

Editorial

Sexual and reproductive health: A Challenge for academics

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In 2008, Universidad El Bosque created the “Masters in Sexual and Reproductive Health” program as part of the Nursing Faculty and set the framework around the perspective of rights that serve as the base of global and local policies for the promotion of the integrity and dignity of the person and the recognition of sexuality as an expression that integrates the biopsychosocial, cultural and spiritual dimensions as understood in diverse fields of knowledge. The program serves as a response to the social, cultural, educational, and health issues related to sexuality and reproduction (1). Thereby, for more than a decade, the university has generated consciousness about sexual and reproductive health, as well as consolidated a formation process for humanization that is reflected in the production of knowledge. This meets societal needs by creating graduates with social projections that generate transferal of new focuses and allow a critical posture that recognizes the incidence of social determinants of social health and responsibility associated to the use of this knowledge in favor of the welfare of the population (1).

Undeniably, graduation from a pioneer Master's program that risked, at its inception, tackling a topic that historically united the biopsychosocial, the cultural, and the spiritual is more than just a personal achievement, but an invitation towards deep reflection about the ostensible need to articulate the knowledge generated in academics in their daily practice.

Critical and purposeful evaluation of national policies on sexuality and sexual and reproductive rights, as well as the goals proposed by the 10-year Public Health plan 2012-2021, the challenge becomes promoting concerted sectoral and intersectoral policies that positively impact social determinants in face of a human dimension that includes being, feeling, and human meaning.

It is clear that sexual and reproductive health connects with quality of life and implicates the capacity to enjoy satisfactory sexuality without risks, the right of exercising the right to reproduce, and the liberty to decide the number and spacing of children. For this purpose, it is necessary to respect sexual rights that reference the liberty to make decision concerning sexual relationships; the liberty of expression about sexual orientation; the enjoyment of a safe, protected, and free sexuality; the exercise of reproductive rights; the liberty of selecting contraceptive methods; access to necessary information on human sexual and reproductive topics, and the right to opportune, quality and resolute attention, among others (2).

Improving sexual and reproductive health in populations is a goal of government and health organisms as can be seen in national and local policies in Colombia. Solidifying these proposal requires, in addition to intersectoral coordination, political will, continuity in the initiatives, articulation in the interior of health systems, and generation of evaluation strategies for implemented action intended to positively impact the expression of sexual and reproductive health in personal, familial, social, and community environments throughout the life cycle.

This requires comprehension that sexuality begins with the inception of life and extends to daily life, and the different settings are not alien to sexuality. Sexual health permeates schooling, work life, social settings, and the public and communication spheres. Consequently, tackling this topic merits the creation of an ethical posture previous to the legal framework. Moreover, the framework for the protection of human rights has contributed to the recognition and protection of sexual and reproductive health and is a topic that concerns social justice. This reflection allows the conclusion that access to health is bound to the guarantee of human rights in the field of reproduction, sexuality, and affectivity.

Likewise, national policies on sexuality, sexual rights, and reproductive rights (2) conceive of people's sexual and reproductive health as pillars of physical, mental and social wellbeing. This helps towns, groups, and communities of Colombia, without distinction or disadvantage, to guarantee rights. This way the focus of rights, of gender and difference can materialize through the presentation of quality, humane, dignified, and caring services that are not just concerned with the biological situation of the individual (2).

The Colombian state carries diverse judicial and political antecedents, national and international, that support the included strategic proposal. Of these antecedents, the international conferences held by the United Nations, particularly that of Population and Development (El Cairo, 1994), the Fourth World Conference on Women (Beijing 1995), and the national constitution and its developments stand out. These instruments conceive of the Colombian state and, together with objectives on sustainable development, constitute an opportunity for embarking on a new path for the improvements of sexual and reproductive health in the population.

In the last decades, advances have been achieved in life expectancy and reduction of the most common causes of infant and maternal mortality. However, according to the objective goals of sustainable development, in order to achieve less than 70 deaths of pregnant mothers for every 100,000 children born, less than 12 neonatal deaths for every 1,000 born, and universal access to sexual and reproductive health

services in 2030, the country needs development of public policies by trained professionals that have been in the healthcare field and know the needs of the population (3). This is necessary for the articulation of scientific knowledge, critical conscience, and social projections that allow improvement of qualified healthcare in the population, adapted to different stages of life.

Colombia, in normative material and public policy, recognizes the importance of implementing integral sexual education programs in the development of the distinct life states of people, taking into account cultural, geographic, and generational differences among others. According to data from the Encuesta Nacional de Demografía y Salud (ENDS) 2015, there is an important difference between the percentage of women from 13-19 years of age that have become pregnant in urban areas (12.2%) and in rural areas (18.6%) (4).

As a gynecologist and obstetrician with a masters in sexual and reproductive health, I see the urgent need of improving sexual and reproductive health in Colombian populations that has historically suffered exclusion, such as the rural population, as well as increasing the quality and access to basic health services in this field, in particular for girls and young women.

One example of an urgent need is maternal deaths in Colombia. As is well known, the majority of these deaths are avoidable. In 2015, it was estimated that 303,000 women died from causes related to pregnancy and childbirth (5). The majority of them died from serious hemorrhaging, sepsis, preeclampsia-eclampsia, obstructed labor, and consequences derived from abortion in risky conditions, situations for which exist highly efficient interventions (6). Women who survive these complications usually require prolonged recuperation periods and at times suffer long-term physical, psychological, social, and economic consequences. Costs of medical care and loss of production also drive women and their families into poverty (7). This leads to the inference that the best way to prevent these situations is guaranteeing access to contraceptives to avoid unplanned pregnancy, provide specialized and respectful care to for pregnancies, and assure that all patients with complication have easy access to quality, urgent obstetric care.

Focus on gender that corrects inequality in determinants of health and disease should not be forgotten as women and the adolescent population find themselves in situations of social and cultural vulnerability. Unsafe sexuality in young people is reflected in early commencement of sexual relationships, adolescent pregnancy, increase in the number of pregnancies, and multiple cases of sexually transmitted diseases, which maintain and increase poverty in communities. Currently, this is a public health issue. Therefore, it is necessary to direct concrete investigational actions and interventions towards this group.

In this context, it is clear that not only graduates from the Master Program but also all professionals and teachers have the responsibility to promote the exercise of sexual and reproductive rights from the perspective of gender and distinction. This should be done with the purpose of positively affecting social determinants related with gender and sexual violence, the prevention of sexually transmitted diseases, HIV and AIDS, discrimination for reasons of sexual orientation or gender identity, and the promotion of reproductive and sexual health in adolescents (8).

International and national politics on sexuality and reproduction that improve societal and individual quality of life have as a purpose the analysis of aspects of human development that are related to sexuality and the reproductive processes of people. Understanding the current sexual and reproductive health situation in Colombia will allow the “construction of a more just, pluralistic, participatory, and pacific society” (2) by the graduates, and therefore, by the entities and programs where they are employed.

The challenge of academia is to create a public good from the generated knowledge. This public good will contribute to sexual and reproductive health, mother-infant health, and reproductive and sexual rights pertinent to all life stages through the generation of public policies and strategies that facilitate access

and assurance toward the population of health systems in an efficient and opportune way, in addition to promoting academic formation as a task for responsible social expression, guaranteeing human resources in health with quality and quantity.

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