

Scoping Study on Sexual, Reproductive and Maternal Health (SRMH) in Latin America and the Caribbean

Dic 2021-Sept 2022

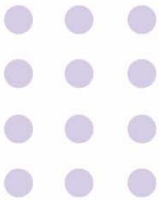


General Objective

To set the basis for the development of a priority research to policy agenda to address the equity gaps that affect the sexual, reproductive and maternal health (SRMH) rights of women, adolescent girls, LGBTQI, migrants, indigenous and Afro-descendant populations in Latin America and the Caribbean (LAC).





Specific Objectives

- Understand the state of knowledge and policy in the field of SRMH in the LAC region and identify research and policy priorities and gaps.
- Apply a public health lens and gender intersectionality approach to identify priority entry points to address SRMH equity gaps of target populations.
- Analyze the research and policy agenda of strategic stakeholders, agencies and donors active in LAC as well as their views to collaborate in the strengthening of SRMHR.





Components of the study

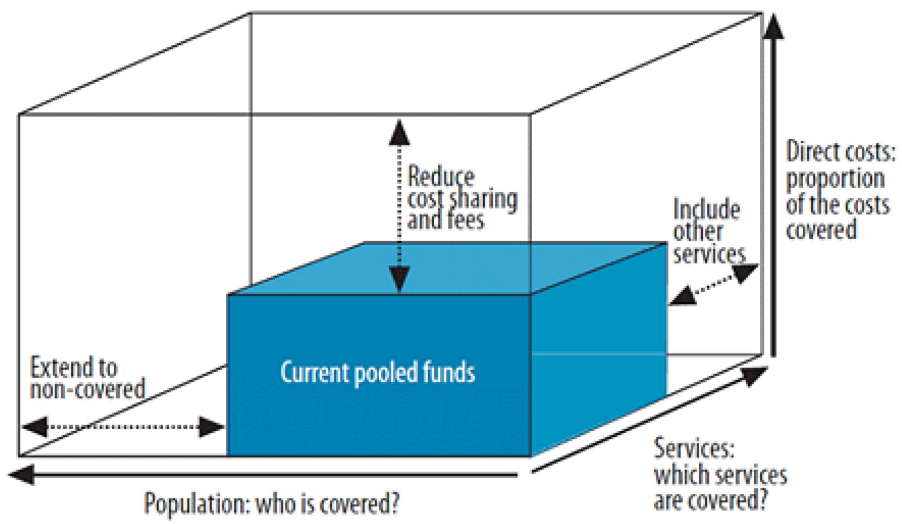
-  1 Literature and Policy Review
-  2 Mapping of stakeholders and landscape analysis
-  3 Rapid country studies (in six selected countries: Colombia, Guatemala, Guyana, Jamaica, Mexico and Peru)
-  4 Consultation process



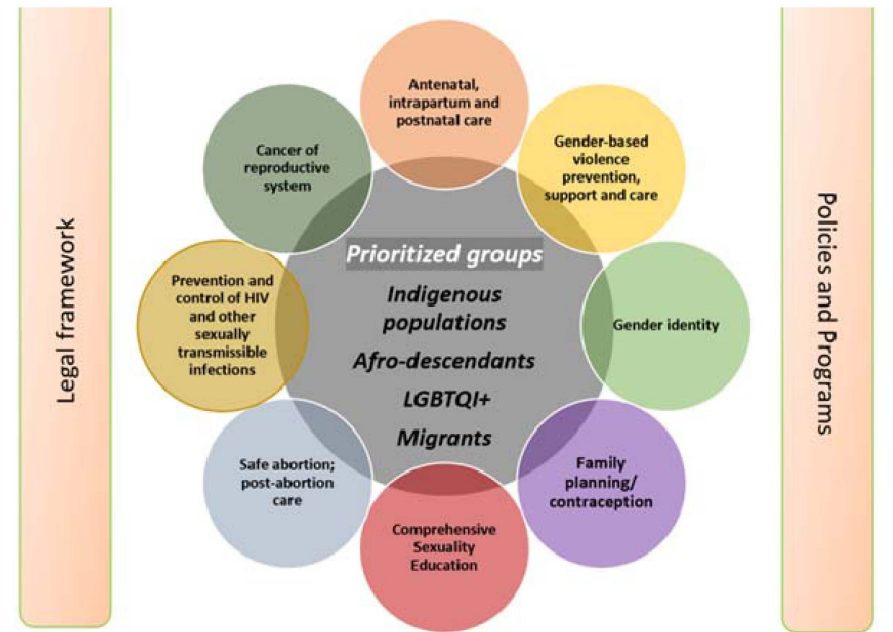
Work Premises

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- 1 Gender as a socially constructed concept
 - 2 Gender mainstreaming as a systematic process
 - 3 Health inequalities
 - 4 Intersectionality





Three dimensions to consider when moving towards universal coverage



Methodology

Component 1

- Rapid narrative review about priorities, policies, access, and gaps in SRMHR of women, adolescent girls, LGBTIQ+, migrants, indigenous and Afro-descendant populations in LAC, with particular focus in the selected countries.
- A comprehensive search strategy to identify relevant literature, information and publication from the last five years for the literature and the last +30 for policies and laws.
- We aimed to identify the main policies, programs and legislation implemented, health priorities, main gaps regarding SRMHR, as well as research gaps and how they relate to the policies in place in LAC countries.



Results

Component 1

- Progress in SRMHR made by Latin-American countries in complying with the Montevideo Consensus and the international recommendations.
- Legal framework and policies stand out due to heterogeneity, lack of updates, and limited implementation; generating several health disparities and priorities in the region.
- Few publications assess the implementation of the interventions in SRMHR in the Region.
- Strong partnerships between stakeholders, researchers, implementers, and policymakers are crucial to ensure the success of implementation of the research studies' results.



Methodology

Component 2

The stakeholder mapping and analysis had four main stages: 1) identifying key stakeholders; 2) searching for information on the selected stakeholders; 3) in-depth analysis of the selected stakeholders; 4) semi-structured interviews



Results

Component 2

- 542 stakeholders were identified and mapped in LAC and prioritized countries.
- **Mexico and Colombia have the greatest presence of regional stakeholders**, while Guyana and Jamaica seem to be lagging the regional agenda.
- More than half of **regional stakeholders** are civil society organizations organized in **networks and consortiums**.
- When analyzing the level of **position and influence, international financing, and technical cooperation organizations**, seem to have the **greatest impact** at a regional level.
- The **top three policies addressed by the stakeholders** are: **prevention of gender-based violence** (63% n=342), **comprehensive sexual education** (51% n=279), and **prevention and control of HIV and other STIs** (48% n=260).
- **50%** of the stakeholders develop some type of research and **only 4%** belong to the **academic sector**.



Methodology

Component 3

Analysis of the legal framework, programs and policies related with SRMHR identified in Component 1 and the main stakeholders identified in component 2 in six selected countries. We complemented the analysis with semi-structured interviews with key informants at a country level and a selection of indicators to assess SRMHR.



Results

Component 3

Some **barriers** and **challenges** that interfere with the effective implementation of SRMHR policies are:

- Lack of will and political instability.
- Groups opposed to the implementation of comprehensive sexuality education and policies regarding access to abortion.
- Weakness of sexual and reproductive health programs.
- Difficulties generated by the federal organization of some countries.

The **most challenging topics** to guarantee SRMHR, are the legalization of abortion, comprehensive sexuality education, gender-based violence and LGBTIQ+ rights.

All the countries studied face common barriers to conduct good quality and useful research to inform both progress on SRMR and to inform and guide improvements in access and quality of services.



Methodology

Component 4

A consultation process with key stakeholders in SRMHR at a regional and national level. It was carried out in different phases: 1) the consolidation of a list of SRMHR research areas and topics at a regional level; 2) the selection of key stakeholders to participate in the consultation and; 3) a virtual dialogue with key stakeholders. The overall process was based on a modified Nominal Group Technique (NGT).



Results

Component 4

Experts agreed on the prioritized research areas and topics identified in previous components of the study.

Key informants proposed:

- Incorporating some specific topics into the list of research priorities (such as barriers to access to menstrual hygiene and obstetric violence)
- Disaggregate in greater detail (for example in issues related to HIV, sexual and reproductive health of the transgender population, and gender-based violence).

For implementing a SRMHR research agenda, experts advised on: building strategic alliances with different key stakeholders; get funding and technical support for research; and, add the advocacy on SRMHR issues on the LAC agenda.



Barriers and facilitators to access to sexual, reproductive, and maternal health (SRMH) services in the region (user and provider level).

Access to information, care, and appropriate contraceptives:

- Sexual and reproductive health counselling.
- Comprehensive sexuality education (CSE) in the field of education.
- Measures for ensuring menstrual hygiene.
- Prevention of unintended pregnancy in adolescence in all government areas.
- Immediate post obstetric event contraception (ICPOE).
- Long-acting reversible contraceptives (LARC), in particular (evaluation of providers' resistance).
- For specifically vulnerable groups (rural women, migrants, indigenous, Afro-descendants, people with disabilities, LGBTIQ+ people, including transgender people, etc.).

Access to adequate prenatal care for the general population and especially for vulnerable groups.

Access to safe abortion, for all ages and especially for vulnerable groups, including availability of drugs and other supplies.

Access to programs for prevention, early detection, and assistance/treatment:

- To situations of gender-based violence.
- Sexually Transmitted Infections (STIs), including HIV.
- Maternal syphilis and congenital syphilis.
- Genito-mammary cancer.

Research on SRMH needs and preferences of the population.

Preferences for contraceptive method use and sexual and reproductive health services:

- In the general population.
- In adolescents (including a scoping review of SRH facilities and counselling outside health care settings).
- In indigenous population.
- In LGTBIQ+ population.

Studies on knowledge, attitudes, and practices in SRMH of user population (sexual and reproductive practices) and health providers (health practices).

User population:

- Risk perception about HIV and other STIs.
- Attitude and commitment of men in sexual and reproductive health.
- Sexual and reproductive practices of the LGTBIQ+ population.
- Qualitative research on sexual practices in rural or indigenous communities (abduction, sexual violence).

Health care providers:

- Knowledge and attitudes of health care professionals (knowledge of rights and professional responsibility).
- Knowledge of and respect for sexual, reproductive, and maternal rights.
- Incorporation of a gender perspective in professional practice.
- Guaranteed access to long-acting contraceptives, especially IUDs.

Evaluation of the quality of services.

Quality of care:

- In abortion and postabortion situations.
- Services that serve the LGBTIQ+ population.
- Prenatal, childbirth and postabortion care.
- Satisfaction of users with sexual, reproductive, and maternal health services.

Studies to improve information systems/indicators in SRH.

Design information systems that can capture sensitive data for the construction of health indicators.

Impact assessment of the introduction of new technologies and their scalability.

Research studies for the design, implementation, and comprehensive evaluation of interventions for the provision of sexual, reproductive, and maternal health services.

Design, implementation, and evaluation of culturally tailored interventions that:

- Increase equity in access to services for vulnerable populations, such as indigenous, migrant, rural, LGBTIQ+, persons with disabilities, and adolescents.
- Improve adherence to HIV treatment.
- Improve access to prenatal care for vulnerable populations.
- Improve the implementation of the law on respected childbirth.
- Ensure access to safe abortion.

Design, implement and evaluate the effectiveness of interventions to reduce gender-based violence (including obstetric violence)

Evaluate the impact of telemedicine implementation to improve access to contraception and safe abortion services.

Impact and cost-effectiveness evaluations of sexual and reproductive health interventions/programs/policies using rigorous research designs

Effectiveness and safety studies on safe abortion drugs, such as misoprostol and mifepristone, in local populations.

Conclusions

Barriers

- Difficulties conducting good quality and useful research.
- Lack of research culture attributed to lack of political will to support research because of religious issues or conservatism.
- Limited funding for research.
- Lack of qualified human resources.
- Despite efforts, SRMHR are not a priority in many countries; therefore, research is not supported.
- Lack of good quality, locally produced data.

Facilitators

- Working with different governmental and non governmental agencies.
- International agencies impact gender mainstreaming and support and involve civil society and human rights organizations.
- Raised awareness among policy makers of the importance of evidence-based and solid research conducted by countries.
- Dialog and political pressure promoted by civil society and citizens.
- Advocacy through media reporting or social media campaigns.

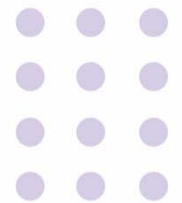




Strategies

Strategies for implementing a SRMHR research agenda in the region:

- Make strategic alliances with organizations and groups dedicated to SRMHR.
- Support partnerships with universities.
- Establish funding support for research through institutional channels in each country.
- Include advocacy on the SRMHR agenda.





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