executive committee of the directing council

PAN AMERICAN HEALTH ORGANIZATION

working party of the regional committee

WORLD HEALTH ORGANIZATION

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HEALTH AND YOUTH

I. Introduction

Bearing in mind the Resolution of the General Assembly of the United Nations (2037(XX)) and the objectives of the Second Decade for Development, and knowing that the health and welfare problems of youth are the subjects of increasing interest on the part of Governments of the countries of the Region, the Executive Committee, at its 74th Meeting, adopted Resolution VIII[1] which, in summary, resolved the following:

- To recommend to the Directing Council that at its XXIII Meeting it request the governments to give priority to concern for the health of youth, in accordance with its specific problems and needs.

- To request the Director of the Bureau to provide an assessment of the present status of the health of youth groups and to develop--in conjunction with other international agencies--intersectoral plans for the health protection of youth, both encouraging the training of the necessary human resources and stimulating biomedical and social research which would make it possible to carry out the pertinent programs efficiently.

Within this context, the Director submitted to the Directing Council, for consideration during its XXIII Meeting, a report[2] in which the present and prospective health conditions of the youth of Latin America and the Caribbean are analyzed, and in which activities in this area carried on both by the countries of the Region and by the Organization were presented.

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[1] Minutes of the 74th Meeting of the Executive Committee, Off. Doc. 138 of the Pan American Health Organization.

[2] Health and Youth (CD23/18), XXIII Meeting of the Directing Council of the Pan American Health Organization, Washington, D.C., 1975.

Within this frame of reference, the Directing Council, by its Resolution XIV[3], ratified the above-mentioned Resolution VIII, expressed its appreciation to the Director of the Bureau for the information provided, and recommended to the governments that, after setting up the pertinent assessment in their countries, they proceed to initiate or continue programs promoting the health of youth, giving consideration to the participation of young people themselves in carrying them out.

For this purpose, the Directing Council requested the Director of the Bureau to provide such advisory services as might be required and to formulate an intersectoral plan in cooperation with other international agencies.

The Director was also requested to furnish an up-to-date report on the progress of pertinent activities carried out on the basis of the resolution approved by the Directing Council in the field of health and youth.

II. Activities of the Pan American Health Organization

1. Working Group on the Health Requirements for Youth in Latin America and the Caribbean

With the aim of complying with the above-mentioned recommendations, and as a stage prior to the drafting of an operational strategy of a regional nature, the Director considered it appropriate to convene an ad hoc working group to study the subject in more detail, on the basis of existing experience, in order thereby to be in a position to analyze operational alternatives which would be consonant with the specific problems, needs, and resources of the countries of the Region.

The Group met at the Headquarters of the Organization from 9 to 12 December 1975.

The Group included 14 professional persons belonging to various disciplines related to the different aspects of the health of youth, and invited observers from UNICEF and the Organization of American States also participated officially.

At the end of the meeting, a report was drafted, which is annexed hereto[4] and which the Director is pleased to submit to the 76th Meeting of the Executive Committee for its consideration.

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[3] Minutes of the XXIII Meeting of the Directing Council, Off. Doc. 142 of the Pan American Health Organization, 1975.

[4] The Health Needs of Young People in Latin America and the Caribbean. Report of a Working Group of the Pan American Health Organization. Washington, D.C., 9-12 December 1975.

In this document, the doctrinal framework is established which should be the basis for the drawing up of plans by the governments of the countries of the Region to protect the health of youth, and by the Organization itself in matters related to its coordinating and advisory function.

Herewith follows a summary of the conceptual approach adopted at the meeting, which also defines the context of the conclusions and recommendations approved.

- Youth is a segment of the population within the continuum of the life cycle; and, rather than a specific age group, it represents a separate phase or category expressing a dynamic change within the process of bio-psycho-social maturing. The limits of the period of youth can be set conventionally and for pragmatic reasons as involving age groups included between 15 and 24 years of age, even though it is recognized that from the operational point of view those are flexible limits and allow for including the entire process of adolescence from its beginning.

- The traditional indicators for morbidity-mortality risks do not make it possible to give an appropriate priority to the problems of the health of youth, and for this reason it is difficult to be explicit regarding the pertinent programs in national health plans; this makes it imperative to improve the available information regarding the health problems of young people, making use of innovative criteria which consider the multiple causes of those problems.

- Health planning for youth can be considered as realistic only if it is carried out with due consideration of the analysis of the conditions under which young people live within the various socioeconomic groups, keeping in mind the national epidemiological parameters which are different for each country and, within each country, for the concentrations of population representing the urban areas and those characteristic of the rural areas.

- The programming of youth health services--whose development is incipient in the majority of the countries of the Region--should consider priorities which are well defined in accordance with the most significant problems detected in every setting; and the corresponding activities should be integrated, multiprofessional in nature, easily accessible, reasonably trustworthy, and of sufficient continuity.

- The activities of health services for youth should preferably be preventive; the educational component is essential and should promote the providing of counseling and advisory services, including, among the various

subjects relating to medical attention and dental care, prevention of behavioral problems; guidance for family life, with particular emphasis on aspects related to the reproductive cycle and the carrying on of a harmonious married life; legal-social protection; recreational possibilities; vocational guidance; and civic participation.

The assistance models appropriate for youth health services range from complex, specialized-reference centers, generally located in the urban areas and commonly related to university institutions, to entities established at the community level, including those appropriate for rural areas, which seek to provide primary care for the health of young people, whose requirements are very important.

The implementation of the above-mentioned programs is feasible only if the entire process can become institutionalized; there should be a coordinating agency at the governmental level, to facilitate the inclusion of the former in the national health and development plans, with due consideration to the juridical and financial aspects, the provision of essential resources especially those related to the assignment of duly motivated and trained personnel, and the encouragement of research, especially of an operational nature, which will make it possible to evaluate the activities being carried out.

The formulation and carrying out of the health programs for youth demands that interest be awakened and that the active participation of young people be encouraged, in order to achieve the sanitary conditions which would be best both for them and for the community to which they belong.

International cooperation can be an important element for encouragement and support in initiating and carrying on health programs aimed at youth. Interagency cooperation should contribute to a strengthening, in fields which the governments consider to be priority areas, of the harmonious and integrated development of health services for youth, whether through the formulation of specific cooperative projects in countries which request them, or in the carrying out of activities of a regional nature which facilitate the exchange of the experiences of the Americas.

For this purpose, the above-mentioned Working Group proposed the holding of a conference of all the countries of the Region, for which multidisciplinary specialized advisory services should be available. If possible, duly recognized youth organizations should also be represented at it. The cosponsorship of such a conference by institutions of an international nature, particularly those belonging to the United Nations System, was considered to be important, because this would make it easier to gather together the technical and financial resources to make possible the future implementation of an intersectoral plan for the protection and furthering of the health of young people; this would contribute to the fulfillment of the specific recommendations set forth at the XXIII Meeting of the Directing Council.

2. Current or Anticipated Activities of the Pan American Health Organization

During 1975 and 1976, there has been a progressive increase in the activities which, in various countries of the Region, are aimed directly or indirectly at achieving better health conditions for young people. A principal contributor to this has been the interagency cooperative projects, promoted principally by various agencies of the United Nations and in which the Organization cooperates, which tend to strengthen efforts towards national intersectoral coordination in the area of the welfare of children, young people, and the family. Further, increasing importance has been given to the development in various countries of Latin America and the Caribbean of family-life education and food supplement services, with special emphasis on their applicability to the sector of young women who face special biological risks related to the requirements of the reproductive cycle.

On the basis of current budget availabilities, and within the context of the existing projects of the Organization, the Director of the Bureau believes that it is possible, although with obvious restrictions, both to identify the specific problems of the health of young people more accurately than in the past and to undertake actions aimed at their control. For this, it is necessary to have much better information on the pertinent situation outlined; such information is now being requested from the countries for subsequent analysis at the national and regional levels, facilitating the process of exchange of experiences. For this purpose, consideration has been given to a proposal to the Governing Bodies of the Organization that a specific "Health and Youth" project be initiated as of 1978, which would provide limited financial support for providing specialized advisory services, and would contribute to the development of national seminars, among other activities.

All of this should take place in progressive stages depending on the interest manifested by the countries of the Region and taking into account the assistance which the Organization may be able to promote at the level of international agencies for cooperation which are interested in the welfare of youth.

Annex

CE76/23 (Eng.)
ANNEX

THE HEALTH NEEDS OF YOUNG PEOPLE IN LATIN AMERICA AND THE CARIBBEAN

Report of a Working Group of the
Pan American Health Organization

Washington, D.C., 9-12 December 1975

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BACKGROUND

The inclusion of young people in health planning is an innovation in the Americas and other Regions, although increasing attention has had to be given to their problems in the context of general development plans. Due weight must be attached to the component of health and social well-being and account taken of the relative increase in the numbers of young people, the broader scope of the education they receive and, in particular, their increasing ability to express themselves and participate in community activities.

Here, and with a view to providing a basis for the discussion of this topic, it is very relevant to point out that the Directing Council of the Pan American Health Organization at its XXIII Meeting (29 September-8 October 1975) confirmed(1) Resolution VIII of the 74th Meeting of the Executive Committee on health and the young and adopted Resolution XIV(2) worded as follows:

> The Directing Council,
>
> Bearing in mind Resolution VIII approved at the 74th Meeting of the Executive Committee, concerning the priority which the Governments should assign to the health care of youth;
>
> Recognizing that the health of the young people of the Region merits special attention because of their increasing numbers, the characteristics acquired by the pathology of youth during the development process and the capacity of young people to promote health and social welfare activities for their own benefit and that of the family and the community; and
>
> Having examined the report submitted by the Director on the present health status of youth in Latin America and the Caribbean countries and the role which the Organization can play in this field,
>
> RESOLVES:
>
> 1. To endorse Resolution VIII on health and youth approved at the 74th Meeting of the Executive Committee.
>
> 2. To recommend to the Governments that they establish a diagnosis of the health conditions of the youth in their countries with a view to initiating appropriate programs for the promotion of the health of young people, due regard being paid to the desirability of youth participation in the execution of such activities.

3. To thank the Director for the information supplied and to request his assistance in the form of technical advisory services, biomedical and social research, and the training of the personnel needed for such programs.

4. To instruct the Director to prepare an intersectoral action plan for the purpose of promoting the technical and financial assistance of international agencies, governmental and non-governmental, and of national institutions, public and private, wishing to participate in this important task of improving the health conditions of young people, enabling them at the same time to play an effective part in the development plans of their countries.

5. To recommend to the Director that he provide up-to-date information on the progress of activities related to the Executive Committee's resolution on health and youth.

In order to put into effect the recommendations of the Directing Council, the Director of PASB, through the Division of Family Health, decided to form a working group to define the topic more precisely and propose strategies for future action.

The Working Group was composed of 14 professionals from various disciplines concerned with different aspects of the health of young people, together with observers from the United Nations Children's Fund and the Organization of American States.

At the inaugural session, Dr. Charles L. Williams, Jr., Deputy Director, welcomed participants on behalf of the Director. He stressed the importance of the meeting to the future programs of the Organization concerned with the health of young people, and the need for the group to make practical recommendations that would provide a basis for measures consistent with the urgency of the problem.

Subsequently, Dr. Richard A. Prindle, Chief of the Division of Family Health, referred to the specific health problems of young people and laid special emphasis on the current and future role of young women in the constitution of the family.

The Group unanimously elected Dr. Raymond Illsley as Chairman and Mrs. Maritza Izaguirre and Dr. Michael Cohen as Rapporteurs.

The Working Group adopted the proposed agenda and made an in-depth examination of the following questions:

- Definition of the general concept of young people as an age group and biosocial component of the population.

- Description of health problems amongst young people in Latin America and the Caribbean.

- Examination of the modalities and strategies proposed for the solution of these problems.

- Recommendations for a plan of action that includes the holding of a regional conference on the subject with official representatives from the countries of Latin America and the Caribbean.

In the planning of the meeting and the discussions of the Working Group it was implicitly established that its objectives would be to investigate the components of the problem, formulate hypotheses and stimulate thinking, but that it would not in any event attempt to propose any overall or single solution.

The Group unanimously recognized the need to adopt new approaches, make assumptions and contribute ideas that could be flexibly applied in the countries of the Region according to their particular needs and resources. From a practical standpoint, critical analyses were made of various projects and plans, in order to obtain an overview of a variety of concepts and approaches that could form the basis for firm programs, consistent with the various situations obtaining in different countries.

The conclusion was reached that the health problems of young people in the Region were complex and important but that they could be solved through an imaginative, energetic and dedicated approach.

THE STATUS OF YOUNG PEOPLE IN LATIN AMERICA AND THE CARIBBEAN

Demographic Dimensions of the Problem

In 1970 in Latin America and the Caribbean 61% of the population was below age 25 years and 18.8 per cent between the ages of 15 and 24 years. In absolute terms, at the outset of the present decade there were 53 million persons between ages 15 and 24 years and, if the current demographic pattern held, this number would increase to 126 million by the year 2000.

In order to be able to deal with the present problems of young people, an analysis must be made of the situation of a population group equal in number to the total population of the Andean Group, which includes Bolivia, Colombia, Chile, Ecuador, Peru and Venezuela.(3)

Socioeconomic and Cultural Problems

Although young people belong to various socioeconomic groups, they share certain characteristics of their own. The duration of the period of youth, associated in part with an extended period of education, bears directly on these characteristics, with the result that the lower the socioeconomic status of young people, the shorter is the intervening period separating childhood from the obligations of adult years.

Generally speaking, the following groups can be differentiated:

- In rural areas young people become part of the agricultural work force at a very early stage (between the ages of 10 and 15 years) and their educational opportunities are very limited. Frequently they immigrate to the towns in the search for better prospects of work and for a personal advancement that they often do not find; a large majority of them are assimilated to marginal social groups in poorly paid jobs, increasing the uncertain prospects of employment and with practically no social security. The majority of this group is represented by young women, employed for the most part as domestic servants or in other service occupations.

- The poorly paid youth who has grown up in the city presents similar characteristics. He enters the labor force before the age of 15 years or, at latest, at 18 years. Although he may have had somewhat better educational opportunities, the quantitative and qualitative short-comings in the educational system and his own economic needs have led him to drop out early and thus shorten the duration of his youth.

- The youth in the medium income group in rural and urban areas defers his entry into the workforce as long as possible, in the light of his economic status and opportunities to enter and remain in technical or higher education. Available data suggest that the majority of this group enters employment before reaching the age of 20 years.

- A young person from the middle and higher income group enjoys a period of youth that may extend up to the age of 25 years. This is the most important group as it is the one that participates most actively in political and social life and it can therefore be regarded as the most representative.

To sum up, in quantitative terms at least two-thirds of the population of young people (over 35 million in 1970) would appear to fall in the first two groups; the third is made up of the balance of some 18 million of which only 2.5 million enjoy a period of youth that goes beyond the age of 20 years.

The Working Group considered that, in health planning for young people, it was important to identify the conditions under which these various socio-economic groups developed in each country, together with the associated problems of a very varied nature and very diverse scope.

In the light of this, the majority of the participants agreed that, in the course of the past decade, the control of the health risks to which young people were exposed had assumed the nature of an urgent problem in urban areas. Reference was made to the impact of urban concentration--which goes hand in hand with modernization and development--the factor that had hit young people especially hard as a result of changes in the social role of the family and of the community. It was noted that, during the past decade in particular, there had been a marked increase in the incidence of the problems associated with young people, particularly accidents, drug-dependency, venereal diseases, and abortion, together with a social pathology that had taken the form of delinquency and prostitution and was highly concentrated in the big cities. This situation was becoming even more critical as a result of the fact that the health services of the Region were in no position to deal with a problem of this complexity.

On the other hand, notwithstanding the fact that juveniles in rural areas represented the most numerous group in the population of young people of the majority of the countries, the Group noted that health care in these areas was more inadequate and deficient than in the cities and emphasized that such neglect of the majority of the juvenile population could not continue.

Furthermore, the Group drew attention to the need to regard young people in both urban and rural areas not only as users of the health services of the communities to which they belonged but also as a potential and, perhaps, decisive element in providing such services.

Added force was given to this last observation of the Group by recommendations that young people themselves had made,(4-7) drawing attention to the need to make a diagnosis of the health of young people, in which they themselves participated in an examination of their problems as well as in the planning and implementation of health programs in rural and urban areas.

PROBLEMS AND HEALTH NEEDS OF YOUNG PEOPLE IN LATIN AMERICA AND THE CARIBBEAN

To a significant extent the health of young people is determined by what happens in the early stages of their lives and continues to be an influential factor in subsequent stages of these.(8) The Group therefore considered that a fundamental prerequisite for any analysis of such problems was to identify the health needs and, in general, the health situation of juvenile groups in the context of a continuing social biopsy.

Mortality Rates and Leading Causes of Death

It was generally agreed that it was important to realize that the traditional indicators of morbidity and mortality did not accurately reflect the health risks to which young people were exposed; undue priority should therefore not be attached to these indicators in programming activities designed to promote the optimum health conditions and well-being of these groups.(9)

The data available, which is summarized in Table 1, shows a decline in mortality rates with each successive stage of life from infancy (-1 year) through childhood (1-4 years), school years (7-14 years), adolescence and youth.(10)

Tables 2 and 3 illustrate the prevalence of specific disorders as causes of death in the juvenile period. It is clear that accidents, in particular together with homicides, suicides and, to a lesser extent, infections associated with the reproductive cycle, are the leading causes of death in the juvenile period in the majority of the countries of the Americas.

The diseases attributable to the complications of pregnancy, childbirth and the puerperal period clearly loom large amongst the problems associated with the female sex (Table 4). Thus in eleven countries of the Region infections occurring in the final quinquennium are the principal cause of death in the cohort of women aged 20 to 24 years.

In addition, clandestine abortions are a major cause of maternal mortality and one that is undoubtedly underestimated as a result of its omission from statistics for cultural and legal reasons. In urban areas in 10 Latin American cities abortions represent between 13 and 53% of all maternal mortality. It is significant that many of these deaths occurred amongst young unmarried women.(11) This situation points up the socio-cultural dimensions of the problem of the young woman who starts life in the city away from the family nucleus, usually with tenuous financial resources and limited opportunities for medical care.

TABLE 1. MORTALITY RATES PER 1,000 BELOW AGE 45 BY QUINQUENNIAL AGE GROUPS IN TEN COUNTRIES OF THE AMERICAS FOR THE LATEST YEAR AVAILABLE

Country	Year	Total	Age in years									
			Under 1*	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44
Argentina	1969	9.8	61.1	2.8	0.7	0.7	1.2	1.6	1.9	2.4	3.3	4.5
Colombia	1969	7.5	62.7	8.4	1.7	1.0	1.5	2.1	2.4	2.8	3.7	4.6
Costa Rica	1972	5.9	59.0	3.0	0.9	0.5	1.1	1.6	1.5	2.0	2.6	3.0
Cuba	1971	6.1	35.9	.9	0.5	0.5	0.9	1.1	1.2	1.4	1.7	2.6
Chile	1972	8.8	71.1	2.6	0.8	0.8	1.4	2.0	2.5	3.3	4.2	7.1
United States of America	1969	9.5	20.9	.9	0.4	0.4	1.1	1.5	1.5	1.7	2.5	3.8
Guatemala	1971	14.1	84.1	25.9	6.5	3.0	3.1	4.3	4.8	5.9	7.3	8.2
Jamaica	1971	7.6	26.4	4.6	0.8	0.6	0.8	1.1	--- 1.6 ---		--- 4.0 ---	
Mexico	1971	9.0	63.3	7.9	1.8	1.1	1.7	2.6	3.3	4.0	5.1	6.3
Venezuela	1971	6.6	49.8	5.3	1.0	0.7	1.1	1.6	2.0	2.3	2.8	4.3

Source: PAHO, Health Statistics Department, 1974
*Per 1,000 live births

TABLE 2. PERCENTAGE OF DEATHS FROM THE FIVE LEADING CAUSES OF DEATH BY ORDER OF MAGNITUDE FOR THE 15-19-YEAR AGE GROUP IN TEN COUNTRIES OF THE AMERICAS FOR THE LAST AVAILABLE YEAR

Country	Year	Accidents		Suicides		Homicides		Malignant Tumors		Diseases of the Heart		Tuberculosis		Influenza & Pneumonia		Enteritis and Other Diarrheas		Complications of Pregnancy		Anemia	
		Order	%	Order	%	Order	%	Order	%	Order	%	Order	%	Order	%	Order	%	Order	%	Order	%
Argentina	1969	I	37.0	II	6.9	--	--	III	6.7	IV	5.0	V	4.9	--	--	--	--	--	--	--	--
Colombia	1969	I	29.8	--	--	II	7.9	V	4.1	III	6.1	--	--	--	--	--	--	IV	4.6	--	--
Costa Rica	1972	I	39.1	III	6.5	--	--	II	9.8	IV	4.7	--	--	--	--	--	--	V	3.7	--	--
Cuba	1971	I	33.1	II	15.6	III	7.7	IV	6.9	V	5.5	--	--	--	--	--	--	--	--	--	--
Chile	1972	I	43.6	III	5.4	--	--	IV	5.3	V	4.6	--	--	II	6.3	--	--	--	--	--	--
United States of America	1969	I	61.2	IV	4.9	II	6.8	III	6.3	V	2.2	--	--	--	--	--	--	--	--	--	--
Guatemala	1971	III	11.5	--	--	--	--	--	--	--	--	--	--	I	15.9	II	14.7	--	--	IV	5.1
Jamaica	1971	I	20.9	--	--	--	--	IV	6.5	II	13.1	--	--	--	--	--	--	III	7.2	--	--
Mexico	1971	I	26.9	--	--	II	7.3	--	--	III	6.4	--	--	IV	6.2	V	5.1	--	--	--	--
Venezuela	1971	I	37.7	II	8.8	III	6.1	III	6.1	V	2.9	--	--	--	--	--	--	IV	3.3	--	--

Source: PAHO, Health Statistics Department, 1975

-- Not any one of the five leading causes of death

TABLE 3. PERCENTAGES OF DEATHS FROM THE FIVE LEADING CAUSES OF DEATH IN ORDER OF MAGNITUDE FOR THE POPULATION GROUP AGED 20 TO 24 YEARS IN TEN COUNTRIES OF THE AMERICAS FOR THE LAST AVAILABLE YEAR

Country	Year	Accidents		Suicides		Homicides		Diseases of the Heart		Malignant Tumors		Complications of Pregnancy		Tuberculosis		Influenza and Pneumonia		Enteritis and other Diarrheas	
		Order	%	Order	%	Order	%	Order	%	Order	%	Order	%	Order	%	Order	%	Order	%
Argentina	1969	I	34.2	II	7.8	III	7.3	V	5.4	IV	5.8	--	--	--	--	--	--	--	--
Colombia	1969	I	25.3	--	--	II	14.9	IV	5.8	--	--	III	6.3	V	4.7	--	--	--	--
Costa Rica	1972	I	38.3	IV	5.2	V	3.6	III	8.1	II	9.7	--	--	--	--	--	--	--	--
Cuba	1971	I	35.5	II	14.4	IV	7.2	--	--	III	8.3	V	5.0	--	--	--	--	--	--
Chile	1972	I	44.3	II	6.0	--	--	III	4.8	V	4.5	IV	4.7	IV	4.7	III	4.8	--	--
United States of America	1969	I	54.6	III	7.2	II	10.3	V	2.6	IV	6.0	--	--	--	--	--	--	--	--
Guatemala	1971	II	13.0	--	--	IV	9.5	--	--	--	--	--	--	--	--	I	14.2	III	12.5
Jamaica	1971	I	24.7	--	--	--	--	II	10.3	IV	5.7	III	8.0	--	--	V	4.6	--	--
Mexico	1971	I	24.6	--	--	II	11.4	III	5.6	--	--	--	--	V	5.4	IV	5.5	--	--
Venezuela	1971	I	37.2	III	8.0	II	9.9	--	--	V	4.4	IV	4.5	--	--	--	--	--	--

Source: PAHO, Health Statistics Department, 1974

-- Not any one of the five leading causes of death

TABLE 4. ORDER OF MAGNITUDE AND PERCENTAGE OF DEATHS FROM COMPLICATIONS OF PREGNANCY (630-678) IN THE FEMALE POPULATION AGED 15 TO 24 IN TEN COUNTRIES OF THE AMERICAS FOR THE LAST YEAR AVAILABLE*

Country	Year	Age Group (Years) of Female Population			
		15 - 19		20 - 24	
		No.	%	No.	%
Argentina	1969	III	8.1	II	10.9
Colombia	1969	II	10.9	I	15.5
Costa Rica	1972	III	11.3	III	9.1
Cuba	1971	IV	6.1	III	11.4
Chile	1972	II	10.7	II	14.4
United States of America	1969	--	1.8	--	2.9
Guatemala	1971	V	5.5	III	7.2
Jamaica	1971	I	15.1	I	20.3
Mexico	1971	II	10.2	I	12.7
Venezuela	1971	III	8.5	I	14.0

*Source: PAHO, Health Statistics Department, 1974

-- Not any one of the five leading causes of death

Basic Morbidity Categories

For an analysis of the morbidity risks to which young people are exposed in the Latin American and Caribbean countries reliable national statistics are generally not available, creating an unfortunate situation that must be remedied.

According to existing surveys and special studies, which need to be expanded, certain infectious diseases appear to be an important factor, particularly tuberculosis, enteric diseases and those associated with sexual transmission,(12) dental pathology and metabolic disorders. A widespread morbid substratum of frequent occurrence is malnutrition which --as obesity is rare in Latin America and the Caribbean--takes the form of undernourishment, either apparent or masked, and is the causal factor in the subsequent emergence of intellectual deficiencies that reduce student capacity at school and increase the exposure to health risks during the gestation and neonatal periods.

The Group drew attention to the need for a better understanding of neuropsychic and sensory affections, drug dependency and alcoholism and, in general, of the behavioral disorders that frequently afflict young people and are usually attributable to an abnormal psychosocial adaptation to environment.(13) The participants agreed that not only was it important to broaden the range and improve the quality of the data currently available, so as to permit accurate quantification of the health risks to which young people were exposed through specific morbidity and mortality rates, but also that it was vital to obtain a better epidemiological understanding of the disorders of young people so that future activities could be concentrated more effectively on the protection of the health of the young, for whose wide spectrum of pathology preventive measures could frequently be taken if effective systems for the provision of youth health services were to be established in the context of health programs.

HEALTH SERVICES FOR YOUNG PEOPLE

The absence of a complete picture of the conditions of health and wellbeing of juvenile groups, and thus of fully documented grounds for social action, confirms the Group in its view that health plans are failing to give specific attention to the health needs and problems of young people.

Planning and Programming

In order to deal with this situation the participants indicated that not only should the pertinent forms of diagnosis be perfected in each national, regional and local context and at each geographical level--urban, pri-urban and rural--but they also believed that future programs should be formulated within the general framework of global development plans.(14)

Organization of Services

Health services for young people should cover a number of age groups that are difficult to define with precision in operational terms and include young people from the commencement of puberty to the age of 24 years. The Group stressed the need for these services to be provided on a multidisciplinary and a multiprofessional basis that would facilitate concentration on biological and sociocultural factors, and in an environment that would create confidence and ensure continuity of action. According to the local circumtances at each level the Group recommends consideration of the following treatment models: health units for young people in existing hospitals and health clinics that may or may not be associated with university, technical or manpower research centers and youth health services located in the same community.

The participants emphasized that the following should represent the minimum essential components of any health program for young people: basic services including medical care; mental hygiene covering the problems of the prevention of alcoholism and drug-dependency and of abnormal and delinquent patterns of psychosocial behavior; forms of intellectual, sensory and recreational stimulation; and vocational guidance.

Nutrition counseling and, where necessary, the supplementation of diets, a reorientation toward family life with proper emphasis on the regulation of fertility and the encouragement of responsible parenthood, together with legal safeguards and the promotion of community and civic participation, are other activities that the Group regarded as having an important bearing on the provision of youth health services.

There was no doubt in the minds of participants as to the vital need to develop reference systems to facilitate the treatment of those who needed it at specialized centers.(14-18)

Training of Personnel

The Group attached overriding priority to decisions on the kind of professional personnel and of supporting staffs, whether regular or voluntary, that should be selected for juvenile health programs. In this connection, emphasis was laid not only on the need for personnel with an adequate technical training, but also on the acquisition by such personnel of a capacity for team work, together with the development of attitudes that would enable them readily to approach young people in an atmosphere of trust--an atmosphere that would help to gain their cooperation in finding solutions to their own health problems and those of their peers and of the communities to which they belonged.

STRATEGY AND ORGANIZATION OF THE REGIONAL CONFERENCE ON THE HEALTH NEEDS OF YOUNG PEOPLE

Strategy

It has already been noted that the programming of youth health services at country levels and at the level of the Region as a whole cannot be effectively undertaken without a prior evaluation of the population to be covered--which, for conventional and also for statistical reasons, should include the age groups extending from 15 to 24 years--together with its health levels, based on updated data and corrected as necessary.

Although a number of institutions exist that can undertake programs of this kind or could do so in the future, the Group agreed that there should be, at the government level, some form of coordinating agency to facilitate both the inclusion of programs in national health and development plans and ensure the maximum input in the form of international support.

Organization

Both the organization and effective implementation of such services call for a priority emphasis on the analysis of staffing requirements, particularly at the professional level. At the same time, from the outset of the program, institutional procedures should be built into it providing for the active participation of young people in the conduct of its activities, a point stressed by the members of the Working Group.

Regional Conference on Youth Health Needs

With a view to analyzing the experience of countries of the Region in the operation of either local health services or national programs for young people, as the case might be, the Group agreed that it would represent the realization of a stage of major importance in the strategy of regional cooperation if the Pan American Health Organization were to organize the holding of a conference on youth health needs, with official representatives from all the countries of the Hemisphere. Invitations to attend this conference should also be addressed to experts with experience in the different disciplines involved and to representatives of youth organizations of repute.

On this basis the Group agreed that the total number of participants might be of the order of 50 and determined that, in principle, the meeting should be held in a Latin American or Caribbean country, preferably in a provincial capital with a university center.

It was also decided that other international agencies responsible for the development of youth programs should be invited. The Group very much appreciated the expressions of support received from the representatives of some participating agencies.

The participants also considered that it would be highly desirable to form an ad hoc organizing committee that could, in due course, define the terms of reference of the conference, prepare its agenda and deal with other matters connected with its organization, including the corresponding budgetary requirements.

CONCLUSIONS AND RECOMMENDATIONS

1. Youth is a vitally important segment of the population, constituting more than a specific age group and representing a phase or category --with its own individual characteristics--that reflects a dynamic transformation in the process of biopsychosocial maturation. In contradistinction, adolescence relates more properly to the processes of morphological and physiological growth and development.

The age limits of the period in question can be expressed chronologically and usually comprise the age groups between the 15th and 24th years. In the practical context of the provision of social and health services these limits can be more flexible, and should be extended to include the period of adolescence from its outset at about 12 years of age.

2. No accurate information is available on the health problems of youth, which vary in character with the economic, social, cultural and geographical conditions prevailing in different environments.

The epidemiology of the health risks facing young people is multifaceted, so that prevention and control programs and services must be either interdisciplinary or intersectoral.

3. Health indicators for youth expressed in terms of specific mortality rates fail to reflect either the magnitude or nature of the problems. In any event, however, the data available show that in Latin America and the Caribbean accidents, violent deaths in the form of homicides and suicides, tumors and certain infectious diseases are among the five leading causes of death in young people. In the case of the female sex, disorders associated with the reproductive cycle and related to the pathology of gestation and, especially with clandestine abortion, assume special importance.

4. The forms of morbidity that are most prevalent in the Region are malnutrition, an especially serious factor on account of its delayed consequences during schooling and pregnancy; alcoholism; drug dependency; the diseases of sexual transmission; endocrine disorders; dental pathology and behavioral anomalies including juvenile delinquency. In all these cases, poverty, unemployment, social discrimination and restricted freedom of expression exercise a decisive influence.

5. In order to introduce the programming of youth health services on a national scale--a policy that is currently the exception in national health plans--what is needed is a more accurate diagnosis of the current health situation of young people and a more precise knowledge of the causes of these disorders. It is clearly necessary to improve current systems for the collection of statistical data and undertake additional epidemiological studies.

6. The priorities in health programs for young people must be firmly established in the light of the most significant forms of morbidity in each environment: such priorities must clearly reflect the special importance that should be attached to activities to promote a re-emphasis on family life, with specific reference to the risks of early and unwanted pregnancies, the care of children, harmonious marriage relationships and, in general, the well-being of the family.

7. Preventive services represent an essential component in youth health programs, which should in any event be integrated, multidimensional in character, readily accessible, discreet and confidential in their nature, and on a footing that guarantees reasonable continuity. An educational emphasis is vital to these programs and should take the form of advisory or counseling services on a wide range of subjects, such as medical care, legal and social protective action, recreational opportunities, vocational guidance and community participation.

8. Various social models in the area of youth health services range from complex units generally located in an urban context and frequently associated with university institutions to the operation of centers located in the community and intended to promote primary health care activities among youth. The latter is especially important in rural areas where the relevant needs cannot be postponed.

Such a system can clearly operate through a regionalized medical care organization that provides for the timely referral of patients to more complex treatment centers, where the situation justifies this.

9. In the programming of services for young people and throughout every stage it is essential to arouse their interest and facilitate their active participation, in order to create optimum health conditions for them, their peers and for the community to which they belong. In the achievement of this objective, every effort should be made to avoid the imposition of other goals that might imply some form of pressure on the freedom of choice of young people.

10. The implementation of such programs involves, inter alia, an effective institutionalization of procedures in the framework of existing general health services that will assure the intersectoral coordination that is indispensable, and proper consideration of the legal and financial implications of the action being taken, together with the appropriation of

the necessary funds, especially those related to the staff required. It must be emphasized here that the education and ad hoc training of the manpower needed is a task of overriding importance.

11. International cooperation may have a substantial contribution to make to development and support services in the early stages and during the implementation of youth health programs. Interagency cooperation may also help to strenthen--in those areas to which governments attach priority--the harmonious and integrated growth of youth health services, whether in the form of specific cooperative projects in countries that desire these, or through the conduct of activities of a regional character that provide for the interchange of existing experience in the Americas.

12. The holding of a Regional Conference on Youth Health Needs, as proposed, could represent the starting point for a process of governmental realization of the urgent need to carry out effective youth health programs.

This conference would be attended by participants from the countries of the Region, qualified technical advisers and representatives of youth organizations. Great importance is attached to the co-sponsorship of this conference by different international agencies, especially the agencies of the United Nations System, as this will provide for the pooling of technical and financial resources and will contribute to the implementation of the spirit and letter of the specific recommendations made at the XXIII Meeting of the Directing Council of the Pan American Health Organization.

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