

EDITORIAL

IMPORTANCE OF THE PSYCHOSOCIAL RESEARCH OF SEXUAL AND REPRODUCTIVE HEALTH

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Human sexuality and reproduction is a field of interest and research for the development of several prevention, promotion and attention health programs in some countries, as well as the design and implementation of public policies in local and worldwide environments.

The World Health Organization (WHO), as a rector organism in the field defines reproductive health as: “a general state of physical, mental and social well-being and not as a mere lack of illnesses or aches, in all aspects related to the reproductive system, its functions and processes” (2003, p. 4). This also implies the capacity to enjoy a satisfactory and safe sexual life, as well as the liberty to procreate or not and the frequency as well. Along with this, the possibility of women and men to exercise their sexual and reproductive rights in the universal human rights framework

Under this perspective, the WHO (2003) has designed their main health policies through the Objectives for the Millennium Development, established in 2000 in the Declaration of the Millennium, three of them have focused on reproductive health: 1) reduce maternity mortality and 2) mortality of children under five, as well as 3) decrease the spread of HIV/AIDS. From that point until 2015, all efforts have strived to fight these issues from each of the health fields, that is, prevention, timely detection and attention; research plays an important role in these goals.

However, in sexual and reproductive health there is a dominance of medicine and related disciplines, in which studying the causes to find the answers to problems that are generated in this condition. To approach this issue, the inquiry is based on a biomedical model of health treatments,

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from a positivist approach that only observes and explains the illness as a deviation from the norm and biological variables (somatic) measures; that is, according to the manifestation of physical symptoms (Gómez, 2012).

As part of this model, but apparently as a critic there Engel's bio-psychosocial model (1977, 1980 cited in Gomez, 2012), who considered that the biomedical scientific model was reductionist because it separated mind and body and did not consider social, psychological and behavioral dimensions of the illness.

Velasco (2006) points out that the bio-psychosocial approach is part of the biomedical model and that is why it follows the same principles and considers social aspects as external stimuli that act on the body and considers the mind as another organ that studies its psycho-physiological reactions (as a response to stress, for example) before those stimuli. Its causality establishes that the illness depends on the individual's susceptibility and response to environmental factors (stress model).

From the biomedical model, the production of research on the problems associated to reproductive health is wide, because there are many studies regarding topics such as pregnancy, adolescent pregnancy, maternity and infant mortality, birth control, infertility, sexual transmitted diseases (STD), among others. Epidemiological studies, risk and protective factors, explicatory models are some of the many products of this approach, which have greatly contributed to the comprehension of the causes and its effects of the problems related to reproductive health and therefore the advance of science.

However, psychosocial research has also contributed in a very important way and produced diverse advances in understanding sexual and reproductive health problems. These contributions are the focus of our text in order to reflect on what has been done as well as what remains to be done in order to contribute to the development of this field.

Defining psychosocial research can be quite difficult, according to Paiva (2013) who presents an interesting paper on revising the different uses of the term *psychosocial*, even though it is used quite frequently, it has rarely been defined and it depends on the application of the theoretical and conceptual framework under which is used. Nonetheless, we are following Natera (2015) on the purposes of psychosocial *research*:

Its purpose is to know, within the framework of topics of our interests, how people live their situations in a natural environmental, the subjectivity of their attitudes, motivations, senses, values, purposes, habits and costumes. In sum, it is to know the meaning of human actions, which is the purpose of this type of community research, or according to Nussbaum "reasoned understanding of human beings" (p. S13).

That is, psychosocial research provides a deeper comprehension of people's subjectivity and their context. It is also a way to understand and discover the complexity of human relations and interaction that underlie these phenomena, from a broader perspective.

It is important to reflect upon the possibilities that research provides allowing an interdisciplinary approach to favor the resolution of different problems in reproductive health. On this issue, Moysén y Martínez (2009) establish that given the physical and sociocultural environment, as well as the biological, ethnical, educational, demographic and cultural specificities, it is necessary to approach and solve a wide variety of public health issues. These authors consider that through cognitive convergence new levels of knowledge could be reached, those levels have a wider depth and expository force, as long as they establish an interdisciplinary proposal and are open to innovative ideas. However, they also establish that even though research in the reproductive health area has brought forward some interdisciplinary studies, in some countries there is still a long way to go as far as consolidating a theoretical-conceptual perspective.

On the other hand, from this psychosocial perspective, approaching reproductive health problems has allowed a wider panorama on many topics, according to Castro (2011), who analyzes and extends the perspective of reproductive health within the WHO's human rights framework.

This author works under the perspective that even if there is a shift towards this perspective, there is a need to modify the concept and planning of health services, regarding the promotion of healthy lifestyles, as well as in the response to the demands of improving it, also in the quality of the service as one of the main elements and the adoption of an integral approach to reproductive health, especially regarding the development of research to understand the social, cultural and material conditions that determine the professional *practice* of the services in aspects such as sexuality, health and reproductive rights, maternity and the obstetric process, especially in critical conditions such as obstetric emergencies to identify the determinant principles of mistreatment and the violation of the rights of women that take place in this context, as well as the conditions that stand in the way of the full development of the reproductive health agenda.

Castro (2011) also proposes developing such research within the concept of *citizenship* and its application in reproductive health, understood as the capacity to exercise the rights that guarantee their own individual rights; and specifically, references the concept of *reproductive citizenship*, which establishes the capacity of women to exercise and defend their rights in sexual and reproductive health, in order to seek the material, cultural and ideological conditions that hinder a real, progressive change of individuals from being mere objects of medical attention (or patients) to that of *citizens*.

Another important issue in psychosocial research in sexual and reproductive health is the *gender approach*. On this aspect, Castañeda (2014) proposes that the health of each sex is the social product created based on the demands that society accepts in order to think and act according to gender. The approach of gender in health allows the identification of the risks and damages that women and men suffer, in order to prevent and control each one.

The author likewise establishes that such approach has to take gender into consideration as a determinant in the health, which is fundamental to understand the differences between men and women and their interaction with biological and socio-cultural factors regarding behaviors, risks, damage, health resource access and control. Also, the inequalities that there are between men and women depending on social class, educational level, employment, income, ethnical group, place of residency, values, norms, practices, life and work conditions; as well, as the roles they play, their access to power and resources; and regarding medical attention; aspects that mark a difference on illnesses and how they differ from men to women, thus, making the healthy-sickness process quite different.

Such gender inequality is more marked regarding the attention of sexual and reproductive health, in which the participation of men and women in topics such as birth control, pregnancy and sexually transmitted diseases (STD) is not the same, even though, they share the responsibility. The study, analysis and understanding of these issues must be done through a gender approach.

Another topic of psychosocial research that is considered relevant in the study and understanding of sexual and reproductive health is that of *medicalization*. This aspect refers to the rising of the pharmaceutical industry and prevalence of economic and political interests that have brought about a redefinition in medical terms of everyday life that were previously concerns of other fields. (Castro, 2000).

For instance, in a topic such as pregnancy, the medicalization allows us to understand how birth can lose its natural event characteristic when it goes from being basically a *social* event and becomes a *biological* one, and there for a *medical* one; women modify their roles before the reproductive event, becoming a *patient* (Castro, 2000). And by becoming a medical event increases the risks and probabilities of developing pathology, requiring interventions and this justifies the behavior of doctors and health staff.

This perspective of the medicalization of pregnancy can be quite useful to apply it to the study of the pregnant woman mental health, for example, Gómez (2012) argued that there was a tendency towards the *psycho-pathologization* of this reproductive event, which justifies medical intervention and public policies to promote the *vulnerability* of women and *the mental risks* of pregnancy; which can be currently evidenced in the diagnosis of prenatal anxiety or depressions

used to explain the emotional manifestations of pregnant women, labeling her as *ill*, instead of understanding their emotional state as part of everyday life and the reproductive stage they are going through.

There are many other issues related to the field of sexual and reproductive health that can be approached in psychosocial research in order to enrich and broaden the current perspectives on such phenomena; we have only mentioned some of them trying to bring about a reflection on what has been done and what can still be done so that this vast area of study continues growing and offering different points of view to understand, explain and approach such issues.

CONFLICT OF INTERESTS

The author declares that there are no conflicts of interests with any institution or association whatsoever.

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