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HEALTH  
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## HEALTH AND YOUTH

In compliance with Resolution VIII of the 74th Meeting of the Executive Committee,<sup>1</sup> the text of which is given below, the Director is pleased to present for the Directing Council's information an analysis of health conditions and prospects among the young in Latin America and the Caribbean, including a brief account of activities carried out in this field by the countries of the Region and the Pan American Health Organization.

## RESOLUTION VIII

## HEALTH AND YOUTH

## THE EXECUTIVE COMMITTEE,

Bearing in mind the resolution of the United Nations General Assembly (2037 (XX)), and the objectives of the Second Development Decade calling for the promotion in youth of ideals of peace, mutual respect, and understanding between peoples; and

Aware that the health and welfare problems of youth are a growing concern of the Governments since they affect families as well, and prevent them from taking an active role in community activities,

## RESOLVES:

1. To recommend to the Directing Council at its XXIII Meeting that it request Governments to assign appropriate priority to the health care of youth, in accordance with the problems and specific needs of each country.
2. To request the Director of the Bureau that, in order to attain the abovementioned objective, a diagnosis be made of the present health status of youth groups; plans be formulated for activities of health protection of youth, as part of general health programs; and the necessary manpower be trained so as to carry out those activities as well as biomedical and social research.
3. To instruct the Director that, in collaboration with other international agencies, an intersectoral action plan be defined which would make it possible to promote the health and welfare of young persons as valuable members of every community.

<sup>1</sup>Proceedings, 74th Meeting of the Executive Committee. Off. Doc. 138, Pan American Health Organization, 1975

In the same frame of reference, it is believed appropriate to submit for the Directing Council's consideration the general lines of a strategy to enable the Organization to strengthen these activities and give them continuity.

1. Introduction

In examining the health problems of youth it should be kept in mind that they occur at a singular stage of the growth and development process when the individual is beginning to adapt to family and community.

For analytical purposes youth is regarded as a time of life bounded by flexible lower and upper age limits generally set at 15 and 24 years, respectively, with variations accepted according to the cultural patterns of the community and the purpose for which the age group is being defined.<sup>2</sup>

The inclusion of youth in health planning is an innovation not only in the Americas but in the entire world. This became necessary because of the growth in the number of young people in the developing areas and the increasingly specific definition of the health problems of the young.

Planning for improvement of health conditions of the 15-24 year age group in Latin America and the Caribbean is both a present and future responsibility: the population in this group in 1970 was 53 million, and is projected to rise to 126 million by the year 2000.

Low mortality and morbidity rates among the young have led to a low priority being given to this group in health planning. This has resulted in inadequate health services, both curative and preventive, for youth.

In the context of the family and community, adolescents and young adults, accounting for 18 per cent of the Region's total population, require preferential attention in the programming of preventive aspects of health care. Unlike children, they are capable of understanding their health problems, preventing them, and helping to control them under the guidance of health professionals. They can also take an active part in conveying information to the family, their peers, and the community, and should therefore be considered both as an object of health activities and as responsible individuals in health programming.

The basic characteristic of the pathology of youth is its multi-dimensionality. This is because youth is a period of physiological, psychological, and social transition. A young person treated for a problem related to drug addiction or venereal disease is likely to be suffering also from emotional disorders, problems of adaptation to his or her environment, the after-effects of insufficient or improper nutrition, or from a wide variety of problems related to the reproductive function, among other ailments.

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<sup>2</sup> United Nations. Juventud y salud. Informe sobre la juventud. E/CN5/486/Add. 1

Special importance attaches to young women in the Region because of the high element of risk imposed on them by their reproductive function and the special responsibility they have for the planning and establishment of families and for the children's nutrition and education.

## 2. Health Problems of Youth in Latin America and the Caribbean

Health conditions of the young should be considered as part of a continuous life process reflecting such prior influence as heredity, genetics, nutrition, health in earlier years, and the impact of the physical, social, and economic environment on health.

The young, for their part, influence their own health and that of their family and the community through their behavior. In short, the young are influenced by their past and will in turn help to shape the health conditions of the next generation.

Health conditions of the young cannot be measured in terms of the mortality and morbidity rates for this time of life. The mortality rates are generally low, while information on morbidity is often partial and its analysis does not reflect the state of health of the young.

Available information indicates that the following are the leading causes of death and morbidity among the young in the Americas as a whole, with variations according to country:

### Accidents

Extrinsic causes of death--motor vehicle accidents, homicides, suicides, and others--constitute the leading cause of death among the population 15 to 24 years of age in the Americas. They often occur in association with the taking of alcohol and drugs.

Motor vehicle accidents were the main cause of death among males between 15 and 24 years of age in Canada, Costa Rica, the United States of America, and Venezuela in 1969. The trend is diminishing in Canada and the United States of America, but rising in Costa Rica and Venezuela.<sup>3</sup>

### Suicide and Homicide

Death by suicide was reported as being among the five main causes of death in the young population in 10 countries. The number of deaths from this cause is greater for males than females, although attempted suicide is more frequent among females. The rate of suicide is often higher among students than for other youths of the same age. In some urban areas in Latin America, rates of suicide are particularly high in the 15-24

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<sup>3</sup>Adriasola, G., C. Olivares, and C. Díaz-Coller. Prevención de accidentes del tránsito. Bol. Of. Sanit. Panam. Vol. LXII. No. 1, January 1972

year age group: in Cali for both sexes, and in Bogotá, Caracas, Guatemala City, La Plata, and Mexico City, for females.<sup>4</sup>

Homicidal death rates are highest for males between 20 and 24 years of age and are indeed one of the five principal causes of death for this age group in 15 countries.

#### Childbearing and Abortion

During the last five-year period deaths resulting from complications in pregnancy, partum and postpartum figured among the first five causes of death in females 15 to 24 years of age in 19 countries of the Region. In 11 countries these complications were the first cause of death among women 20 to 24 years of age.

Clandestine abortion is an important cause of maternal mortality, and one which is doubtless underestimated as a result of omissions from statistical records based on cultural and legal reasons. In urban areas abortion accounted for between 13 and 53 per cent of all maternal deaths in 10 Latin American cities. In one country, abortion was a factor in 16 per cent of maternal deaths in the 15-24 year age group. It is interesting to note that most such deaths in urban areas in this age group involved single women.<sup>4</sup> This would seem to underscore the seriousness of the sociocultural problems faced by young women beginning life in the city away from the family and with only limited economic means and few opportunities to receive medical advice.

#### Venereal Diseases

The incidence of venereal diseases, especially gonorrhoea, is considered to have increased during the last decade in many countries, irrespective of their stage of development. The increase has been significantly higher among the young than for the population at large. In the United States of America more than two-thirds of all cases of gonorrhoea occur in persons under 25 years of age. In Venezuela, males from 10 to 19 years of age account for 53.1 per cent of the increase, which for the total population was 10 per cent.<sup>5</sup>

#### Mental Illness, Alcoholism, and Drug Addiction

Youth, being a period of physiological transition, is characterized by behavioral changes attendant on the problems of social adaptation which are manifested mainly as depression, alcoholism and drug addiction and which in their most severe form can lead to delinquency, suicide, and homicide.

<sup>4</sup>Puffer, R. R. and G. W. Griffith. Características de la mortalidad urbana, Pub. Cient. 151. Pan American Health Organization. Washington, D.C. 1968

<sup>5</sup>Llopis, A. El problema de las afecciones venéreas en las Américas. Pub. Cient. No. 220. Pan American Health Organization. Washington, D.C. 1971

It may be assumed that a certain proportion of alcoholics, who are predominantly males, take up the habit while young. This indicates the importance of directing preventive action toward the 15-24 year age group and investigating the relationships between alcoholism and mental health problems.

It should be emphasized that, in addition to the specific organic damage done by alcoholism, this failing is a very important contributing factor to the onset of other morbid events, such as suicide (25 per cent of all suicides in Chile were alcoholics), homicide (17 per cent of all homicides in Colombia were associated with alcoholism), and traffic accidents (one-third of these in Peru involved alcoholics).<sup>6</sup>

Tobacco use among the young is about as prevalent as among adults and does not appear to represent a special problem for the former. However, the smoking habit is generally acquired in adolescence and it is therefore important to point out its dangers at this time of life because of the dangers it will pose during adult life.

Chewing of coca leaves is widespread mainly among the Indian populations of Peru,<sup>7</sup> Bolivia, and parts of Colombia and Argentina.

#### Other Health Problems of the Young

Also among the five principal causes of death in the 15-24 year age group in Latin America, although less important, are malignant tumors, heart disease, and various infectious diseases, mainly lung ailments and, in certain environments, tuberculosis.

Worth mentioning under the heading of morbidity at this time of life are emotional disorders, malnutrition (either undernutrition or, in certain cases, obesity), parasitic diseases, menstrual disorders, dental caries, and various dermatoses.

Achieving an adequate level of nutrition is doubtless a matter of far-reaching importance in the early years of life. However no precise information is at present available on food intakes during this part of the life cycle. Certain surveys on this question indicate that underconsumption of food may reach proportions where intakes are 30 per cent below nutritional requirements during youth.

The most apparent affects of malnutrition in adolescents are reduction of their intellectual capacity and of the reproductive capacity of young mothers. In the former case, the combination of undernutrition and

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<sup>6</sup>Horwitz, J., C. Marconi and C. Adis Castro. Epidemiología de los problemas de salud mental. ACTA, Buenos Aires, 1967

<sup>7</sup>Ministry of Public Health of Peru. Estudio sobre la masticación de coca. Mimeographed, 1968

disease, often coexisting, reduces the time devoted to education and holds intellectual development below the stage normally expected in adolescence, thus contributing to failure of children and young adults in the educational system.

Malnutrition has a greater effect on young mothers and their offspring than on older mothers. As a consequence, pregnancy poses a greater risk, the infant is often underweight, there are greater possibilities of neuro-integrative abnormalities, and the I. Q. may be affected. Nutrition education for pregnant adolescents is therefore of special importance.

### 3. Health Care of the Young in Latin America and the Caribbean

In Latin America and the Caribbean attention is being given in various countries to developing health activities directed to the young, primarily in their capacity as beneficiaries of the pertinent services and, to a lesser degree, in their role as promoters of public health actions which can thus be projected effectively toward the family and community.<sup>8</sup>

As part of the general health services, health protection activities of varying scope are being undertaken for the young in the countries of the Region. These are directed mainly to providing medical care in connection with health problems associated with youth and to promoting proper nutrition through food supplement programs in schools and certain work places as well as for mothers during the period of gestation. Also worth noting is the strengthening of health education activities focusing on the problems mentioned above, and especially on education for family life, including suitable information on contraceptive methods for application where appropriate.

However, the medical care provided for the young has generally not been tailored to the special needs arising from their biological and psychological characteristics.

In Latin America and the Caribbean, in contrast to the countries of Europe and North America, referral services for pathologies of the young, including behavioral disorders, sensory and/or psychomotor disabilities, and metabolic diseases, have achieved scant development in general and have only assumed a certain importance at the level of health services associated with university centers. Here the teaching role has been undeniable and promising but delivery of services is limited.

In addition, health activities for the young have only exceptionally been viewed in a broad context considering also the promotion of juvenile health through the provision of cultural, educational, recreational, and physical development facilities, which would to a great extent help to prevent some of the adaptational problems referred to above and encourage sound

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<sup>8</sup>Rosselot, Jorge, Salud maternoinfantil en Latinoamérica. Bol. Of. Sanit. Panam. Vol. LXX, No. 5. Washington, D.C. 1971

hygienic habits, particularly at school age. Vocational guidance and programs for the protection of health in the working environment should also be included in health activities for the young.

In short, the consensus seems to be that if health care activities for the young are to achieve wider coverage and greater effectiveness, a more precise diagnosis of the health requirements and problems of the young than now obtain is needed as a basis for systematically structuring the health programs for juvenile groups in the context of the general health and development plans, with the young themselves given ample opportunities to participate.

4. International Cooperation and the Role of the Pan American Health Organization in the Development of Health Programs for Youth

Background of International Cooperation

Based on experience gained in the past ten years, international organizations, particularly those in the United Nations system,<sup>9, 10</sup> have come increasingly to recognize the important role of youth in promoting the ideals of peace, mutual respect and understanding between peoples.<sup>11</sup> Basic importance has been given in this regard to meeting the needs and aspirations of youth, including those related to health, fostering the essential coordination of activities in this field by United Nations bodies and specialized agencies,<sup>12</sup> and establishing suitable channels of communication between these entities and youth, particularly international youth organizations,<sup>13</sup> so as to contribute to the implementation of overall development strategy.<sup>14</sup>

To facilitate the process of communication referred to above, the United Nations General Assembly<sup>15, 16</sup> agreed on the establishment of an ad hoc Advisory Group on Youth to advise the Secretary-General on decisions to be taken regarding the needs of the young.

<sup>9</sup>Economic and Social Council. Res. 10865 (XXXIX), 1975

<sup>10</sup>Economic and Social Council. Res. 1353 (XLV), 1968

<sup>11</sup>General Assembly, Res. 2037 (XX) 1965

<sup>12</sup>General Assembly, Res. 3141 (XXVIII), 1973

<sup>13</sup>Economic and Social Council, Res. 1842 (LVI), 1974

<sup>14</sup>United Nations Department of Economic and Social Affairs. Long-Term Policies and Programmes for Youth in National Development. New York, 1970, ST/50A/103

<sup>15</sup>General Assembly, Res. 3022 (XXVII), 1972

<sup>16</sup>General Assembly, Res. 3140 (XXVIII), 1973

Finally, and along similar lines, it was underscored in the Action Plan developed at the World Population Conference in Bucharest, Rumania, in August 1974<sup>17</sup> that the relative increase of the number of young persons as a percentage of total population calls for the adoption of suitable strategies regarding health, education, and training of youth and its entry into the labor force.

In light of the resolutions mentioned above, a number of United Nations bodies, particularly specialized agencies, as well as nongovernmental institutions and youth associations, have been keeping the specific needs and requirements of the Latin American and Caribbean countries in mind and cooperating in the conduct of programs of social promotion and welfare for the young. This has been done either in the countries themselves or at the intercountry or regional level.

These cooperative programs include, notably, those promoted by UNICEF on formulation of national policies for the protection of children, the young, and the family<sup>18, 19</sup> in the context of the overall development process, as well as UNICEF's program on training in this field and its contribution to the execution of integrated social welfare projects for the group mentioned above at the country level and for the Region as a whole.<sup>20</sup>

Also of special importance are the activities carried out in this field by FAO, particularly in coordination with the World Food Program (WFP), aimed at improving nutrition among the young.

UNESCO and ILO, each in its specific area of responsibility, have also carried out promising activities--training, vocational guidance and protection of young workers--to meet the needs of the young.

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<sup>17</sup>United Nations. World Population Conference. Action taken at Bucharest. Centre for Economic and Social Information/OPI for the World Population Conference. CESI/WPY, 22 November 1974

<sup>18</sup>UNICEF, Regional Office for the Americas. El rol de la infancia y la juventud en el desarrollo y la planificación. Santiago, Chile, March 1974

<sup>19</sup>UNICEF, Regional Office for the Americas. Proyecto sobre planificación en favor de la infancia, la juventud y la familia en las Américas. Mimeographed, Santiago, Chile, 1975

<sup>20</sup>UNICEF, Programme Committee, 1975 Session. E/ICEF/P/L.1613

The United Nations Fund for Population Activities (UNFPA) has recently shown particular interest in motivating the young to participate in its own programs and those carried out by the United Nations specialized agencies, including activities of the World Health Organization for encouragement of research, support for training in the area of human reproduction and, in a broad sense, strengthening of national family planning programs in which juvenile groups are among the primary beneficiaries.

To conclude this section on the Region of the Americas, special mention should be made of the work done, particularly in the last ten years, by the Organization of American States, which contributed a valuable report<sup>21</sup> on the problems of youth and which coordinated its own activities and those of its specialized organizations on the social promotion of youth. In the latter regard, mention should be made of the important work done in this field by the Inter-American Children's Institute in connection with the comprehensive protection of children, young people and the family. This work was summarized at the recent interagency meeting in Montevideo, Uruguay, in April 1975.<sup>22</sup>

#### The Role of the Pan American Health Organization

The Pan American Health Organization, acting within the context of the above-mentioned United Nations resolutions as they apply to the work program of the World Health Organization, has, at the request of governments, been conducting progressively broader cooperative activities in the Region of the Americas with respect to the specific health problems and needs of youth in the various countries.

It should be kept in mind in this respect that as far back as 1948, at the First World Health Assembly,<sup>23</sup> attention was drawn to "the need for the governments to take such measures as deemed necessary to protect the health of adolescents."

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<sup>21</sup>Organization of American States. Estudio preliminar para el diseño de una metodología básica para facilitar la incorporación de la juventud al desarrollo nacional en los países de América Latina. SG/Sev. 4VII-95, Washington, D.C., November, 1973

<sup>22</sup>Inter-American Children's Institute. Modelo de coordinación interagencial para la colaboración internacional. Primera consulta interagencial sobre colaboración en programas para la juventud en América Latina. April 1975. Montevideo, Uruguay

<sup>23</sup>First World Health Assembly. Res. WHA1.43. 1948

Later, in successive WHO resolutions beginning in 1965,<sup>24, 25, 26</sup> <sup>27, 28</sup> the basic guidelines were established for WHO action on matters relating to family planning, which is implicitly included in the broad field of health protection for the young since it represents a measure aimed at preventing the risks of undesired procreation, which often has a severe impact particularly on the health of the young. Finally, mention should be made of the specific recommendation adopted during the XXVII World Health Assembly which called for strengthening of health activities relating to mothers, children and especially to young adults, in the programs of WHO in order to promote the protection of youth against the risks of modern life.<sup>29</sup>

Along the same lines, recommendations on a more comprehensive scale were adopted for Latin America and the Caribbean at the II<sup>30</sup> and III<sup>31</sup> Special Meetings of Ministers of Health of the Americas, held in 1968 in Buenos Aires, Argentina, and 1972 in Santiago, Chile. At the latter meeting, a complete policy on protection of the health of mothers, children, young adults, and the family was designed.

The Pan American Health Organization, in collaboration with the countries of Latin America and the Caribbean, has provided continuing assistance in meeting specific requirements relating to the health of the younger age groups. Acting within the priorities established by the governments in this field, and in the context of the second Ten-Year Health Plan (1971-1980), assistance has been given, notably through the development of specific maternal and child health and family projects including a significant component for the young, to 15 countries of the Region through eight intersectoral and interagency projects coordinated mainly by UNICEF.<sup>32</sup>

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<sup>24</sup>Eighteenth World Health Assembly. Res. WHA18.49. 1965

<sup>25</sup>Nineteenth World Health Assembly. Res. WHA19.43. 1966

<sup>26</sup>Twentieth World Health Assembly. Res. WHA20.41. 1967

<sup>27</sup>Twenty-first World Health Assembly. Res. WHA21.43. 1968

<sup>28</sup>Twenty-second World Health Assembly. Res. WHA22.32. 1969

<sup>29</sup>Twenty-seventh World Health Assembly. Res. WHA27.28, 1974

<sup>30</sup>Pan American Health Organization. II Special Meeting of Ministers of Health of the Americas. Buenos Aires, Argentina. October, 1968. Final Report. Off. Doc. 89. Washington, D.C. 1968

<sup>31</sup>Pan American Health Organization. Ten-Year Health Plan for the Americas. Report of the III Special Meeting of Ministers of Health of the Americas. Santiago, Chile. October 1972. Off. Doc. 119. Washington, D.C., 1973

<sup>32</sup>Pan American Health Organization. Quadrennial Report of the Director, 1970-1973, and Annual Report, 1973. Off. Doc. 131. Washington, D.C. 1974

The Organization has, of course, continued to provide regular advisory assistance for nutrition, mental health, and venereal disease control projects and has conducted activities of great benefit to the younger age groups in the context of general health services.

However, as previously noted, information is often unavailable for arriving at a more precise definition of health conditions among the young, including not only impairments of health but also the needs and aspirations of the young in matters of health. It is therefore felt that improving the situation is imperative at this time and that an ad hoc methodology must be designed for the purpose of analyzing these problems. This would constitute a valuable tool for subsequent programming of health care for the young and identification of the juvenile health component in ongoing programs.

To this end the Organization has made preliminary studies aimed at defining the pertinent problems at the subregional<sup>33</sup> and regional<sup>34</sup> levels. The latter study, which examines present and prospective health conditions among the young in Latin America and the Caribbean, and some of whose considerations have been included in this working document, was discussed during 1974, with noteworthy benefits by technical departments of the Organization's Central Office and by the Zone Offices and PAHO/WHO Country Representatives. We feel that this activity should lead in the future to more precise studies at the level of each of the countries or of parts of countries. This should make it possible to arrive at an accurate diagnosis of health conditions among the young, and suitably program the pertinent activities to be carried out.

All this with the understanding, as already noted and as decided by the Executive Committee at its 74th Meeting, that the object is to identify a particular group of health problems to be included in the context of the plans and programs of existing health services, with proper extrasectoral and community coordination, particularly in such a way as to enlist the cooperation of youth itself and that of its organized groups, including those of professionals and/or officials concerned with the health services.

Along similar lines it is considered that future strategy in the area of "health and youth" should also contemplate on a high-priority basis the conduct of activities for the education and/or training of essential human resources, as well as encouragement of biomedical and social research directed to a rational and efficient solution of the more widespread of the problems mentioned above.

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<sup>33</sup>Rosselot, J. La salud en la niñez y en la adolescencia, con especial referencia a la problemática centroamericana. Mimeographed. Zone III Office. Pan American Health Organization. Guatemala, 1968

<sup>34</sup>Orrego de Figueroa, Teresa. Situación y perspectivas de las condiciones de salud de los jóvenes en América Latina y el Caribe. Report of Temporary Advisory Services. Mimeographed. Pan American Health Organization. Washington, D.C., 1974

In order to expedite the achievement of these aims, the Pan American Health Organization stands ready, subject only to budgetary limitations, to meet specific requirements of the governments pertaining to the health of the young and the problems prevailing in each country. To this end, the Organization has been endeavoring to establish concerted international action particularly with the programs of the United Nations and its specialized agencies, those of the Organization of American States (OAS), and nongovernmental organizations, in the area of the social betterment and welfare of youth.<sup>35</sup>

In this context, the Organization, acting under appropriate instructions from its Governing Bodies, is called upon to establish a strategy for continuity and extension of activities, the pursuit and improvement of which is a responsibility which allows no delay.

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<sup>35</sup>UNICEF, OAS, Inter-American Children's Institute. First Interagency Consultation on Collaboration in Programs for the Young in Latin America. Montevideo, Uruguay. 2-4 April 1975