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Public Health Students' Perspectives on Gender Inequities in Access to Adolescent Reproductive Health in Indonesia

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ABSTRACT

Reproductive health is a critical aspect of adolescent development, yet gender disparities persist in access to information and services, particularly in Indonesia. This study explores how Public Health students at Universitas Jambi perceive gender-based inequalities in adolescent reproductive health, aiming to understand how future health professionals interpret and respond to these challenges. A qualitative descriptive approach was employed, involving three focus group discussions with 24 undergraduate students (14 female, 10 male) who had completed relevant coursework and participated in health promotion activities. Thematic analysis revealed three key themes: gendered access and assumptions, socio-cultural and structural barriers, and institutional roles and responsibilities. Participants described how reproductive health education and services disproportionately focus on girls, with boys often excluded due to cultural norms and institutional biases. Socio-cultural taboos, shame, and fear further limited access for both genders, though in distinct ways: boys faced invisibility and judgment, while girls experienced stigma and moral scrutiny. Institutions such as schools, families, and healthcare providers were seen as both barriers and potential agents of change, often reinforcing gendered norms through selective education and biased service provision. These findings underscore the need for more inclusive and gender-equitable reproductive health education that actively engages all adolescents. Addressing these disparities requires rethinking institutional practices and cultural narratives that marginalize male adolescents while overburdening females with sole responsibility for reproductive health. By incorporating gender equity into academic and community-based health initiatives, Public Health students can be better prepared to advocate for and implement inclusive reproductive health programs.

INTRODUCTION

Reproductive health is an integral component of overall health, particularly during adolescence, which is a critical phase in physical, psychological, and social development. Adolescence is a transitional period in which individuals begin to form their identity, including their understanding of sexuality and gender relations (Avedissian & Alayan, 2021; Branje et al., 2021). In this context, reproductive health education plays a crucial role in enabling adolescents to make informed and responsible decisions while maintaining their well-being (Sholikhah et al., 2024). Adolescent health is especially important as it lays the foundation for healthy adulthood, influencing future reproductive choices and quality of life. Investing in adolescent health also contributes to broader public health outcomes, including reducing maternal mortality, preventing early marriage, and breaking cycles of intergenerational health inequities (Beckwith et al, 2024). However, despite growing awareness of the importance of reproductive health education in

various regions of Indonesia, significant disparities remain in both understanding and access to information among adolescent groups, particularly when viewed through a gender lens.

Numerous studies have demonstrated that social constructs limiting discussions of reproductive health to females have contributed to the low participation of adolescent males in reproductive health education and services. A study of urban adolescents in Indonesia, found that boys often lack adequate access to reproductive health information, largely due to the prevailing assumption that such education is primarily necessary for girls (Kistiana et al., 2023; Saparini et al., 2023). Similarly, another study highlighted how societal perceptions that frame reproductive health as a women's issue create structural and cultural barriers that discourage male adolescents from actively engaging in reproductive health programs (Roudsari et al., 2023). These gendered disparities exacerbate the risks of unsafe sexual behavior, gender-based violence, and a general lack of awareness about reproductive rights among adolescents. In the Province of Jambi, adolescent reproductive health remains a pressing concern due to limited access to youth-friendly services, persistent gender stereotypes, and variations in health literacy between urban and rural communities. Previous local reports have indicated that adolescents often rely on informal sources such as peers or social media for reproductive health information, which may reinforce misconceptions and deepen gender-based disparities (Fitri et al, 2023).

Within the context of higher education, particularly in Public Health Science programs, students are expected not only to grasp reproductive health issues from a technical standpoint but also to develop a critical awareness of the social, cultural, and structural dimensions that shape these issues (Hearne & Jernigan, 2024). Public Health students are future professionals who will serve as educators, program designers, and advocates in efforts to improve community health including in the domain of reproductive health. A study revealed that while students generally possess adequate foundational knowledge of reproductive health, their understanding of gender equality remains limited and is often influenced by normative stereotypes (Nur et al., 2024). These findings underscore the need to explore how students in health education institutions conceptualize reproductive health in relation to gender justice.

Despite growing attention to gender equity in health, few studies have investigated how Public Health students at Universitas Jambi perceive disparities in access to reproductive health, particularly within their specific regional and cultural context. This absence of context-specific studies represents a critical gap in our understanding of students' preparedness to serve as agents of change committed to promoting equitable and inclusive reproductive health. Given Jambi's distinct cultural characteristics and persistent challenges in accessing health services, it serves as a pertinent setting for exploring these dynamics in greater depth. Understanding how Public Health students interpret and respond to gender-based disparities in access to reproductive health information and services can shed light on the extent to which reproductive health education within academic settings has successfully embedded principles of gender equity.

Building on this context, the present study aims to explore the perspectives of Public Health students at Universitas Jambi regarding gender inequality in adolescent reproductive health. By examining their perceptions and lived experiences, this study seeks to offer deeper insights into how gender constructs shape students' understanding of reproductive health, as well as the extent to which they are prepared to advocate for and contribute to reproductive health initiatives that are equitable and inclusive for all genders.

METHOD

This study employed a qualitative descriptive approach to explore Public Health students' perspectives on gender inequities in access to adolescent reproductive health information and services. The qualitative design was chosen to gain an in-depth understanding of students' lived experiences, perceptions, and critical reflections (Holloway & Galvin, 2023; Pyo et al., 2023), particularly in relation to the sociocultural and institutional contexts of Jambi.

The study was conducted at Universitas Jambi, a public university located in a non-metropolitan region of Indonesia. Participants were undergraduate students enrolled in the Public Health Science program and were selected through purposive sampling to ensure variation in gender, academic year, and exposure to reproductive health-related coursework or activities.

A total of 24 students (14 female and 10 male) voluntarily registered to participate after being informed about the study. All had completed at least one course related to reproductive health and had participated in academic or community-based health promotion activities. The higher number of female participants reflects the gender composition of the program, where female students are the majority. This sampling allowed the study to capture diverse and gender-informed perspectives on reproductive health issues.

Data were collected through three semi-structured focus group discussions (FGDs) conducted between May and June 2025. Each session was held in a comfortable setting to encourage open and reflective dialogue, and lasted between 60 to 90 minutes. The discussions were conducted in Bahasa Indonesia. The focus group discussions were guided by a series of open-ended questions designed to explore students' perceptions of gender-based disparities in adolescent reproductive health. The questions were developed from prior literature and deliberately framed with flexibility to capture participants' perspectives. Pilot testing with individuals outside the study sample was conducted to assess clarity and cultural relevance. This process strengthened the questions, ensuring they were both evidence-based and contextually appropriate. The first question asked participants whether they believed male and female adolescents had equal access to reproductive health information and services, and invited them to explain their reasoning. The second question focused on identifying the specific barriers adolescents face when seeking reproductive health services or information within their communities. The third question encouraged participants to reflect on the role of key institutions such as schools, families, and healthcare providers, in either addressing or perpetuating gender disparities in reproductive health access.

The qualitative data from the focus group discussions were analyzed using thematic analysis to identify and interpret recurring patterns and key themes related to gender disparities in adolescent reproductive health (Ahmed et al., 2025; Naeem et al., 2023) . The audio recordings were transcribed verbatim, and the transcripts were reviewed multiple times to ensure familiarity with the data. A coding framework was then developed, combining both deductive codes based on the research questions and inductive codes that emerged from the participants' narratives. The coding process was conducted manually to allow for close engagement with the data (Isangula et al, 2024). Theme determination was conducted iteratively, with initial codes clustered into potential themes representing broader patterns. These themes were then reviewed against the coded extracts and the full dataset to ensure coherence and distinctiveness. Overlapping themes were refined, and final themes were clearly defined and named to reflect participants' experiences and align with the research objectives. Emerging codes were grouped into broader themes that reflected participants' perceptions, experiences, and critical reflections. To enhance the rigor and credibility of the analysis, peer debriefing and member checking were used during the interpretation stage. This approach allowed for a nuanced understanding of how gender norms and institutional roles shape students' views on equitable access to reproductive health information and services.

All participants provided informed consent, and the discussions were audio-recorded to ensure accuracy and completeness of the data. Ethical approval was obtained from the Research Ethics Committee of the Faculty of Medicine and Health Sciences, Universitas Jambi (Reference No. 1676/UN21.8/PT.01.04/2025). All participants received an information sheet and signed a consent form prior to the FGDs. Anonymity and confidentiality were strictly maintained, and participants were informed of their right to withdraw at any time without consequences.

RESULTS

The results of this study are derived from three focus group discussions (FGDs) involving 24 Public Health students (14 female and 10 male) from Universitas Jambi. The qualitative data analysis revealed three key themes: gendered access and assumptions, socio-cultural and structural barriers, and institutional roles and responsibilities. These themes reflect how gender norms and institutional dynamics shape students' understanding of reproductive health access and highlight critical insights into the barriers and opportunities for promoting equitable reproductive health among adolescents.

Table 1. Summary of emerging themes and keywords from focus group discussions

Question & Focus	Keywords	Emerging Theme	Theme Description
Perceptions of Gender-Based Access to Reproductive Health *"Do male and female adolescents have equal access to reproductive health information and services? Why or why not?"*	Equal access, Gender roles, Health education, Social norms, Misconceptions, Cultural taboos	Theme 1: Gendered Access and Assumptions	Reproductive health is predominantly framed as a concern for girls, while boys are often excluded due to gendered stereotypes and assumptions.
Barriers to Accessing Reproductive Health Information/Services *"What barriers do adolescents face especially based on gender in seeking information or services in your environment?"*	Shame, Taboo, Embarrassment, Parental control, Health service stigma, Accessibility, Peer judgment	Theme 2: Socio-Cultural and Structural Barriers	Access to reproductive health is shaped by stigma, shame, taboos, and biased treatment, which vary across gender lines.
Role of Institutions *"What roles do schools, families, and health workers play in addressing or worsening gender disparities in access to reproductive health?"*	Education, Support, Silence, Advocacy, Trust, Bias, Policy, Teacher attitudes	Theme 3: Influence of Institutions on Gender Equity	Institutions have a dual role; they can promote equity through inclusive education or reinforce disparities through silence, neglect, or gender bias.

Participant characteristics and their influence on discussion dynamics

The diversity of participants' characteristics significantly shaped the depth and scope of insights shared during the focus group discussions. Gender differences influenced how reproductive health access was perceived, with female students often expressing heightened awareness of the stigma and challenges faced by adolescent girls, while male students reflected on their exclusion from reproductive health conversations. Academic seniority also played a role, as more senior students demonstrated greater confidence and analytical depth, likely due to broader exposure to reproductive health coursework and academic discussions. Participants with experience in community outreach or health promotion activities contributed practical insights and highlighted real-world disparities they had observed. Cultural values further influenced students' comfort levels and interpretations, especially when discussing sensitive topics such as gender norms and sexuality. Additionally, personal or peer experiences shaped the narratives students brought into the discussions, adding a lived-experience dimension to the data.

Theme 1: Gendered access and assumptions

Participants' narratives highlighted that gendered assumptions in schools, families, and health services reinforce the perception that reproductive health is a female-only issue, leaving boys under informed and marginalized. This pattern suggests that male adolescents are systematically positioned as passive in reproductive health, which restricts their opportunity to develop informed attitudes and behaviors. Such exclusion reflects and reproduces unequal gender norms, indicating that institutional practices may inadvertently sustain the very disparities they aim to address

Many students noted that reproductive health education in schools disproportionately focused on girls, often framing them as the primary or sole beneficiaries of such programs. One student shared: *"In school, the teachers always mention girls when talking about reproductive health. Boys are barely included."*

This perception was reinforced by another participant who remarked: *"It feels like reproductive health is only for girls. We, as boys, are never really involved or asked."*

Students linked this imbalance to prevailing assumptions that associate reproductive health mainly with pregnancy prevention, leading to the belief that only girls require education on these topics. As one informant stated: *"The programs focus on preventing pregnancy, so it is always girls who get the attention, not boys."*

Moreover, family dynamics were also seen as reinforcing this disparity. Several participants pointed out that parents rarely initiate discussions about reproductive health with sons, under the assumption that boys either do not need the information or will learn on their own. One student explained: *"My parents never spoke to my brother about this topic. They think boys do not need to know."*

In healthcare settings, this bias appeared to persist, as some students reported that health workers tended to assume male adolescents lacked interest in reproductive health. One participant shared: *"Even when we go to clinics, they assume only girls are interested in these topics. Boys get ignored."*

These findings highlight how social and institutional assumptions shape the gendered delivery of reproductive health education and services, potentially leaving male adolescents under informed and excluded.

Theme 2: Socio-cultural and structural barriers

The analysis of participants' perspectives indicates that socio-cultural taboos and structural constraints jointly restrict adolescents' ability to seek or discuss reproductive health, but with gendered differences in how these barriers are experienced. Male students internalize silence due to expectations of emotional restraint, while female students face moral judgment and stigmatization when attempting to access services. These dynamics illustrate how cultural norms and institutional practices converge to reproduce gendered vulnerabilities, ultimately reinforcing adolescents' marginalization from essential reproductive health support.

Many participants described how topics related to sexuality and reproductive health are considered taboo, particularly in family and community settings, resulting in silence and misinformation. One student noted: *"Even among friends, it is hard to talk about these topics, people judge you or think you are doing something wrong."*

Male students expressed feelings of shame and fear when seeking information, often due to societal expectations that discourage emotional openness or curiosity about reproductive matters. As one male participant explained: *"If a boy asks about this, people think he is being perverted, so we just stay quiet."*

Meanwhile, female students shared experiences of being stigmatized when trying to access services, especially from healthcare providers who assume that unmarried girls should not be concerned with reproductive health. A female student shared: *"When I tried to ask questions at the clinic, the nurse looked at me like I did something wrong."*

Cultural beliefs also emerged as major influences, often reinforcing conservative norms and discouraging open dialogue. While both genders face barriers, male adolescents often experience invisibility and internalized shame, whereas female adolescents encounter scrutiny and moral judgment. both of which hinder their access to reproductive health support.

Theme 3: Role of institutions

Participants consistently emphasized that schools, families, and healthcare providers actively reinforce gendered inequities in reproductive health. By focusing mainly on girls, institutions frame reproductive health as a female-only concern, leaving boys under informed and excluded. Families deepen these gaps by avoiding open discussion, especially with sons. Such practices normalize exclusion and limit adolescents' access to inclusive reproductive health education and services.

Schools were frequently described as focusing predominantly on female students, reinforcing the assumption that reproductive health is primarily a concern for girls. One participant noted: *"Teachers mostly talk about menstruation or pregnancy prevention for girls. Boys are rarely included in these lessons."* Another shared: *"When sex education is taught, it is like boys are just bystanders, it is not really meant for us."*

This gendered delivery of information often left male students uninformed or disengaged. Families were also seen as key gatekeepers, often avoiding open conversations, especially with sons. A student remarked: *"My parents never discussed anything about reproductive health with me. I think they assume boys will figure it out themselves."*

This silence contributed to gaps in knowledge and reinforced societal discomfort around discussing male sexuality. Health workers, meanwhile, were perceived as reinforcing gender

stereotypes in service delivery. Several participants described situations in which clinics catered primarily to female adolescents, assuming they were the only ones at risk. As one student stated: *"When I went to the clinic with my female cousin, the nurse only talked to her, even though I had questions too."* Another added: *"It feels like if you are a boy, the assumption is you are either not interested or should not be asking about these things."*

These institutional practices were seen to reinforce gender inequities by limiting inclusive reproductive health education and services. Participants emphasized the need for a more balanced approach that addresses the needs of both male and female adolescents without bias or exclusion.

DISCUSSION

This study explored public health students' perspectives on gender inequities in adolescent reproductive health access, revealing how gender norms shape both perceptions and realities of service accessibility. The findings support the social constructionist perspective (Phillips, 2023), which posits that gender roles are shaped through cultural and institutional practices. Participants consistently viewed reproductive health as feminized, with male adolescents often excluded from both education and services. This aligns with prior research indicating that boys are frequently overlooked in reproductive health programs due to the assumption that such issues are only relevant to girls (Gottert et al., 2025; De Jonge et al., 2024). By reinforcing the belief that reproductive health is a female matter, educational and healthcare systems risk perpetuating gender stereotypes that marginalize young men and restrict their access to essential information and care.

In examining socio-cultural and structural barriers, participants highlighted how shame, taboo, and fear of moral judgment significantly influence adolescents' willingness to access reproductive health services. These findings echo the theory of gender and power [Connell, 2023], which underscores how unequal power relations and normative expectations can constrain individuals' behavior and access to resources. Girls, for instance, were reported to face more direct scrutiny and fear of reputational damage, while boys internalized shame and remained invisible in health settings. Similar findings have been documented in studies from Indonesia and another Southeast Asian country, where societal norms discourage open dialogue about sexuality and reinforce silence, particularly within families and school systems (Wijaya et al., 2023; Pasay-an et al., 2020). These layered barriers illustrate how adolescents navigate not only logistical hurdles but also moral and emotional constraints shaped by their gender.

The role of institutions emerged as a powerful theme, with participants describing how schools, families, and health services can both mitigate and exacerbate gender disparities. Students noted that educators often fail to provide comprehensive, gender-inclusive reproductive health education, especially for boys. In addition, families were seen as reluctant to address sexuality with male children, reinforcing silence and exclusion. These insights align with the ecological model of health behavior (Darebo et al, 2024), which emphasizes the interaction between individuals and their social environments. Institutions are not neutral and often reflect as well as reinforce cultural biases. Participants emphasized the need for change through teacher training, improved school curricula, and greater involvement of families to ensure equal support for all adolescents, regardless of gender.

Taken together, these findings underscore the urgent need for gender-transformative reproductive health education that challenges traditional assumptions and creates space for both boys and girls to learn, question, and seek care without stigma. While female adolescents often bear the brunt of social control, male adolescents suffer from neglect, resulting in a dual inequity that disadvantages all. As future public health professionals, the students in this study demonstrated a critical awareness of these dynamics and a strong commitment to more inclusive approaches. These insights reinforce the importance of embedding gender equity into public health curriculum, so the students are not only informed but also empowered to lead systemic change. The study contributes to the growing call for intersectional and context-sensitive strategies that account for cultural norms, institutional practices, and youth agency in addressing reproductive health disparities.

Additional findings from the field, though not covered in the main research themes, highlight the critical role of peer dynamics, trust in healthcare, and the need for inclusive education. Students noted that peer judgment often discourages open discussion about reproductive health, reinforcing silence and misinformation. Both male and female participants also described a lack of trust in healthcare providers, particularly when moralizing attitudes created feelings of shame. At the same time, students emphasized that schools have the potential to serve as safe and inclusive spaces, where balanced and youth-friendly education could reduce stigma and improve access to reliable information for all adolescents.

One potential limitation of this study is its focus on students from a single university in a non-metropolitan area, which may limit the generalizability of the findings to broader adolescent populations in different cultural or geographic contexts. Additionally, as participants self-selected to join the focus group discussions, their views may reflect a greater interest or awareness of reproductive health issues compared to the general student body. However, the use of focus group discussions enabled rich, collective insights that reflect broader social patterns relevant to similar low-resource or conservative settings.

CONCLUSION

This study explores public health students' perspectives on gender inequities in adolescent reproductive health. Gender norms and institutional practices often frame reproductive health as a female issue, leaving boys excluded from education and services. Schools, families, and health workers often unintentionally reinforce these gaps, while students expressed readiness to challenge these norms. These insights emphasize the need to embed gender equity into public health education and practice. It is suggested that future programs should adopt inclusive, gender-sensitive approaches that empower both male and female adolescents to access reproductive health information and care equally.

AUTHOR'S DECLARATION

Authors' contributions and responsibilities

All authors contributed substantially to the design, execution, analysis, and writing of this study. **HR, AY, AD, KS:** conceptualized the research; **HR**: facilitated data collection through focus group discussions, and led the thematic analysis, supported the development of the interview guide; **HR, AY, AD and KS:** contributed to coding and theme development, and assisted in refining the manuscript. All authors reviewed and approved the final version of the manuscript.

Availability of data and materials

All data are available from the authors.

Competing interests

The authors declare no competing interest.

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