Exploratory Study on Sexual, Reproductive and Maternal Health (SRMH) in Latin America and the Caribbean (LAC) – Mapping and analysis of stakeholders working with adolescents

Authors: Sofía Pirsch, Denise Zavala, Cintia Cejas, Mabel Berrueta, María Belizán, Adolfo Rubinstein

Institute for Clinical Effectiveness and Healh Policy (IECS), Buenos Aires, Argentina*

BACKGROUND

Sexual, reproductive and maternal health and rights (SRMHR) are a core component of universal health coverage and require a life-course, equity-oriented approach to ensure effective access for diverse populations, including adolescents.
However, adolescents remain insufficiently prioritized as a distinct population group. In Latin America and the Caribbean (LAC), they—particularly adolescent girls—face persistent barriers to accessing comprehensive SRMHR services. These challenges are driven by structural inequities, fragmented health systems, sociocultural norms, and uneven policy implementation across countries and subnational levels.
At the same time, the region continues to show significant disparities in SRMHR outcomes. The adolescent fertility rate is among the highest globally, with 1 in 4 young people aged 15 to 19 giving birth each year, underscoring the urgency of improving access to timely and appropriate services.
This fragmented and heterogeneous ecosystem highlights the need to better understand who the key actors are, how they interact, and how power dynamics shape SRMHR policies and their implementation for adolescents in LAC.

OBJECTIVES

The aim of this study was to analyze the SRMHR policy landscape in Latin America and the Caribbean through a stakeholder-centered approach, with particular attention to vulnerable populations, including adolescents.
Specifically, the study sought to:

- Identify and map key stakeholders involved in SRMHR across LAC, including governments, civil society, academia, international agencies, and social movements
- Characterize stakeholders' roles, positions, and influence in shaping SRMHR policies and agendas
- Analyze power dynamics and alignment across actors in priority policy areas
- Identify gaps, barriers, and opportunities to strengthen the SRMHR ecosystem
- Assess the policy environment and feasibility of advancing SRMHR agendas, including those affecting adolescents

METHODS

We conducted a multi-stage stakeholder mapping and landscape analysis focused on SRMHR in Latin America and the Caribbean, with a specific emphasis on selected countries

Study Design
A mixed-methods approach combining:

- Narrative review
- Stakeholder mapping
- Qualitative interviews

The study adapted Reich's policy feasibility framework, integrating political analysis (position, power, and influence) with stakeholder mapping methodologies.

Analytical Domains
Stakeholders were analyzed across key SRMHR policy areas:

- Gender-based violence
- Family planning and contraception
- Comprehensive sexuality education
- Safe abortion and post-abortion care
- HIV and STI prevention and control
- Maternal health (antenatal, intrapartum, postnatal care)
- Gender identity
- Reproductive cancers

TABLE 1. MAPPING AND ANALYSIS MATRIX OF SELECTED STAKEHOLDERS

Stakeholder name	Name
Source of information	Source of information
Influence area	International; Regional; National
Sector	Private, Governmental, Non-governmental, International NGO, Academic, Religious, Social movement/interest group, Health service provider, Media - opinion leader, International financial and cooperation agency
Topics of interest	Antenatal, intrapartum, and postnatal care; Gender-based violence prevention, support, and care; Gender identity; Family planning/contraception; Comprehensive Sexuality Education; Safe abortion and post-abortion care; Prevention and control of HIV and other STI; Cancer of the reproductive system.
The beginning of the stakeholder's work on such issues	More than 10 years or less than 10 years.
Target population for its actions	Women (in general); Adolescent; Elderly; Persons with disabilities; LGBTQI+; Migrants; Indigenous; Afro descendant
Mission and objectives description of the stakeholder	Description
The type of activities performed by the stakeholder	Dissemination; Community prevention and health promotion campaigns; Implementation projects; Research Advocacy; Health services provider; Donor; Others.
Alliances with other stakeholders	Yes/no
Funding	Private donors; International grants; International cooperation; Government funding; Other
Position for each topic	High opposition; Medium opposition; Low opposition; High support; Medium support; Low support
Power for each topic	High; Medium; Low

FIGURE 1: POSITION AND POWER MATRIX OF STAKEHOLDERS

RESULTS

A total of 234 stakeholders working with adolescents were identified. Most were NGOs (134), followed by government actors (34) and academic institutions (26).
Their main activities included information dissemination (224), prevention campaigns (127), project implementation (107), and advocacy for rights (182).
Regarding thematic areas and stakeholders' power dynamics, findings were as follows:
Antenatal, intrapartum, and postnatal care (AP): 50 stakeholders in support, including 13 high-power actors from Guyana, Argentina, Peru, Jamaica, Colombia, and Mexico.
Gender-based violence (GBV): 166 stakeholders in support, with 34 high-power actors across all countries.
Gender identity (GI): 109 stakeholders; 7 with medium or high opposition (mainly religious actors), and 102 in support, including 16 high-power actors.
Family planning (FP): 116 stakeholders; 5 in opposition (2 high-power), and 111 in support, with 28 high-power actors.
Comprehensive sexuality education (CSE): 154 stakeholders; 6 in opposition, and 148 in support, including 28 high-power actors.
Safe abortion (SA): 96 stakeholders; 11 in opposition (8 with medium or high power), and 85 in support, with 22 high-power actors.
HIV and STIs: 91 stakeholders; 1 with low opposition; 21 high-power actors across multiple countries.
Reproductive system cancer (RSC): 41 stakeholders, all in support, including 10 high-power actors.

KEY FINDINGS

Most adolescent-related SRMHR work is driven by NGOs, followed by governmental and academic actors.
Stakeholders working with adolescents concentrate mainly on information dissemination, advocacy, prevention campaigns, and project implementation.
The strongest areas of support among adolescent-related stakeholders are gender-based violence, comprehensive sexuality education, family planning, HIV/STIs, and gender identity.
Opposition is concentrated in more socially contested areas, particularly gender identity, family planning, comprehensive sexuality education, and safe abortion; the report identifies religious or faith-influenced actors among the main opposing stakeholders.

CONCLUSIONS

- The findings of this study **inform current decision-making processes** and provide a foundation for future research and strategic partnerships aimed at reducing inequities in adolescent health.
- Adolescents are visible in the SRMHR agenda in LAC, but there is a **need to move from general inclusion toward more targeted policies** and implementation strategies for adolescent girls.
- Strengthening adolescent SRMHR requires not only supportive stakeholders, but also **better coordination, sustained funding, and stronger implementation** capacity.
- **Contested issues** such as comprehensive sexuality education, gender identity, family planning, and safe abortion **require careful political and stakeholder analysis**, given the presence of organized opposition.

*ACKNOWLEDGEMENTS: this work was part of a Scoping Study on Sexual, Reproductive and Maternal Health (SRMH) in Latin America and the Caribbean (LAC), funded by IDRC and conducted by an interdisciplinary team at IECS, including the Center for Implementation and Innovation in Health Policy, the Qualitative Research Unit, and the Maternal and Child Health Research Department. Numerous researchers contributed to this process. For further information, please visit https://iecs.org.ar/documentos-de-politicas-de-salud/

CONTACT:

spirsch@iecs.org.ar
https://www.linkedin.com/in/sofiapirsch/
https://iecs.org.ar/
https://www.linkedin.com/company/ciips

CIPS IMPLEMENTACIÓN E INNOVACIÓN EN POLÍTICAS DE SALUD

IECS INSTITUTO DE EFECTIVIDAD CLÍNICA Y SANITARIA