

Adolescence is a fundamental transitional phase in human development as it represents a change from childhood to physical, psychological and social maturity. During this period, adolescents learn and develop knowledge and skills to deal with critical aspects of their health and development while their bodies mature. Adolescent girls, especially younger girls, are particularly vulnerable because they face the risks of premature pregnancy and childbirth (UNICEF, 2017[15]). In the present, there are two clear transitions regarding adolescent population: demographic transition, with an increase in the number of adolescents (aged 10-24 years) from 1.53 billion in 1990 to 1.8 billion in 2016; and epidemiological transition, which has seen a decrease in the number of countries classified as multi-burden moving to be classified as NCDs predominant (Weiss and Ferrand, 2019[16]).

Risk factors for NCDs, the leading cause of premature adult deaths, are often acquired in adolescence. Overweight and obesity are one of these key risk factors. In LAC, over 38% of both male and female adolescents were overweight or obese in 2016 (Figure 4.12). Among male adolescents, Argentina and Chile led the group with more than half of their adolescent population living with overweight or obesity, while Colombia and Saint Lucia were at the other end with less than 29%. Among female adolescents, Bahamas, Mexico and Venezuela stand over 45% of overweight and obesity, while Haiti is the only country in the region with less than 30%.

Between 2010 and 2016, obesity in the LAC region increased in all countries, with an average of more than 34% growth among male adolescents and almost 30% among female adolescents (Figure 4.13). The largest increase among male adolescents occurred in Trinidad and Tobago, Haiti, Saint Lucia and Guyana with more than 50% increase, whereas in Venezuela, Mexico, Argentina, Uruguay and Bahamas the surge was below 20%. Similarly, the highest increase among female adolescents happened in Trinidad and Tobago with 57%, followed by Saint Lucia, Haiti and Guyana just over 45%. The lowest increases in Uruguay and Bahamas, both below 15% growth.

Another key issue for adolescents worldwide is the high prevalence of pregnancies during youth. In LAC25, the average adolescent birth rate is 62 births per 1 000 adolescent women, which is almost the triple as in OECD countries that stand in 21 births per 1 000 adolescent women (Figure 4.14). Notably, all LAC countries are situated above the OECD average. The highest adolescent birth rate is found in Honduras with 101 births per 1 000 adolescent women (1 out of 10 teenage girls will give birth), followed by Nicaragua and Guatemala with 92 births. On the other hand, Bahamas and Trinidad and Tobago have the lowest adolescent birth rates in the region with 32 and 38, respectively.

The Global Strategy for Women's, Children's and Adolescent's Health 2016-2030 fosters a world in which "every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies". Aiming to end preventable deaths, ensure health and well-being, and expand enabling environment, it calls for action in several areas: country leadership, financing for health, health system resilience, individual potential, community engagement, multisector action, humanitarian and fragile states, research and innovation, and accountability (United Nations, 2015[17]). LAC countries are taking this agenda in many ways and adapting it to their national context, with the opportunity to gather the international momentum to take a big step in improving adolescent health from a multifaceted perspective.

Definition and comparability

The WHO definition of adolescent overweight is a body mass index greater than 1 standard deviation above the median, according to the WHO child growth standards.

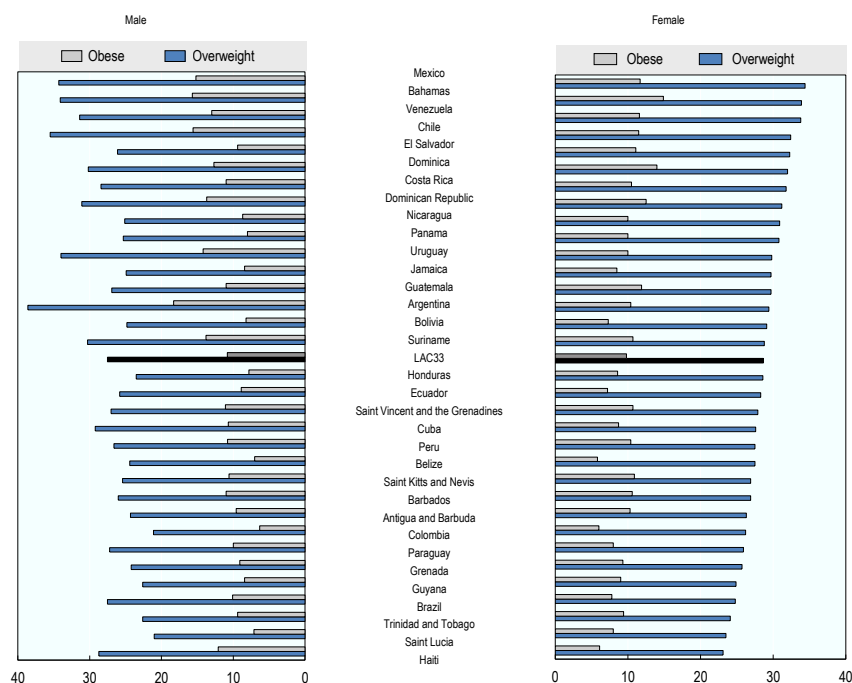
The WHO definition of adolescent obesity is a body mass index greater than 2 standard deviation above the median, according to the WHO Child Growth Standards.

Adolescent birth rate is defined as the annual number of births to women aged 15-19 years per 1 000 women in that age group. It is also referred to as the age specific fertility rate for women aged 15-19 years.

References

- [15] UNICEF (2017), *Adolescent Health*, <http://data.unicef.org/topic/maternal-health/adolescent-health/>.
- [17] United Nations (2015), *The Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030*, Every Woman Every Child, Geneva, <https://www.who.int/life-course/partners/global-strategy/en/>.
- [16] Weiss, H. and R. Ferrand (2019), *Improving adolescent health: an evidence-based call to action*, Lancet Publishing Group, [http://dx.doi.org/10.1016/S0140-6736\(18\)32996-9](http://dx.doi.org/10.1016/S0140-6736(18)32996-9).

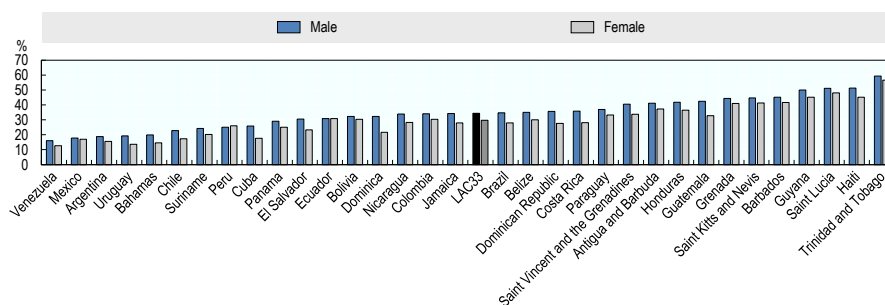
Figure 4.12. Adolescents who are overweight or obese, 2016



Source: WHO GHO 2019.

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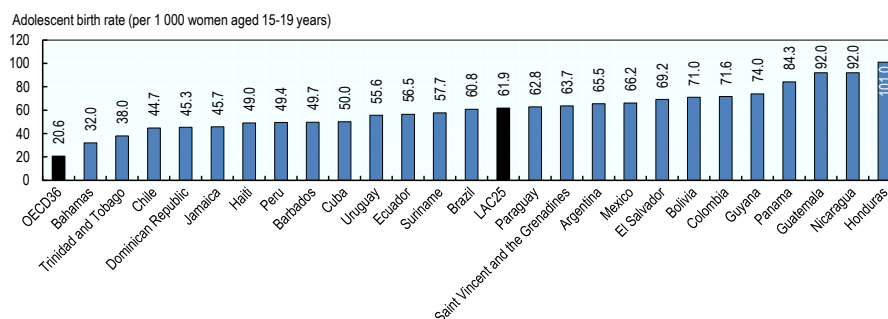
Figure 4.13. Change in obesity prevalence, 2010-16



Source: WHO GHO 2019.

StatLink <https://stat.link/gkh3jl>

Figure 4.14. Adolescent birth rate, latest year available



Source: WHO GHO 2019.

StatLink <https://stat.link/ybgfup>



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