

1. Specialist in Gynecology and Obstetrics, Consultorios El Golf, Lima, Peru. Undergraduate and Postgraduate Studies Universidad Nacional Mayor San Marcos (UNMSM). Fellow American College of Obstetricians and Gynecologists. President of the Peruvian Society of Obstetrics and Gynecology. Ex-Vice Chair Peru Section American College of Obstetrics and Gynecology (ACOG). Permanent Advisor to the Consultative Council of the Hipolito Unanue Institute Foundation, Lima, Peru ORCID: 0000-0002-0184-5166.

Funding: The author did not receive specific funding for this editorial

Conflict of interest: The author declares that there is no conflict of interest

Received: 8 September 2021

Accepted: 10 September 2021

Online publication:

Corresponding author:

Manuel Antonio Ciudad-Reynaud

✉ antoniociudadreynaud@hotmail.com

Cite as: Ciudad-Reynaud MA. Editorial in the Bicentennial. Rev Peru Ginecol Obstet. 2021;67(3). DOI: <https://doi.org/10.31403/rpgo.v67i2351>

Manuel Antonio Ciudad-Reynaud¹

DOI: <https://doi.org/10.31403/rpgo.v67i2351>

200 years of the Proclamation of the Independence of Peru. It is quite a long time and much progress has been made on the road to the goal desired by all: Independence. We can say that we still have a long way to go. It all depends on what we understand by 'independence'. If we understand it as liberation from Spanish rule, this was conquered and consolidated long after July 28, 1821, the date on which Independence was proclaimed by José de San Martín.

The Independence of Peru is a social historical process that corresponds to a period of social phenomena, uprisings and warlike conflicts that propitiated the political independence and the emergence of the Peruvian Republic as a state independent of the Spanish monarchy, as a result of the political rupture and disappearance of the Viceroyalty of Peru by the convergence of diverse liberating forces. Spain renounced all its continental American dominions only in 1836.

Politically, dependence on Spain was severed, but economically, dependence on Europe was maintained. At present, in the XXI century, we are still building a genuinely democratic society, where it is possible to fully guarantee a prosperous and independent life and respect for the human rights of all Peruvians. Where the right to health, a basic human right, is available to all.

We are still building a society where we have an approach to health based on programs that prioritize the needs of those who are furthest behind first, of the most vulnerable, towards greater equity. This is a principle that has been echoed in the recently adopted 2030 Agenda for Sustainable Development and Universal Health Coverage.

The right to health should be enjoyed without discrimination on the basis of race, age, ethnicity or any other status. Non-discrimination and equality require that states take steps to redress any discriminatory law, practice or policy.

In the field of our specialty, Gynecology and Obstetrics, we must be vigilant and major players on various fronts in achieving the long-awaited health of women, a time when we will achieve another kind of independence. The independence of being able, having and knowing how to enjoy health.

We take the Call to Action of the International Federation of Gynecology and Obstetrics - FIGO as an element of reference to the most important fronts that compromise women's health.

The first front that should concern us is to reduce maternal mortality, an important indicator of inequity in health services. Ideally, no one should die for reasons related to pregnancy, childbirth and puerperium. Within this problem is the issue of unsafe abortion. In our country, therapeutic



abortion has been approved by law in Peru since 1924⁽¹⁾. Ninety years later, the Ministry of Health, in June 2014, approved the National Guidelines for Voluntary Interruption of Pregnancy for Therapeutic Reasons⁽²⁾. However, there is still not adequate and efficient access to therapeutic abortion care in all hospitals of the health system when the indications are given for care. On the other hand, at the present time, when we are facing the SARS-Cov-2 pandemic and COVID, we must make every effort to ensure that all pregnant women have priority access to vaccination against COVID, regardless of their gestational age. In this way, we will combat the maternal deaths that have increased significantly during the pandemic, which has highlighted the precariousness of our health system, characterized by a high degree of institutional fragmentation, a source of inequities and inefficiencies⁽³⁾.

The second important front of action in our specialty is adolescent pregnancy. Complications during pregnancy and childbirth are the leading cause of death among adolescents between 15 and 19 years of age worldwide. Unfortunately, Peru is no exception. Plan International and the United Nations Population Fund (UNFPA) warn that adolescent pregnancy and childbearing contribute globally to the intergenerational transmission of poverty, vulnerability and gender inequality.

Unfortunately, Peru is no stranger to this problem: every 8 minutes an adolescent girl between 15 and 19 years of age gives birth in Peru. Although a sustained decrease in the Adolescent Specific Fertility Rate can be seen in the last two decades (from 75 to 53 births per 1,000 women between 1996 and 2017-18), it remains high and its breakdown reveals the persistence of severe inequities. Adolescent girls who are pregnant or already mothers have problems staying in school and completing their education, with negative effects on their training, the development of psychosocial skills and competencies, the possibility of accessing future educational and work opportunities, their autonomy and economic security, and their ability to participate in political and public life⁽⁴⁾.

Adolescent mothers (10 to 19 years old) face higher risks of eclampsia, puerperal endometritis and systemic infections than women of older age groups.

The third front where we must pay special attention is to make adequate family planning and contraception available to the entire population. Appropriate family planning and contraceptive policy reduces the need for abortion, especially unsafe abortion. Family planning reinforces the rights of individuals to determine the number and spacing of their children. By preventing unwanted pregnancy, family planning and contraception prevent maternal and child deaths.

The fourth front of action is the fight against violence against women, especially intimate partner violence and sexual violence, a major public health problem and a violation of women's basic human rights.

The fifth front of action is the fight for comprehensive cervical cancer control, which includes primary prevention (vaccination against human papillomavirus-HPV), secondary prevention (detection and treatment of precancerous lesions), tertiary prevention (diagnosis and treatment of invasive uterine cancer) and palliative care. The vaccines that protect against HPV 16 and 18 are recommended by the World Health Organization and it is our responsibility to promote their application in the adolescent population, in particular. We must be attentive to the different realities we have in Peru and accordingly apply the appropriate method of screening, diagnosis, management and treatment of cervical lesions, knowing how to understand and act according to the cultural reality of the population we serve^(5,6).

Undoubtedly, in these 200 years we have made progress and there have been important efforts by health professionals to combat and eradicate major health problems such as the fight against malaria with its Zero Malaria Plan, the fight against MDR-TB, the fight against HIV/AIDS, the fight against iron deficiency anemia, the fight against child malnutrition, among others.

In the field of reproductive health, we can also say that progress has been made, but we still have a long way to go. The day when we achieve that every pregnancy is planned, every childbirth is safe and everyone reaches their full potential; the day when the entire population has access to high quality sexual and reproductive health services at all stages of their lives, that allow them to exercise their right to decide how many children to have and when to have them, the right to



have safe pregnancies and healthy children; to the right to enjoy and understand their sexuality and to live it free of fear, with health and without violence: On that day, we will have achieved the long-awaited independence where the focus of action is on respect for human rights, with special emphasis on the right to health, equity, solidarity, universality and integrality.

REFERENCIAS BIBLIOGRÁFICAS

1. Código Penal Peruano 1924.
2. Ministerio de Salud. Resolución Ministerial 486. Guía Técnica Nacional para la Atención Integral de la gestante en la Interrupción Voluntaria, por Indicación Terapéutica, del embarazo menor de 22 semanas, con consentimiento informado en el marco de lo dispuesto en el Artículo 119 del Código Penal. Lima: Ministerio de Salud, Junio 2014.
3. Londoño JL, Frenk J. Structured pluralism: towards an innovative model for health system reform in Latin America. *Health Policy*. 1997 Jul;41(1):1-36. doi: 10.1016/s0168-8510(97)00010-9. PMID: 10169060
4. Plan Internacional, UNFPA. Consecuencias socioeconómicas del embarazo y la maternidad adolescente en Perú. Implementación de la metodología para estimar el impacto socioeconómico del embarazo y la maternidad adolescente en países de América Latina y el Caribe – MILENA 1.0. 2021.
5. Gravitt PE, Rositch AF, Jurczuk M, Meza G, Carillo L, Jeronimo J, Adsul P, Nervi L, Kosek M, Tracy JK, Paz-Soldan VA; Proyecto PreCancer Study Group. Integrative Systems Praxis for Implementation Research (INSPIRE): An Implementation Methodology to Facilitate the Global Elimination of Cervical Cancer. *Cancer Epidemiol Biomarkers Prev*. 2020 Sep;29(9):1710-1719. doi: 10.1158/1055-9965
6. Almonte M, Murillo R, Sánchez GI, González P, Ferrera A, Picconi MA, et al. Multicentric study of cervical cancer screening with human papillomavirus testing and assessment of triage methods in Latin America: the ESTAMPA screening study protocol. *BMJ Open*. 2020 May 24;10(5):e035796. doi: 10.1136/bmjopen-2019-035796