

From Silence to Safe Care: Evidence, Ethics and Equity across the Sexual and Reproductive Health Continuum

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Editorial

ReproSex: International Journal on Sexual and Reproductive Health is a platform dedicated to advancing sexual and reproductive health (SRH) and rights through credible evidence, inclusive dialogue, and practical solutions that respond to lived realities. As part of this initiative, ReproSex serves as an open-access, multidisciplinary forum that brings together research, policy analysis, clinical insights, and scholarly commentary, connecting Sri Lankan and regional perspectives with wider global debates. The Journal's central purpose is to strengthen knowledge that is methodologically sound, ethically grounded, and directly relevant to improving services, systems, and outcomes across the SRH continuum.

Within this broad mission, the most consequential determinants of SRH and well-being often emerge at the intersection of private experience and

public systems, where what is lived in silence meets what is permitted, provided, or withheld in practice. The papers in this issue collectively advance a life-course view of SRH while underscoring a unifying imperative: to translate ethical commitments into service realities that are safe, dignified, and equitable. Sir Prof. Sabaratnam Arulkumaran's leading article offers a timely compass for this work, demonstrating how the foundational bioethical principles of beneficence, non-maleficence, justice and autonomy can be operationalised across clinical practice, policy and social reform [1]. In an era of polarised debates and uneven progress, the reminder is clear: SRH is not only about interventions; it is about the conditions that enable informed choice.

This theme is particularly salient in contexts where law and clinical reality diverge. Dias and Jeyamaruthy illuminate



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the 'grey zones' of Sri Lanka's abortion law through experience-based clinical narratives, showing how restrictive legal frameworks generate uncertainty, moral distress and constrained care in recurrent scenarios such as sexual violence, severe fetal anomaly and profound vulnerability [2]. From a different regional vantage point, Schmitz analyses My Voice, My Choice, a European Citizens' Initiative proposing solidarity-based mechanisms to improve access to legal abortion services for women living under restrictive regimes within the European Union [3]. Together, these contributions broaden the reader's understanding of how rights and safeguards are shaped; sometimes enabled and sometimes curtailed by the governance architecture surrounding reproductive healthcare.

Violence remains a critical, cross-cutting challenge within SRH systems. The review by Suranga and colleagues synthesises evidence on intimate partner violence during pregnancy across Asia, with special reference to Sri Lanka, and makes an evidence-informed case for strengthening routine identification and referral pathways within maternal health services [4]. Complementing this synthesis, Boyagoda and Sumathipala examine help-seeking behaviour among women who experienced sexual violence by intimate partners in Sri Lanka, highlighting that avoidance of help-seeking is pervasive and that many women rely largely on informal networks, with limited use of specialised support services [5]. Taken together, these papers reinforce the need for survivor-centred, privacy-assured service responses across the continuum of care, from antenatal contacts to broader social protection and legal support.

SRH equity is also shaped long before clinical encounters, through education systems and the social contexts in which knowledge is acquired. Park's commentary on proposed Swedish school reforms offers an instructive case study on how policy shifts may weaken comprehensive sexuality education and, in turn, compromise young people's access to reliable, rights-affirming information [6]. In Sri Lanka, Gnanarathne and Subasinghe extend the conversation into women's health settings by examining awareness, attitudes and acceptability of the Female Sexual Function Index (FSFI), showing both the promise of validated tools for patient-centred assessment and the continued need for improved sexual education and stigma-sensitive practice [7].

Advancing sexual well-being requires both robust measurement and effective care pathways. Randoombage and colleagues review evidence on botulinum toxin as a treatment modality for vaginismus, situating it as a potential adjunct in selected severe or refractory cases while reaffirming psychotherapy and conservative modalities as the cornerstone of first-line management [8]. The qualitative study by Abirami and colleagues shifts the lens to infertility, documenting how it affects marital relationships, social interactions, and psychological well-being among couples seeking care in Northern Sri Lanka, and arguing for integrated psychosocial support within infertility services [9]. These papers, in different ways, speak to an often-neglected truth: SRH outcomes are inseparable from mental health, relationship dynamics and the quality of communication within care.

Midlife SRH, too, demands greater attention in research and services. Sana

and Dissanayake argue that menopause remains a 'blind spot' across South Asia, shaped by cultural stigma, limited provider training and inadequate workplace policies, and they propose context-sensitive digital and AI-enabled approaches to strengthen information, support and access to care [10]. Alongside this, Ariyaratne and colleagues systematically review plant-based inter-ventions for menopausal mental health, noting promising effects in some herbal therapies while emphasising methodological heterogeneity and the need for more rigorous clinical trials with standardised outcome measurement and safety monitoring [11]. Together, these contributions encourage readers to consider menopause not as a peripheral topic, but as a central life-course phase that merits evidence-based, culturally responsive, and person-centred models of care.

Finally, this issue reminds us that clinical practice frequently confronts rare conditions that test preparedness, coordination and continuity of care. Jayalath's case report of pregnancy-associated exacerbation of Darier's disease underscores the importance of early recognition and multidisciplinary planning to minimise

morbidity and support safe delivery and postnatal care [12]. While uncommon, such cases reinforce a broader principle: responsive SRH systems must be capable of both routine service delivery and tailored care for complexity.

Collectively, the articles in this issue invite readers to move beyond siloed thinking. They foreground SRH as an integrated field in which rights, ethics, law, education, psychosocial well-being and clinical innovation converge. For researchers, the agenda ahead includes generating context-sensitive evidence, particularly on under-studied populations, life-course transitions and service pathways. For practitioners and policymakers, the challenge is to ensure that safe care is not only technically available, but also ethically grounded, socially accessible and responsive to lived realities. As ReproSex continues to grow as an open-access platform rooted in Sri Lanka and engaged with global debates, we hope this issue catalyses dialogue and action across disciplines, bringing us closer to a future where SRH services and policies consistently uphold dignity, choice and equity for all.

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