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Sexual violence and discrimination against women. A problem of interest to gynecologists and primary care professionals
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Two studies are published in this issue of the Colombian Journal of Obstetrics and Gynecology in relation to discrimination, abuse of authority, harassment or sexual violence. This problem affects Colombian society as a whole and, as these research studies demonstrate, is also found to a significant degree in higher education institutions. As mentioned by professor Leonor Cubillos in her research, academic institutions ought to be the least affected by the outdated underlying concepts of gender or labor relation supremacy.

Both studies show how women are the main victims of discrimination or sexual harassment at the universities, how they are affected throughout the different stages of their university life, and how there is a perception that authorities in the universities do not do enough to prevent them or to support the victims. Although in many of the situations described the victimizers are men, it is striking to find that in situations of abuse of authority by people in academic and administrative positions, it is women themselves who are frequently guilty of such abuse.

Discrimination affects many aspects of an individual’s life, including religious beliefs, race, sexual preference or gender among many others, and originates in stereotypes that affect women’s performance in many scenarios, including academic settings (1). For the victims, discrimination triggers negative psychological consequences, loss of self-esteem and its negative impact on self-care, anxiety and psychological stress (2). On the other hand, sexual harassment affects working conditions (3) and may potentially result in lower performance in academic institutions.

Hence, a problem that affects the health of women is highlighted again. It is a problem with implications for gynecologists and general primary care practitioners (4) who are frequently the only point of contact between women and the health system. In clinical practice, gynecologists do not usually ask about these situations; they have limited knowledge of the consequences for a woman’s health and of how to provide counseling about the legal, psychological or medical management required in these situations.

In a country with a high rate of violence, health sciences schools should consider including these aspects as part of their curricula in order to create awareness among the students about their human rights in these matters and about the implications of these acts of violence and discrimination for a woman’s health. Moreover, universities should initiate risk management processes designed to familiarize victims in how to act when they are faced with those situations, and to implement actions for preventing and managing these types of situations in the academic setting.

In terms of research, it is important to delve deeper into the factors that give rise to these behaviors in the victimizers, and into the situations that create a risk for the victims in the universities. Moreover, research should also look into educational, legal,
psychological and medical interventions designed to prevent them and also to reduce their effects for health in general and for the sexual and reproductive health of the victims in particular.

As part of our social responsibility, we are required to acquire knowledge and new training in order to respond to this problem of women’s health, as well as to develop quantitative and qualitative research designed to expand the knowledge about the size of the problem, its determining factors and how to diminish its consequences.

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Editor

**REFERENCES**


