



SEXUAL AND REPRODUCTIVE RIGHTS OF WOMEN ON THE AGENDA OF OBSTETRICIANS AND GYNAECOLOGIST IN LATIN AMERICA AND THE CARIBBEAN REGION

This current issue of the *Revista Colombiana de Obstetricia y Ginecología (RCOG)* includes several studies that place the reality of sexual and reproductive rights of women in the region under the spotlight. These rights are tightly linked to other human rights, including the right to life, to health, to privacy and to non-discrimination.

According to the Committee for the Elimination of Discrimination Against Women (CEDAW), (1) it is the duty of the States to safeguard those rights through the creation of the necessary conditions to enhance the physical and emotional wellbeing of women at different points in their lives, as well as through sufficient provision of good-quality sexual and reproductive health services, with adequate access both from the physical as well as the economic point of view.

Violations to the sexual and reproductive rights of our women are made evident by the different studies published in this issue of RCOG. In their study, Ávila-Quintana *et al.* report that the socio-environmental characteristics of neighbourhoods affect physical activity during pregnancy. Physical activity is desirable as a means to avoid excess weight gain, reduce postural pain and diminish potential mood disorders during pregnancy. The authors describe an important association between limited physical activity and perceived insecurity and poor condition of the sidewalks, more frequent in poorer neighbourhoods. On the other hand, the paper by Gomez-Davila describes clearly how, despite laws to protect women who choose abor-

tion, their application is differential in terms of the possibility to access safe abortion; the paper also states that it is only through education that women will be sufficiently free to decide for themselves. As far as abortion is concerned, women's rights are restricted by discrimination on the part of healthcare workers who may refuse to provide the service on religious grounds, or by access limitations derived from administrative formalities, authorisations from private insurance companies in charge of managing coverage plans in countries with private insurance systems like Colombia. These inequalities have a significant effect on women of lower income brackets.

On the other hand, the values of a patriarchal society like ours in Latin America and the Caribbean prevent women from fully and freely enjoying their sexuality, as evidenced in the study by Espitia-De la Hoz, who reports a significant prevalence of sexual dysfunction in a sample of women living in several cities of Colombia. This author also reports a considerable prevalence of sexual violence in a society where the rights of men are predominant and justice is primarily in their hands. The same findings of sexual violence, low education and low income are also present in the article by Leal-Díaz *et al.*, which studies the frequency of a history of risky sexual behaviours among women in jail in Chile. Finally, Cáceres-Manrique in the study on factors that determine late initiation of antenatal care point to poverty, low schooling level and young age of the pregnant women as being closely associated.

These violations of the rights to life, health, education and non-discrimination, as well as of sexual and reproductive rights, common to the vast majority of the countries in the region, are attributable not only to governments that fails to guarantee health for women, particularly the poorest and most vulnerable, and which fail to see in education the best option to overcome underdevelopment and poverty and to ensure that people are truly free to make the best decisions in life. They are also attributable to society as a whole, which need to attache greater value to the rights of women, in order to ensure greater respect for their lives so that they can come out of the cycle of poverty and vulnerability.

As far as we are concerned, as a scientific group of obstetricians and gynaecologists in the region, we must fight alongside our women for the respect of their sexual and reproductive rights by providing evidence to inform State policies designed to act on

the social determinants that perpetuate inequities in health. As physicians in clinical practice, it is up to us to ensure our own adequate training in order to be in a position to help women enjoy a healthy, satisfactory sexual life conducive to good reproductive health, so that they can choose independently when and how many children that want to have, for the enhanced wellbeing of their families.

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Editor

REFERENCE

1. United Nations Human Rights. Office of the High Commissioner. Sexual and Reproductive Health and Rights. 2015 [visitado 2018 mar 20]. Recuperado de <http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/HealthRights.aspx>.