

REPRODUCTIVE HEALTH IN THE CONTEXT OF HEALTH PROMOTING UNIVERSITY (HPU)



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Abstract

Reproductive health is often narrowly framed around menstruation, childbirth, and pregnancy, reflecting a patriarchal view of women's bodies as production tools. In Indonesia, public health behaviors remain below optimal standards, necessitating strategic health promotion efforts. As centers of knowledge production, universities hold significant potential to advance public health education, particularly for younger generations. One such initiative, Menuju Kampus Sejahtera, aims to disseminate reproductive health information and promote a holistic, gender-inclusive understanding. However, the content still predominantly centers on women's health, reinforcing gendered assumptions. This research employs Michel Foucault's theory of biopolitics to analyze how power operates through biological regulation, especially via medicalization where medical discourse is used to shape and control individual behaviors. The study uses a qualitative method with a reflexive ethnographic approach to explore how reproductive health narratives are shaped, internalized, and challenged within the university setting. Data was gathered through literature studies and in-depth interviews with students who had engaged with the HPU platform. Reflexivity and positionality were used to address ethical and interpretative dimensions, particularly when dealing with sensitive topics. By critically examining the content and framing of campus health promotion programs, the research highlights the limitations of current narratives and calls for more inclusive approaches that address reproductive health beyond traditional gender binaries. This study contributes to the sociological understanding of how health knowledge is produced, distributed, and experienced in higher education settings, and proposes a gender-transformative framework for reproductive health promotion.

Keywords: Reproductive Health, Health Promotion, Biopolitics, Medicalization, Reflexive Ethnography

INTRODUCTION

So far, discussions on reproductive health have focused more on women because of traditional views that tend to provide gender stereotypes of the male and female body. The male body is always considered as a standard or pattern, creating an assumption that the male body is considered better (Martin 1992:71). The existence of social, cultural, economic, and political factors as symbolic forces has a high role in these perspectives and meanings (Saptandari 2012). This shows how the understanding of reproductive health is still closely related and based on behavioural patterns and values that exist in society. Making an understanding of reproductive health issues experienced by women, such as menstruation, pregnancy, childbirth, abortion, and menopause, is also not far from the beliefs and observances that exist in the community.

Unfortunately, in everyday life, not many people talk about male reproductive health issues. They tend to ignore the fact that men have the potential to have reproductive health problems. So, it is not surprising that compared to women, men are less likely to seek reproductive health services because they have limited access. This has then become a criticism from many people, especially on the fulfilment of the need to improve reproductive health services for men. The goal is not only to improve the quality of men's health but also to build awareness that the responsibility of the male body is in his own hands. Moreover, providing reproductive health services to men can also realise the creation of gender equality access in the health sector, as stated in the Sustainable Development Goals (SDGs) related to gender equality (Wang and Torbica 2024). Thus, it can be understood that the right to obtain information about reproductive health is also needed for every man because the process of continuing the lineage through sexual activity is not only the responsibility of women.

Limited information on reproductive health among men seems to have an impact on the low knowledge and attitudes of men toward maintaining reproductive health, and even tend to underestimate it (A.R. et al. 2014). Efforts to overcome reproductive health problems that still rely on women, instead of being able to solve the problem, increase the gender gap in society (Haryanto and Fahmi 2015). Therefore, comprehensive health communication on reproductive health for women and men is needed so that people's knowledge and behaviour are by established standards. Things that have not met this standard require improvement efforts, one

of which can be implemented through health promotion. The World Health Organisation (WHO) states that health promotion is a process where humans take control to improve their health. Health promotion is carried out with consideration and hope that the community can change their lifestyle, one of which is the aspect of sexual health (Emilia, Prabandari, and Supriyati 2018). Reproductive health promotion can solve, or at least reduce, reproductive problems that stem from social problems.

One of the WHO recommendations is to conduct environment-based health promotion with a socio-ecological approach. Higher education as one of the learning centres for science development is deemed appropriate to be used as a place of collaboration in realising this. Therefore, based on the assumption that universities have the potential to contribute to improving public health, WHO 1998 launched the Health Promoting University (HPU). HPU is a system dedicated to improving and maintaining the health of students, faculty and staff. Among the three, students are the largest group in the university community, so intervention policies focus more on them because they have the potential to significantly impact the university (Al-Jayyousi et al. 2024). The implementation of HPU is a systematic effort to integrate and promote health in higher education, manifested in the Healthy Campus programme, which is conceptualised by the Tridharma of Higher Education (Kementrian Kesehatan RI 2019).

As reported on the hpu.ugm.ac.id website on March 17, 2025, the HPU has been developed since 2014 through the Health Promotion Division. Since then, the framework for developing a healthy campus has been implemented and published in 2017 but was agreed to be applied at universities in July 2019 (UGM Sehat 2023). As a form of support for the program, Universitas Gadjah Mada (UGM) also declared itself a Healthy Campus by initiating the "Kampus Sejahtera" program. The UGM HPU team carries the tagline "Menuju Kampus Sejahtera" and has eight thematic areas, one of which is reproductive health. Still on the same page, accessed on September 30, 2023, it is stated that men, not only women, must also consider reproductive health. This statement emphasizes the importance of the right approach in delivering health information to both men and women. One effective way to raise such awareness is through health communication, which (A.R. et al. 2014) effectively influences human behaviour patterns because its implementation is based on social psychology, health education, and the delivery of health

promotion through preventive messages and even calls to action.

The further implication of health communication is the acceptance of information by the audience and how they consider the information obtained. The problem that arises is that the content related to reproductive health on the UGM HPU website creates a gender gap because the topics presented still revolve around women's reproductive health issues only. This is evident in the articles available, including "Menyusui dan Minum Obat Aman atau Tidak, ya?", "Buku Saku Deteksi Dini Kanker Payudara," and "Mengenal Lebih Jauh mengenai Kanker pada Organ Reproduksi Wanita." From here, studies or treatment of reproductive health still show that public views, understanding, and beliefs related to sexuality are still focused on women's bodies (Saptandari 2012).

This condition reflects a view that tends to focus on women's reproductive health as if the female body is something that must be socially and politically controlled. In contrast, men's reproductive health tends to be neglected. Following Douglas (1966) in (Scheper-Hughes and Lock 1987), when a community is threatened, they will respond by expanding the number of controls that regulate the group's boundaries. Based on the statement, men's bodies must also be included in the scope of that regulation. In this context, the HPU should become a medium that facilitates the provision of information regarding men's reproductive health.

There are several previous studies on HPU in Indonesia, such as the one conducted by (Agustini, Novitasari, and Akib 2021) titled "Kampanye Media Kampus Sehat Sebagai Inisiasi Health Promoting University di FKMK UGM," which aimed to observe awareness of the SALAM (Eat fruits and vegetables daily, engage in regular physical activity, and maintain mental health) Healthy media campaign as an initiation of UGM HPU. The study originated from the increasing mortality data due to Non-Communicable Diseases (NCDs) in Indonesia. At the university level, health promotion regarding NCDs is considered low, thus requiring student health promotion efforts to encourage healthy living behaviour. Based on a qualitative study, the research findings indicate that the SALAM healthy media campaign requires message development that is consistent with and integrated into relevant policies, environmental support, and broader collaborative efforts.

Second is the research from Samai et al (2025) with the title "Penerapan Health Promoting University dalam Upaya Pencegahan TBC di Lingkungan Kampus Prodi D-III Keperawatan Kepulauan Yapen," which aimed to evaluate the

application of the HPU concept in the prevention of Tuberculosis (TB). This study also stemmed from the high issue of non-communicable diseases, thus requiring strategic interventions in preventing and controlling them. In this regard, the D-III Nursing Program Yapen has a role in preventing and controlling them. Qualitative methods showed research results in increased TB disease prevention after implementing HPU due to increased knowledge among campus residents. The last one is the study conducted by Fadila, Putera, and Ariany (2022) titled “Management Program Kampus Sehat dalam Mewujudkan Program Kampus Sehat dalam Mewujudkan Masyarakat Kampus Sehat dan Sejahtera di Universitas Andalas Tahun 2022” which aimed to find out how the healthy campus program is managed. The study began with the development of human resources aimed at improving human quality of life by interpreting health promotion as a process that enables individuals to have complete control. The use of qualitative methods in the study shows that the management of the healthy campus program at Andalas University has not been optimally implemented due to deficiencies in the formulation method.

Studies on HPU in Indonesia have been widely conducted, especially those focusing on health campaigns, such as healthy lifestyle promotion and its implementation in the campus environment. However, no research has specifically discussed HPU strategies for accommodating reproductive health among students. This gap shows an imbalance in campus health promotion, which potentially leads to discriminatory access to information based on gender. This issue then raises the question of how the university, as an educational institution, produces knowledge about the reproductive health of its members. This study examines whether there is a relationship between students’ understanding and the health strategies implemented by the Health Promotion Unit (HPU).

This study refers to the theories of medicalization and biopolitics, which explain how the body and health become arenas of institutional control to explain the relationship between student understanding and HPU’s health promotion strategies. As described by Conrad (2007:4), medicalization portrays the process by which non-medical phenomena are defined and treated in medical terms as diseases or disorders. Especially with the expansion of the jurisdiction of the medical world, which now encompasses aspects of life that were previously not considered part of the medical domain. In this context, issues related to the body and health—including reproductive health—are increasingly placed under medical authority.

However, the focus of medicalization, which tends to be individualistic, ultimately strengthens media social control over humans, as this approach emphasizes individual behaviour change rather than the transformation of broader social structures (Conrad 2007:8).

As a result, the human body and its biological functions become objects of intervention by various institutions, including educational institutions like universities. As a space for education and a norm-forming institution, the campus becomes a place where health values are constructed and reproduced through programs such as HPU. The biopolitical concept of Michel Foucault (1978) then provides a framework for understanding how modern power regulates populations through managing biological life. Since the 17th century, there has been an understanding that the human body is a machine that can be disciplined, optimized, and directed to support the interests of the economic system and the state *negara* (Foucault 1978). In the context of biopolitics, power is no longer just concerned with authority over the life and death of individuals but also over biological processes of populations such as birth, death, reproduction, and life expectancy. In this view, the human body becomes part of a control system that works through regulation, medical procedures, and health norms (Foucault, 1978: 143).

Medicalization functions are used as an instrument of biopolitics. The state and institutions—particularly those grounded in science and medicine—employ medical approaches to regulate public life by producing and disseminating knowledge about health (Bell and Figert 2012). Additionally, medicalization can be used to examine how medical authority is produced, achieved, and negotiated in social life. In this context, medicalization functions as a subtle yet effective mechanism of social control—because it operates through widely accepted norms and values of health. When associated with the university as an educational institution, it becomes clear that the HPU is an educational tool and a biopolitical agent. The “Menuju Kampus Sejahtera” program through the HPU produces and disseminates specific health values, one of which is maintaining reproductive health.

METHODS

Research related to the Health Promoting University (HPU) focusing on reproductive health was conducted at Universitas Gadjah Mada (UGM). The

method used was qualitative to obtain knowledge about constructing meaning, life experiences, and cultural practices (Atkinson 2017). The data collection techniques used were a literature study and in-depth interviews. A literature study was used to gather relevant references to the research topic, and the data obtained was sorted and analysed. The second technique, in-depth interviews, was conducted with informants selected randomly, with the condition that they had accessed the HPU UGM website or social media. To ensure the suitability of informant characteristics, the researcher searched on Instagram by observing interactions in the comment sections of HPU UGM posts. Then, randomly, the researcher contacted prospective informants via direct message to ask about their willingness to be informants. The selected informants were male and female, aiming to observe the imbalance of information received.

Before the interviews, the researcher explained the benefits and potential risks the informants might face through the principle of informed consent, which is often debated in research ethics (Vaidya 2010). After obtaining approval, in-depth interviews were conducted directly. This research applied the principle of anonymity to maintain the confidentiality of identities. An important consideration is to share their personal experiences in maintaining reproductive health and the process of seeking information to understand their reproductive health conditions. The data collection process was carried out from November to December 2023. The collected data was sorted according to the research needs and subsequently analysed. The findings from the in-depth interviews were also narrated and analysed to reveal how the dynamics between body, social, and political aspects emerge in the context of reproductive health within the HPU program. Furthermore, this research also explores how gender gaps emerge in HPU's health promotion.

Discussion about reproductive health is still considered taboo by some people, thus creating personal dilemmas in the data collection process. In line with what was stated by Vaidya (2010), ethnographic research that discusses sensitive topics gives rise to various personal and professional dilemmas for researchers. This is due to emotional involvement, which presents challenges in data management and ethics related to the privacy and trust of research subjects. Therefore, researchers need to maintain self-involvement to remain objective. In interviews, the researcher tried avoiding language that might make the informants uncomfortable. In addition, the researcher also avoided interruptions or judgments

toward the answers given by the informants. Apart from positionality, the presence of reflexivity is also equally important. In this study, reflexivity helped build self-awareness with the informants regarding the basic assumptions behind the questions posed. This interaction subsequently guided the proper steps to narrate, analyse, and interpret the answers (Robertson 2022). At this stage, the researcher's positionality complemented reflexivity, allowing critical reflection to understand and address potential biases that might arise during the research process (Robertson, 2022).

For information on informant data, please refer to the table below:

Name	Gender	Study Program
K	Male	Undergraduate in Javanese Literature
G	Male	Masters in history
H	Female	Undergraduate in Communication Studies
C	Female	Masters in linguistics

RESULTS AND DISCUSSION

Results

Personal Experience in Maintaining Reproductive Health

A person's general understanding of reproductive health revolves around the important aspects that need to be maintained because they can affect future stages of the human life cycle. So far, discussions about reproductive health are often associated with sex education and are provided from an early age with the aim that children have correct knowledge and understanding regarding awareness and responsibility for their reproductive health. Although given from an early age, even though non-formal institutions such as the family, not all children understand reproductive health well and in-depth. It is important to explore their experiences in maintaining reproductive health and the extent of sex education they have received to understand how university students view reproductive health. Sex education serves as a primary strategy for addressing various issues related to sexuality. Ideally, this education is provided by parents, but not all parents are willing or feel comfortable discussing reproductive health with their children (Sucia and Ekomila 2020).

Differences in receiving sex education and efforts to search for information influence a person's personal experience in maintaining reproductive health. K, for

instance, a student of Javanese Literature at the Faculty of Cultural Sciences UGM, tends to neglect reproductive health because this topic is considered taboo and often becomes a joke among his circle of friends. As a result, his search for information is limited to the knowledge he gained during high school. According to him, there is nothing to worry about, the reproductive organs usually function, as informed before. It is different from G, a master's student of history at the Faculty of Cultural Sciences UGM, who sought information from those closest to him and then applied the answers he obtained to himself. G also stated that the search for information on how to maintain male reproductive health is relatively minimal, so he felt it was difficult when trying to search independently. The lack of information searches regarding male reproductive health is due to their environment never explicitly discussing it.

Not much different from men, women are also still shackled by the view that discussions about reproduction are taboo. Environmental and cultural influences limit their space to seek information related to reproductive health, resulting in minimal knowledge access from those closest to them. The family, which ideally should be the first source in providing reproductive health education, often does not fulfil this role. About this, H, a communication science student at the Faculty of Social and Political Sciences, revealed that so far, she maintains her reproductive health based only on 'feeling' or her intuition. She does not trust the information circulating online because she worries that incorrect information could negatively impact her health. In her family, especially from her mother, discussions about reproductive health rarely occur. The education given is limited to prohibiting open discussions about it, even with fellow women, and advising against having sexual relations outside of marriage. The same thing was experienced by C, a master's student of Linguistics at the Faculty of Cultural Sciences UGM, who also tends to rely on intuition in maintaining reproductive health. In her family, discussions of reproductive health are limited to advice to consume traditional herbal medicine and prohibitions against carelessly disposing of menstrual pads, as it is believed to disturb the 'guardians' of the place.

The difficulty of accessing reproductive health information for both women and men is influenced by religion and culture. These two aspects are important in shaping how reproductive health and sexuality are implemented in community life, especially in Indonesia. Religion and culture also shape hidden power relations in

reproductive health practices, which, in the end, create hierarchy or stratification in access and control over the body and the reproductive process (Taragin-Zeller 2019). As a result, some individuals have complete control over their reproductive health, while other groups experience limitations that can lead to powerlessness. This analysis can also be understood as the result of the intersection between social norms, policies, and practices that contribute to the dynamics of reproductive health in society.

Based on the above explanation, the ways individuals maintain reproductive health are still not by applicable health standards. The four students rely on feelings, personal experiences, and limited information from their environment. Their understanding of reproductive health is also limited to disease and reproductive function disorders. Thus, it can be said that reproductive health is not yet understood comprehensively (Emilia et al. 2018: 1). The lack of understanding is due to the lack of information about reproductive health. The failure to meet healthy behaviour standards in maintaining reproductive health shows the need for efforts to improve health quality, one of which is through effective and sustainable health promotion (Emilia et al. 2018: 3).

Information on Maintaining Reproductive Health form the HPU UGM Website

According to the WHO (2025), reproductive health is a state of complete physical, mental, and social well-being and is not merely the absence of disease or infirmity, but encompasses all aspects related to the reproductive system, including its functions and processes. Thus, it can be understood that reproductive health information for both men and women should be easily accessible. Some reproductive health issues in men include prostate cancer, testicular cancer, and erectile dysfunction, while women face issues such as endometriosis, uterine fibroids, and cancer. Generally, factors affecting reproductive health include sexually transmitted diseases and HIV/AIDS. Based on this definition, the following data will present the availability of reproductive health content on the HPU UGM website in the form of a table.

Reproductive	Male	Female	Content
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health topics	Category	Category	Amount
Physical Health	-	-	-
Cancer	-	Breast cancer, cancer of female reproductive organs	M: 0; F: 2
Sexually Transmitted Diseases	-	-	-
HIV/AIDS	-	-	-
Pregnancy	-	Breastfeeding	M: 0; F: 1

Table 2. Content Information on the HPU UGM Website

Based on the table, we can know if the information gap regarding reproductive health reflects an imbalance in access and relates to the concepts of equality and equity in health. Referring to Dugdeon and Inhorn (2004), apart from rights, other aspects underlie the differences between equality and equity in reproductive health. Equality generally refers to equal outcomes between men and women, with the expectation that both have equal and complementary access. Meanwhile, equity is more subjective, depending on the approach used to understand the specific needs of each gender.

However, one thing that ultimately equalizes all these discussions is that traditionally, men are portrayed as individuals who tend to be indifferent and lack knowledge about reproductive health. This understanding can contribute to the limited availability of reproductive health information for men, which in turn reflects inequality in the access and distribution of knowledge. Therefore, it is important to ensure more in-depth and inclusive information for men so that they can make wiser decisions regarding their reproductive health.

Discussion

Health Promotion as a Medium Knowledge

Health promotion can help equalize knowledge or the dissemination of

information about the body. It is a strategic effort to encourage changes in people's lifestyles. Following WHO (Kementrian Kesehatan RI 2019) defines health promotion as a process that enables people to have greater control over their health. Therefore, health promotion needs to include educational strategies that not only convey knowledge but also build critical awareness of reproductive health issues, which are often surrounded by stigma and social bias.

In the effort to deliver health promotion messages in this digital era, mass media and online platforms play a central role in spreading information about reproductive health (Fitria, Safitri, and Nisa 2023). Media is a communication channel and an agent of public opinion that can influence society's perceptions and attitudes toward the body and sexuality. Through health promotion disseminated via print, electronic, and social media, reproductive health information can reach a broad audience and potentially erase the stigma attached to the issue. In addition to media, higher education institutions also have a central role in producing and disseminating knowledge about reproductive health. Many universities, including Universitas Gadjah Mada (UGM), have adopted the Health Promoting University (HPU) approach to encourage a campus environment that supports the academic community's physical, mental, and social health. Health promotion, including reproductive health issues, is integral to the campus community's well-being through this program. In practice, HPU aims to deliver information and shape collective behaviour and certain health cultures (Mohammadi 2019; Stock et al. 2014; Suárez-Reyes, Serrano, and den Broucke 2019). Health promotion is often considered a neutral educational strategy. However, health promotion reflects the values, norms, and powers embedded in society, including in the body and reproduction issues. The approach used in health promotion often reflects who holds the authority to define what is considered "healthy" and who is seen as responsible for their bodily health. In the context of programs like HPU, there is a risk that the health standards being formed reinforce certain norms about the "ideal" body and the "correct" sexual behaviour without adequately considering the diversity of individuals' experiences and needs. At this point, it is important to observe how health promotion strategies can target specific groups while others become less visible in existing narratives and interventions. One form of inequality that emerges is in gender representation: when reproductive health promotion is more frequently directed toward women, while men are rarely actively involved. This imbalance shows that health promotion is both technical and political it determines who is given the burden of responsibility and who is included in the discourse

of bodily health.

Gender in Reproductive Health Promotion “Kampus Sejahtera”

Although the discourse on reproductive health is not new, public understanding of this concept remains limited. The term “reproductive health” is often only associated with specific biological organs or processes, whereas its scope is much broader, encompassing social, cultural, and economic aspects (Lazuardi 2022: 127). The issues defined are not always confined to reproductive aspects alone. Reproductive health is not only related to physical health but is also closely tied to social and societal problems. Saptandari (2012) writes about how discussions on reproductive health cannot be separated from broader contexts, such as religion, culture, education, and economics in society. Therefore, discussions on reproductive health must consider the social complexities that influence public knowledge, attitudes, and behaviors toward the body and sexuality.

Farchiyah et al. (2021) in their research state that social issues such as gender inequality and violence in intimate relationships are also closely related to reproductive health issues. This inequality not only affects access to services and information but also reinforces stigma and limits the active participation of individuals, especially men, in discussions and practices of reproductive health care. Male involvement is crucial for a more comprehensive and collective understanding of reproductive health. Therefore, it is essential to consider various dimensions in reproductive health discussions, including sociocultural aspects that significantly influence constructing individual thoughts. So far, many writings show that few people are willing to openly discuss their knowledge about reproductive health (Farchiyah et al. 2021; Handayani, Gamayanti, and Julia 2013; Smith-Hefner 2019). Another issue is that knowledge about the body and reproduction is still considered the “domain” of women, while men are often seen as passive or even irrelevant. Cultural norms that associate reproduction with specific gender roles and identities limit open discussions and comprehensive education on reproductive health for all individuals, both men and women (Pedersen 2002).

As a result, men are not only marginalized from access to information but also from responsibility for their body health. This inequality has implications for the exclusion of men in reproductive health programs and their minimal representation in related research (Martin 1992). The still limited discussion on male reproductive health is an issue that needs attention in efforts to expand coverage and awareness about

reproductive health comprehensively. Social constructions also reinforce body hierarchies based on gender. Men's bodies are often positioned as the normative standard, while women's bodies are considered "problematic," vulnerable, and need to be controlled. Referring to Martin (1992), women's bodies are even viewed as biological entities subjected to a hierarchical control system, like a reproductive machine. Women's bodies are intensively medicalized, while men's bodies tend to escape medical surveillance (Saptandari 2015). However, this assumption potentially obscures men's vulnerabilities and becomes a barrier to fostering collective awareness about the importance of reproductive health for all genders.

Health promotion practices are reflected in higher education environments. Based on an interview conducted by the author on December 3, 2023, with K, it was revealed that the information provided only benefits women, and men hardly receive information relevant to their conditions and needs. According to K, this stems from the assumption that men do not need or are not interested in reproductive health issues. K emphasized that these assumptions do not mean that men do not require such information; it would undoubtedly be better if the information provided is balanced between men and women. A similar sentiment was also expressed by G, who, after seeing the "Towards a Prosperous Campus" poster, eagerly opened the HPU UGM website and Instagram pages, hoping to obtain much information about reproductive health. However, what was received was the opposite; no information related to men's reproductive health was found. G felt neglected because, although women have higher vulnerabilities, if men are not given adequate knowledge, it will also have adverse effects in the future.

Looking at this reality, compared to men, women's bodies are more easily made subjects of medicalization. Conrad (2007: 43-44) mentions that men are often neglected from media analysis because their surveillance tends not to be vulnerable to medical oversight and control. However, such an understanding cannot be maintained; efforts must be made to view men's bodies as subjects that can be controlled. There needs to be a discussion on the medicalization of men's bodies, especially the problematization of their sexuality and bodies. As stated by Bell and Figert (2012), gender-based medicalization functions as a mechanism of control over the body and as an effort to transform self-understanding and the body in the context of health.

Medicalization with a gender approach can be an initial step to breaking the stereotypes of masculinity that often-become obstacles for men to discuss matters related to reproductive health that seem to be "attached" only to women. Encouraging male

involvement in reproductive health issues through health promotion also becomes an initial step to distributing responsibilities equitably. Health promotion with a gender perspective can potentially expand the scope of education and reduce inequalities in self-health management. However, it is necessary to question further: to what extent is health promotion free from power bias? Who defines health? And who is considered 'worthy' to be the target of promotion? These questions lead us to further discussions on health promotion as a form of biopolitical practice—a mechanism of regulation and control over bodies and populations, inseparable from power relations, social norms, and broader institutional logic.

Health Promotion as a Biopolitical Approach of Universities

This collective health is the meeting point of health promotion and the concept of biopower, as explained by Foucault in "The History of Sexuality". Through the subchapter "Right of Death and Power over Life", Foucault describes how the transformation of political power from an absolute sovereignty model to biopower occurs. In pre-modern society, the ruler's power (sovereign) could take life or allow life to continue. This power was absolute and unquestionable. Biopower marks a shift where "rights" are increasingly replaced by "norms," and power no longer operates through prohibitions or punishment but through regulation and normalization. The absolute right of the ruler is gradually replaced by relative logic that counts, measures, and compares. A "normalizing society" (Lemke 2011) replaced a society defined by natural law.

Biopower operates in two domains: first, anatomy-politics, which is power over the individual body through discipline, and second, biopolitics, which is power over the population as a collective entity through regulation (Liesen and Walsh 2012). Anatomopolitics views the human body as a complex machine that needs to be regulated through disciplinary techniques such as training, surveillance, and adaptation to norms. Unlike the regulation of the individual body, the regulatory control of the population (biopolitics) does not focus on the body. Still, on the "collective body of a population" (Lemke 2011: 36). Based on these two domains, Foucault was particularly interested in sexuality because of its position as a strategic field in both domains, involving bodily practices as well as the projection of the population's future (see Foucault, 2003): 251-252). Therefore, sexuality occupies a special position because its effects are at the micro level of the body and the macro level of the population (Lemke & Thomas, 2011:38-39).

Reproductive health occupies a strategic position like sexuality in the biopower

framework because it concerns the individual body while also being the object of population regulation—at the intersection of social norms and life management strategies. In this context, reproductive health promotion on campus—such as that conducted by HPU UGM—can be read as one form of biopolitical practice. In this case, the campus plays a role in health promotion campaigns through the Healthy Campus program. The HPU UGM team's campaigns vary, using conventional and modern methods. In the traditional method, health promotion is carried out by placing posters with the slogan “Towards a Prosperous Campus” in strategic locations such as elevators or bulletin boards. Meanwhile, in the modern method, promotion is carried out through the HPU website and Instagram, which contain materials related to health, particularly the eight thematic areas of HPU. The delivery of information through these two methods is a strategic effort to increase students' understanding of health.

Besides being a health promotion tool, this can also be seen as a mechanism for internalizing values and norms that shape disciplined bodies. Students' bodies are directed to act, respond, and adapt to certain health norms without direct coercion. Foucault (1978: 140) From the beginning, besides being a health promotion tool, this can also be seen as a mechanism for internalizing values and norms that shape disciplined bodies. Students' bodies are directed to act, respond, and adapt to certain health norms without direct coercion. Foucault (1978: 140) Emphasized that institutions such as the military and schools play a significant role in shaping disciplined bodies from the beginning. In the present era, campuses as higher education institutions also play a similar role. By making health a central theme, campuses not only educate students intellectually but also regulate and shape their bodily habitus—a biopolitical process that occurs through health promotion that seems neutral but is loaded with normative content.

Furthermore, universities as higher education institutions serve as spaces for intellectual reproduction and play a key role in producing and institutionalizing knowledge about reproductive health. Through programs like Healthy Campus, universities actively determine what is considered “health” and “risk” in the context of students' bodies. This knowledge is not produced neutrally but through the selection and emphasis of certain norms—such as the importance of self-control, healthy lifestyles, and rational reproductive planning. In this case, universities perform both epistemic and normative functions simultaneously: they shape students' understanding of the body and reproduction and guide their actions through health frameworks that are institutionally recognized as legitimate.

In other words, universities are both knowledge-producing agents and agents of normalization. They do not just disseminate information but also produce categories, shape discourse, and direct behaviour. In this context, campuses produce 'truths' about reproductive health: how students should understand their bodies, respond to sexual and reproductive needs, and manage risks based on specific medical and social knowledge. This knowledge production happens through the selection of themes considered necessary, the prioritization of information, and the framing of a healthy body and ideal behaviours. In this context, health promotion is not only a biopolitical practice that subtly and precisely regulates students' bodies but also part of the effort to create the "desired" body. This body adheres to health norms and is ready to perform specific societal roles.

CONCLUSION

The findings of this study show that students' understanding of reproductive health is still limited, often only associated with diseases or disorders of reproductive organs. Lack of information is a key factor in this gap in understanding. Although HPU UGM has made efforts to provide more comprehensive education, the focus of reproductive health promotion still tends to be directed at women, with little attention given to men's reproductive health. As a result, gender inequality occurs in access to information and reproductive health services, where men often do not receive adequate education, which can lead to low awareness among men about their reproductive health. This inequality suggests the need for a more inclusive and equitable health promotion strategy, targeting not only women but also men so that they are more aware of the importance of their reproductive health.

This finding has theoretical implications in medicalization and biopolitics, providing a deeper understanding of how educational institutions regulate and discipline students' bodies. Medicalization is visible in the health promotion practices carried out by HPU. In this case, the university not only functions as a disseminator of medical information but also as an agent that shapes definitions of healthy bodies, health risks, and individual responsibility for their reproductive well-being. Health promotion, often packaged in the form of posters or social media content, serves as a medium that educates, directs, and shapes students' behaviour by dominant medical norms. Within the framework of biopolitics, campuses act as biopolitical entities that regulate and manage

students' bodies through structured health policies. HPU, through its massive and organized health promotion strategies, manages the student population more subtly through information regulation and accepted health norms. Using promotional media such as posters and social media becomes an effective tool for shaping and controlling students' understanding of their bodies and what is considered healthy and responsible behaviour.

Thus, health promotion at HPU can be seen as a biopolitical practice that indirectly disciplines students to follow the health standards set by the institution. This illustrates how social control is carried out through formal policies and distributed norms and information, collectively shaping how individuals view their bodies and health. In this case, medicalization frames students' bodies within a medical framework, making them subjects that can be disciplined and managed by the educational institution. These theoretical implications emphasize that health promotion at HPU is not just an educational tool but also a form of biopolitical regulation that shows how power and social norms play a role in broadly shaping individuals and populations.

Therefore, the healthy campus policy needs to be reformulated to be more inclusive and target all students without gender bias. One step that can be taken is to integrate reproductive health materials into relevant general education courses so that all students, both male and female, have equal access to basic information about reproductive health. In addition, holding workshops and open discussions involving men on reproductive health topics is also an important strategy to eliminate the stigma that this issue is only relevant to women.

This research can provide a deeper understanding of the relationship between social factors and health behaviour patterns in the university environment. It can be a foundation for making changes and promoting a healthier lifestyle. Involving male students as change agents can also be a practical step in increasing awareness and engagement. Campuses can form advocacy groups consisting of both male and female students to educate fellow students about the importance of reproductive health in a more inclusive manner. Moreover, campus health services must be strengthened by providing more gender-friendly information and facilities, such as consultation services covering male reproductive health and expanding promotional and preventive programs for all students. Furthermore, higher education institutions need to regularly evaluate the implementation of HPU to identify any gender biases in its programs and ensure that the

policies applied are truly equitable for all students. With a more holistic and sustainable approach, reproductive health programs in university environments can become more just, effective, and inclusive.

However, this study has several limitations, such as the sample size being limited to one university and the focus being more on the student's perspective without considering the role of educators and campus policymakers. Therefore, future research could explore how university policies in various higher education contexts can more effectively address gaps in reproductive health information access. In-depth studies on the role of educators and policymakers in shaping health education strategies are also needed to understand how policies can be implemented more inclusively and effectively. Additionally, intervention-based research could be conducted to test the effectiveness of more inclusive educational programs on behaviour change and student awareness of reproductive health.

By understanding reproductive health as a layered phenomenon encompassing individual, social, and political aspects, higher education institutions play an essential role in creating a more just and inclusive environment for all students to access reproductive health information and services. More inclusive policy recommendations will not only improve existing gaps but can also have a long-term impact on increasing awareness and overall student well-being.

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