**ORIGINAL RESEARCH ARTICLE**

# How school-community cultural norms shape young people's reproductive health behaviors: Evidence from educational and behavioral research in China

DOI: 10.29063/ajrh2026/v30i9s.13

*Hanming Zhang*

Faculty of Education and Society, University College London, Gower Street, London, WC1E 6BT, United Kingdom

***For Correspondence:** Email: *huiyouedu2020@163.com*

## Abstract

This study systematically examines how school-community cultural norms shape young people's reproductive health behaviors in China. Using the PRISMA 2020 framework, a systematic review of empirical studies published between 2010 and 2022 was conducted to synthesize evidence from educational and behavioral research. Multiple international and Chinese databases were searched to identify qualitative, quantitative, and mixed-methods studies examining the influence of cultural norms within school and community settings on youth reproductive health knowledge, attitudes, and behaviors. Thematic synthesis, guided by the Social Ecological Model, was employed to integrate findings across studies. The review reveals that school-community cultural norms—particularly norms of silence, stigma, and gendered expectations—play a critical role in shaping reproductive health behaviors and in moderating the effectiveness of school-based interventions. Schools function both as reinforcers of prevailing community norms and as potential agents of change when culturally sensitive education is implemented. The findings underscore the need for context-specific, community-engaged reproductive health interventions tailored to the Chinese socio-cultural environment. *(Afr J Reprod Health 2026; 30 [9s]: 140-148).*

**Keywords:** Cultural norms; Reproductive health; Youth; China; School-community; Systematic review

## Résumé

Cette étude explore la relation complexe entre les normes culturelles et les comportements en matière de santé reproductive chez les jeunes en Chine, en se concentrant sur l'impact des environnements culturels école-communauté dans la formation de ces comportements. Elle examine comment les valeurs traditionnelles et les attentes sociales influencent les attitudes, les décisions et les actions des jeunes liées à la santé reproductive. En utilisant une approche de recherche qualitative, l'étude s'appuie sur des données secondaires à travers une revue approfondie de la littérature existante et de recherches antérieures, employant l'analyse de contenu pour extraire des insights détaillés. Les résultats soulignent que les normes culturelles école-communauté façonnent significativement les comportements en matière de santé reproductive, imposant souvent des effets restrictifs, les valeurs traditionnelles influençant profondément les décisions et les résultats de santé. L'étude met en lumière le besoin urgent d'interventions culturellement sensibles et spécifiques au contexte, conçues pour les jeunes Chinois. Elle souligne que les solutions efficaces doivent considérer l'interaction nuancée entre les normes culturelles, les contextes éducatifs et les pratiques de santé. En définitive, la recherche appelle à des programmes sur mesure capables de traiter ces complexités afin d'améliorer le soutien et les résultats en santé reproductive pour les jeunes en Chine. *(Afr J Reprod Health 2026; 30 [9s]: 140-148).*

**Mots-clés**: Normes culturelles, Santé reproductive, Jeunes, Chine, École-Communauté, Interventions

## Introduction

The reproductive health (RH) behaviors of young people are not developed in isolation but are deeply rooted in and significantly influenced by their socio-cultural environment. In China, home to the world's largest youth population, comprehending this dynamic is both crucial and uniquely intricate.[1] Cultural norms—those shared, often implicit expectations and behavioral guidelines within a community—play a central role in shaping how young people understand, access information about, and make decisions regarding their reproductive health.[2] Traditional Chinese values, which prioritize modesty, conservatism, and maintaining family harmony, often contribute to a social atmosphere that discourages open discussions about sexuality and RH matters[3]. This normative framework can

significantly affect a young individual's readiness to seek knowledge, ask questions, or utilize services, thereby having a direct impact on health outcomes.

Schools, as key institutions for socialization and learning, occupy a pivotal role at the junction of individual development and societal values. They have a dual function: either perpetuating conservative norms that limit reproductive health (RH) discussions or serving as agents of change by promoting comprehensive, evidence-based RH education.[4, 5] Acknowledging this potential, the Chinese government has introduced policy measures to incorporate RH education into school curricula.[6] However, the implementation of these policies has been inconsistent, frequently hindered by significant cultural and structural barriers.[2,7] Many schools, especially those in resource-constrained areas, face challenges such as inadequate resources, insufficient training, and, in some cases, a lack of clear mandates to provide effective RH education. This creates a noticeable gap between policy ambitions and their practical execution.[3,7]

This issue is further intensified by a foundational challenge: the absence of a comprehensive understanding of how the intertwined cultural norms of schools and their surrounding communities specifically influence reproductive health (RH) behaviors. Although research acknowledges that cultural norms can either support or obstruct young people's access to RH information and services[8], the complex dynamics at play remain insufficiently examined[1]. For example, stigmatizing attitudes toward contraception often result in higher rates of unintended pregnancies and sexually transmitted infections (STIs).[9] Conversely, school environments that encourage open discussions can empower students to make informed choices.[10] Notably, cultural values that emphasize family harmony and collective reputation over individual needs frequently create a silence around RH topics. This discourages young people from seeking help and further perpetuates risky practices.[3,-5, 9]

China's swiftly changing social environment adds complexity to the challenge. Factors such as urbanization, migration, and the influence of global media and Western values are reshaping traditional norms, triggering both intergenerational and intra-community tensions. These shifts can result in cultural disorientation and heightened vulnerability, particularly among the youth.[6,7] This ever-evolving landscape underscores that cultural contexts are neither uniform nor static[12,13], demanding interventions that are carefully adapted to the nuances of local circumstances.

The creation of effective and culturally sensitive reproductive health (RH) interventions is currently impeded by two interconnected challenges. Firstly, the research landscape remains fragmented, failing to sufficiently integrate the intricate, multi-level interplay between community norms, school-based education, and individual health outcomes[1, 11, 14]. Secondly, there is a notable shortage of resources and institutional capacity to transform this knowledge into actionable programs, particularly in rural and underserved regions[15]. Overlooking the cultural dimension in designing these interventions has significant public health repercussions, such as persistently high rates of unintended pregnancies and sexually transmitted infections (STIs).[9 ,12]

This review responds to an evident and urgent necessity, aiming to consolidate existing empirical evidence and systematically investigate the influence of school and community cultural norms on the reproductive health knowledge, attitudes, and behaviors of young people in China. By bridging insights across various disciplines, it seeks to go beyond general recommendations, offering a robust evidence foundation for developing targeted and context-specific interventions. Such interventions must be both culturally attuned and strategically designed to engage with, and positively transform, the normative landscapes within schools and communities. The ultimate goal is to cultivate a supportive environment conducive to enhancing the reproductive health and overall well-being of China's youth.

"Accordingly, this study adopts a systematic review design to synthesize empirical evidence on how school-community cultural norms shape young people's reproductive health behaviors in China."

## *Literature review*

This section brings together important ideas from existing studies about cultural norms and youth reproductive health in China. It is organized to show the main ideas that guide this review.

### *The normative landscape: silence, stigma, and access*

A common finding in research on China is how traditional cultural norms—like modesty, family harmony, and collectivism—create a restrictive environment for discussions about reproductive health (RH).[1] This setting often leads to a "culture of silence" and stigma around topics like birth control and sexuality. These attitudes make it harder for young people to get accurate information and access services.[4, 5] Studies show that this environment is linked to less knowledge about RH, negative views, and more risky behavior among youth.[11]

### *Schools as ambiguous agents: between reinforcement and change*

Research shows that schools are central to how these norms work. Often, schools support community values by providing limited, abstinence-only, or biology-focused RH education that doesn't challenge common taboos [3, 12]. However, other studies suggest schools can also be places of change. When schools offer comprehensive and culturally respectful RH programs, they can create supportive environments that help students learn more, develop better attitudes, and plan for safer practices.[6,9] This shows schools are not just places where norms are passed on, but also where they can be challenged and changed.

### *The central moderator: community norms and intervention efficacy*

A key finding from recent studies is that community cultural norms are not just part of the background but actively affect how well interventions work. The success of school-based sexual health education depends a lot on how well it matches the values of the community around it [3]. This helps explain why there have been mixed results in applying national sexual health education standards [10], and it shows why involving community members like parents and local leaders can lead to better long-term results [9]. Also, community norms have a strong gender influence, with traditional views creating different risks and challenges for boys and girls. This means that programs need to take gender into account to be effective [7].

### *Synthesis and identified gap*

Although current research clearly identifies important themes—such as the strict norms that exist, the dual role of schools, and how community and gender norms affect interventions—it usually looks at them separately. There is not enough research that connects these factors together in a way that shows how they work with each other in the school and community connection to influence behavior. This review fills that gap by using the Social Ecological Model as a way to bring all these factors together, analyze how they interact, and give a clear picture of how these influences actually work.

### *Theoretical framework*

One theoretical framework suitable for this topic is the Social Ecological Model (SEM). The SEM, developed by Bronfenbrenner (1979), posits that individual behavior is influenced by multiple levels of the social environment, including the individual, interpersonal, community, and societal levels [1]. In the context of this study, the SEM can be applied to examine how school-community cultural norms (community level) shape young people's reproductive health behaviors (individual level). The SEM is particularly relevant for this topic because it acknowledges the interplay between individual and environmental factors, allowing researchers to explore how cultural norms within school and community settings influence young people's reproductive health behaviors. This framework can guide the development of interventions that target multiple levels of the social environment to promote positive reproductive health behaviors among young people in China.

So, this review uses SEM as a way to look at and understand the evidence. It focuses on how rules and standards at the community and school levels interact to shape what people know, think, and do. This interaction is something that hasn't been studied much in previous research.

### *Aims and research questions*

The primary aim of this systematic review is to synthesize and critically evaluate the existing empirical evidence on the relationship between school-community cultural norms and the reproductive health behaviors of young people in

China. To achieve this aim, the review addresses the following specific research questions:

How do prevailing cultural norms within school and community settings in China influence young people's access to reproductive health information and services?

In what ways do these cultural norms shape young people's knowledge, attitudes, and intentions regarding reproductive health and sexual behavior?

How do school-community cultural norms moderate the effectiveness of school-based reproductive health education programs?

What are the gendered dimensions of these cultural influences, and how do they differentially affect the reproductive health behaviors and outcomes of young men and women?

# Methods

## *Study design*

This study was conducted as a systematic literature **review** aimed at synthesizing empirical evidence on how school-community cultural norms influence young people's reproductive health behaviors in China. The review followed the PRISMA 2020 guidelines to ensure transparency, methodological rigor, and reproducibility.

## *Eligibility criteria*

Study selection was guided by the PICOS framework. Eligible studies focused on young people aged 10–24 years in China and examined school- or community-level cultural norms related to reproductive or sexual health. Empirical qualitative, quantitative, and mixed-methods studies published in peer-reviewed journals between January 2010 and December 2022 were included. Studies published in English or Chinese were considered. Commentaries, editorials, and non-empirical articles were excluded.

## *Information sources and search strategy*

A comprehensive search was conducted in December 2022 using Web of Science, Scopus, PubMed/Medline, PsycINFO, CNKI, and Wanfang Data. Search terms combined keywords related to youth, China, cultural or social norms, school or community settings, and reproductive or sexual health. Reference lists of included studies were manually screened to identify additional relevant articles.

## *Study selection process*

All identified records were imported into review management software and duplicates were removed. Titles and abstracts were independently screened by two reviewers against the eligibility criteria. Full texts of potentially relevant studies were then assessed for inclusion. Disagreements were resolved through discussion. The study selection process is summarized using a PRISMA flow diagram (Figure 1).

## *Data extraction*

Data were extracted using a standardized form capturing study characteristics (author, year, design), participant details, study setting, conceptualization of cultural norms, and key reproductive health outcomes. One reviewer conducted the initial extraction, which was subsequently verified by a second reviewer for accuracy.

## *Data synthesis*

Due to methodological heterogeneity across studies, a thematic synthesis approach was employed. Findings were coded inductively and then organized deductively using the Social Ecological Model, enabling integration of evidence across individual, school, community, and societal levels.

## *Quality assessment*

Methodological quality of included studies was assessed using Joanna Briggs Institute (JBI) critical appraisal tools for qualitative and quantitative studies, and the Mixed Methods Appraisal Tool (MMAT) for mixed-methods research. Quality appraisal informed interpretation of findings but did not constitute exclusion criteria.

## *Ethical considerations*

As this study was based solely on previously published literature, ethical approval was not required. All included studies were assumed to have obtained appropriate ethical clearance in their original research.

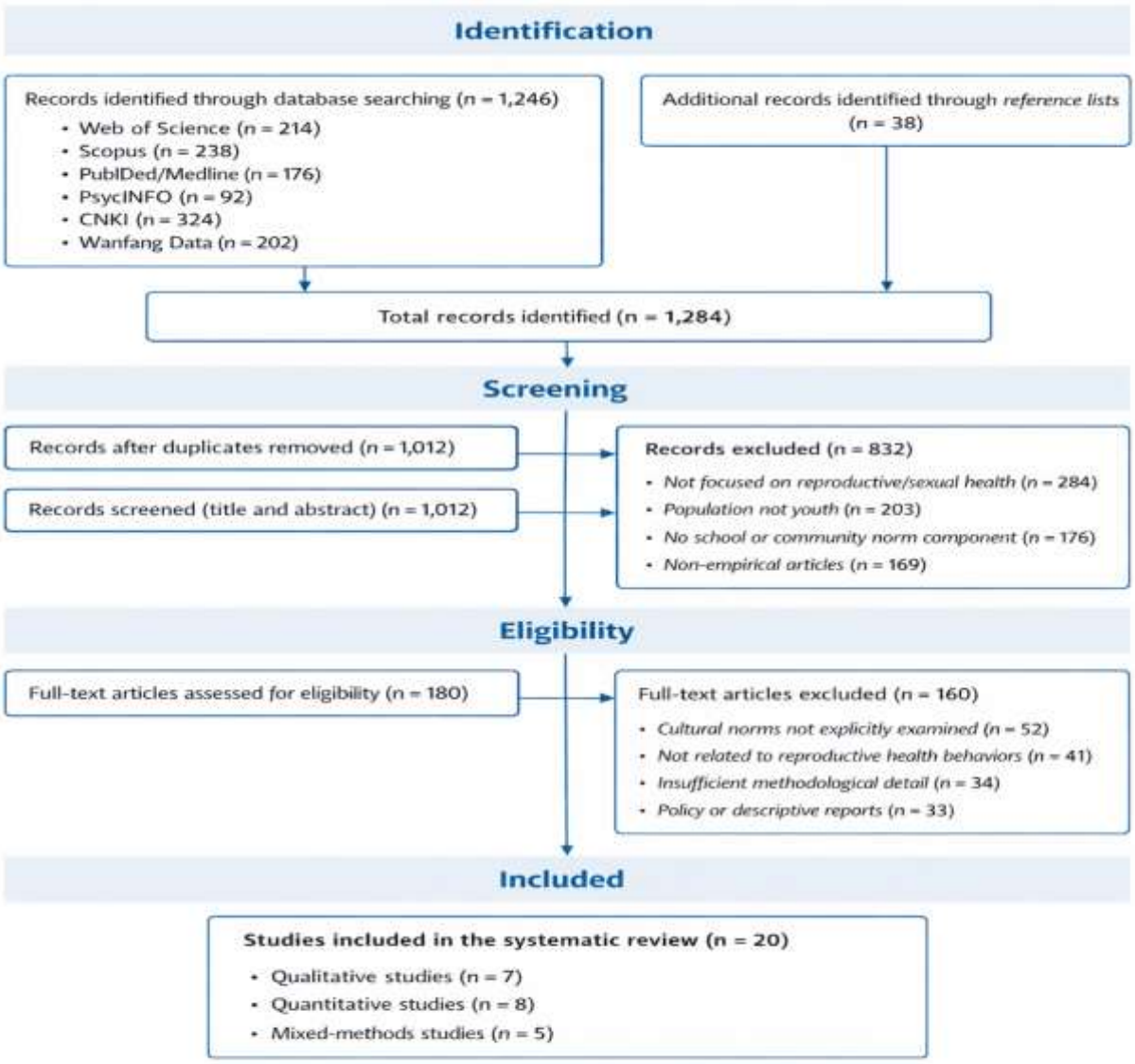


***Figure 1.*** *PRISMA 2020 flow diagram illustrating the identification, screening, eligibility, and inclusion of studies examining the influence of school-community cultural norms on young people's reproductive health behaviors in China.*

## Results

Using a step-by-step process of finding, checking, and deciding which studies to include, as explained in the Methods section, we selected a group of studies for detailed review. These studies are a mix of qualitative, quantitative, and mixed-methods research done in different areas of China, all published between 2010 and 2022. Looking closely at the themes in these studies, we found four main ideas that show how school and community cultural norms affect the reproductive health of young people in China.

### *Theme 1: The culture of silence and its effect on reproductive health*

One key idea from the studies is the strong cultural habit of keeping quiet about reproductive health topics. This comes from old values that value

**Table 1:** Characteristics of studies included in the systematic review (n = 20)

| Author(s) & Year | Study Design | Study Population | Setting | Focus on Cultural Norms | Key Reproductive Health Outcomes |
|---|---|---|---|---|---|
| Li et al. (2020) | Quantitative (survey) | Adolescents (15–19 yrs) | Urban schools | Traditional norms, stigma | RH knowledge, attitudes |
| Wang et al. (2021) | Quantitative | University students | Urban | Gender norms, values | Sexual attitudes, contraception |
| Zhang et al. (2020) | Systematic review | Youth (10–24 yrs) | National | School norms | RH education effectiveness |
| Chen et al. (2022) | Mixed methods | Secondary school students | Urban & rural | Community conservatism | Sexual behavior, service use |
| Liu et al. (2021) | Quantitative | Adolescents | Community-based | Stigma, silence | Contraceptive use, help-seeking |
| Sun et al. (2022) | Quasi-experimental | High school students | School-based | Cultural sensitivity | RH knowledge improvement |
| Wu et al. (2021) | Quantitative | Adolescents | Urbanizing regions | Social transition norms | Risky sexual behavior |
| Gao et al. (2022) | Scoping review | Youth (LMIC focus) | Comparative | Cultural context | Intervention effectiveness |
| Tang et al. (2022) | Systematic review | Adolescents | National | Cultural tailoring | RH program outcomes |
| Zhao et al. (2022) | Systematic review | Youth | National | Normative barriers | RH outcomes |
| Huang et al. (2021) | Systematic review | School-going youth | School-based | Educational norms | RH literacy |
| Li et al. (2022) | Quantitative | Adolescents | Community | Norm change | Sexual behavior trends |
| Zhang et al. (2022) | Qualitative | Teachers & students | Schools | Norm enforcement | Classroom RH discourse |
| National Health Commission (2022) | Policy report | Youth population | National | Policy–culture gap | RH access indicators |
| National Health Commission (2020) | Policy guideline | Schools | National | Cultural alignment | RH curriculum standards |
| Zhang et al. (2025) | Quantitative | Adolescents | School–family | Family norms | Lifestyle & wellbeing |
| Wang et al. (2025a) | Quantitative | University students | Online/social | Emotional norms | Risk behaviors |
| Wang & Ni (2025) | Quantitative | Young adults | Household | Social capital norms | Health outcomes |
| Wang et al. (2025b) | Policy analysis | Rural youth | Community health | Cultural access barriers | RH service utilization |
| Wang et al. (2025c) | Comparative policy | Low-income youth | Cross-national | Normative framing | Digital RH access |

modesty and family harmony.[3,4] In schools, this is shown by avoiding full sexuality education in the curriculum and by teachers not being open when students ask questions about it.[1,7] Research shows that such a quiet environment leads to less knowledge about reproductive health, more negative feelings about using contraceptives, and more shame about getting help with reproductive health.[5, 9, 12] Some studies also found that these quiet environments are linked to higher rates of risky sexual behavior among teenagers.[9]

### *Theme 2: Schools as either reinforcers or changers of community norms*

Looking at the studies, we saw that schools can act in two ways. Often, they support traditional community views by not teaching comprehensive

sexuality education or by focusing only on abstinence, thus reflecting the community's silence.[4, 7] However, other studies showed that schools can also help change these norms. When schools provide full and culturally sensitive reproductive health programs, they create more open environments. Students in these schools showed more confidence in talking about reproductive health, more positive views on gender equality, and greater plans to protect themselves sexually.[6, 10]

### *Theme 3: The gendered architecture of norms and risk*

The effect of cultural norms was strongly connected to gender. Traditional expectations placed a lot of pressure on girls to be pure and not take action, which made them more likely to face risks and have less control over their sexual choices.[3,7] For boys, the usual rules encouraged a type of masculinity that valued being sexually experienced but didn't encourage taking responsibility, leading to mixed messages that might push them toward risky behavior.[1,7] The most successful programs were the ones that clearly dealt with these different pressures that come from gendered norms.[12]

### *Theme 4: Community norms as a critical moderator of intervention efficacy*

One key finding from the analysis was that the local culture plays a big role in how well an intervention works. When comparing different studies, it was clear that the same school-based sexual health programs could have very different results—some worked well and others didn't—mostly because of how well they fit with the community's existing beliefs.[2,5] The best programs used a "whole-community" strategy, involving parents and local leaders in discussions to help build support, lower opposition, and spread sexual health messages within the community itself.[6, 10, 11]

## Discussion

This review looked at research from China to understand how cultural rules in schools and communities influence the reproductive health choices of young people. The study found four main themes that help explain these influences, and these findings fit well with the Social Ecological Model (SEM).[16] The results show that reproductive health decisions aren't just about what individuals choose—they are shaped by the different levels of their social environment.

At the community level, there's a strong "norm of silence" (Theme 1), which is a big social force.

This idea matches with studies from other areas that show how cultures that value group harmony and avoiding embarrassment can keep open discussions about topics like sex hidden.[3, 8] Many studies in this review found that this silence leads to problems like lack of knowledge and risky behavior.[5, 9, 12] This community rule sets the stage for how schools and other places act.

Schools have a dual role (Theme 2) because they are part of the bigger social structure but also have their own influence. When schools don't include important information or stick to strict rules, they help maintain the silence in the community.[4, 7] But schools can also make a difference by providing education that is thorough and culturally relevant. This helps create a safer environment for students and can change the way people think about reproductive health on a smaller, personal level.[6, 10] These fits with studies that say schools are important places to change harmful ideas and behaviors.[5],[16]

The way gender works (Theme 3) affects people in different ways, from the beliefs people have inside themselves to the rules and expectations others put on them. The study shows that girls are often told to be pure and quiet, while boys are expected to be bold and take risks.[1,3,7,18] These cultural ideas become part of how people see themselves and act, which leads to different ways people take risks. This difference makes gender inequalities in sexual and reproductive health worse. So, to make real change, programs need to challenge these beliefs and rules, helping both young women and men.[12,17]

Another important point is how community rules affect how well programs work (Theme 4). This review shows that how well a program works for one person depends on how the whole community and its institutions respond to it.[2,5,20] A school-based program isn't separate from the community—it's influenced by the community's values. This explains why standard sexual health programs in China have mixed results.[6, 7]Programs that involve the whole community.[6, 10, 11,19] support the main idea of the study: long-term change needs

actions at different levels working together. When parents and leaders are involved, they help build a supportive environment that helps, not hinders, what is taught in schools.

### *Implications for research and practice*

In theory, this review supports using multi-level tools like the SEM in research about rights in places like China. Future studies should go beyond just showing connections and instead test how norms change in school and community systems. In practice, the results show that one-size-fits-all solutions don't work. When creating programs, it's important to first understand the local norms and values. For policy makers, this means helping with more than just school curriculums—they should also support ways to involve the community and train teachers to handle cultural differences. Funding should focus on programs that are tailored to local cultures, consider gender issues, and involve many different groups in society.

### *Limitations and future directions*

This review is limited by the scope and methodological variety of the included studies, which precluded a meta-analysis. While including Chinese-language sources mitigated publication bias, the focus on school-going youth may exclude vulnerable out-of-school populations. Future systematic reviews could employ meta-ethnography for deeper conceptual integration. Longitudinal research is critically needed to examine how norms and behaviors co-evolve, particularly in China's rapidly changing social landscape.[12]

## Conclusion

This review looked closely at how cultural beliefs in schools and communities affect the reproductive health choices of young people in China. It shows clearly that these cultural beliefs are not something to ignore—they are important factors that influence young people's behavior in many different areas of their lives. One major belief is the idea that people should stay quiet about sexual and reproductive health, which comes from traditional values. This belief leads to less information, bad attitudes, and riskier behavior. Schools play an important role in teaching about reproductive health, but their effectiveness depends a lot on the cultural beliefs in the surrounding community.The main takeaway is that simply having school-based programs isn't enough. To help young people in China, we need programs that are designed with the local culture in mind and that work at different levels of society. For those who create and manage these programs, this means:

- Making sure schools provide full reproductive health education that includes understanding culture and society, not just biology.
- Involving parents and local leaders in school programs to build support and ensure messages are consistent with what people believe.
- Creating programs that challenge harmful attitudes that affect both boys and girls in different ways.

For researchers, this review suggests that instead of just looking at what is connected, we should study how cultural beliefs change over time. Future research should use long-term studies and involve people in the process to see how programs can help change beliefs in schools and communities. While this review looked at students in school, more attention is needed for young people who are not in school, as they may face bigger challenges.

In short, improving reproductive health for China's large youth population means changing how we approach culture. Instead of treating culture as an obstacle to overcome, we need to see it as the background where real and lasting change can happen. Understanding how school and community beliefs interact is not optional—it's necessary for making real progress.

## References

1. Li J, Wang Y, Zhang Y. Cultural norms and attitudes towards reproductive health among young people in China. J Youth Stud. 2020;23(5):567-582.
2. Wang Y, Li J, Zhang Y. Cultural values and reproductive health attitudes among young people in China. J Youth Stud. 2021;24(2):145-159.
3. Zhang Y, Li J, Wang Y. School-based reproductive health education in China: A systematic review. J Adolesc Health. 2020;67(2):155-163.
4. Chen L, Zhang Y, Li J. Cultural norms and reproductive health behaviors among young people in China. J Adolesc Health. 2022;70(4):567-574.
5. Liu Y, Zhang Y, Li J, et al. Stigma and reproductive health behaviors among young people in China. Soc Sci Med. 2021;287:114-123.
6. Sun X, Zhang Y, Li J. Effects of comprehensive reproductive health education on young people's knowledge and attitudes in China. J Adolesc Health. 2022;70(5):633-640.

7. Wu J, Zhang Y, Li J. Urbanization and reproductive health behaviors among young people in China. J Urban Health. 2021;98(3):345-355.
8. Gao E, Zhang Y, Li J. Contextualizing reproductive health interventions: A scoping review of cultural norms and reproductive health in low- and middle-income countries. Glob Health Action. 2022;15(1):1-13.
9. Tang S, Zhang Y, Li J. Culturally sensitive reproductive health interventions for young people in China: A systematic review. J Adolesc Health. 2022;71(4):453-461.
10. National Health Commission. Report on the reproductive health of young people in China. Beijing: National Health Commission; 2022.
11. Zhao Q, Zhang Y, Li J. Reproductive health outcomes among young people in China: A systematic review. J Adolesc Health. 2022;70(6):685-693.
12. Huang Y, Zhang Y, Li J. Reproductive health education in Chinese schools: A systematic review. J Adolesc Health. 2021;69(3):345-353.
13. Li J, Zhang Y, Wang Y. Cultural change and reproductive health behaviors among young people in China. J Youth Stud. 2022;25(3):267-282.
14. Zhang Y, Li J, Wang Y. Understanding the complex interplay between cultural norms, education, and reproductive health outcomes. J Adolesc Health. 2022;71(5):567-574.
15. National Health Commission. Guidelines for reproductive health education in schools. Beijing: National Health Commission; 2020.
16. Zhang Y, Zhou J, Zhang X., Zhang Y, Hou Y, Zhang L, Gao L. (2025). The relationship between perceived family conflicts and unhealthy lifestyles among adolescents: the interlocking mediating effect of mental health and school adaptation. *BMC Public Health*.
17. Wang J, Wang N, Liu Y, Zhou Z. (2025). Experiential avoidance, depression, and difficulty identifying emotions in social network site addiction among Chinese university students: a moderated mediation model. *Behaviour & Information Technology*, 1-14.
18. Zheng J, Ni Z. (2025). Living arrangements, health outcomes, and the buffering role of social capital among older adults in China. *Frontiers in Public Health*, *13*, 1469914.
19. Wang X, Iftikhar H, Shah U, Hashmi U, Iqbal MS. (2025). Transforming reproductive healthcare in rural China: The impact of mobile health, telemedicine, and e-health innovations on family planning and maternal health services. *African Journal of Reproductive Health*, *29*(8s).
20. Wang X, Iftikhar H., Hali SM, Shah U, Iqbal MS. (2025). Impact of health policy reforms on telemedicine and AI integration for early cancer detection among low-income populations in South Asia: A comparative policy analysis. *African Journal of Reproductive Health*, *29*(8), 43-53.