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Digital Storytelling on Reproductive Rights: Advancing Critical Awareness and Equity

Herwansyah Herwansyah[1*], Muhammad Rifqi Azhary[1], Vinna Rahayu Ningsih[1], Patrick Wiliam Gading[2]
[1]Public Health Department, Faculty of Medicine and Health Sciences, Universitas Jambi, Jambi, Indonesia
[2]Medical Science Department, Faculty of Medicine and Health Sciences, Universitas Jambi, Jambi, Indonesia

Corresponding author: herwansyah@unja.ac.id

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ABSTRACT

Reproductive rights are a fundamental aspect of human rights, yet in Indonesia this issue is often narrowly perceived as women's issues. Among university students, including future health professionals, limited literacy and persistent stigma restrict critical engagement with reproductive health and equity. This study explores how digital storytelling can serve as a transformative pedagogical tool to foster critical awareness and collective responsibility for reproductive rights. This qualitative case study involved 25 students from five departments in the Faculty of Medicine and Health Sciences, Universitas Jambi. Data were collected through focus group discussions, participant observation, and documentation of digital storytelling. Thematic content analysis identified key dimensions of students' interpretations and reflections. Five interrelated themes emerged: (1) bodily autonomy and courage to speak against stigma; (2) justice and partner involvement in reproductive health access; (3) universal access and solidarity across regions; (4) cultural barriers of stigma, silence, and discrimination; and (5) hope for equity through youth agency, educational innovation, and father involvement. Students recognized reproductive rights as a collective responsibility requiring individual courage, relational support, systemic equity, and intergenerational engagement. Digital storytelling facilitated critical reflection and the production of inclusive narratives that challenged gender bias and cultural taboos. Digital storytelling is an effective educational approach to foster critical awareness and advance reproductive health equity among future health professionals. This method offers an alternative pathway to instill a more humanistic and inclusive understanding of reproductive health issues.

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Introduction

Reproductive rights are an essential part of human rights, ensuring that every individual, regardless of gender, has the freedom and access to information, services, and decisions related to their reproductive health (Nabila & Desmawati, 2022). Reproductive rights are not only a health issue but also involve gender equity, individual autonomy, dignity, and social justice. People make reproductive decisions within social and cultural contexts influenced by access to healthcare and information, gender norms, power relations, cultural expectations, and social stigma (Bohren et al. 2022; Ruane et al., 2020). In practice, however, discussions about reproductive health often focus on women, overlooking the importance of shared understanding and involvement from all groups, especially men (Alomair et al., 2020; Price, 2020). This gender-biased perspective creates inequality in awareness and participation, hindering collective efforts to promote equitable and inclusive reproductive health (Squazzoni et al., 2021; Anindya, 2021). Hence, a more inclusive approach should recognize reproductive health as a shared responsibility and address the social and gender-related factors that influence people's reproductive choices and experiences.

In Indonesia, reproductive health literacy remains low, particularly among adolescents and university students. Many young people still lack accurate, scientific, and contextual information about reproductive functions, contraception, sexually transmitted infections, and reproductive rights (Widyastuti, 2021; Suramto, 2024). Young people also face social and cultural barriers to discussing these issues openly. Gender norms and the perception of sexuality and reproductive health as sensitive or taboo topics can limit opportunities for open discussion and critical learning (Anindya, 2021; Tarapanjang & Suwarno, 2024). As a result, young people may rely on informal sources of information, which can contribute to misconceptions and reinforce existing gender stereotypes. These challenges can have important consequences for reproductive health and rights, including stigma related to menstruation, pregnancy outside marriage, early marriage, and unequal access to reproductive health information and services.

Therefore, improving reproductive health literacy requires more than providing factual information. Students also need to understand how gender norms, stigma, social expectations, and unequal power relations influence reproductive health and individual autonomy. This broader understanding can help them recognize inequalities, question harmful assumptions, and support more equitable reproductive health practices. Such learning is particularly important in higher education and among students in medicine and health sciences, who will become future healthcare professionals.

In academic settings, especially among future health professionals, there is a need for deeper understanding and advocacy for reproductive rights. These students will become the next generation of healthcare providers who must combine clinical competence with social sensitivity, empathy, and awareness of the cultural and structural factors shaping people's health experiences (Tollmann et al., 2025). Understanding reproductive rights and gender equality equips them to deliver inclusive, non-discriminatory, and justice-oriented care. However, conventional reproductive health education often emphasizes transmitting biomedical knowledge and may offer limited opportunities for students to examine their own values, assumptions, and experiences. Limited literacy and lack of reflective learning can lead to the perpetuation of gender bias, even among future healthcare professionals (Gyawali et al., 2025). Knowledge-based and teacher-centered approaches are potentially insufficient to address complex issues such as gender bias, stigma, autonomy, and social justice. Students need opportunities to reflect on these issues and connect theoretical knowledge with real-life experiences.

Digital storytelling offers a promising, participatory, and reflective approach for students to express their personal and social perspectives on reproductive health (Petty, 2021; Rieger et al., 2018). Students create and share stories that connect personal experiences with social issues. This process encourages reflection, empathy, and dialogue about gender norms, stigma, reproductive autonomy, and inequality. Previous research shows digital storytelling can support empathy among nursing students, while broader health research has identified storytelling as a useful participatory method (Petty, 2021; Rieger et al., 2018). These features make digital storytelling particularly relevant to reproductive health education, where personal experiences and social values often interact with biomedical knowledge. Digital storytelling deepens students' understanding of reproductive health and rights, strengthens critical awareness, and promotes advocacy for equitable healthcare, supporting the goals of SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality) (Zuccala & Horton, 2018; Hassan & Golub, 2025).

Despite growing interest in participatory and digital approaches to education, limited evidence exists on how digital storytelling can support reproductive rights and gender equity education among medical and health sciences students in Indonesia. In particular, it remains unclear whether and how digital storytelling can strengthen students' critical awareness of reproductive rights, gender norms, stigma, autonomy, and equity. This gap is important because future healthcare professionals need educational approaches that prepare them not only to understand reproductive health but also to recognize and address the social inequalities that affect reproductive health experiences.

The study's novelty lies in its innovative use of digital storytelling as a reflective and participatory learning method in reproductive health education. Unlike conventional, theory-based, teacher-centered approaches, this method empowers students as active participants who construct their own critical narratives about reproductive rights and gender equality. Therefore, this study aims to explore how digital storytelling can strengthen critical awareness of

reproductive rights and gender equity among students at the Faculty of Medicine and Health Sciences, Universitas Jambi. More specifically, the study examines how students' experiences of creating and reflecting on digital stories influence their understanding of reproductive rights, gender norms, stigma, autonomy, and equity.

METHOD

This qualitative case study involved 25 students from five departments (Medical Science Department, Nursing Science Department, Public Health Science Department, Pharmacy Department, and Psychology Department) at the Faculty of Medicine and Health Sciences, Universitas Jambi. This qualitative case study design explored students' experiences and reflections on digital storytelling within their educational context (Bouncken, 2026). The case focused on implementing digital storytelling for reproductive health and rights education at the faculty. The researchers purposively selected participants based on their involvement in reproductive health courses and their willingness to create and present digital stories. Eligible participants were students who participated in the relevant learning activities and completed the storytelling process. The study considered gender and socio-cultural diversity to capture varied perspectives. The final sample of 25 students provided sufficient variation and recurring patterns across participants and departments. The study also considered gender and socio-cultural diversity to capture varied perspectives.

Data were collected through focus group discussions (FGDs), participant observation, and documentation of digital storytelling outputs. FGDs explored students' views and reflections, while observations and documentation provided contextual and narrative insights. Digital storytelling followed six steps, including topic selection, story development, script preparation, digital production, presentation and discussion, and reflection. Facilitators guided the process and encouraged open, respectful discussion of reproductive health, rights, gender equality, and stigma. The data were analyzed using thematic content analysis to explore students' experiences and perspectives after participating in the digital storytelling activity. The analysis focused on how students described their experiences of discussing reproductive health and rights, and how these experiences shaped their reflections on stigma, gender equity, social inequalities, access to health services, and their perceived role as young people in promoting reproductive health (Saunders, 2023).

All participants provided informed consent, and the discussions were audio-recorded to ensure accurate and complete data. The researchers enhanced trustworthiness through data triangulation, member checking, and peer debriefing. Researchers practiced reflexivity by considering their roles as educators and facilitators and avoided imposing personal views during data collection and analysis. The Research Ethics Committee of the Faculty of Medicine and Health Sciences, Universitas Jambi, granted ethical approval (Reference No. 3470/UN21.8/PT.01.04/2025). All participants received an information sheet and signed a consent form prior to the FGDs. The researchers strictly maintained anonymity and confidentiality, and participants were informed of their right to withdraw at any time without consequences.

RESULTS

This study explored students' experiences and perspectives following their participation in a digital storytelling activity focused on reproductive health and rights.The findings show that digital storytelling effectively stimulated students' critical awareness and reflections on reproductive rights and health. Through visual and narrative engagement, students developed a deeper understanding of social and gender inequalities, stigma, and the need for open dialogue about reproductive health. The analysis revealed five interconnected themes, such as (1) breaking the silence and challenging stigma, where students viewed the stories as acts of courage to address taboo topics and resist restrictive social norms, (2) inequality and shared responsibility, which highlighted disparities in access to reproductive health services and emphasized that

reproductive rights should be a mutual concern between partners, (3) equity and access, reflecting students' recognition of the importance of ensuring that reproductive health information and services reach rural and marginalized communities, (4) empowerment and solidarity, illustrating collective hope and awareness of their role in promoting equality and justice, and (5) youth as agents of change, showing students' optimism that creative and participatory approaches like digital storytelling can transform perspectives and drive social change toward reproductive health equity.

Breaking the silence and challenging stigma

Digital storytelling provided a safe and creative space for students to challenge taboos surrounding reproductive health. Many participants described it as an empowering way to speak openly about topics often considered private or shameful.

As one student stated:

> *"Talking about reproductive rights is still seen as shameful, but through this project, we could express it openly." (PH01)*

Another identified:

> *"It made me realize that silence only keeps the stigma alive." (MD03)*

The group discussions also revealed increased confidence in addressing sensitive issues:

> *"At first, I was afraid to talk about these issues, but hearing others share made me feel braver." (PSY01)*
>
> *"This activity showed me that discussing reproductive health doesn't have to be taboo, it's about awareness and rights." (PH03)*

These reflections demonstrate how digital storytelling functioned as both an educational and transformative experience.

Inequality and shared responsibility

Students discussed the inequalities that affect access to reproductive health services, emphasizing that these issues intersect with gender and socioeconomic status. They recognized the unfairness experienced by marginalized communities, as illustrated by one student's comment:

> *"Poor communities often have less access to reproductive services, and that's not fair." (NS05)*

Another noted the importance of mutual accountability, saying:

> *"Reproductive rights are not only a woman's issue; both partners must take responsibility." (NS01)*

Participants also highlighted the gendered burden of reproductive health, sharing that:

> *"Many women carry the burden alone, while men are not equally involved, and it made me think that equality also means men should understand and support reproductive health decisions." (PH03)*
>
> *"Many women carry the burden alone, while men are not equally involved" (MD05)*

These perspectives underline students' awareness of shared responsibility and gender equity in reproductive health.

Equity and Access

A strong concern for equitable access to reproductive health education and services emerged in all FGDs. Students acknowledged that geographical and economic disparities hinder equal opportunities for health.

One participant shared:

> *"People in remote areas also deserve information and services, not only those in cities." (PRC04)*

While another emphasized:

> *"We need more health workers and education programs in rural places." (MD01)*
>
> *"Everyone should have the same chance to learn about reproductive health, no matter where they live." (NS04)*
>
> *"Health access shouldn't depend on how rich or urban you are, it's a basic right." (PSY04)*

These reflections demonstrate students' growing understanding of structural inequality and their empathy toward marginalized populations. Participants also identified social and cultural barriers to accessing reproductive health services. Some students described concerns about embarrassment, judgment, and the sensitivity of discussing reproductive health, particularly among young people.

Two participants shared:

> *"Sometimes young people are afraid to ask questions because they worry that other people will judge them" (PRC01)*
> *"Even when the service is available, people may not come because they feel ashamed or uncomfortable talking about reproductive health" (PSY02).*

Empowerment and solidarity

Throughout the digital storytelling process, students described a growing sense of empowerment and solidarity. Sharing personal and group narratives helped them recognize their capacity to advocate for change.

Two students said:

> *"We realized we can contribute to change, even starting from our campus." (PH02)*
> *"It is not only about women's rights, but human rights that must be protected together." (MD03)*

Participants described feeling stronger and more connected through collective reflection:

> *"Sharing our stories made us feel connected and stronger as a group." (PRC05)*
> *"I felt proud that our voices could represent others who are still afraid to speak." (MD01)*

These experiences show that the project fostered not only knowledge but also collective agency and social cohesion. For some participants, this process was associated with a greater willingness to speak about reproductive health and rights. Hearing peers discuss sensitive issues appeared to reassure them that these topics could be discussed collectively rather than treated solely as private concerns.

As one student explained:

> *"When we shared our stories, I realised that I was not the only one thinking about these issues." (NS03)*

Another participant stated:

> *"We can support each other because reproductive health is something that concerns everyone." (PSY05)*

Youth as agents of change

The participants identified themselves as potential change makers in promoting gender equality and reproductive health. The creative nature of digital storytelling inspired optimism and a belief in the transformative power of youth-led initiatives.

Some students reflected:

> *"As young people, we can change how society talks about reproductive health." (MD04)*
> *"Digital storytelling is a new way to make people listen and care." (NS01)*

Moreover, participants discussed the importance of young people speaking openly and sharing reproductive health information with their peers. Some students saw peer-to-peer communication as a practical way for young people to build awareness.

One participant stated:

> *"Sometimes young people listen more to their friends, so we can start by sharing what we know with each other." (PH02)*

Another explained:

> *"If we understand these issues, we can also help our friends understand their rights." (PRC01)*

These perspectives suggest that students perceived themselves not only as recipients of reproductive health information but also as potential sources of information and support within their peer networks. Others recognized technology's broader potential, and these insights suggest

that digital storytelling served as both a pedagogical and motivational tool for social transformation.
They stated:

> "*We have the power to use technology for social awareness, not just entertainment." (PRC05)*
> *"This experience made me realize that youth can lead movements for gender equality." (PH01)*

DISCUSSION

This study explored students' experiences and perspectives after participating in a digital storytelling activity focused on reproductive health and rights. The findings identified five interconnected themes, including breaking the silence and challenging stigma, inequality and shared responsibility, equity and access, empowerment and solidarity, and youth as agents of change. The theme of breaking the silence and challenging stigma illustrates that students moved from tacit acceptance of reproductive-health taboos to actively articulating concerns and questioning social norms. These changes align with research showing that creating digital stories together can help learners understand and reflect more deeply on their experiences (Maragh-Bass, 2025). Students engaged in critical pedagogy through the process of crafting and sharing their own narratives, creating opportunities for voice, reflection, and dialogue (Erbay, 2025; Zhu et al., 2023). Thus, digital storytelling served not only as a medium for content but as an experiential process that raised awareness.

Beyond individual awareness, the findings suggest that digital storytelling helped students move toward collective understanding and shared responsibility, addressing the second objective of strengthening collective narratives around reproductive rights and health. Students began to see reproductive health as not only an individual concern but as an issue shaped by gender relations, social equity, and community access. This shift toward a social-justice framing is consistent with prior research showing that digital storytelling interventions often elevate marginalized voices and encourage dialogue about structural determinants of health and equity (Zhu et al., 2023). The sense of empowerment and solidarity among participants suggests that digital storytelling supported a shared sense of identity and encouraged students to think about their role in promoting change, rather than serving only as a form of personal reflection. (Asmayawati, 2023). This collective dimension is critical for building narratives that transcend individual stories and speak to systemic conditions and shared agency.

Furthermore, the findings suggest that students positioned themselves as active agents of change through the digital-storytelling process. This resonates with the objective of enabling students not only to understand but to act, and to develop narratives that strengthen reproductive-health awareness on campus and beyond. From a pedagogical standpoint, integrating digital storytelling combines multimedia engagement, narrative work, peer collaboration, and reflection, an approach shown to enhance engagement, communication skills, and critical thinking in medical and health education contexts (Ginting et al., 2024; Dishari et al., 2025). For practice, the study suggests that when students co-create and present digital stories, they are more likely to internalize values of gender equality, community access, and rights-based health. For future research and program design, it will be important to evaluate not only awareness and narratives but longer-term outcomes (behavior, advocacy, policy engagement) and to ensure that this pedagogical method is inclusive, ethically anchored, and context-sensitive.

CONCLUSION

Digital storytelling gave students opportunities to openly discuss reproductive health and rights, question stigma and gender inequalities, recognize barriers to equitable access, and build a stronger sense of empowerment and solidarity. The findings also showed that students viewed young people as having an important potential role in promoting reproductive health and gender equity. The overall findings suggest that storytelling, reflection, and dialogue can support

students' critical understanding of reproductive rights and gender equity by connecting personal experiences with wider social issues. Digital storytelling offers a promising complementary approach to health professions education, although further research is needed to determine whether these learning experiences lead to sustained changes in attitudes, behaviour, or professional practice.

AUTHOR'S DECLARATION

Authors' contributions and responsibilities

HH: Conceptualization, visualization, writing the original draft, review, and editing; **MRA, VRN:** Manuscript preparation, assisted with visualization; **PWG:** Participated in supervision, validation, review, and editing. All authors read and approved the final manuscript.

Availability of data and materials

The authors made all data available.

Competing interests

The authors declare no competing interests.

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