage is an important part of human life, not only related to relationships between individuals but also to family formation and the continuity of social life (Santelli *et al.*, 2017). Not only seen as a social and legal bond, marriage is also closely related to various aspects of reproductive health, such as maternal and child health, pregnancy planning, sexual health, and the quality of future generations (Nikrashidi *et al.*, 2019). Therefore, the issue of marriage and reproductive health is a significant concern on the national and global development agenda. Nevertheless, many countries, including Indonesia, still face various challenges. One issue that remains a concern is the practice of child marriage. UNICEF reports that approximately 640 million girls worldwide are married before the age of 18, and approximately 12 million girls continue to marry each year. Child marriage is known to correlated with high risk of teenage pregnancy, maternal and infant mortality, school dropout, and increased social and economic vulnerability.

In Indonesia, child marriage remains a serious issue, even though the government has raised the minimum age for marriage to 19 years through Law Number 16 of 2019 concerning Amendments to Law Number 1 of 1974 concerning Marriage. Data from the Central Statistics Agency (BPS) shows that the prevalence of women aged 20–24 who married before the age of 18 still reached 6.92 percent in 2023. Furthermore, Indonesia also faces other challenges such as low reproductive health literacy, unplanned pregnancies, and the increasing complexity of social relationships that influence decisions to marry and build a family. This phenomenon shows that marriage and reproductive health are not standalone issues. Both are interconnected and influenced by various factors including

public policy, public health conditions, and social and cultural dynamics that develop in society (Al-Kindi *et al.*, 2019).

In an effort to address these issues, the government has developed various policies and programs related to marriage and reproductive health. These policies include setting a minimum age for marriage, marriage guidance programs, reproductive health services, family planning programs, and premarital health screenings. In Indonesia, the implementation of these policies involves various government actors. The Ministry of Religious Affairs runs the Marriage Guidance (Bimwin) program for prospective brides and grooms to improve family readiness. The Ministry of Health plays a role in providing reproductive health services and premarital health checks. Meanwhile, the Ministry of Population and Family Development/BKKBN implements various family development and reproductive education programs through the Generation Planning Program (GenRe) and programs to accelerate stunting reduction (Sari *et al.*, 2022). However, various indicators show that the results of these policies are not yet fully optimal. The persistence of child marriage, low utilization of reproductive health services, and gaps in knowledge and behavior related to reproductive health indicate that the success of policies is determined not only by the existence of regulations, but also by the effectiveness of their implementation and public acceptance of the programs (Sidabutar & Ella Nurlaella Hadi, 2024).

In addition to policy factors, issues of marriage and reproductive health are also heavily influenced by social and cultural conditions. Religious values, family norms, gender constructs, local traditions, and societal views on marriage are often determining factors in decision-making processes related to marriage and reproductive health (Gandhi *et al.*, 2025). In many contexts, decisions regarding marriage age, premarital health checkups, contraceptive use, and pregnancy planning are not solely determined by the individual, but are also influenced by the extended family, religious leaders, and the social environment (Utomo & McDonald, 2009). This situation often causes the implementation of various government programs to face challenges in the form of cultural resistance, social stigma, and differing interpretations of religious values (Nasution *et al.*, 2026). On the other hand, developments in digital technology, social media, urbanization, and increased access to education have also changed the perspectives of the younger generation on marriage and reproductive health. These changes create new dynamics that demonstrate a shift in values between the younger generation and previous generations.

As a result, current issues of marriage and reproductive health are not only influenced by long-standing traditions, but also by rapidly occurring social changes.

## METHOD

This article uses a Systematic Literature Review (SLR) approach, adhering to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines (Page *et al.*, 2021). This method was chosen because SLR allows researchers to systematically, transparently, and replicably select literature. This approach is also suitable for topics involving multiple disciplines because it can synthesize evidence from different study designs (Phillips & Barker, 2021). The focus of this review includes policy interventions, child marriage, premarital screening, attitudes toward premarital sex, and changing moral values in the context of reproductive health. The scope of the review is limited to studies relevant to the relationship between public policy and premarital dynamics, particularly in low- and middle-income countries and regions with strong religious and traditional influences.

The primary data source for this study was the Scopus database. The search was conducted for publications from 2015–2025, using keywords emphasizing policy intervention, marriage, premarital screening, attitude, child marriage, and premarital sex. The initial search yielded 167 articles, followed by a filtering process based on publication period, abstract availability, journal quality, and topic relevance, leaving 21 articles for analysis.

The subjects of this article are scientific publications discussing education policy, reproductive health policy, premarital interventions, and social attitudes toward marriage. Data extraction was assisted by the Watase system to facilitate coding and grouping of themes. Data analysis was conducted thematically and narratively because the included studies had diverse designs, so statistical meta-analysis was not the primary option.

**RESULTS**

Based on the selection process using the PRISMA method, 21 articles were obtained that met the inclusion criteria and were analyzed in this study.

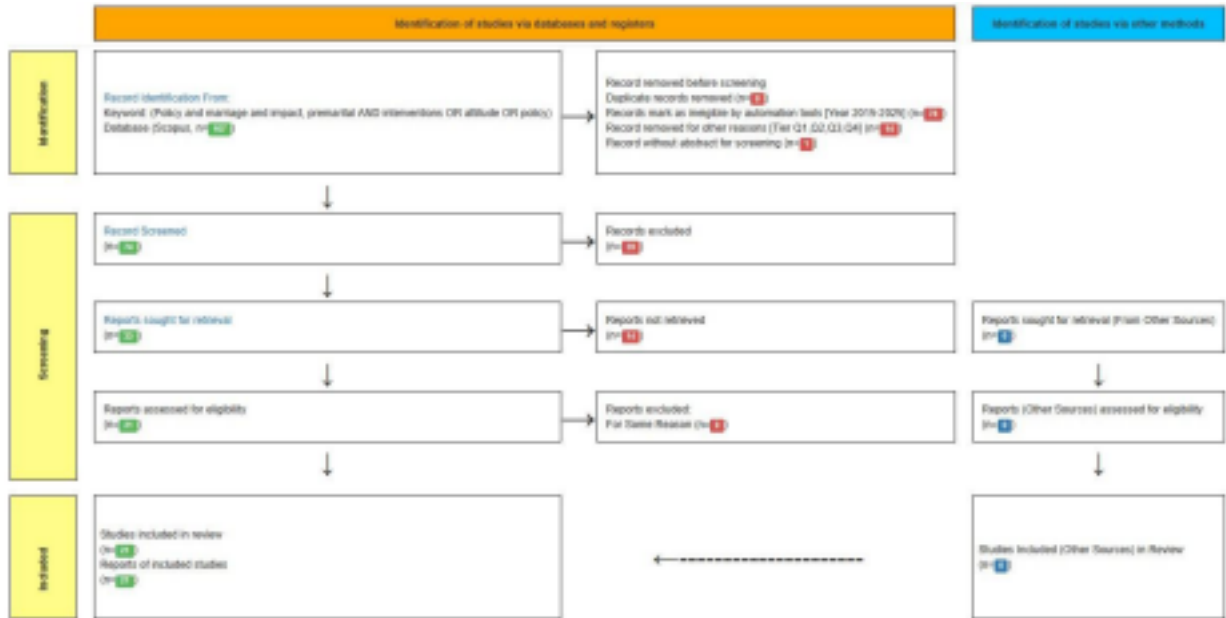


Figure 1 PRISMA Model

Figure 1.1 shows that of the 167 articles identified through a search of the Scopus database, only 21 articles met all eligibility criteria after undergoing title, abstract, and full text screening. The distribution of publications indicates increasing academic attention to issues of marriage and reproductive health.

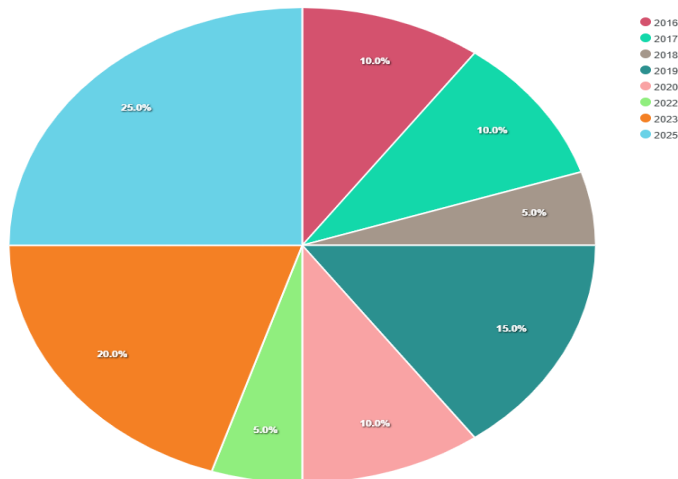


Figure 2 Yearly Article

As shown in Figure 2, the highest number of publications was found in 2025 with six articles, followed by 2023 with four articles, and 2019 with three articles. These findings indicate that the reviewed research came from a variety of countries and regions on issues of marriage, reproductive health, and geographic interventions. Policy is gaining increasing attention in contemporary academic discourse.

**Country Classification**

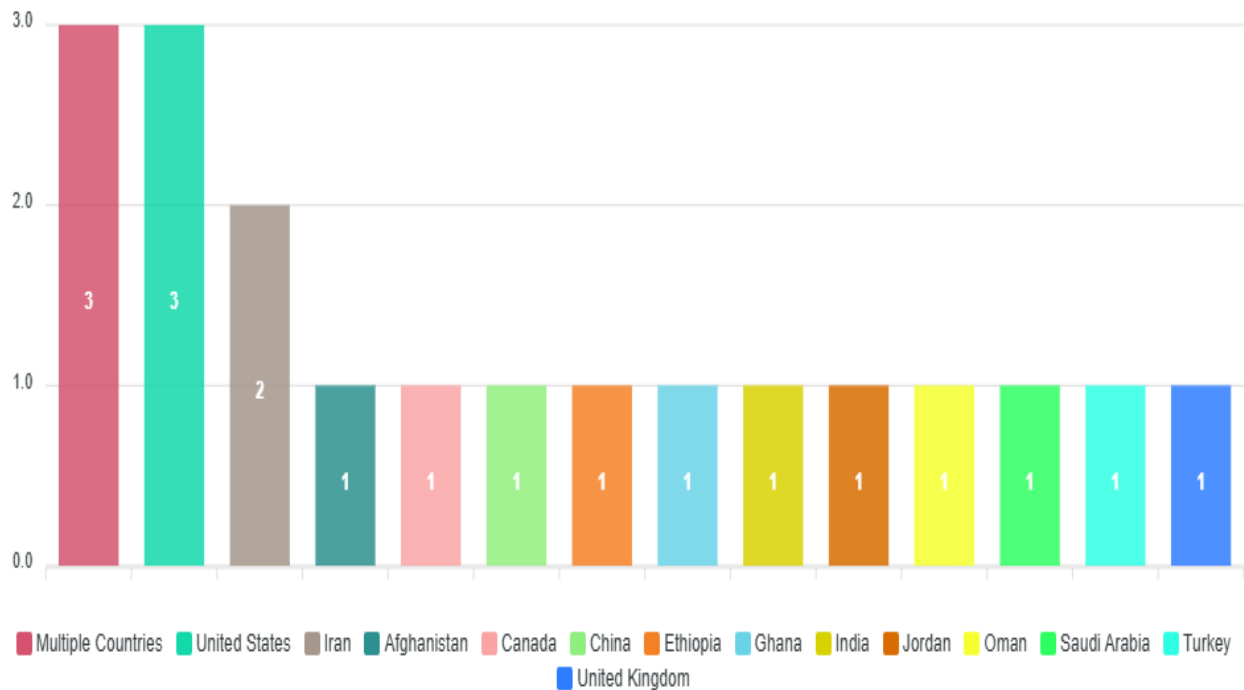


Figure 3 Country Study

Figure 3 shows that cross-country studies (*multiple countries*) and the United States each contributed three articles, while Iran contributed two articles. Other countries such as Afghanistan, Canada, China, Ethiopia, Ghana, India, and Jordan each contributed one article. This distribution shows that marriage and reproductive health issues are global phenomena studied in diverse social, cultural, and policy contexts. From a theoretical perspective, the analyzed literature demonstrates a diversity of conceptual approaches. Human Capital Theory is the most dominant theory with the highest total citations (322 citations) and is used in two articles. In addition, Premarital Screening Theory and Social Learning Theory also appear in two articles. Meanwhile, other theories such as the Health Belief Model, Modernization Theory, Theory of Planned Behavior, Gender Federalism, Human Rights and Development Theory, and Theory of Cultural Change are used more specifically according to the focus of each research. This variety of theories shows that The study of marriage and reproductive health is multidisciplinary and involves perspectives from public policy, public health, psychology, sociology, and population studies.

**Marriage-age Policies**

The review results indicate that policy interventions are a key theme emerging in the literature. Several studies highlight policies aimed at delaying the age of marriage, particularly through expanding access to education and improving economic opportunities for women.

Findings indicate that education policies have a consistent influence on reducing child marriage. Longer access to education allows women greater opportunities to continue their education, improve their skills, and delay the transition to marriage (Kang *et al.*, 2022). In this context, education serves not only as a means of improving human resource quality but also as a policy instrument to reduce social vulnerabilities that drive early marriage.



## **Reproductive Health Literacy**

Reproductive health knowledge has emerged as a significant factor influencing individual readiness to make decisions regarding marriage and reproduction. Improved reproductive health literacy tends to result in more positive attitudes toward health screenings, family planning, and reproductive health risk prevention. Keyword dominance such as *knowledge*, *attitude*, and *practice* in the reviewed articles showed that most of the studies attempted to explain the relationship between knowledge and behavior change in the context of reproductive health (Dehghan *et al.*, 2024; Gravel *et al.*, 2016; Joel *et al.*, 2025; Kaynak & Akbas Gunes, 2025; Salih, 2025; Sarpong *et al.*, 2025).

## **Genetic Disease Prevention**

Several studies specifically highlight the role of premarital screening in preventing genetic diseases such as thalassemia and hereditary hemoglobin disorders. Research findings suggest that screening can increase awareness of health risks and support more informed decision-making before marriage (Al Zeedi & Al Abri, 2021; Anwar *et al.*, 2025; Hafiz *et al.*, 2025; Hamali, 2023). However, the success of genetic disease prevention programs is still influenced by family factors, culture, and social norms that develop in society.

## **Religion and Moral Norms**

The literature shows that religion and moral norms remain important factors in shaping societal attitudes towards marriage, premarital sex, and reproductive health (Gover, 2023; Uecker & Froese, 2019). Religious values often serve as a framework primary factor in determining what behavior is considered acceptable or not in a society.

## **Family Influence**

Besides religion, the family also emerges as a highly influential actor in the decision-making process regarding marriage. In many contexts, the decision to marry, continue a relationship, or receive health screening results is not solely determined by the individual, but involves the extended family and wider social network (Samaneh Shojaiefar *et al.*, 2021). This finding explains why high levels of knowledge do not always result in appropriate practices, as decisions are often influenced by social and familial considerations.

## **Gender Norms**

Gender norms have also been found to be a significant factor influencing the success of various policy interventions. Several studies have shown that women with access to higher education tend to have greater ability to delay marriage and make independent reproductive decisions (Asadpour *et al.*, 2025; Barber, 2018; Clyde *et al.*, 2020).

## **Digital Media Influence**

The literature also shows that digital media is starting to play a significant role in shaping young people's perceptions of marriage and sexuality. Access to broader information creates new spaces for individuals to develop views that differ from traditional norms prevailing within their families and communities (Sangkaew *et al.*, 2023).

The review results indicate that the literature can be mapped into three broad clusters: policy interventions and child marriage, premarital screening and reproductive health, and changing attitudes toward premarital sex and marriage. These three clusters are interconnected because they all demonstrate that marriage issues are shaped by the interaction of policies, institutions, and culture. The dominant themes emerging from the keywords and abstracts of the articles are *knowledge*, *attitude*, *practice*, *policy*, *screening*, *marriage*, and *child marriage*. The dominance of these terms indicates that the literature focuses more on the relationship between knowledge and behavior change, while also emphasizing the role of policy as a driver of social change. These findings suggest that policy success depends not only on regulatory design but also on the capacity of health institutions and the appropriateness of interventions to the sociocultural values of the community. Therefore, an approach that integrates policy, health, and sociocultural dimensions is crucial for understanding and improving the effectiveness of interventions in marriage and reproductive health.

## DISCUSSION

This synthesis shows that policy interventions operate through three layers of mechanisms: formal policy, community policy, and individual policy. Formal policy encompasses regulations, funding, and institutional structures. Community policy encompasses families, schools, religious leaders, and the social environment. Individual policy encompasses knowledge, attitudes, aspirations, and personal experiences. Policy will be effective only when these three layers support each other. Regarding child marriage, Education emerged as the most consistent and powerful intervention. However, education cannot be understood solely as free schooling, as the success of education policies is also determined by the quality of implementation, distance to school, transportation security, gender norms, and family economic support. Without these supporting factors, girls remain vulnerable to early marriage.

On the topic of premarital screening, the gap between knowledge and practice is a crucial analytical point. This finding suggests that behavior change models that rely solely on information delivery are inadequate. In many contexts, the decision to marry is not a purely individual decision, but rather a collective family decision. Therefore, premarital counseling needs to target families and communities, not just individuals. On the topic of premarital sexual attitudes, shifting values demonstrate that society is in a tug-of-war between tradition and modernity. Moral authority is not lost, but rather changing form. On the one hand, religious and family values remain strong. On the other, digital media, education, and social mobility are creating new spaces for discussion about relationships, marriage, and the body. Policies that are overly normative risk losing relevance if they fail to adapt to these changes.

Based on this synthesis, this article proposes a three-dimensional framework linking policy, health, and sociocultural issues. The policy dimension explains the role of regulation, governance, and funding. The health dimension explains the role of screening, reproductive literacy, and preventive services. The sociocultural dimension explains the influence of religion, family, social class, and the media. This framework helps explain why an intervention might succeed in one setting but fail in another. The novelty of this framework lies not in its name alone, but in its ability to unify previously scattered findings. Studies on education policy are not typically read in conjunction with studies on premarital screening, even though both demonstrate how the state influences individual decisions through different mechanisms. With the P-K-S framework, the relationships between these studies become easier to map and more easily translated into policy recommendations.

Theoretically, the results of this study indicate that a single approach is often insufficient to explain marital dynamics. Models that focus solely on individual choice tend to neglect structure, while models that emphasize structure tend to overlook agency and personal negotiation. Therefore, this synthesis supports the need for a framework that simultaneously connects theory, context, study characteristics, and methodology. Practically, these findings demonstrate the need for cross-sector intervention design. Education, health, religion, and women's empowerment should not be treated in isolation.

At the education level, policies need to focus on access and retention of female students. At the health level, premarital screening should be accompanied by accessible and non-judgmental counseling. At the social level, the involvement of community leaders is crucial to building public acceptance of interventions.

For researchers, this study demonstrates the need for longitudinal and mixed-methods designs. Future research should explore the long-term impact of policies, not just immediate changes following an intervention. Furthermore, qualitative studies are needed to explain why many people choose marriage despite knowing the health or social risks.

## CONCLUSION

This systematic literature review demonstrates that marriage and reproductive health are multidimensional phenomena shaped by the interaction of policy, health, and sociocultural dimensions. The synthesis reveals that various policy interventions, such as education policies, minimum age for marriage, premarital counseling, and premarital screening programs, contribute to improving marriage readiness and reproductive health. However, the effectiveness of these interventions is strongly influenced by the quality of implementation, institutional capacity, and the level of public acceptance of the policies. Research findings also indicate that reproductive health outcomes are determined not only by access to health services and reproductive health literacy, but also by sociocultural factors such as religious values, family influence, gender norms, and changes in social values that develop within the community. Therefore, the various issues related to marriage and reproductive health cannot be explained solely through health or policy approaches, but require a more comprehensive understanding of the social and cultural context in which these policies are implemented.

One of the important findings in this study is the recurring gap between knowledge (*knowledge*), attitude (*attitude*), and practice (*practice*). Although most studies indicate a relatively high level of knowledge regarding reproductive health and premarital screening, this knowledge is not always followed by corresponding behavioral

changes. This finding indicates that providing information and education alone is not sufficient to generate behavioral change. Social environmental support, family involvement, and an approach sensitive to community values and culture are needed for interventions to be more effective. Theoretically, this study contributes by integrating policy, health, and sociocultural dimensions into a comprehensive analytical framework. Unlike previous research that tends to discuss these three dimensions separately, this study demonstrates that outcomes related to marriage and reproductive health are the product of the interaction between policy governance, health interventions, and the sociocultural environment. Through this synthesis, this study proposes the Policy–Health–Sociocultural (PHS) Framework as a perspective that can be used to more comprehensively understand the complexity of marriage and reproductive health issues.

From a policy perspective, the research findings demonstrate the importance of strengthening cross-sector collaboration between institutions authorized to manage marriage, reproductive health, and family development. In the Indonesian context, coordination between the Ministry of Religious Affairs, the Ministry of Health, and the Ministry of Population and Family Development/BKKBN needs to be strengthened to ensure that programs are not fragmented but mutually supportive in improving marriage readiness and the quality of reproductive health. Furthermore, policy formulation needs to consider the socio-cultural conditions of the community to ensure that interventions are more readily accepted and sustainable.

## RECOMMENDATIONS FOR DEVELOPMENT

Further research is recommended to examine the implementation of policies related to marriage and reproductive health at the regional level to understand how variations in cultural, religious, and social contexts influence the success of a policy. Furthermore, research using a cross-sectional approach is still needed *mixed methods* and qualitatively to explain the mechanisms

The social context underlying the relationship between policy, health, and public behavior. Future research could also explore the role of digital media, online communities, and emerging social changes among younger generations in shaping attitudes and behaviors related to marriage and reproductive health. Thus, future research development is expected to support the formulation of policies that are more adaptive, inclusive, and responsive to changing societal dynamics.

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