

Systematic Review

The Role of Parents as Determinants of Adolescent Reproductive Health Education: A Systematic Review

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ABSTRACT

Background: Adolescents represent a vulnerable group susceptible to reproductive health risks, while the effectiveness of reproductive health education remains limited. Parents play a crucial role in shaping adolescents' knowledge, attitudes, and behaviors regarding reproductive health; however, their involvement is frequently impeded by cultural factors, social norms, and capacity constraints. This systematic review examines the role of parents as determinants of adolescent reproductive health education across diverse social and cultural contexts.

Methods: This systematic review adhered to PRISMA 2020 guidelines. Literature searches were conducted in PubMed, ScienceDirect, and Taylor & Francis databases for articles published between 2020 and 2025. Study selection employed the PICOS framework and was performed independently by two reviewers, yielding 17 articles that were narratively synthesized.

Results: Findings indicate that parents act as multidimensional determinants in adolescent reproductive health education through information dissemination, value formation, and behavior monitoring. Open and supportive communication is associated with improved knowledge and safer decision-making, whereas cultural norms, taboos, and literacy limitations represent primary barriers.

Conclusion: Parental involvement through culturally sensitive and sustainable family-based interventions is essential for enhancing adolescent reproductive health. These findings highlight the need for healthcare professionals and policymakers to strengthen family-centered health education and develop culturally appropriate interventions that actively engage parents in supporting adolescents' reproductive health.

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INTRODUCTION

Adolescents is a critical transitional period marked by rapid biological, psychological, social, and sexual development. During this phase, adolescents begin to form knowledge, attitudes, values, and behaviors related to sexual and reproductive health

(Usonwu et al., 2021). Therefore, adolescents need reproductive health education that is accurate, comprehensive, developmentally appropriate, and accessible through reliable sources. Adequate reproductive health education can help adolescents understand bodily changes, recognize risks, develop positive attitudes, and make informed decisions regarding sexual and reproductive health (Bhatta et al., 2021).

Meeting adolescents' reproductive health information needs still faces various challenges. Adolescents obtain information from various sources, such as family, school, health care providers, peers, the mass media, and the internet. However, the quality and accuracy of this information are not always guaranteed. Limited communication within the family can lead adolescents to seek information from informal sources that may not necessarily align with their developmental needs. Research in various countries shows that parent-adolescent communication regarding sexual and reproductive health is still suboptimal, even though both parents and adolescents acknowledge the importance of such communication (Millanzi et al., 2023).

Parents hold a strategic position as one of the key determinants of adolescent reproductive health education because they are figures closely involved in adolescents' daily lives. Parents' role extends beyond providing information about puberty, menstruation, sexuality, and reproduction to include shaping values and norms, offering emotional support, providing supervision, and facilitating access to health information and services. Thus, parental involvement can influence how adolescents acquire, understand, and apply reproductive health information (Singh et al., 2023).

Communication between parents and adolescents is one of the primary mechanisms for fulfilling this role. Open, ongoing communication that is appropriate for the adolescent's developmental stage can create an environment where adolescents feel comfortable asking questions and receiving accurate information. Conversely, limited communication can create an information gap and lead adolescents to rely on peers or other sources of information. Factors such as parental knowledge, perceptions of the importance of communication, the quality of family relationships, and previous communication experiences also influence the openness of communication regarding reproductive health (Millanzi et al., 2023).

Parental involvement is also influenced by social, cultural, and psychological factors. Sexuality is still considered a taboo topic in many societies, so discussions about sexual and reproductive health are often avoided. Feelings of shame, discomfort, limited knowledge, low self-confidence, and concerns that sex education might encourage sexual behavior act as barriers to communication between parents and adolescents (Millanzi et al., 2023). As a result, communication may focus more on prohibitions, behavioral control, and risk prevention rather than on providing comprehensive information (Usonwu et al., 2021).

In addition to communication factors, family structure and the social environment also determine parental involvement. Adolescents may live in a nuclear family, an extended family, or be in the care of grandparents or other guardians. Differences in family structure can influence who serves as a source of information and how reproductive health values and norms are conveyed to adolescents. The quality of the relationship and support from caregivers are important aspects that need to be considered in family-based reproductive health education (Sara et al., 2025).

Advances in digital technology are also changing how adolescents access reproductive health information. The internet and social media provide broad and rapid access to information, but the quality and credibility of the available information vary

widely. In this context, parents serve not only as providers of information but also as companions and mediators who help adolescents critically evaluate and understand reproductive health information. Parental involvement is increasingly important to ensure that technological advancements can be leveraged as educational resources without neglecting adolescents' needs for protection and guidance (Sara et al., 2025).

Evidence regarding the effectiveness of parental involvement is also growing. Parent-based interventions show potential in improving communication about sexual health, as well as parents' attitudes and self-efficacy in supporting adolescents (Gutu et al., 2025). However, the available research still varies in terms of population characteristics, cultural contexts, intervention types, and the outcomes assessed. Furthermore, some of the evidence remains concentrated in specific regions, necessitating a synthesis that encompasses diverse social and cultural contexts (Gutu et al., 2025).

Research on the role of parents in adolescent reproductive health education has been conducted using various approaches, including parent adolescent communication, parental knowledge and attitudes, support and supervision, involvement in school-based education, family-based interventions, and guidance regarding digital information. However, these findings remain scattered and have not yet provided a comprehensive picture of the various dimensions of the parental role as a determinant of adolescent reproductive health education. Therefore, a systematic review is needed to integrate the available empirical evidence and identify factors that support or hinder parental involvement. Based on this, this systematic review aims to analyze and synthesize empirical evidence regarding the role of parents as a determinant of adolescent reproductive health education.

MATERIALS AND METHOD

Research Design

This study employs a systematic review design to obtain a comprehensive overview of the role of parents as determinants in adolescent reproductive health education. This design was chosen because research on parental involvement in reproductive health education has been conducted across various populations, contexts, and research approaches, necessitating a method capable of systematically identifying, evaluating, and synthesizing the available evidence. Through a systematic review, various research findings can be compared and synthesized to identify consistent patterns, variations in results, and gaps in the evidence that still exist in the literature. The process of conducting and reporting this systematic review followed the 2020 Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure that the processes of searching for, selecting, assessing, and synthesizing evidence were carried out transparently and systematically.

The research questions were formulated in advance using the PICO framework (Population, Intervention/Exposure, Comparison, and Outcome) to ensure that the systematic review remained focused and aligned with the study's objectives. The population (P) in this study was adolescents, while the intervention/exposure (I) was the role, involvement, communication, and support of parents in reproductive health education. The comparison (C) includes conditions of low parental involvement, no parental involvement, or the comparison group used in the studies reviewed. The outcome (O) includes knowledge, attitudes, understanding, and the results of reproductive health education among adolescents.

This study employed a systematic review design to synthesize empirical evidence on the role of parents as determinants of adolescent reproductive health education, following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 reporting guidelines.

Inclusion criteria: Studies involving adolescents aged 10–19 years and/or parents or carers that address parental involvement in adolescent reproductive health education, including parent–adolescent communication, family-based education or interventions, support, guidance, monitoring and parental participation. Quantitative, qualitative and mixed-methods studies that are primary research and report outcomes relating to knowledge, attitudes, communication regarding reproductive health, sexual risk-avoidance behaviour, contraceptive use, STI/HIV prevention, and the seeking of information or reproductive health services were included in the review. **Exclusion Criteria:** Secondary studies such as systematic reviews, scoping reviews, narrative reviews and meta-analyses, as well as editorials, commentaries, letters to the editor, research protocols and conference abstracts without complete research data, were also excluded.

Search Strategy

A systematic literature search was conducted in three electronic databases: PubMed, ScienceDirect, and Taylor & Francis Online. The search was limited to studies published between 2020 and 2025 to identify recent evidence relevant to parental involvement in adolescent reproductive health education. The search strategy for ScienceDirect used the following combination of keywords: (*parent OR "parental involvement"*) *AND* *adolescent AND "reproductive health education"*. In PubMed, the search strategy was developed using (*parent OR "parental involvement"*) *AND* *adolescent AND ("reproductive health education" OR "sex education")*.

The search strategy for Taylor & Francis Online used *parent AND adolescent AND ("sexual health" OR "reproductive health")*. The final literature search was conducted on January 10, 2026. The search was limited to articles published in English and available as freely accessible full-text articles. All retrieved records were initially screened according to the predefined inclusion and exclusion criteria developed based on the PICOS framework.

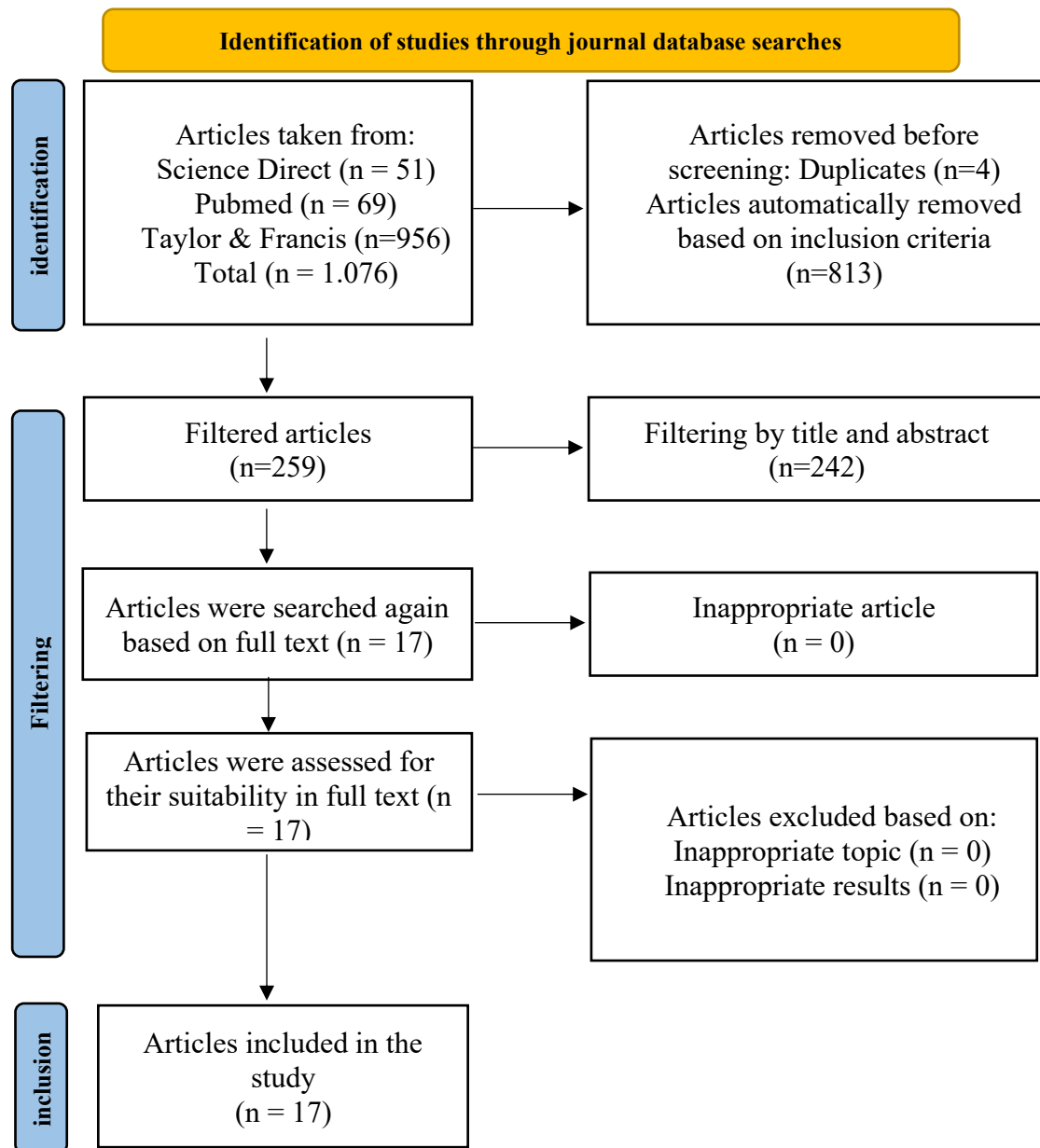
Screening and Selection of Studies

All records retrieved from the three databases were exported, combined, and screened for duplicate records before the screening process. Study selection was performed independently by two reviewers. The reviewers assessed the titles and abstracts against the predefined eligibility criteria, followed by full-text assessment to determine final eligibility. Rayyan was used to facilitate a structured screening process and minimize potential selection bias. The platform enabled the two reviewers to conduct blind screening, categorize records as "include," "exclude," or "maybe," and document reasons for exclusion systematically.

Data Extraction

Data extraction was independently performed by two reviewers using a standardized data extraction form developed based on research objectives and PICOS framework. The extracted data included study characteristics, participant characteristics, sample size, study design, parental involvement or support in adolescent reproductive

health education, intervention characteristics and duration where applicable, outcome measures, and key findings. The extracted data were subsequently compared to identify discrepancies or inconsistencies. Any disagreements between the two reviewers were resolved through discussion and consensus. When consensus could not be reached, a third reviewer was consulted as an adjudicator. The complete process of study identification, screening, eligibility assessment, and inclusion was presented using a PRISMA 2020 flow diagram to ensure transparency and reproducibility of the systematic review process.



Picture 1. PRISMA Flow Diagram of the Study Selection Process

RESULT

The search strategy conducted across three databases, namely ScienceDirect, PubMed, and Taylor & Francis, identified a total of 1,076 articles (ScienceDirect, n = 51; PubMed, n = 69; Taylor & Francis, n = 956). After removing four duplicate records, 1,072 articles remained for screening. During the initial screening process, 813 records were automatically excluded because they did not meet the predefined inclusion criteria, leaving 259 records for further assessment. Of these, 242 records were excluded during title and abstract screening, and 17 articles were considered potentially eligible based on their titles and abstracts and were therefore retrieved for full-text assessment. Following full-text eligibility assessment, all 17 articles met the predefined inclusion criteria and were included in the final synthesis to examine the role of parents as determinants of adolescent reproductive health education.

Table 1. Characteristics of Studies Included in the Systematic Review on The Role of Parents as Determinants of Adolescent Reproductive Health Education

No	Author (Year)	Location	Design/Methods	Support Focus	Key Findings
1.	Joshi et al. (2024)	India	Quantitative exploratory study using total interpretive structural modeling (tism) and micmac analysis based on a parent questionnaire	Parental perceptions of sex education	Parental perceptions are influenced by cultural norms and parental knowledge; parental literacy is a key factor in the successful implementation of sex education.
2.	Cornelius et al. (2021)	United States	Quantitative study with a cross-sectional design using structured questionnaires administered to parents and adolescents	Parent adolescent sexual communication (process and content of communication)	The quality of sexual communication is influenced by parents' comfort levels and the closeness of the parent adolescent relationship.
3.	Camellia et al. (2021)	Bangladesh	Qualitative study (in depth	Parent adolescent relationships in	Sexual education is not always

No	Author (Year)	Location	Design/Methods	Support Focus	Key Findings
			interviews and observation)	sexuality education	conveyed verbally but through social norms, social control, and nonverbal cues. These findings challenge the assumption that open communication is always the most effective approach in certain cultural contexts.
4.	Goli et al., (2021)	Isfahan, Iran	Cluster randomized controlled trial (rct)	Parental (maternal) educational support for sexual health care of intellectually disabled adolescent girls	Both interventions improved mothers' awareness, attitude, and self efficacy, with group training showing greater effectiveness than booklet-based education.
5.	Hubble et al. (2025)	Belgium, United Kingdom, Italy	Cross-sectional multinational online survey with exploratory factor analysis (efa) and structural equation modeling (sem)	Parental attitudes toward age-appropriate digital sexuality education for adolescents	Parents supported age appropriate digital sexuality education, with acceptance varying by topic, age,

No	Author (Year)	Location	Design/Methods	Support Focus	Key Findings
6.	Ombijah et al. (2025)	Tanzania	Qualitative study using fgds and in-depth interviews	Parentchild communication on sexual and reproductive health	and country; parental education, religiosity, ethnicity, and sociosexual attitudes influenced acceptance. Parent child srh communication was limited, one-directional, and culturally constrained, leading adolescents to seek information from alternative, potentially unreliable sources. knowledge increases, communication depends on context, norms are difficult to change.
7.	Kalumbi et al. (2025)	Rural Malawi (Karonga District)	Mixed-methods study (cross-sectional survey, fgds, and key informant interviews)	Parental sexual communication and parental monitoring of adolescent girls	Parental communication and monitoring were associated with reduced sexual activity among adolescent girls.

No	Author (Year)	Location	Design/Methods	Support Focus	Key Findings
8.	Tiwari et al. (2022)	Nepal (rural)	Qualitative study	Adolescent girls' access to srh services	Access to srh services was limited by low knowledge, restrictive family and gender norms, stigma, poor sex education, distance to facilities, and lack of female providers
9.	Othman et al., (2020)	Jordan	Qualitative (fgds with jordanian and syrian parents)	Parent child communication on srh	Parents valued srh communication but were constrained by cultural taboos, embarrassment, limited knowledge, gender norms, and fear of promoting early sexual activity. knowledge and self-efficacy increase, behavior changes are limited.
10.	Estep et al. (2023)	USA (Deep South)	Qualitative study	Parental reactions to sexual and gender identity disclosure	Parental responses evolved over time and were shaped by religious beliefs,

No	Author (Year)	Location	Design/Methods	Support Focus	Key Findings
11.	Rudoe et al. (2024)	England and Wales	Cross-sectional	Parental attitudes toward school- and home-based relationships, sex, and health education (rshe)	southern cultural norms, and understandin g of sexual and gender diversity Most parents supported rshe delivered in schools and at home; support was higher for relationship and health topics than for sexual topics, and varied by child age, gender, and parental characteristic s
12.	Mfeka- Nkabinde et al. (2024)	Rural northern kwazulu- Natal, South Africa (Jozini Municipality)	Qualitative study	Adolescents’ experiences of puberty and parent–child sexual communication within a socio- cultural and gendered context	Puberty experiences are strongly gendered; parental sexual communicati on is vague, indirect, and inconsistent (“parents are gudlists”); lack of open communicati on limits adolescents’ sexual and reproductive health knowledge;

No	Author (Year)	Location	Design/Methods	Support Focus	Key Findings
13.	Morrison-Beedy et al. (2022)	United States (Atlanta, Georgia)	Qualitative study	Parental support and consent for adolescent sexual health education among refugee families	young women advocate for more open dialogue and culturally relevant support systems Parents supported sexual health programs to protect daughters, citing limited time and confidence; clear, culturally sensitive information facilitated consent and improved girls' communication and confidence. Parents' support for reproductive health education was driven by attitudes, social norms, self-efficacy, and cultural beliefs, emphasizing the role of psychosocial factors.
14.	Achigibah et al. (2025)	Ghana	Cross-sectional	Parental intention to support adolescents' reproductive health education	

No	Author (Year)	Location	Design/Methods	Support Focus	Key Findings
15.	Vongsavanh et al. (2020)	Vientiane Prefecture, Lao PDR	Cross-sectional	Parental communication and support regarding sexual and reproductive health (srh) among high school adolescents	Parent adolescent srh communication was limited, constrained by cultural taboos and low parental knowledge, though open communication improved adolescents' srh awareness.
16.	Zen et al. (2025)	International (multiple countries)	Scoping review	Parental perspectives and support for sexually explicit media literacy education	Parents valued media literacy for protecting adolescents but lacked confidence and resources, highlighting the need for practical, culturally appropriate guidance to support open communication.
17.	Fialkov, et al. (2021)	Nairobi and Kiambu, Kenya.	Quasi-experimental pre-post study	Menstrual health education with and without provision of sanitary pads	Provision of menstrual products, particularly in girls-only settings, significantly improved girls' self-efficacy and hope, while

No	Author (Year)	Location	Design/Methods	Support Focus	Key Findings
					co-ed settings showed weaker psychosocial gains without product support.

Table 2. Risk of Bias and Methodological Quality Assessment of Included Studies

No.	Author (Year)	Design	Appraisal Tool	Overall Assessment
1	Joshi et al. (2024)	Quantitative exploratory TISM & MICMAC	JBICritical Appraisal Checklist for Analytical Cross-Sectional Studies	6 Yes, 2 No, 0 Unclear, 1 N/A; moderate methodological quality with limitations
2	Cornelius et al. (2021)	Cross-sectional quantitative	JBICritical Appraisal Checklist for Analytical Cross-Sectional Studies	8 Yes, 0 Unclear, 0 No, 0 N/A; high methodological quality
3	Camellia et al. (2021)	Qualitative	JBICritical Appraisal Checklist for Qualitative Research	9 Yes, 0 No, 1 Unclear; moderate methodological concerns
4	Goli et al. (2021)	Cluster RCT	JBICritical Appraisal Checklist for Randomized Controlled Trials	8 Yes, 2 No, 3 Unclear; low methodological concerns
5	Hubble et al. (2025)	Cross-sectional survey EFA/SEM	JBICritical Appraisal Checklist for Analytical Cross-Sectional Studies	8 Yes, 0 No, 0 Unclear 0 N/A; high methodological quality
6	Ombijah et al. (2025)	Qualitative FGD & in-depth interview	JBICritical Appraisal Checklist for Qualitative Research	8 Yes, 0 No, 2 Unclear; moderate methodological concerns
7	Kalumbi et al. (2025)	Mixed methods	Mixed Methods Appraisal Tool	Good Quality
8	Tiwari et al. (2022)	Qualitative	JBICritical Appraisal Checklist for Qualitative Research	10 Yes, 0 No, 0 Unclear; high methodological quality
9	Othman et al. (2020)	Qualitative	JBICritical Appraisal Checklist	8 Yes, 0 No, 2 Unclear; moderate

No.	Author (Year)	Design	Appraisal Tool	Overall Assessment
			for Qualitative Research	methodological concerns
10	Estep et al. (2023)	Qualitative	JBICritical Appraisal Checklist for Qualitative Research	8 Yes, 0 No, 2 Unclear; moderate methodological concerns
11	Rudoe et al. (2024)	Cross-sectional	JBICritical Appraisal Checklist for Analytical Cross-Sectional Studies	6 Yes, 1 No, 2 Unclear, 1 N/A; moderate methodological concerns
12	Mfeka-Nkabinde et al. (2024)	Qualitative	JBICritical Appraisal Checklist for Qualitative Research	8 Yes, 0 No, 2 Unclear; moderate-to-high methodological quality
13	Morrison-Beedy et al. (2022)	Qualitative	JBICritical Appraisal Checklist for Qualitative Research	8 Yes, 0 No, 2 Unclear; moderate-to-high methodological quality
14	Achigibah et al. (2025)	Cross-sectional	JBICritical Appraisal Checklist for Analytical Cross-Sectional Studies	8 Yes, 0 No, 0 Unclear; high methodological quality
15	Vongsavanh et al. (2020)	Cross-sectional	JBICritical Appraisal Checklist for Analytical Cross-Sectional Studies	7 Yes, 0 No, 1 Unclear; high methodological quality
16	Zen et al. (2025)	Scoping review	JBICritical Appraisal Checklist for Systematic Reviews and Research Syntheses	6 Yes, 0 No, 2 Unclear; high methodological quality
17	Fialkov et al. (2021)	Quasi-experimental pre-post	JBICritical Appraisal Checklist for Quasi-Experimental Studies	17 Yes, 0 No, 2 Unclear, 0 N/A; high methodological quality

DISCUSSION

Parents as Primary Determinants of Adolescent Reproductive Health Education

Synthesis of findings across studies reveals parents as pivotal actors determining adolescents' access, quality, and content of reproductive health education. Beyond information providers, parents shape values, norms, and boundaries influencing adolescents' comprehension of sexual and reproductive health issues. Rudoe et al. (2024)

demonstrate that parental perceptions, attitudes, and beliefs directly dictate whether reproductive health education occurs openly, partially, or is entirely avoided (Rudoe & Ponsford, 2024).

Joshi et al. (2024) in India affirm parents' dominant control over decisions regarding timing and delivery of sex education, heavily influenced by social norms, cultural values, and concerns about early sex education's moral impacts. Here, reproductive health education transcends health needs, becoming a moral and social issue warranting careful parental management (Joshi et al., 2024). Parents' determinant role extends to regulating adolescents' access to external education sources. Across contexts, parents act as gatekeepers determining participation in school, community, or health service programs, as evidenced by Kalumbi et al. (2025) and Morrison-Beedy et al. (2022). Parents may facilitate engagement or obstruct it when programs conflict with family values (Kalumbi et al., 2025 ;Morrison-Beedy et al., 2022).

Among U.S. refugee populations, Morrison-Beedy et al. (2022) found parental consent for teen sexual health programs hinges on trust in providers, cultural alignment, and perceived child benefits, highlighting interplay between individual factors and broader family-institution relations. Kalumbi et al. (2025) in Malawi illustrate parents' structural influence on adolescent girls' sexual behaviors via social control, monitoring, and experiential advice, positioning them as primary authorities on acceptable norms (Morrison-Beedy et al., 2022). European studies by Rudoe et al. (2024) and Hubble et al. (2025) reveal that while most parents endorse formal reproductive health education, they demand active control over content and age-appropriateness, balancing evidence-based needs with family values (Hubble et al., 2025).

Camellia et al.'s (2021) qualitative work in Bangladesh expands this view: parental influence manifests implicitly through "silence" or avoidance, viewed as responsible moral parenting in certain cultures, yet potently shaping adolescents' knowledge and attitudes (Camellia et al., 2021). Ombijah et al. (2025) indicate parent-child sexual health communication is typically reactive and normative, emphasizing prohibitions over comprehensive education, constrained by parental health literacy deficits a pattern echoed across studies linking cultural taboos to communication gaps (Ombijah et al., 2025). Overall, evidence underscores parents' multidimensional determinant role structural, interpersonal, cultural, normative positioning them centrally in knowledge transfer and the social-value environment guiding adolescents' reproductive health access, understanding, and practice.

Parent-Adolescent Communication on Reproductive Health

Parent-adolescent reproductive health communication represents the primary mechanism enacting parental determinant roles. Vongsavanh et al. (2020) and Othman et al. (2020) reveal variations in quality, frequency, and content across cultural contexts, shaped by norms, values, and sexuality perceptions (Vongsavanh et al., 2020; Othman et al., 2020). In Laos, Vongsavanh et al. (2020) found communication limited and selective, focusing on puberty while avoiding sensitive topics like intercourse, contraception, or STIs reflecting protective intents risking informational gaps. Othman et al. (2020) among Jordanian/Syrian parents describe unidirectional, normative exchanges prioritizing control over dialogue, functioning more as social regulation than education. Mfeka-Nkabinde et al. (2024) in South Africa echo this: parents acknowledge importance yet feel uncomfortable due to intergenerational gaps, perpetuating limited communication cycles (Mfeka-Nkabinde et al., 2024).

Tiwari et al. (2022) from adolescent perspectives in Nepal link parental gaps to reliance on inaccurate peers/informal sources, heightening misconceptions and vulnerabilities (Tiwari et al., 2022). Conversely, Kalumbi et al. (2025) in Malawi associate open, supportive communication with enhanced negotiation skills and safer decisions, extending beyond information to emotional support. Camellia et al. (2021) highlight implicit communication: Bangladesh's "silence" signals propriety but risks ambiguity absent credible supplements. Zen et al. (2025) address digital contexts, where parental unreadiness limits mediation of explicit content, underscoring media literacy needs. Collectively, effective communication pen, dialogic, sustained boosts knowledge/behaviors; limited/normative approaches hinder goals, contingent on interaction quality, culture, and parental capacity (Zen et al., 2025).

Parental Attitudes, Norms, and Intentions Toward Adolescent Reproductive Health Education

Parental attitudes, social norms, and intentions form key psychosocial determinants of involvement. Rudoe et al. (2024) and Joshi et al. (2024) show attitudes shape urgency, appropriateness, and delivery forms, with positive views fostering openness and credible access (Joshi et al., 2024). Achigibah et al. (2025) in Ghana align intentions with Theory of Planned Behavior factors attitudes, subjective norms, control perceptions predicting active engagement (Achigibah et al., 2025). Cultural norms centrally constrain: Joshi et al. (2024) link Indian taboos/honor to openness limits.

Rudoe et al. (2024) reveal UK/Wales ambivalence: school/home support with content/age controls driven by moral concerns. Camellia et al. (2021) frame Bangladesh silence as responsible amid propriety norms. Morrison-Beedy et al. (2022) tie refugee consent to cultural/religious fit and trust. Hubble et al. (2025) highlight digital anxieties fueling protectionism, complicating mediation. Interlinked attitudes/norms/intentions drive involvement; supportive elements enhance it, restrictive ones impede necessitating culturally sensitive interventions targeting psychosocial shifts.

Adolescents' Perspectives on Parental Roles in Reproductive Health Education

Adolescent views illuminate parental roles' reception. Tiwari et al. (2022) and Mfeka-Nkabinde et al. (2024) reveal gaps between parental self-perceptions and adolescents' experiences, viewing parents as potential yet inaccessible sources. Nepali girls report inadequate maternal guidance on puberty/menstruation, limited to prohibitions, spurring unreliable alternatives (22). South African teens describe sporadic, shame-laden exchanges as ineffective for informed decisions.

Fialkov et al. in Kenya link menstrual support deficits to psychosocial/school impacts, equating practical/emotional aid with information (Fialkov et al., 2021). Kalumbi et al. (2025) note supportive monitoring aids negotiation where trust exists. Camellia et al. (2021) depict age hierarchies limiting dialogue, interpreting silence as disinterest. Cornelius et al. contrast parent- vs. grandparent-led families: latter more conservative (Cornelius et al., 2021). Adolescents value supportive/ dialogic involvement over authoritarian/ normative styles, emphasizing relational quality for optimization.

Reproductive Health Education in Media and Digital Contexts

Digital media proliferation complicates parental roles, shifting them to mediators amid diverse sources. Zen et al. (2025) position parents strategically for filtering explicit content yet note digital literacy gaps yielding suboptimal mediation. Hubble et al. (2025)

reveal European variances on digital sexuality education age appropriateness, balancing protection/ education. Restrictive responses to perceived moral risks widen gaps; digital tools hold potential when literacy-aligned. Adolescent digital access inverts traditional authority, risking parental irrelevance absent adaptation yet enabling facilitation with competence (Zen et al., 2025). Digital contexts challenge yet reinforce parental determinism, demanding literacy interventions for effective mediation.

Interventions and Support for Parents in Adolescent Reproductive Health Education

Despite centrality, parental limitations necessitate targeted interventions enhancing knowledge/skills/ confidence. Goli et al. demonstrate structured education boosts maternal awareness/ attitudes/ self-efficacy for intellectually disabled daughters (Goli et al., 2021). Morrison-Beedy et al. (2022) show refugee engagement via planning/ cultural tailoring builds trust. Achigibah et al. (2025) underscore social support's role. Cultural/emotional barriers (Mfeka-Nkabinde et al., 2024; Camellia et al., 2021) favor gradual/reflective approaches. Digital support via practical guides holds promise (Estep & Mirman, 2023). Community collaborations reduce stigma. Multidimensional, contextual interventions optimize family-based education.

Family Structure Variations and Parenting in Adolescent Reproductive Health Education

Family structures shape delivery/ reception. Cornelius et al. (2021) contrast parent led (contextual) vs. Grandparent led (conservative/ prohibitive) communication. Kalumbi et al. (2025) highlight extended influences on norms. Mfeka-Nkabinde et al. (2024) note migration/poverty disruptions yielding inconsistencies. Hierarchies reinforce conservative patterns (Camellia et al., 2021; 3). Non-traditional forms offer stability/protection where relational quality prevails. Rudoe and Ponsford (2024); Hubble et al. (2025) affirm parental primacy amid diversity. Diverse structures demand inclusive, multi-actor approaches for consistent, comprehensive education.

The results of this systematic review indicate that parents need to be positioned as an integral part of adolescent reproductive health education, not merely as recipients of information. In midwifery practice and primary health care, education should include enhancing parents' knowledge, communication skills, support for adolescents, and digital literacy. Programs should also adopt approaches that are sensitive to cultural and family structures and involve schools, health care providers, and the community to create an environment that supports adolescent reproductive health education.

The strengths of this study lie in its synthesis of evidence from various social and cultural contexts and its inclusion of the perspectives of both parents and adolescents. The review also identifies the multidimensional role of parents, encompassing communication, attitudes, norms, support, supervision, and digital literacy. The use of the PRISMA 2020 guidelines enhances the transparency and systematic nature of the review process. The limitations of this study are primarily related to the heterogeneity of the population, cultural context, research design, and instruments used in the synthesized studies. Most of the evidence is observational and qualitative, so causal relationships cannot be confirmed. Differences in context across countries also limit the generalizability of the findings, particularly for adolescent populations and families in Indonesia.

CONCLUSION

Parents serve as pivotal determinants of adolescent reproductive health education across diverse social, cultural, and geographic contexts, encompassing information provision, value/norm shaping, behavioral monitoring, emotional support, and decision-making on access to educational resources. The quality of parental involvement particularly through open, sustained communication contributes to enhanced adolescent knowledge, positive attitudes, and safer reproductive health decisions, notwithstanding persistent cultural barriers, social norms, and health literacy limitations. Gaps between adolescents' informational needs and parental capacity underscore the imperative to strengthen parental roles via culturally sensitive, contextual, and sustainable family-based interventions. Accordingly, positioning parents as primary partners in reproductive health education policies and programs constitutes an essential strategy for sustainably advancing adolescent reproductive health.

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