



Sexual and reproductive health and rights in public health education

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Abstract: *This paper addresses the challenges faced in mainstreaming the teaching of sexual and reproductive health and rights into public health education. For this paper, we define sexual and reproductive health and rights education as including not only its biomedical aspects but also an understanding of its history, values and politics, grounded in gender politics and social justice, addressing sexuality, and placed within a broader context of health systems and global health. Using a case study approach with an opportunistically selected sample of schools of public health within our regional contexts, we examine the status of sexual and reproductive health and rights education and some of the drivers and obstacles to the development and delivery of sexual and reproductive health and rights curricula. Despite diverse national and institutional contexts, there are many commonalities. Teaching of sexual and reproductive health and rights is not fully integrated into core curricula. Existing initiatives rely on personal faculty interest or short-term courses, neither of which are truly sustainable or replicable. We call for a multidisciplinary and more comprehensive integration of sexual and reproductive health and rights in public health education. The education of tomorrow's public health leaders is critical, and a strategy is needed to ensure that they understand and are prepared to engage with the range of sexual and reproductive health and rights issues within their historical and political contexts. ©2011 Reproductive Health Matters. All rights reserved.*

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H EALTH professionals interested in research and practice in sexual and reproductive health and rights, can receive formal post graduate training in many higher education

institutions – mostly through schools or departments of public health. These, in turn, are often situated within faculties of medicine, with a tendency towards a technical and skills oriented

approach to education.¹ More than in most subject areas taught within these schools, sexual and reproductive health generates strong opinions that are steeped in social values, ideology, religion and morality.^{2,3} The extent to which people can enjoy their sexual and reproductive health is invariably intertwined with issues of disadvantage, inequity and human rights.⁴

Given its highly political nature, the fit of sexual and reproductive health education within schools of public health that focus largely on the acquisition of technical competencies can be less than comfortable. In this paper, we explore the intersections between “apolitical” public health and sexual and reproductive health and rights education. Using a case study approach with an opportunistically selected sample of schools of public health, we examine the status of sexual and reproductive health and rights education and some of the drivers of and obstacles to the development and delivery of curricula that integrate an understanding of the history, values and politics of this area, as well as recognition of the role of advocacy and activism in achieving social justice and change.

Background

The history of public health emanates from multiple ideological and disciplinary perspectives, making it rich and highly nuanced but also difficult to define in disciplinary terms.⁵ Histories from a religious perspective detail the development of public health in an era of colonialism, and focus on events that promote health through the purity of body and soul, to protect against spiritual defilement. Hippocratic traditions provide the basis for the development of environmental determinants of disease through theories of noxious effects of “bad air”, weather, planetary alignments and so on. Social medicine in public health history explores the impact of social class and inequalities on health. Political historians establish the role played by bio-politics in the spread of disease through economic, military and political oppression. Administrative histories of public health focus on the development of regulations, reforms and technologies.⁵ This list is by no means comprehensive and does not take account of cross-cultural histories of public health developed from non-western philosophies and disciplinary traditions.

Although there are different levels of emphasis across the various historical perspectives, three main themes appear to be prominent in public health training today:

- public health as hygiene,
- public health as administration, and
- public health as a political champion for social justice.

Public health as hygiene provides the basis for “scientific” public health as a discipline, training leaders to advance the fields of immunology, parasitology, epidemiology and disease control with little expectation that this training will fulfil the needs of state public health services.^{6,7} This model of public health education was promoted largely within the US, and typically based in or allied to schools of medicine.^{6,8} The development of schools of public health in the UK and parts of Western Europe, on the other hand, emphasised public health practice and administration, strongly informed by the advances in regulations for sanitation, food safety, quarantine, vaccination and community-based disease surveillance.^{5,6}

Public health as political advocacy has its roots in social justice, growing from the European traditions of advocates like Virchow,⁹ but is not a tradition which shaped public health education historically. Virchow brought together the fields of pathology and anthropology, recognizing the futility of medical care in the absence of efforts to improve the human condition. He actively engaged in political action to reform the social conditions of the working class. He promoted medicine as a social science challenging physicians to assume a role as natural advocates for the poor, even where this involved political dissent.⁹

Public health as a discipline has continued to evolve over the past century, increasingly bringing these three streams together. Medicine, however, has remained the dominant paradigm. This means essentially that communicable and non-communicable diseases continue to provide the core around which prevention and control are taught across the core subjects such as epidemiology. The extent to which these broad thematic areas (hygiene, administration and social justice) influence what constitutes public health, and therefore public health education, varies significantly across countries.¹⁰ Although each may

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