

NO TIME TO LOSE

Health Challenges for Adolescents
in Latin America and the Caribbean



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Abbreviations and acronyms

2030 Agenda	2030 Agenda for Sustainable Development
AA-HA!	Global Accelerated Action for the Health of Adolescents
ADHD	attention-deficit/hyperactivity disorder
EWEC-LAC	Every Woman Every Child Latin America and the Caribbean
ISLAC	COVID-19 in Latin America and the Caribbean: Impact on the Health Services for Women, Children and Adolescents
LAC	Latin America and the Caribbean
PAHO	Pan American Health Organization
RMNCAH	reproductive, maternal, newborn, child, and adolescent health
UNICEF	United Nations Children's Fund
WHO	World Health Organization
YLD	years lost due to disability

Summary

Adolescents in Latin America and the Caribbean face multiple dimensions of vulnerability that threaten long-lasting consequences for themselves and their communities threatening their prospects for survival and living healthy lives, if not addressed urgently.

Recently, the COVID-19 pandemic has affected the health of adolescents in the region by increasing their levels of stress and anxiety, decreasing their physical activity and access to healthy foods, as well as limiting their access to health services. Interpersonal violence, road traffic injuries, and suicide are the leading causes of adolescent deaths. It is estimated that interpersonal violence causes 41% of deaths among adolescent boys age 15-19 and 11% among adolescent girls 15-19. Girls experience a higher prevalence of sexual violence and psychological violence than boys, and this has been linked to suicidal ideation among victims of violence. Over one in seven adolescents suffer from a mental disorder, with anxiety and depression disorders as the most common mental disorders among adolescents. The region has one of the highest adolescent birth rates globally, with higher rates among girls with lower levels of educational attainment as compared to adolescent girls with higher education attainment. A lower proportion of adolescent girls have their demand for family planning satisfied by modern methods, compared to older women. Childbearing during adolescence has been found to negatively affect the health of mothers and their children as well as the educational attainment and economic prospects of mothers. The evidence presented in this report reminds us that there is no time to lose to achieve healthier lives among adolescents in the region and it is an urgent call that requires immediate and concerted action.

Thus, the proposed way forward in this report suggests a multi-pronged approach that includes strengthening evidence-based, intersectoral, and equity-driven strategies and plans; promoting policy reforms to create a supportive environment for adolescents to thrive; ensuring access to essential services, including the provision of services for disenfranchised communities; promoting data generation to better inform policymaking and promote accountability; implementing programs for the prevention of violence against children and adolescents; and empowering adolescents by amplifying their voices and including them in the design, implementation and monitoring of interventions for them. In the area of mental health, a key way forward is to invest in the promotion of mental health and the prevention of mental disorders by increasing access to quality mental health programs tailored to adolescents in different settings, including schools and communities, and the integration of mental health in primary health care services.

Introduction

In 2020, there were about 106 million adolescents aged 10–19 years in Latin America and the Caribbean (LAC), representing about 16% of the regional population, and 65,000 adolescent deaths (1, 2). Adolescents are a population in transition for whom any intervention is time-sensitive before adulthood. The decisions they make, the challenges they face, and the opportunities they have during this phase related to their health and education affect the trajectory of the rest of their lives, especially as adolescence is a sensitive period for development in terms of identity, agency, and vulnerability. From a life course perspective, the health and well-being of adolescents reflect their accumulative neonatal and childhood risks and protective factors, which subsequently could determine their health and well-being trajectories during adulthood. Thus, striving for optimal health outcomes and high coverage and use of high-quality and appropriate tailored services for adolescents, as well as an equitable distribution of these that should not depend on individual socioeconomic conditions, should be a country and regional priority.

There are some examples of advances in the adolescent health response in the region (Box

1). Nonetheless, there are also persisting legal, policy, health systems, and societal threats to the health of adolescents. Investments in adolescent health remain limited. Over the past 20 years there has been no notable reduction in the leading causes of adolescent mortality, suicide, interpersonal violence, and road injuries. Moreover, the high rates of adolescent pregnancy and their impact on the current and future well-being of adolescents are a big concern in the region. Access to comprehensive and quality health services remains limited in scope. The 2030 Agenda for Sustainable Development (2030 Agenda) (3) established in 2015 sets guiding principles to “achieve a better and more sustainable future for all.” Leaving no one behind is a central commitment in the 2030 Agenda, which highlights the importance of immediate action to address the challenges to adolescent health in the region. Not only are adolescents being left behind with respect to other age groups, but there are important inequalities in the distribution of undesired health outcomes within this age group, determined by socioeconomic characteristics, such as income, education, and ethnicity (4, 5).

Box 1. Examples of advances in the adolescent health response in Latin America and the Caribbean

In May 2017, the World Health Organization (WHO), in collaboration with other United Nations partners, launched the Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to Support Country Implementation. The AA-HA! supports translation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) into action through making the case for investing in adolescents and provision of information to stakeholders, such as policymakers, practitioners, researchers, educators, donors, and civil society, needed to decide what to do for adolescent health, and how to do it. It takes a different approach to adolescent health programming, toward a more comprehensive and intersectoral approach, with focus on positive development. The AA-HA! proposes a different way of looking at adolescents, as powerful societal assets whose contributions can be nurtured and augmented through meaningful engagement and participation. Multisectoral teams from 25 LAC countries were trained in the AA-HA! in the period 2017–2019 in an interagency effort, and 20 of these countries then proceeded to develop or update a new generation of comprehensive, multisectoral, and evidence-based adolescent health plans and strategies.

Based on the AA-HA! framework and the recently launched Adolescent Well-being framework, regional partners have been promoting a comprehensive well-being approach, working with individuals, families, communities, and health systems. Within this approach, the Pan American Health Organization (PAHO) has been strengthening and advancing implementation of the Familias Fuertes: Amor y Límites program. The program is an evidence-based family life skills intervention for adolescents aged 10–14 years and their parents. It is designed to foster positive adolescent-parent relationships, promote parental skills and better communication in families, and improve the social competence of adolescents. Annually, the program reaches more than 20,000 families, mostly from low-income environments.

Sources:

Pan American Health Organization. The health of adolescents and youth in the Americas. Implementation of the Regional Strategy and Plan of Action on Adolescent and Youth Health 2010-2018. Washington, DC: PAHO; 2018. Available from: <https://iris.paho.org/handle/10665.2/49545>.

World Health Organization. Global accelerated action for the health of adolescents (AA-HA!): guidance to support country implementation. Geneva: WHO; 2017. Available from: <https://www.who.int/publications/i/item/9789241512343>.

This report first presents the impact of the COVID-19 pandemic in the region, with a focus on the disruption of health services for women, children and adolescents, and nutrition and physical activity levels among adolescents.

Subsequently, it dives into priority health-related topics for adolescents, including an analysis of causes of death, sexual and reproductive health, interpersonal violence, and mental health.





1 Pre-COVID-19 pandemic context of adolescents in the Region

Before the COVID-19 pandemic, adolescents already lived in a region with widespread inequalities in income, wealth, education, health outcomes, and access to healthcare services (6). For instance, the richest 1 percent of the population earned 21 percent of the total income in the entire economy, less than 20 percent of youth aged 18–24 years from the poorest households were enrolled in tertiary education, compared to over 60 percent of youth from the richest households, and adolescent birth rates were over seven times as high among the poorest households compared to the richest (5, 6). The annual rate of reduction in the probability of dying among adolescents aged 15–19 in the period 1990–2019 was the

lowest in LAC, compared to others regions (2). In the last two decades, suicide, homicide, and road traffic injuries have caused a high share of deaths among adolescents in the region, on average 60% or more, which is presented in Section 3 (7). As shown in Sections 4 and 5, interpersonal violence and mental disorders already affected a high share of adolescents in the region. Furthermore, LAC has remained the region with the second highest adolescent birth rates, after sub-Saharan Africa, as shown in Section 6 (8). It is within this context that the COVID-19 pandemic began, thus presenting a threat to further exacerbate the existing inequality gaps in the region and harm the health of adolescents.



2 COVID-19 and its impact on the Region

LAC is a region that has been greatly affected by the COVID-19 pandemic, with over 7.1 million cases and 1.7 million deaths as of June 2022 (9). The region amassed over 25% of global infections despite having less than 8% of the global population, and includes eight out of the top 10 countries with the highest death rate globally (1, 10). Secondary effects of the pandemic have greatly impacted the lives of children and adolescents, even though they are considered low-risk populations to poor health outcomes from infection (11). For instance, it has been estimated that the pandemic could likely increase school desertion and decrease high-school completion rates among adolescents from low-educated families (12). Furthermore,

the pandemic has disrupted biopsychosocial development processes and the provision of essential health services, and changed the nutrition and exercise habits of adolescents in the region, as described below. During the pandemic period of 2021 and 2022, key surveys were conducted by the Working Group on Youth of the Regional Collaborative Platform for Latin America and the Caribbean, United Nations Children's Fund (UNICEF), WHO, and the COVID-19 in Latin America and the Caribbean: Impact on the Health Services for Women, Children and Adolescents (ISLAC) 2020 project to understand the impact of the pandemic in the provision of key services across countries. Specific results for the LAC region are presented below.

2.1 Effects of the COVID-19 pandemic on adolescents and youth: declines in nutrition, physical activity, and mental health

The United Nations Working Group on Youth of the Regional Collaborative Platform for Latin America and the Caribbean administered two rounds of surveys to adolescents and youth aged 15–29 in LAC between May and June 2020 (13) and between August and October 2021 (14). The first round had over 7,700 responses from 39 LAC countries, while the second survey had over 46,600 responses from 42 LAC countries. The survey found that half of young people surveyed in LAC reported increased levels of stress and anxiety during 2020, with girls (54%) more affected than boys (45%), while the percentage of young people reporting these conditions decreased to about 25% in 2021. More than half of young people in LAC surveyed in 2020 declared they would like to receive more psychological support, followed by services that provide information on COVID-19 care (44.2%), nutritional support (43.4%), and home delivery of medicines (42.6%) (13). There was limited access to antiretrovirals during 2020, with almost 50% of adolescents and youth surveyed in the region living with HIV not having a three-month supply of antiretrovirals, a percentage that decreased to 18% in 2021 (13, 14). Furthermore, 57% of

adolescents and youth in the region perceived an increase in gender-based violence during 2020, with a higher perception of violence increase among those who identify themselves as part of the lesbian, gay, bisexual, transgender, or queer movement (70%) (13).

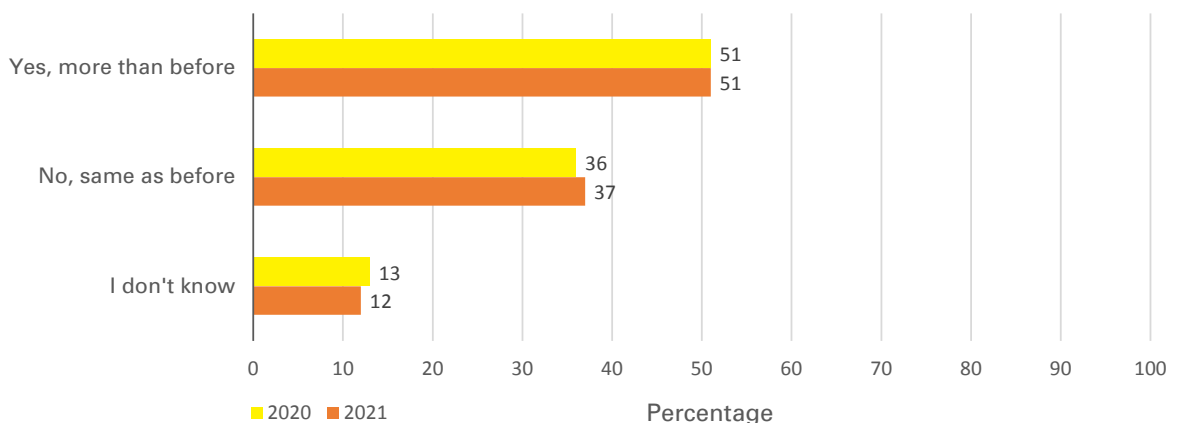
Between 2020 and 2021, UNICEF administered two rounds of polls on diet and physical activity to adolescents and youth (ages 13–29) in LAC using its U-Report platform (15). A total of 10,752 responses from eight countries were collected between July and August 2020 in the first round, while the second round had 2,850 responses collected between April and May 2021 and a participation of 17 countries¹. In both poll rounds, over half of adolescents and youth in the region reported greater difficulty in accessing healthy foods during the pandemic, with a decrease in household income as the main reason (Figure 1). Furthermore, the U-Report poll reported large inequalities in access to healthy foods by sex, with adolescent and young girls reporting being more likely than adolescent and young boys to report difficulty in accessing them (a difference of 12 percentage points) (15).

¹ The countries represented in the 2020 surveys are Argentina, Bolivia (Plurinational State of), Brazil, Costa Rica, Ecuador, Guatemala, Mexico, and Trinidad and Tobago, while those in the 2021 surveys are Argentina, Barbados, Bolivia (Plurinational State of), Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Panama, Trinidad and Tobago, Venezuela (Bolivarian Republic of), and one from the Organisation of Eastern Caribbean States.

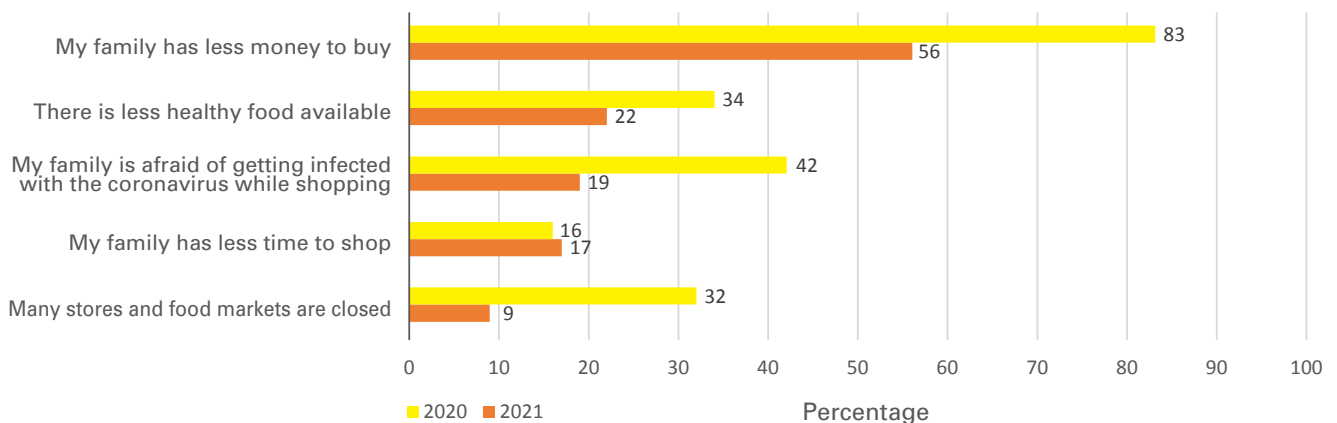
Decrease in household income during the COVID-19 pandemic has been identified by youth and adolescents in Latin America and the Caribbean as a main impediment to access healthy food

Figure 1. The impact of the COVID-19 pandemic on access to healthy nutrition among adolescents and youth aged 13–29

Percentage of responses regarding difficulties in eating healthy food due to the COVID-19 crisis



Percentage of adolescents and young people who reported increased difficulties consuming healthy food due to the COVID-19 crisis, according to the causes of these difficulties



Source:

United Nations Children's Fund. Regional U-Report poll on nutrition and physical activity during the COVID-19 pandemic: summary of results. Panama City: UNICEF; 2021.

The pandemic has also impacted the diets of adolescents and youth. It caused an increase in the consumption of carbohydrate-rich foods among 43% and 47% of respondents in 2020 and 2021, respectively, while decreasing the consumption of fruits and vegetables among 23% and 31% of respondents in 2020 and 2021, respectively (15). The adolescents and youth from LAC surveyed through the U-Report platform recognized the importance of good nutrition on their health and well-being, and called on regional and national leaders for action to regulate the supply and prices of healthy and unhealthy foods, and promote the availability of reliable and easily accessible information on healthy nutrition (15).

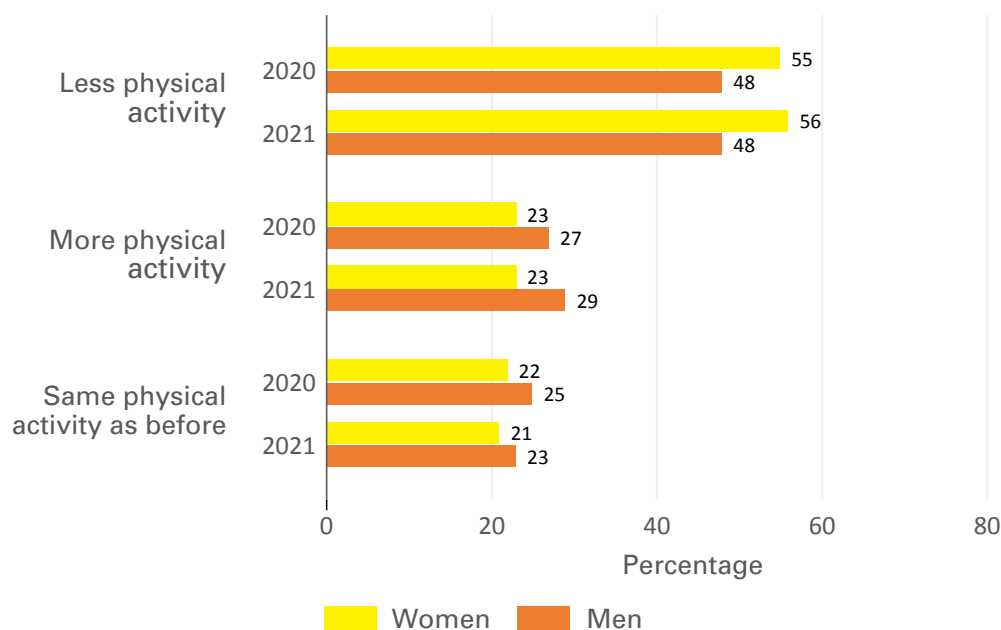
According to the U-Report poll results, physical activity among adolescents and youth also

decreased during the 2020–2021 pandemic period. More than half of respondents indicated a decrease in physical activity during this time (Figure 2), as well as physical activity levels below WHO recommendations (16). Girls also seem to be more affected in terms of physical activity. For instance, the percentages of adolescent and young girls reporting a decrease in physical activity and no physical activity during the pandemic were about eight percentage points higher, compared to adolescent and young boys. Accordingly, adolescents and youth demand more action from regional and national stakeholders to promote and provide enabling environments to practice physical activity, exercise and sports within the region.

Youth and adolescents in Latin America and the Caribbean engaged in less physical activities during the COVID-19 pandemic

Figure 2. The impact of the COVID-19 pandemic on physical activity among adolescents and youth aged 13–29

Percentage of responses regarding changes in physical activity compared to the pre-pandemic period



Source:

United Nations Children's Fund. Regional U-Report poll on nutrition and physical activity during the COVID-19 pandemic: summary of results. Panama City: UNICEF; 2021.



2.2 Effects of the COVID-19 pandemic on the provision of health services

The COVID-19 pandemic has affected access to health services for all. WHO administered three rounds of a pulse survey on continuity of essential health services during the COVID-19 pandemic in 2021. A total of 29 countries and territories in the LAC region participated in the survey² (17, 18). The survey assessed over 60 health services, including reproductive, maternal, newborn, child, and adolescent health (RMNCAH), as well as nutrition services. In the survey, country focal points reported the perceived level of disruption of health services due to the COVID-19 pandemic by indicating the percentage of users not served as usual compared to before the pandemic. According to the survey results, LAC was the region with the highest average percentage of health services disrupted 2021. In the first quarter of 2021, the regional median of the percentage of services disrupted was above 50%, compared to Europe with 30%, and this gap widened by 7 percentage points in the fourth quarter of

2021. Furthermore, the region had the highest percentage of countries with more than 50% of services disrupted during the pandemic (17).

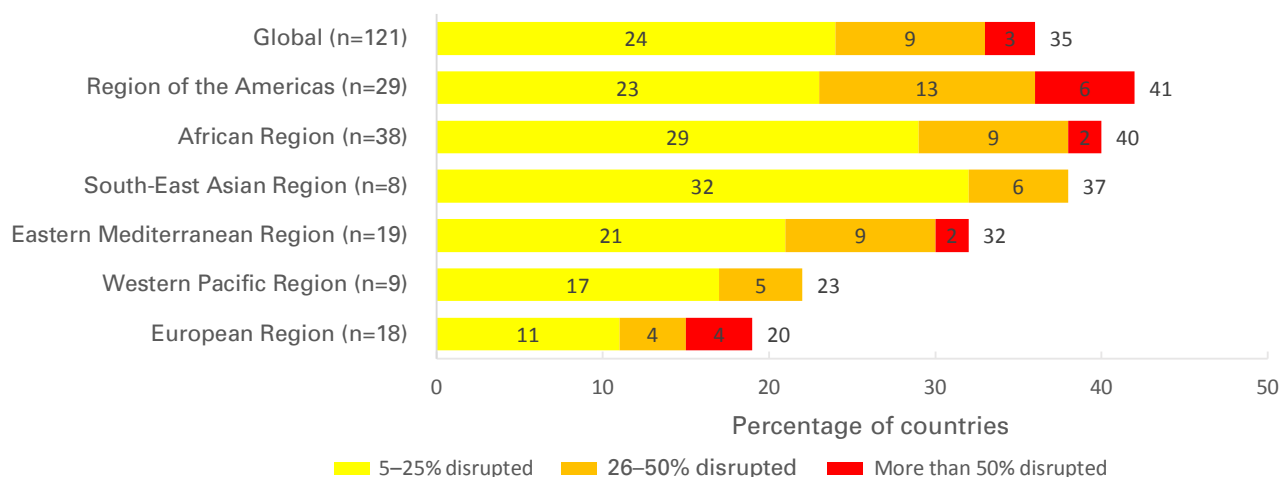
According to results from this survey, LAC was the region with the highest disruptions in RMNCAH and nutrition, immunization, communicable diseases, and mental, neurological and substance use disorder services in the first quarter of 2021. In particular, 41% of countries in the region reported disruptions in RMNCAH services, which is twice the 20% rate for these services in Europe (17) (Figure 3). Furthermore, half of LAC countries have reported disruptions in communicable disease services in the first quarter of 2021, almost twice the proportion among European countries (17). Additionally, over 60% of LAC countries reported disruptions in primary care services in the fourth quarter of 2021, making it the highest percentage among all regions (18).

² The countries and territories surveyed in the first quarter of 2021 are: Argentina, Bahamas, Belize, Bermuda, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Cayman Islands, Chile, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Uruguay. The countries and territories surveyed in the fourth quarter of 2021 are: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bermuda, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Chile, Costa Rica, Cuba, Dominica, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Nicaragua, Panama, Peru, Saint Vincent and the Grenadines, Suriname, Turks and Caicos Islands, Uruguay, and Venezuela (Bolivarian Republic of).

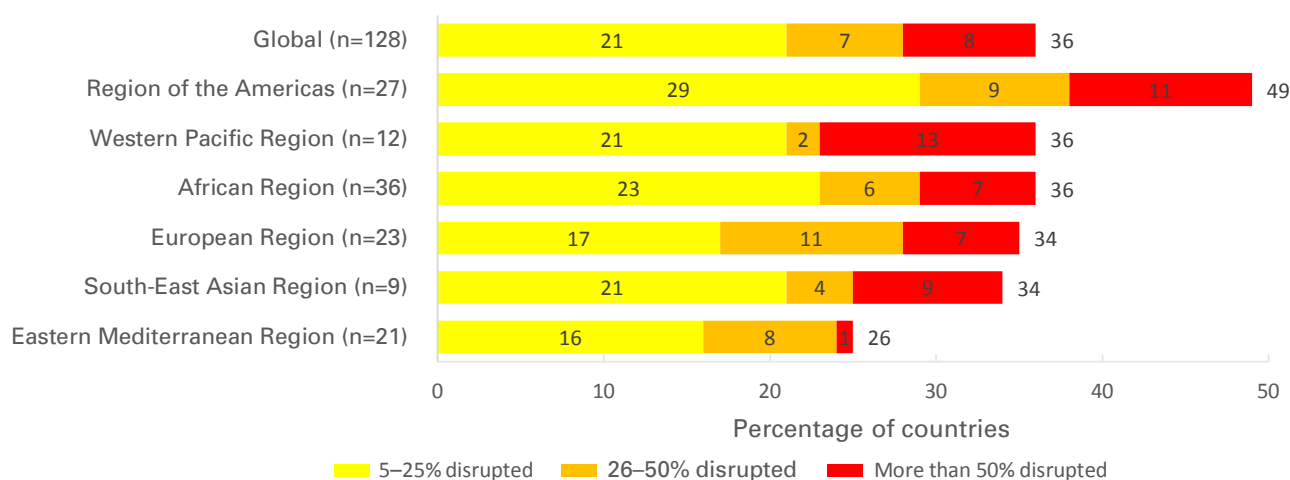
The provision of some health services in Latin America and the Caribbean has been greatly affected by the COVID-19 pandemic relative to other regions

Figure 3. Average percentage of countries reporting disruptions in reproductive, maternal, newborn, child, and adolescent health and nutrition services, and communicable disease services by region during the COVID-19 pandemic, first quarter of 2021

Average percentage of countries reporting disruptions to reproductive, maternal, newborn, child and adolescent health and nutrition services by WHO region



Average percentage of countries reporting disruptions to communicable services by WHO region



Notes: n = number of countries surveyed by region. Percentages may not add up exactly due to rounding. All countries surveyed from the Region of the Americas are from Latin America and the Caribbean.

Source: World Health Organization. Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic: January-March 2021. Interim report. Geneva, WHO; 2021.

Globally, insufficient human resources, fear and mistrust in seeking health care³, and patients canceling or not attending scheduled clinic appointments were the main drivers of service disruptions in more than half of the countries in the first quarter of 2021 (17). While these still disrupted services in the fourth quarter of 2021, intentional service delivery modifications⁴ became the predominant cause of disruption during this period (18). Furthermore, LAC was the region most affected by supply chain systems disruptions, with 67% of countries affected in the fourth quarter of 2021, up by 27 percentage points, compared to the first quarter of 2021 (17, 18).

Another relevant survey conducted in the region was conducted in 19 LAC countries⁵ between July and September 2020 by the ISLAC 2020 project, as a collaborative effort between Every Woman Every Child Latin America and the Caribbean (EWEC-LAC), Tulane University, University of Santiago de Chile, and others to study the effect of the pandemic on the coverage and quality of health services (19). The survey had a total of 691 responses. The results of the survey indicated that:

- In general, the coverage and quality of health services before the pandemic for nonpregnant women and adolescents was perceived to be lower compared to services for pregnant women, neonates, and children.
- Immunization programs were the health services with relatively fewer interruptions during the pandemic⁶ as well as access to institutional delivery care and antenatal and postnatal care services, whereas access to contraceptive services, mental health, child health surveillance, and developmental monitoring services were especially perceived to be interrupted and reduced (Figure 4).
- Despite disruptions in access to mental health services in the region during the pandemic, greater innovation in these services was reported during the pandemic with the increase of telemedicine services.
- The survey also highlighted wide inequalities between countries in LAC. For instance, in Chile, Costa Rica, Cuba, El Salvador, and Uruguay, fewer than 50% of responses indicated total or partial interruptions in access to contraceptive services during the pandemic, compared to over 80% in the Plurinational State of Bolivia, Guatemala, Honduras, Panama, Peru, and the Bolivarian Republic of Venezuela (19).
- Achieving universal and equitable access to health services was deemed as the main challenge and priority in the region, followed by securing funding for programs promoting the health of women, children, and adolescents.

3 Adolescents and youth in the region have reported not accessing health services due to fear of discrimination (13).

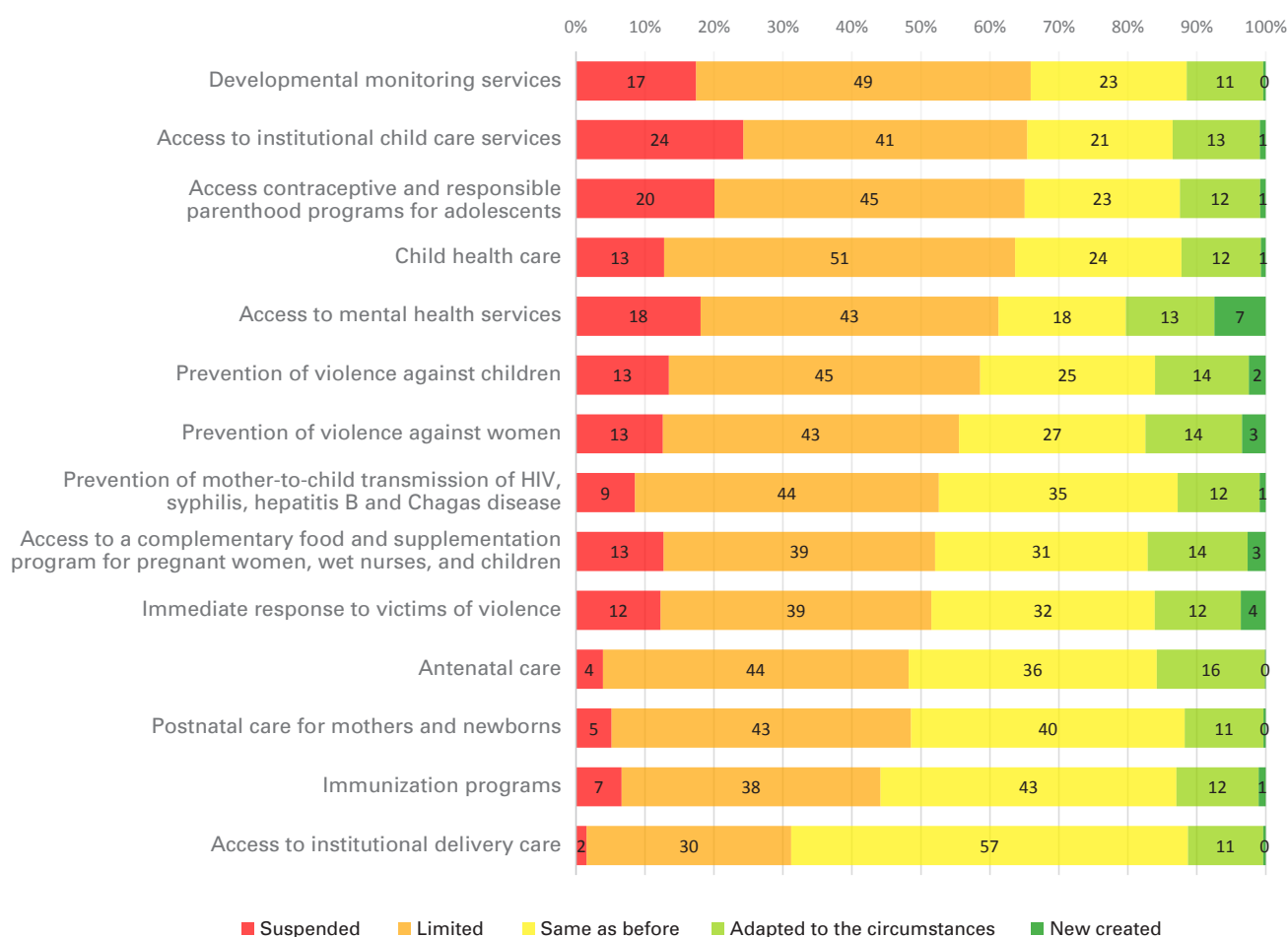
4 These include temporary closures and postponement of services.

5 The countries included in the analysis were: Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, and Venezuela (Bolivarian Republic of).

6 Nonetheless, the region still has the highest disruption levels in immunization services. In the first quarter of 2021, 55% of LAC countries reported disruptions in immunization services, over 4 times the percentage in South-East Asia (17).

Critical services for women, children, and adolescents were especially affected by the COVID-19 pandemic in Latin America and the Caribbean

Figure 4. The effect of the COVID-19 pandemic on health services, by type, in Latin America and the Caribbean



Notes: Percentages are based on the total number of responses in the five alternatives, excluding N/A responses. They may not add up exactly due to rounding.

Source: Villalobos Dintrans P, Maddaleno M, Granizo Román Y, Valenzuela Delpiano P, Castro A, Vance C, et al. Interrupción de servicios de salud para embarazadas, recién nacidos, niños y niñas, adolescentes y mujeres durante la pandemia de COVID-19: proyecto ISLAC 2020. Rev Panam Salud Publica. 2021;45:e140. <https://doi.org/10.26633/RPSP2021.140>.



3 Main causes of death and disease among adolescents in Latin America and the Caribbean

3.1 Violence, injuries, and suicide are leading causes of adolescent deaths

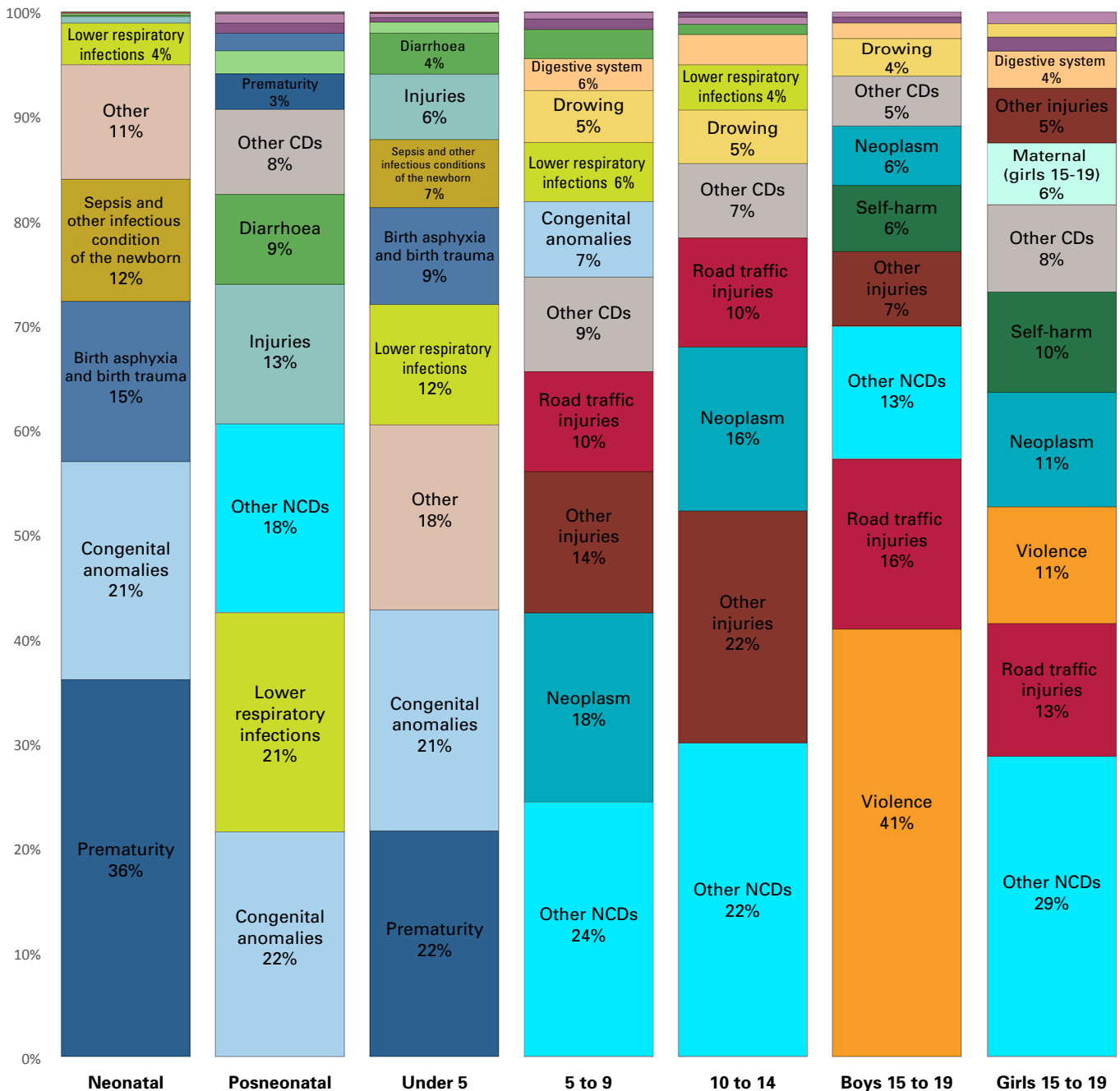
LAC is one of the regions with the highest mortality among adolescents 15–19 years (6 deaths per 1,000 children aged 10 in 2020), which has decreased by 33% since 1990 (2). As presented in Figure 5, the vast majority of deaths among adolescents in the region stem from preventable causes. Key causes of death in the region are interpersonal violence, injuries, and suicide. Violence causes 41% of deaths among adolescent boys aged 15–19, compared to 11% of deaths among adolescent girls aged 15–19. Road traffic injuries cause 16% and 13% of deaths among adolescent boys and girls aged 15–19, respectively. Furthermore, suicide respectively causes 6% and 10% of deaths among adolescent boys and girls aged 15–19. Other concerning causes of adolescent mortality in the region

are drowning, a leading cause of death among adolescent boys, and maternal conditions, a leading cause of death among girls aged 15–19, correlating with the high adolescent birth rates in the region. Figure 5 also illustrates the evolution of causes of death throughout the life course. For instance, while congenital anomalies and lower respiratory infections cause an important proportion of deaths among children under 10 years old, they are no longer leading causes of death among adolescents. On the other hand, violence and suicide are causes of death exclusive to adolescents aged 15–19, while the share of deaths caused by road traffic injuries increases during age 15–19, compared to ages 5–9 and 10–14.



Preventable causes of death like violence and road traffic injuries are killing many adolescents in Latin America and the Caribbean

Figure 5.
Causes of death among population aged 0–19 years in Latin America and the Caribbean, 2019



- Birth asphyxia and birth trauma
- Congenital anomalies
- Diarrhoea
- Digestive system
- Drowning
- HIV/AIDS
- Injuries
- Malaria
- Maternal (girls 15-19)
- Measles
- Meningitis/encephalitis
- Neoplasms
- Other
- Other CDs
- Other injuries
- Other NCDs
- Prematurity
- Road traffic injuries
- Self-harm
- Tetanus
- Tuberculosis
- Violence

Sources: Perin J, Mulick A, Yeung D, Villavicencio F, Lopez G, Strong KL, Prieto-Merino D, Cousens S, Black RE, Liu L. Global, regional, and national causes of under-5 mortality in 2000-19: an updated systematic analysis with implications for the Sustainable Development Goals. *Lancet Child Adolesc Health.* 2022 Feb;6(2):106-115 for neonatal and children 1 to 59 months and Liu L, Villavicencio F, Yeung D, Perin J, Lopez G, Strong KL, Black RE. National, regional, and global causes of mortality in 5-19-year-olds from 2000 to 2019: a systematic analysis. *Lancet Glob Health.* 2022 Mar;10(3):e337-e347 for ages 5-19, based on data visualization in the Countdown to 2030 profiles available from: <https://data.unicef.org/countdown-2030/>.

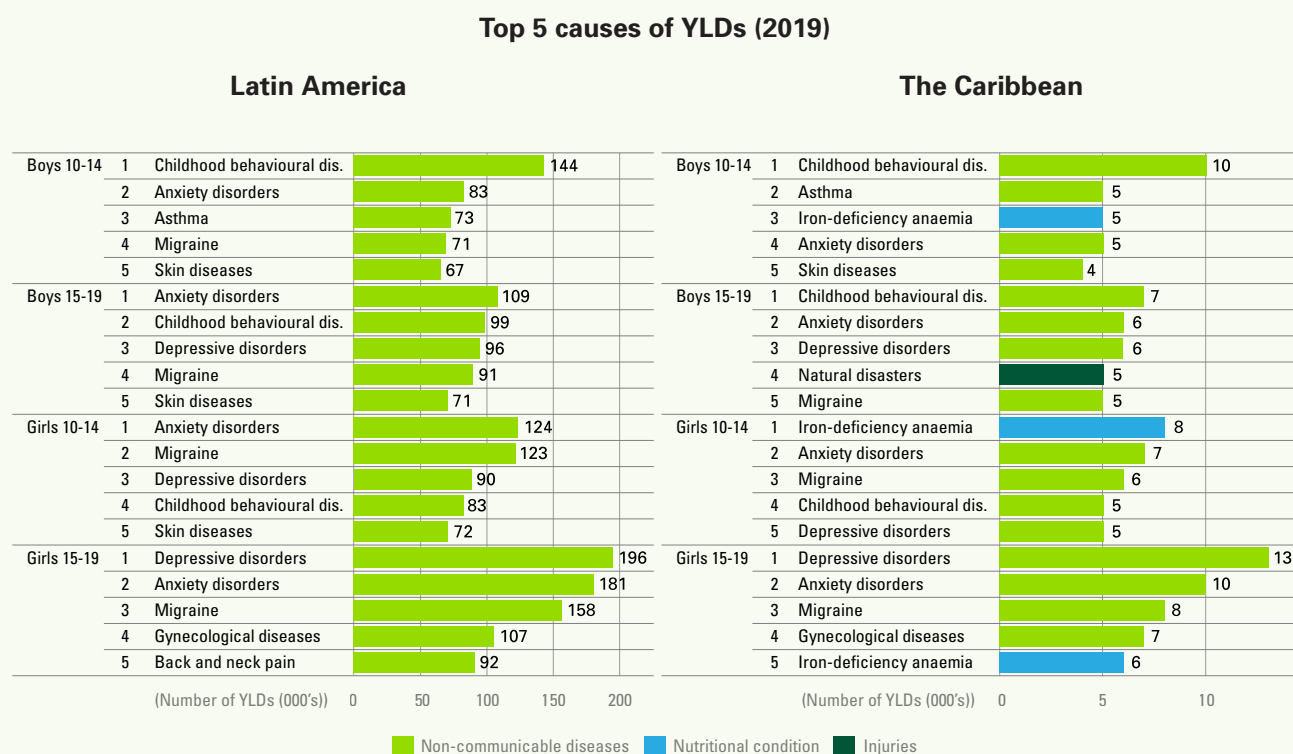
3.2 Noncommunicable diseases are shortening healthy lives among adolescents

Years lost due to disability (YLD) is a measure that quantifies disease burden and allows a direct comparison across diseases and disabilities. YLD focuses on morbidity and quantifies the years of healthy life lost due to disabilities and diseases. Figure 6 shows the top causes of YLD among adolescents in LAC by subregion, most of which are noncommunicable diseases (particularly mental health). There is a high prevalence of mental health conditions among adolescents in LAC, as indicated by the number of YLD caused

by anxiety and major depressive disorders. The prevalence of these conditions is especially concerning among girls 15–19 given the high YLD caused. Childhood behavioral disorders are also a leading cause of YLD among adolescents, particularly among boys. While all top causes of YLD in Latin America are noncommunicable diseases (particularly mental health), nutritional conditions (iron-deficiency anemia) and injuries by natural disasters are some top causes of YLD in the Caribbean.

Mental disorders like childhood behavioral, anxiety, and depressive disorders are shortening healthy lives among adolescents in Latin America and the Caribbean

Figure 6. Top five causes of years lost due to disability among adolescents in Latin America and the Caribbean, 2019





4 Interpersonal violence – a pressing issue among adolescents

Interpersonal violence affects a third of adolescents aged 15–17 years old in LAC and, as shown in Figure 5, caused 41% and 11% of deaths among boys and girls aged 15–19 in 2019, respectively (7, 20). Afro-descendants are unequally affected by homicide. For instance, while half of the population in Brazil are Afro-descendants, three-quarters of adolescent homicides occur among this population (21). Current trends in the region show recent increases in homicides among adolescents, and in the prevalence of gender-based violence against girls (22). There are large inequalities in different types of violence (physical, sexual, and psychological)⁷ experienced in the past 12 months among adolescents aged 13–17 years old in four LAC countries⁸, as shown in violence against children and youth surveys. For instance, the prevalence of sexual violence in all countries is higher among adolescent girls than boys. In particular, the prevalence of sexual violence is about two to three times higher, and up to nine percentage points higher, among adolescent girls, compared to boys (22). In all countries except Colombia, the prevalence of psychological violence by a parent, caregiver, or relative is higher among adolescent girls than boys, with rates up to three times higher, and up to 11 percentage

points higher for adolescent girls in El Salvador and Haiti, respectively (22). Furthermore, there are important variations between the four LAC countries in violence against children and youth surveys in the prevalence of physical violence among adolescents. For instance, the prevalence of physical violence in the past 12 months among 13–17 years old is higher in Haiti, compared to El Salvador, by a factor of three and by 25 percentage points (22).

The high levels of physical, psychological, and sexual forms of violence experienced by adolescents in the region have concerning consequences for their physical and mental health. For instance, in all 26 countries and territories⁹ in the region with available data, students who have been victims of bullying had a higher prevalence of suicidal ideation than those who have not been victims (22). As an adolescent girl in Jamaica shared during focus group discussions regarding how adolescents experience and perceive mental health around the world: “I got raped. I’m currently a teenage mother and all of those things have brought me to suicide, self-harm ... I’m a walking time bomb. I can go off any minute.” (24).

7 Physical violence refers to “the intentional use of physical force or power,” sexual violence to “non-consensual acts of a sexual nature,” and psychological violence “includes restricting a child’s movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment” (23).

8 Colombia, El Salvador, Haiti, and Honduras.

9 Anguilla, Antigua and Barbuda, Argentina, Bahamas, Belize, Bolivia (Plurinational State of), British Virgin Islands, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Honduras, Jamaica, Montserrat, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Uruguay.



5 Mental health – a growing concern

The mental health of adolescents in the region remains a growing concern, especially in light of the COVID-19 pandemic when an important share of adolescents, higher than the share among youth, have reported not taking care of their mental health during this period (25).

In 2019, suicide caused 6% and 10% of deaths among boys and girls aged 15–19, respectively, as was seen Figure 5 (7). Nonetheless, there has been important progress in adolescent mental health in the region. Box 2 provides an example from Peru.

Box 2. Achieving results through the provision of adolescent mental health services in Peru

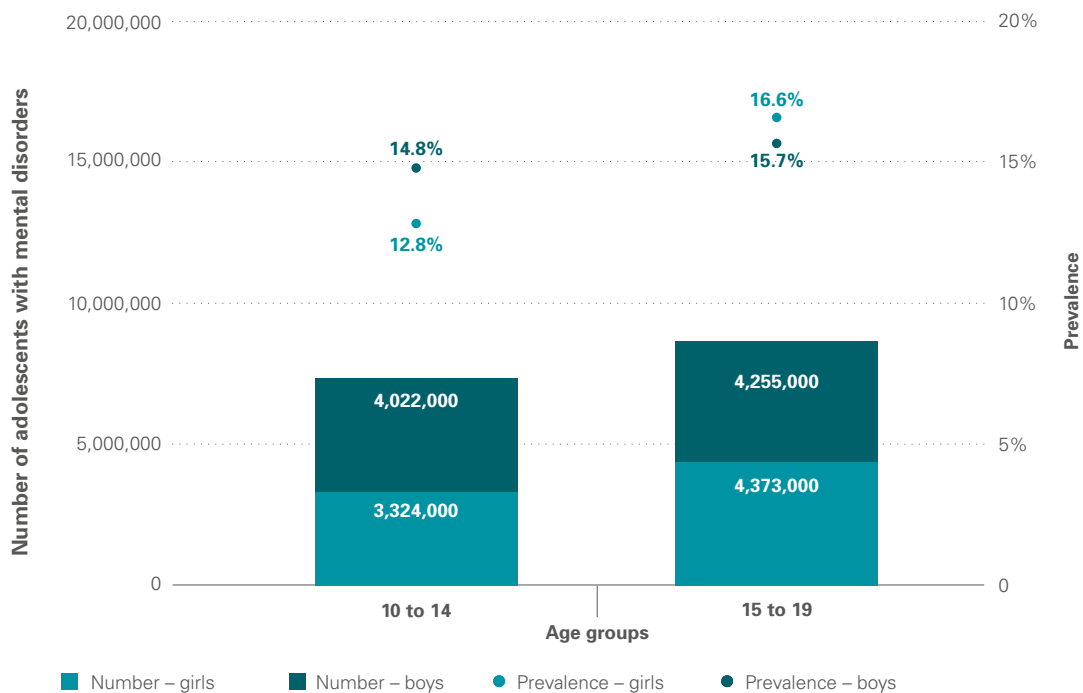
A leading example of concerted action to improve the well-being of adolescents in the region is the provision of community-based mental health services for adolescents in Peru. This innovative approach integrates the services of psychiatrists, psychologists, nurses, social workers, and pharmacy staff at the primary healthcare level. The focus on community-level service delivery facilitates access for those in need of treatment close to their support networks as well as preventive and promotional interventions. This approach overcomes barriers that typically limit adolescents' access to mental health services, such as the cost of services and transportation and commuting time. Recent reforms in Peru have expanded the community-based healthcare model and added mental health care coverage as part of the national health insurance program. Furthermore, results-based financing has been adopted, which has stimulated investment in mental health, and a new national mental health law that establishes the legal framework to guarantee access to mental health services was approved in 2019. The impact of this model has been significant. The number of community-based mental healthcare centers increased from 23 in 2015 to 206 in 2021 (26, 27), and the program has adapted to the needs of the population and the challenges of the COVID-19 pandemic by offering mental health services in open spaces, at home, and using telemedicine technology (26). In 2020–2021, the program increased the number of mental health consultations provided and the percentage of adolescents aged 12–17 years using these services increased from 15% to 21% (27). Additionally, the program has proved to be more cost-effective and efficient than services provided at psychiatric hospitals (28).

Recent estimates on the prevalence of mental disorders among adolescents aged 10–19 in LAC¹⁰ find that almost 16 million adolescents in the region, representing over one in seven, suffer from a mental disorder (29) (Figure 7). Girls and boys are equally affected during their early adolescence (ages 10–14), while the prevalence of these conditions is higher during ages 15–19, particularly among girls (29) (Figure 7). Among adolescents experiencing a mental disorder, anxiety and depressive disorders are the most prevalent, affecting almost half (47.7%), followed by attention-deficit/hyperactivity disorder (ADHD), which affects more than one-quarter (26.8%) (29) (Figure 8). The third and fourth most prevalent mental health conditions among

adolescents with a mental health condition are conduct and bipolar disorders, affecting one in every five (18.2%), and one in every 20 (5.3%), respectively (29) (Figure 8). The prevalence of anxiety and depressive disorders among adolescent girls is higher, affecting almost two-thirds of (62.6%) adolescent girls with a mental disorders compared to one-third of adolescent boys (33.8%) (29) (Figure 8). On the other hand, the prevalence of ADHD is higher among adolescent boys, affecting over one-third of adolescent boys (36.2%) with a mental disorder, compared to one in every six adolescent girls (16.8%) (Figure 8). Conduct disorders are more common among adolescent boys, while bipolar disorder affects adolescent girls and boys equally (Figure 8).

Almost 16 million adolescents in Latin America and the Caribbean suffer from a mental disorder

Figure 7. Prevalence and numbers of adolescents in Latin America and the Caribbean suffering from mental disorders



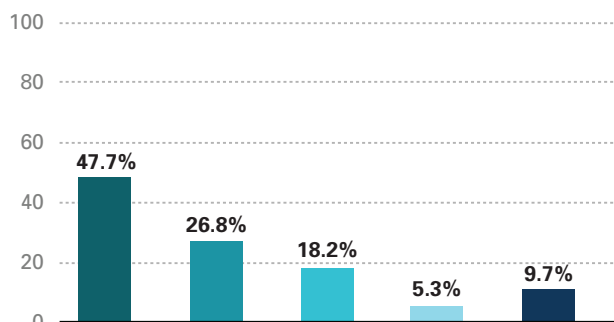
Sources: United Nations Children’s Fund. The State of the World’s Children 2021. On my mind: promoting protecting and caring for children’s mental health. Regional brief: Latin America and the Caribbean. UNICEF; 2021.

10 Countries and territories: Anguilla, Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Montserrat, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands, Uruguay, and Venezuela (Bolivarian Republic of).

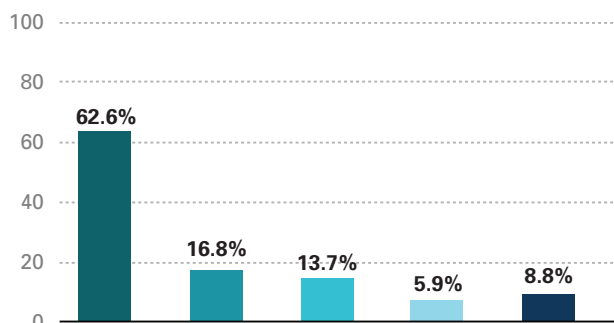
Almost half of adolescents with a mental disorder suffer from anxiety and depression

Figure 8. Estimates of mental disorders among adolescents in Latin America and the Caribbean, by type

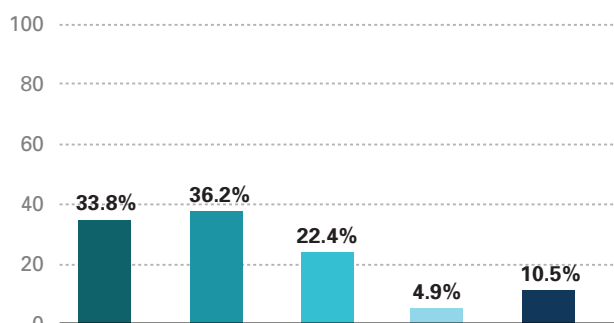
Boys and girls aged 10-19



Girls aged 10-19



Boys aged 10-19



- Anxiety and depression disorders
- ADHD
- Conduct disorder
- Bipolar disorder
- Remaining mental disorder

Sources: United Nations Children’s Fund. The State of the World’s Children 2021. On my mind: promoting protecting and caring for children’s mental health. Regional brief: Latin America and the Caribbean. UNICEF; 2021.

The concerning poor mental health among adolescents in the region is demonstrated by alarmingly high suicide rates. Every day, the lives of more than 11 adolescents in the region are lost due to suicide (29). Adolescent boys aged 15–19 are a particularly vulnerable group, as over six of the 11 lives lost due to suicide in the region daily are among this group (29).

Studies from the region suggest that adolescents who have experienced physical, psychological, and sexual forms of violence are more likely to suffer from anxiety (30, 31), depression (30, 31), posttraumatic stress disorder (30, 32, 33), disruptive behavior disorders (34), and mood disorders (34). As a result, the exposure to violence during adolescence has also been related to self-harm (31), high levels of suicidal ideation (35), and suicidal attempts (36) during adolescence and adulthood.



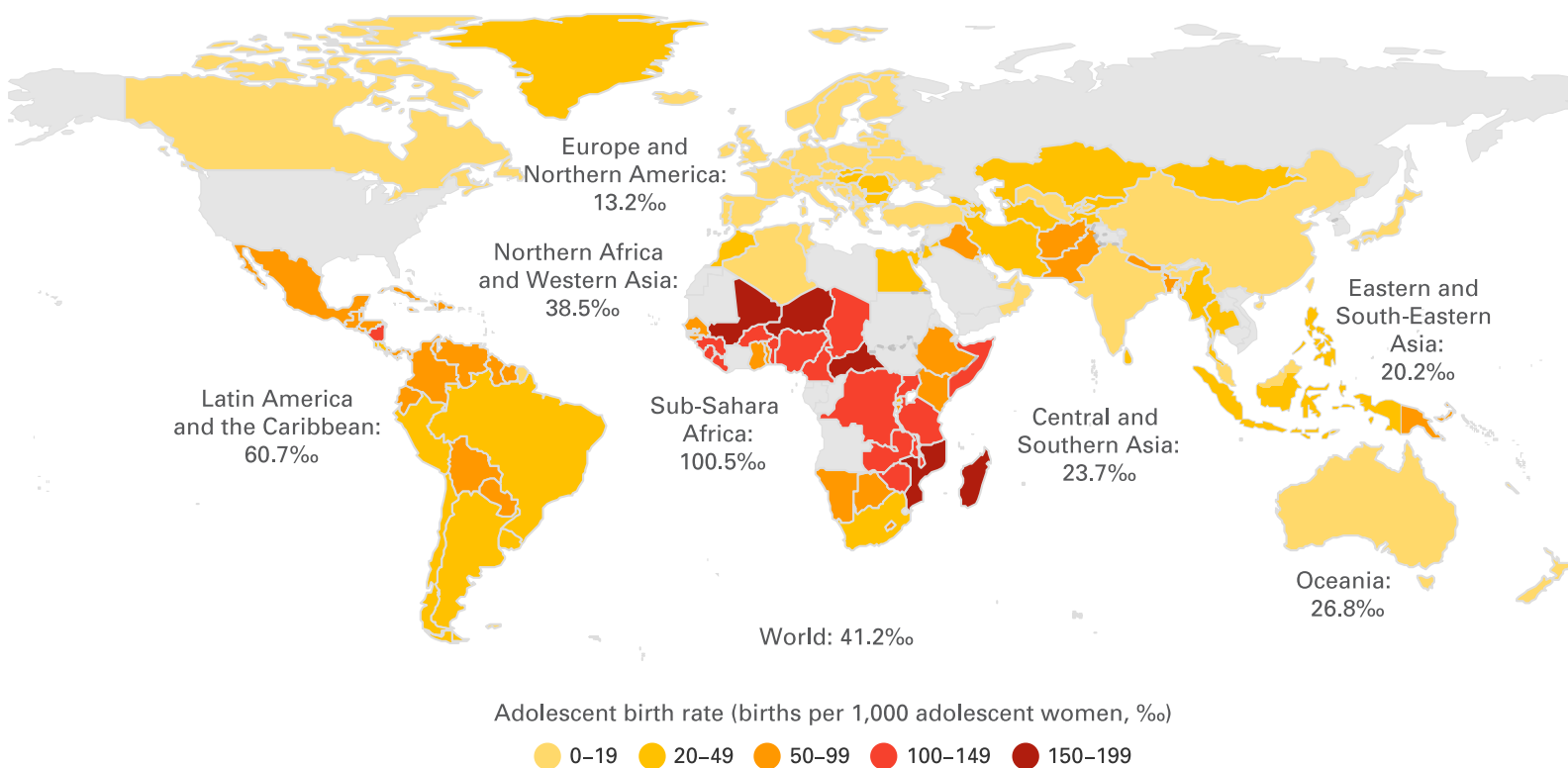
6 Adolescent pregnancy is a reflection of high inequalities in the region

For the 2015–2020 period, it is estimated that 62 million babies were born to adolescent mothers worldwide, with about 14 percent born in LAC (37). LAC is the region with the second highest adolescent birth rates, after sub-Saharan Africa (8) (Figure 9), so the majority of governments in LAC countries accordingly consider adolescent fertility to be a matter of major concern (38). Over the past decade, there has been a slow but steady decline in the adolescent birth rate in LAC. It fell from 70.9 births per 1,000 adolescents in 2010 to 60.7 births per 1,000 adolescents in 2020, representing a 14.39% decrease (8). Various countries, including Chile, Costa Rica, and Uruguay have recorded substantial declines in adolescent birth rates in recent years, and through a sustained large-scale program for pregnant adolescents, Jamaica has provided education, life and parenting skills

training, counseling, contraceptives, and school reintegration services, resulting in a substantial reduction in second pregnancies in adolescents (39). Nevertheless, wide variations persist between subregions and countries, and within countries, and indigenous, lower-income, and lower-educated girls are disproportionately affected by early unplanned pregnancies. Based on the most recent data for each country for the 2015–2021 period, the countries with the lowest adolescent birth rates are Chile and the Caribbean Islands of Montserrat and Turks and Caicos Islands with rates of about 21–23 per 1,000 adolescent girls, while the highest adolescent birth rates are found in Nicaragua and Guatemala with rates between 77 and 103 per 1,000 adolescent girls, respectively (40).

Latin America and the Caribbean is the region with the second highest adolescent birth rate

Figure 9. Adolescent birth rates, by country



Notes: Based on the most recent data for each country in the period 2015–2021 and regional values for 2020.

Sources: SDG Global Database for country data, and Statistical Annex of the Report of the Secretary-General: Progress towards the Sustainable Development Goals (E/2022/55) for regional data.

Disclaimer: The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of PAHO and UNICEF concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Projections have shown that adolescent birth rates in LAC might exceed projected adolescent birth rates in Africa by around 2030 (41). Furthermore, the ratio of adolescent to total fertility was highest in LAC, compared to other regions, where adolescent fertility currently contributes to about 14 percent of total fertility. This value is higher than sub-Saharan Africa's value by about 30 percent (42).

The high proportion of adolescents becoming mothers in the region comes with short-, mid-, and long-term consequences for them, their children, society, and the state. Early childbearing has been found to be associated with perinatal depression (43, 44) and suicidal behavior (45). Furthermore, adolescent mothers are more likely to experience complications during their pregnancy and delivery (46, 47), and face greater rates of maternal mortality (48). In addition, children born to adolescent mothers are more likely to die, be premature, and have low birth weight than those born to mothers in their twenties (49, 50).

Early childbearing has also been related to increased violence. In all 12 LAC countries with data available,¹¹ women who gave birth as adolescents were more likely to experience intimate partner violence, with prevalence rates of experiencing physical or sexual violence up to three times greater, compared to women who give birth as adults for the first time (22).

A recent EWEC-LAC report (5) assessed social inequalities in health in the region (51) across six Sustainable Development Goal indicators in 22 LAC countries¹² during the decade 2010–2019. The analysis suggests that the socioeconomic conditions of individuals in the LAC region

determine their health outcomes and access to health services to a large extent. In this analysis, the indicators that presented the widest equity gaps among adolescents were related to reproductive health: the demand for family planning satisfied, and the adolescent fertility rate.

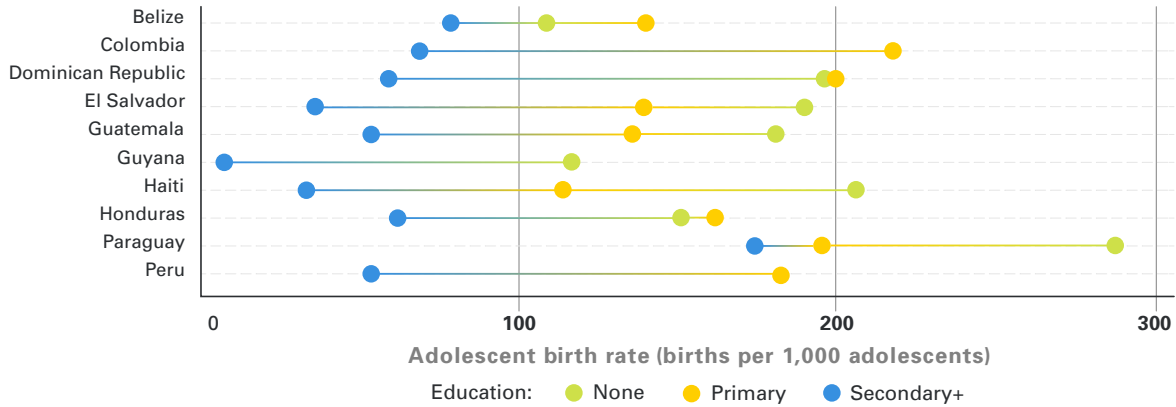
Adolescents with no educational attainment or primary education have higher birth rates than adolescents with at least secondary education (Figure 10) (5). This may reflect the fact that adolescents with no education are more likely to become pregnant, and also that those who become pregnant at adolescence stop their education. The country with the highest absolute inequalities is Haiti with the largest difference in adolescent births per 1,000 adolescent girls among adolescent girls with no education, compared to adolescent girls with at least secondary schooling (204.7 compared to 33.2) (Figure 10). In Colombia, Dominican Republic, Haiti, and Paraguay, the adolescent birth rate among girls with primary or no education is over 200 (Figure 10). Relative inequality is high, as adolescent birth rates are commonly three times higher for adolescent girls without at least secondary education than those with it, and as high as a factor of 14.8 in Guyana (5). In the case of Paraguay, the country has the highest birth rates among adolescents with no education, in addition to the high levels of inequality (Figure 10). Moreover, important inequalities in the adolescent birth rate by ethnicity have been reported, with rates over 55 births per 1,000 adolescent girls among Afro-descendants, compared to non-Afro-descendants in countries with data available (52).

11 Bolivia (Plurinational State of), Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Nicaragua, Paraguay, and Peru.

12 List of 22 countries included in the health inequality analysis: Argentina, Barbados, Belize, Bolivia (Plurinational State of), Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Saint Lucia, Trinidad and Tobago, and Uruguay.

Adolescents with lower levels of educational attainment in Latin America and the Caribbean have higher birth rates on average

Figure 10. Inequalities in the adolescent birth rate by level of education



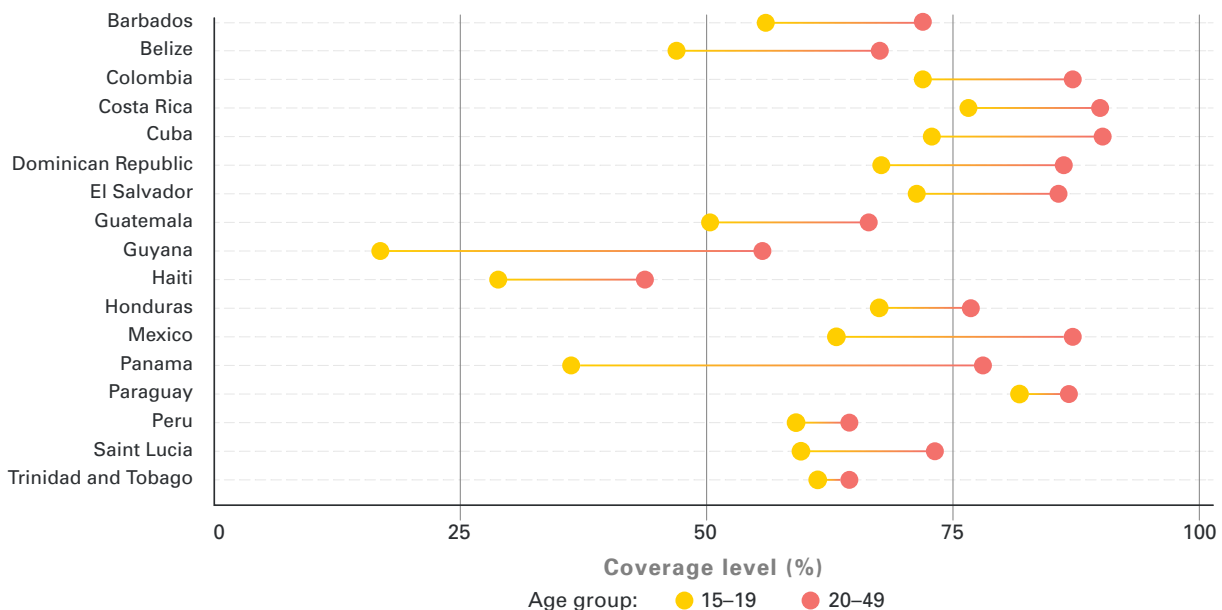
Source: Pan American Health Organization and United Nations Children’s Fund. Health inequalities in Latin America and the Caribbean: a Sustainable Development Goal baseline assessment for women, children, and adolescents. Washington, DC: PAHO and UNICEF; 2022, based on DHS and MICS data.

In all countries in the LAC region, adolescents have lower coverage levels of demand for family planning satisfied than do adults (Figure 11) (5). Inequalities by age are largest in Panama and

Guyana, where adolescents have coverage levels lower than adults by about 40 percentage points (Figure 11).

Compared to adults, adolescents in Latin America and the Caribbean have an unequally low coverage of family planning with modern methods (satisfaction)

Figure 11. Inequalities in the demand for family planning satisfied by modern methods by woman age group



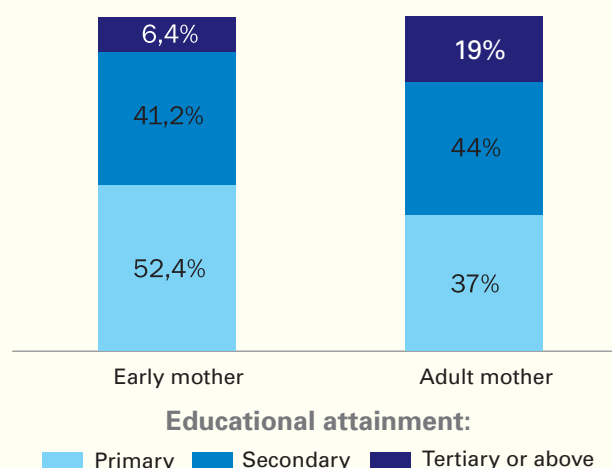
Source: Pan American Health Organization, United Nations Children’s Fund. Health inequalities in Latin America and the Caribbean: a Sustainable Development Goal baseline assessment for women, children, and adolescents. Washington, DC: PAHO and UNICEF; 2022. Based on DHS and MICS data

The United Nations Population Fund assessed the socioeconomic consequences of adolescent pregnancy in six LAC countries¹³ by comparing outcomes from age 20 to retirement for women who became pregnant during age 15–19 (early mothers) with women who became pregnant during age 20–29 (adult mothers) (53). Based on these findings, less than half of early mothers have at least secondary education, compared to over 60% of adult mothers (Figure 12). Moreover, early mothers are between two and four times less likely to attain tertiary education. Moreover, there are large inequalities within and between countries (Figure 13). While in most countries there is a higher proportion of adult mothers with at least secondary education, compared to

early mothers, this is not true in all countries with data. Furthermore, women in Ecuador have their education severely affected by early motherhood, as only 13% of early mothers attain at least secondary education, compared to over 98% of adult mothers (Figure 13). As a result of the effect of adolescent pregnancy on educational attainment, it is estimated that early mothers earn USD 573 (2018) less per year than what they would earn had they not become mothers during adolescence (53). The effects of early motherhood on adolescents' education and income, which are important socioeconomic determinants of health (54), consequently have long-lasting effects on their lifetime health.

Women who become mothers during adolescence in Latin America and the Caribbean are less likely to achieve higher educational attainment

Figure 12. Average educational attainment for countries analyzed for early and adult mothers

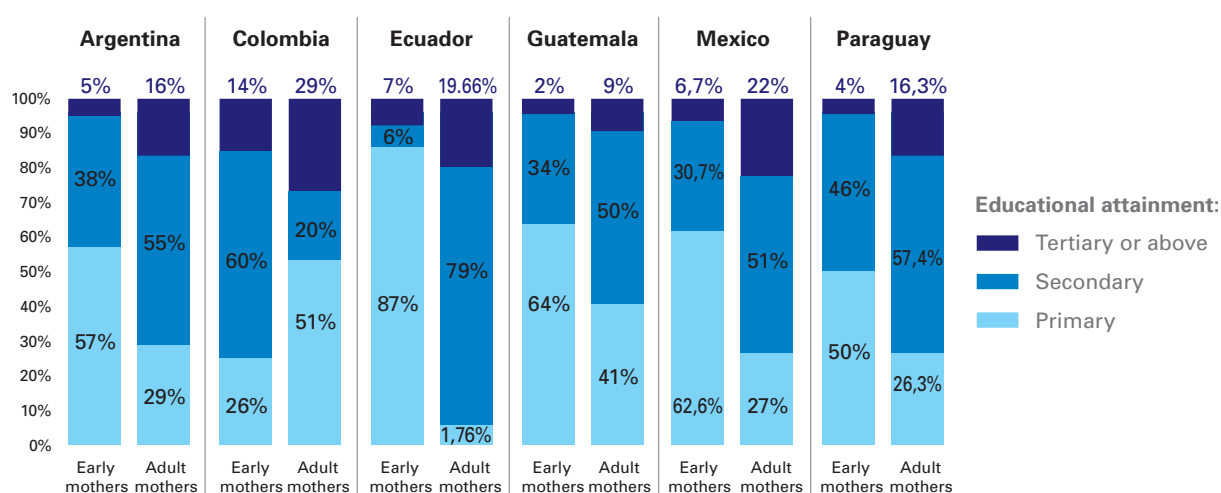


Source: United Nations Population Fund. Socioeconomic consequences of adolescent pregnancy in six Latin American countries. Implementation of the MILENA methodology in Argentina, Colombia, Ecuador, Guatemala, Mexico and Paraguay. Panama City: UNFPA Latin America and the Caribbean Regional Office; 2020.

13 Argentina, Colombia, Ecuador, Guatemala, Mexico, and Paraguay.

Teenage pregnancy affects educational attainment for adolescents in Latin America and the Caribbean countries unequally

Figure 13. Educational attainment for early and adult mothers by country



Source: United Nations Population Fund. Socioeconomic consequences of adolescent pregnancy in six Latin American countries. Implementation of the MILENA methodology in Argentina, Colombia, Ecuador, Guatemala, Mexico and Paraguay. Panama City: UNFPA Latin America and the Caribbean Regional Office; 2020.

Unequal access to basic health services for adolescents, operationalization of comprehensive sexual education according to international standards, and sexual violence result in high levels of adolescent pregnancy. For instance, adolescents in the region have limited access to contraception (5) and, as a result, many adolescents in the region who do not have the means to delay or prevent a pregnancy find that they have no alternative to becoming mothers at a young age (53). Lack of information on reproductive and contraceptive services, poor sex education, child marriages and early unions, and sexual and gender-based violence also aggravate this trend (53).

Sexual and reproductive health services in the region are generally not adolescent-friendly and do not cater to the needs of adolescents (55). The fear of social stigma, shame, negative judgment, embarrassment, and harmful

and discriminatory gender and social norms are additional constraints that discourage adolescents in the region from accessing sexual and reproductive health services (55, 56). Conservative movements in some countries in the region, in which attitudes are often driven by religious beliefs, have played a dominant role not only in the cultural environment that has restricted access to contraceptive services, but also in policies that limit sexual and reproductive rights (57). Often, adolescents who seek family planning services experience discrimination and mistreatment (55, 56). Medical providers may even provide inadequate care, be unfamiliar with the appropriate practices, legal codes, parental consent and moral concerns, and may stigmatize adolescents for being sexually active (55, 56). Furthermore, some social groups, such as indigenous youth (58), those with lower educational attainment (4, 5, 55), and the poor (4, 5, 55) have lower coverage of these services.



7 The way forward for healthier lives of adolescents in the region

This report highlights the multiple dimensions of vulnerability experienced by adolescents in LAC that threaten long-lasting consequences for themselves and their communities. By definition, adolescents are a group in transition between childhood and adulthood, and they rely on those holding the power – governments, international organizations, the private sector, academia, and civil society – to prioritize their needs. The COVID-19 pandemic has only compounded these existing gaps in access and quality and heightened the urgency to rebuild systems with an equity lens. Resources from EWEC-LAC¹⁴ support advancing toward a better and equitable future among adolescents in the region, but additional priority actions are required.

These priority actions include:

- 1 Strengthen the development and implementation of **evidence-informed, multisectoral, and equity-based adolescent health strategies and plans**, with a positive development and adolescent well-being perspective, and increase investments in the implementation of these strategies and plans.
- 2 Promote policy reform to **create a supportive environment** for adolescents to thrive at home, in schools, and in their communities.
- 3 Implement appropriate strategies that **restore the provision of essential health services for women, children, and adolescents, and ensure adolescent access to these health services**. This should include optimizing services delivery settings and platforms, and use of innovative strategies, including social media and other digital technology, to engage with young people and communities, and reach vulnerable groups; identifying priority needs by triaging; recruiting additional staff and implementing rapid training mechanisms; establishing alternate care sites; and implementing home and community healthcare services and telemedicine.
- 4 Scale up **adolescent-responsive health services tailored to the needs of disenfranchised communities**. Institute mechanisms for capacity-building of health workers to effectively deliver health services to adolescents, and implement innovative approaches, such as a decentralized distribution of modern contraceptive methods to adolescents, to remove barriers and increase their access to essential services and commodities.
- 5 Prioritize and **strengthen national and local systems for the collection, analysis, and use of health-related data** stratified by age and other social determinants in order to promote better evidence-based policymaking and accountability.
- 6 Implement **programs for the prevention of violence against children and adolescents** at school, home, and community settings with a multisectoral approach considering health, social, education, gender, and justice matters. In this regard, WHO's INSPIRE (23) framework provides key specific strategies to end violence.
- 7 **Amplify the voices of adolescents and empower them** by making them part of the design, implementation, and monitoring of interventions.
- 8 Invest in the promotion of mental health and the **prevention of mental disorders, increase access to quality mental health programs tailored to adolescents, and act to end the stigma** associated with seeking mental health services. The Helping Adolescents Thrive Toolkit (59) presents further actions to promote and protect adolescent mental health.
- 9 **Integrate mental health services into primary health care systems**, secure and respect human rights when accessing mental health services, and address socioeconomic inequalities.

¹⁴ Every Woman Every Child Latin America and the Caribbean. Every Woman Every Child. EWEC-LAC; 2022 [cited 9 September 2022]. Available from: <https://www.everywomaneverychild-lac.org/e/>.



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There are over 100 million adolescents in Latin America and the Caribbean, representing about 16% of the regional population. They are a population in a sensitive period for development in terms of identity, agency, and vulnerability. The decisions that adolescents make, the challenges they face, and the opportunities they have during this phase related to their health and education affect the trajectory of the rest of their lives, highlighting their need to access timely support. This publication presents an overview of the key health challenges faced by adolescents in the region with the objective of catalyzing priority actions to advance toward a better and more equitable future for this population.

