Introduction to inequality in childhood and adolescence
B. Assessment of inequalities affecting children and adolescents

- Childhood spans the period between birth and 18 years of age according to the Convention on the Rights of the Child. Most countries divide childhood into three stages: early childhood (0 to 5 years), childhood (6 to 12 years) and adolescence (13 to 18 years).

- As of 2020, 3 out of every 10 persons in Latin America and the Caribbean was under 18 years of age (a total of some 200 million children and adolescents).

- More of the region's children are poor (46.2%) than any other age group, and children are one of the population groups that suffer from the greatest inequality gaps. Poverty, in all its manifestations, and inequality during childhood have effects that last throughout the entire life cycle.

- Children and adolescents in low-income sectors of the population have less access to social protection, education, health, housing and basic services.

- Other structural elements that deepen inequalities during childhood are child labour (according to ILO, 10.5 million children and adolescents are engaged in child labour), early pregnancy, bullying and violence.

According to ECLAC (2021) population estimates, nearly 200 million persons between the ages of 0 and 18 (3 out of every 10 inhabitants) were living in Latin America and the Caribbean in 2020. The sex distribution of that population group was roughly even (51% males and 49% females).

These children are more likely to be poor than members of other age groups are. While the figures compiled by ECLAC (2018) indicate that poverty declined in all age groups in 2002–2016, poverty levels dropped comparatively less among children and adolescents between the ages of 0 and 14. As of 2018, that age group was the poorest of all in Latin America, with a poverty rate of 46.2% (see figure V.1). Recent trends are not promising, either, as the monetary poverty rate among children of up to 14 years of age climbed by almost three percentage points between 2012 and 2017 (ECLAC, 2018). This situation jeopardizes the personal development of these boys and girls and, hence, the future development of the countries and the region as a whole.

---

9 Documents prepared by ECLAC that deal with this subject include: “Health-care expenditures, economic growth and infant mortality: evidence from developed and developing countries” (Dhrifi, 2018); “Latin America and Caribbean children’s right to nutritious food” (ECLAC/UNICEF, 2018b); “Medición multidimensional de la pobreza infantil: una revisión de sus principales componentes teóricos, metodológicos y estadísticos” (Espíndola and others, 2017) and “Niñas y adolescentes en América Latina y el Caribe: deudas de igualdad” (Céspedes and Robles, 2016). See [online] https://www.cepal.org/en/publications/list.

10 Includes 48 countries and territories: Anguilla, Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, Belize, Bolivarian Republic of Venezuela, Bonaire, Sint Eustatius and Saba, Brazil, British Virgin Islands, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Curaçao, Dominica, Dominican Republic, Ecuador, El Salvador, Falkland Islands (Malvinas), French Guiana, Grenada, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Montserrat, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sint Maarten (French part), Suriname, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands and Uruguay.

11 This overall figure needs to be viewed within the context of the vast demographic diversity of the region, however. In some Central American countries and in Haiti, the percentage of the population under 18 years of age is far above the regional average, whereas in the countries of the Southern Cone and in Cuba, this group accounts for less than 25% of the total population.

12 For further information on child poverty, see Espíndola and others (2017).

13 Reducing child poverty is one of the targets (target 1.2) for Sustainable Development Goal 1.
In addition to poverty, child labour is a common problem in the region. According to ILO estimates, in 2016 there were 10.5 million children and adolescents (7.3% of the inhabitants of the region between the ages of 5 and 17 years) engaged in child labour in Latin America and the Caribbean, and 4.4% of those children and adolescents were doing dangerous work (ILO, 2017). While the situation varies across countries, the largest percentage of children and adolescents engaged in child labour work in agricultural activities in the informal sector, many of them as unpaid family workers (ILO/ECLAC, 2018). Apart from constituting a grave human rights violation, child labour leaves marks on these children that are passed on from one generation to the next, thereby contributing to the intergenerational reproduction of poverty and, in particular, the persistence of inequality14 (ECLAC, 2017a).

In the field of education, according to the United Nations Children’s Fund (UNICEF, 2019a), 61% of children between 36 and 59 months of age were attending an early childhood programme in Latin America in 2017. The gross preschool enrolment rate in Latin America and the Caribbean was 78.1% in 2019 (ECLAC, 2021). The United Nations Educational, Scientific and Cultural Organization (UNESCO, 2017) has reported that there are 2.8 million children (1.2 million girls and 1.6 million boys) of primary school age who are not attending school in Latin America. School attendance declines as children move on to upper secondary school, although the enrolment rate at that grade level is marginally higher for females than for males (see figure V.2).

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Household Survey Data Bank (BADEHOG) and CE PALSTAT (online) https://estadisticas.cepal.org/cepalstat/portada.html?idioma=english.

14 The elimination of child labour is one of the targets (target 8.7) for Sustainable Development Goal 8.
Another important issue is the need to guarantee the right to a quality education for all—a goal that has yet to be reached in Latin America and the Caribbean. According to the results of an assessment of the performance of third- and sixth-grade primary school students from 15 countries in the region in writing, reading, mathematics and the natural sciences that were presented at the Third Regional Comparative and Explanatory Study (TERCE) of the Latin American Laboratory for Assessment of the Quality of Education of UNESCO, held in 2015,15 the countries fell into three broad groups. There was one group of five countries whose students performed above the regional average and another group of four countries in which the students ranged from above-average to average, depending on the area and the grade level. There was one country where the students’ performance was generally around the average but below average in one category (sixth grade reading). Finally, there was a third group of six countries in which the students’ performance was consistently below average (UNESCO, 2016).

Another issue confronting children in the region is bullying. According to figures drawn from the UNESCO database,16 over the preceding 12-month period, 31.6% of students in Honduras (2012), 24.5% in Argentina (2012) and 24.3% in the Dominican Republic (2016) had been bullied.

at school. In addition to physical and/or psychological aggression, school violence can also take a digital form, as in the posting of photos or messages. This is an emerging issue for this group of the population. A UNICEF study (2018) on school violence indicates that most of the victims are members of vulnerable groups, such as persons with disabilities, persons who are overweight, students who identify as lesbian, gay or bisexual, transgender or intersex persons, or persons of indigenous or African descent. The study also indicates that school violence usually takes a physical form among males and a psychological one among females. According to UNESCO (2019), 26% of male students and 24.3% of female students in Central America have been victims of bullying. The figures are even where physical violence is involved (33.9% of male students). In South America, the corresponding figure for male students encountering physical violence at school rises to 45.3% and, for the Caribbean, it climbs even further to 46.4%.

15 Includes 15 countries: Argentina, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru and Uruguay.
The gross mortality rate in the region in 2015–2020 was 6 per 1,000 persons, with the infant mortality rate standing at 16.1 for every 1,000 live births and the under-5 mortality rate coming to 20.8 per 1,000 live births.\textsuperscript{17} The under-5 mortality rate reflects a gender gap, with the rate being higher for boys than for girls (22 per 1,000 live births for boys as opposed to 17 per 1,000 live births for girls) (ECLAC, 2021). The chances of a child dying are greater in rural zones than in urban areas, in large part because of the lack of access to infrastructure in rural areas. The non-governmental organization Save the Children has reported that, in Honduras in 2012, “a child born in Islas de Bahia region was three and a half times more likely to die than a child born in the most advantaged regions of the country” (Roche and others, 2015, p. 10). There is also evidence that infant and child mortality rates are higher among Afrodescendent and indigenous children than among other groups (ECLAC, 2017b).

UNICEF (2015) has also reported that children and adolescents living in low-income households are, on average, at nearly twice as much risk of dying before their fifth birthday than children in higher-income households. At the global level, children born in rural areas and those whose mothers did not attend school are also more likely to die before reaching 5 years of age than those who are born in urban areas or whose mothers went to school.

On the subject of mental health, the World Health Organization (WHO, 2018) estimates that, worldwide, one out of every five adolescents is suffering from a mental disorder in any given year. Self-harm is the third-most common cause of death among adolescents, with depression being one of the main causes of disability and, in some cases, suicide.\textsuperscript{18} Mental health problems among adolescents are a major problem but one which is often ignored, and the data on these problems in Latin America and the Caribbean are scarce. What information there is suggests that mental health problems may be concentrated among adolescents who belong to lower-income groups (Steptoe and others, 2007), indigenous or other minority ethnic groups (Caldas de Almeida and Horvitz-Lennon, 2010), groups with low levels of education (Gaviria and Rondon, 2010) and people who live in areas where there is a great deal of violence (Espinola-Nadorille and others, 2010) and in areas or settings where there are few job opportunities (Gaviria and Rondon, 2010).\textsuperscript{19}

The rate of child undernutrition (underweight) for under-5s in Latin America and the Caribbean was 2.7% in 2017. Poverty is associated with an inequality gap in this connection. A study of 10 countries of the region found that poor children (who make up 20% of the child population) are three times more likely to suffer from chronic undernutrition and that food insecurity is greater among indigenous and rural children than among their non-indigenous and urban counterparts (FAO and others, 2018). UNICEF (2016) has observed that the birthweights of newborns whose mothers belong to the richer quintiles, live in urban areas and have completed a secondary or higher education are higher than those of other newborns.

According to the World Health Organization (WHO, 2021), the prevalence of obesity almost trebled between 1975 and 2016, primarily as a consequence of higher caloric intake and more sedentary lifestyles. Obesity is a risk factor for such noncommunicable disorders as cardiovascular disease, diabetes, disorders of the musculoskeletal system and some types of cancers.

\textsuperscript{17} Includes 48 countries and territories: Anguilla, Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, Belize, Bolivarian Republic of Venezuela, Bonaire, Sint Eustatius and Saba, Brazil, British Virgin Islands, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Curaçao, Dominica, Dominican Republic, Ecuador, El Salvador, Falkland Islands (Malvinas), French Guiana, Grenada, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Montserrat, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sint Maarten (French part), Suriname, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands and Uruguay.

\textsuperscript{18} For an interactive map showing age-standardized suicide rates around the world, see WHO [online] http://gamapserver.who.int/gho/interactive_charts/mental_health/suicide_rates/atlas.html.

\textsuperscript{19} See UNICEF (2016).
According to ECLAC/UNICEF (2018a), 7.3% of children under 5 years of age in Latin America and the Caribbean are overweight, which means that almost 4 million children in that age group are overweight or obese. The three countries of the region with the highest rates of overweight/obesity are Paraguay, with a rate of 12.4% (2016), Barbados, with 12.2% (2012), and the Plurinational State of Bolivia, with a rate of 10% (2016).

Another manifestation of inequality in the area of health is the prevalence of teenage pregnancies. While it is true that the number of teenage pregnancies fell from 73 per 1,000 women between the ages of 15 and 19 in 2008 to 64 in 2017, this situation continues to pose a formidable challenge for the region, which has the second-highest fertility rate for women in that age group in the world. In Ecuador, for example, 79 out of every 1,000 women between the ages of 15 and 19 bore a child in 2017 (UNFPA, 2020). According to PAHO/UNFPA/UNICEF (2017), a teenage girl who did not attend school or who has no more than a primary education is as much as four times more likely to become pregnant than one who has attended secondary school. By the same token, teenage girls from households in the lowest-income quintile are between three and four times more likely to become pregnant than those who come from households in the highest-income quintile. In some countries, the chances of an early pregnancy are also above average for indigenous adolescents and particularly those who live in rural areas.

Very little information is available about the impact of early pregnancy on adolescents under the age of 15. In 2015, Planned Parenthood Global published a report based on a multinational study on the health effects of forced motherhood on girls between the ages of 9 and 14 years. That report indicated that a large percentage of the study participants had some type of complication during pregnancy (anaemia, pre-eclampsia), gave birth prematurely or suffered from some type of mental health problem. It also documented the fact that a majority of the participants came from poor or extremely poor families and that most of them lived on the outskirts of a city or in rural or semi-rural areas (Planned Parenthood Global, 2015).

In the area of housing and basic services, the lack of access to water and sanitation services and the poor quality of those services bear a direct relationship to infant mortality, morbidity and undernutrition (ECLAC/UNICEF, 2010). According to ECLAC/UNICEF (2018), 96% of urban households in Latin America and the Caribbean had access to improved drinking water sources in 2002, and that figure had risen to 98% by 2015, whereas the corresponding figures for rural zones were 73% in 2002 and 84% in 2015, with the latter group therefore having a higher risk of contracting diseases associated with polluted or contaminated water or improper waste management. Children between the ages of 0 and 4 years are the ones who are at the greatest risk of contracting infectious diseases and dying as a result of diarrhoea, dehydration or undernutrition, and children of those ages who live in rural zones are at an even higher risk (ECLAC/UNICEF, 2010).

Although statistics on domestic violence do not include specific data for each of the countries of the region on the use of violent forms of disciplining children (psychological aggression or corporal punishment), there is evidence that children are sometimes at risk of violence at the hands of their caregivers or other family members. UNICEF (2017) has noted that children who are not cared for properly, particularly during the first year of life and often by mothers who were themselves abandoned or mistreated, are more sensitive to the effects of stress and exhibit more behaviour problems than children who have been well cared for.

There are a number of methodological tools for developing diagnostic inputs relating to specific issues relevant to this age group, including a methodology for estimating child poverty,21 a guide prepared by ECLAC for constructing indicators on the realization of children’s rights (Pautassi and Royo, 2012), the ILO Manual on Child Labour Rapid Assessment Methodology (ILO, 2005) and a methodology developed by the Colombian government for identifying adolescents who are at a high risk of early pregnancy (Ministry of Health/UNFPA, 2014).

---

