

POPULATION REFERENCE BUREAU

Noncommunicable Diseases in Latin America and the Caribbean Youth Are Key to Prevention



Premature Deaths From Noncommunicable Diseases in Latin America and the Caribbean

NCD-related deaths occur at earlier ages in low- and middle-income countries than in high-income countries. In Latin America and the Caribbean, men, in particular, face premature death due to NCDs, although women are increasingly facing premature death from NCDs as well. Typically, people under age 60 are living their most healthy and productive years. But those with NCDs face years of disability that hurt their families and the country's economy.

Premature Deaths From Noncommunicable Diseases in Latin America and the Caribbean

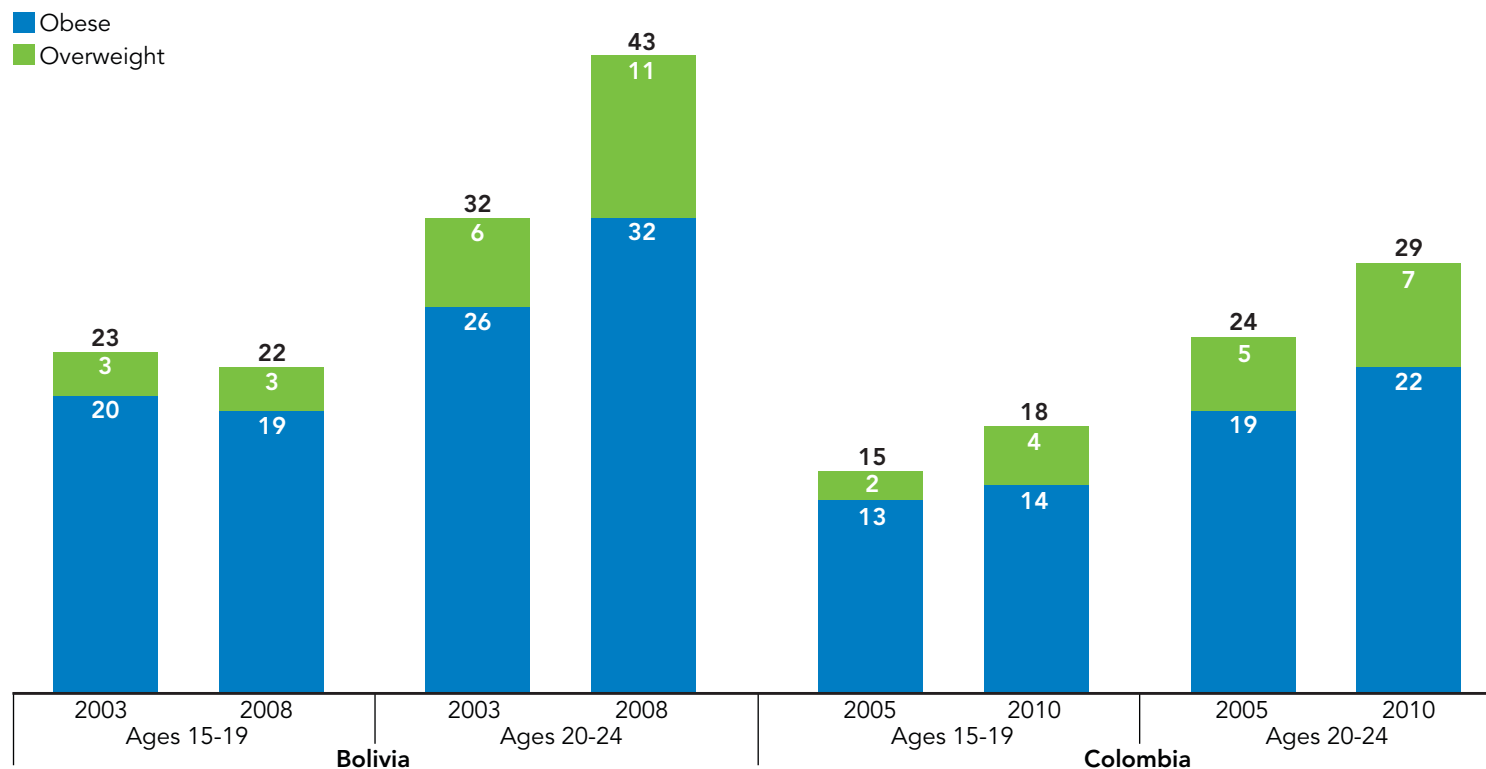


Source: World Health Organization, *Noncommunicable Diseases Country Profiles* (2011), accessed at www.who.int/nmh/publications/ncd_profiles2011/en/index.html.

Trends in Prevalence of Overweight and Obesity

The Americas have the world's highest prevalence of overweight and obesity, which is a leading risk factor for NCDs, especially diabetes. This overweight and obesity epidemic is largely due to an increasing trend toward unhealthy diets consisting of highly processed foods high in fat and sugar, and few fruits and vegetables. As the region became more urbanized, a more-sedentary lifestyle has also contributed to the epidemic. But some countries in the region, such as Haiti and Guatemala, still face an issue of persistent malnutrition, especially among children, while simultaneously experiencing growth in overweight and obesity in the overall population.

Percent of Females Ages 15-19 and 20-24 Who Are Overweight or Obese

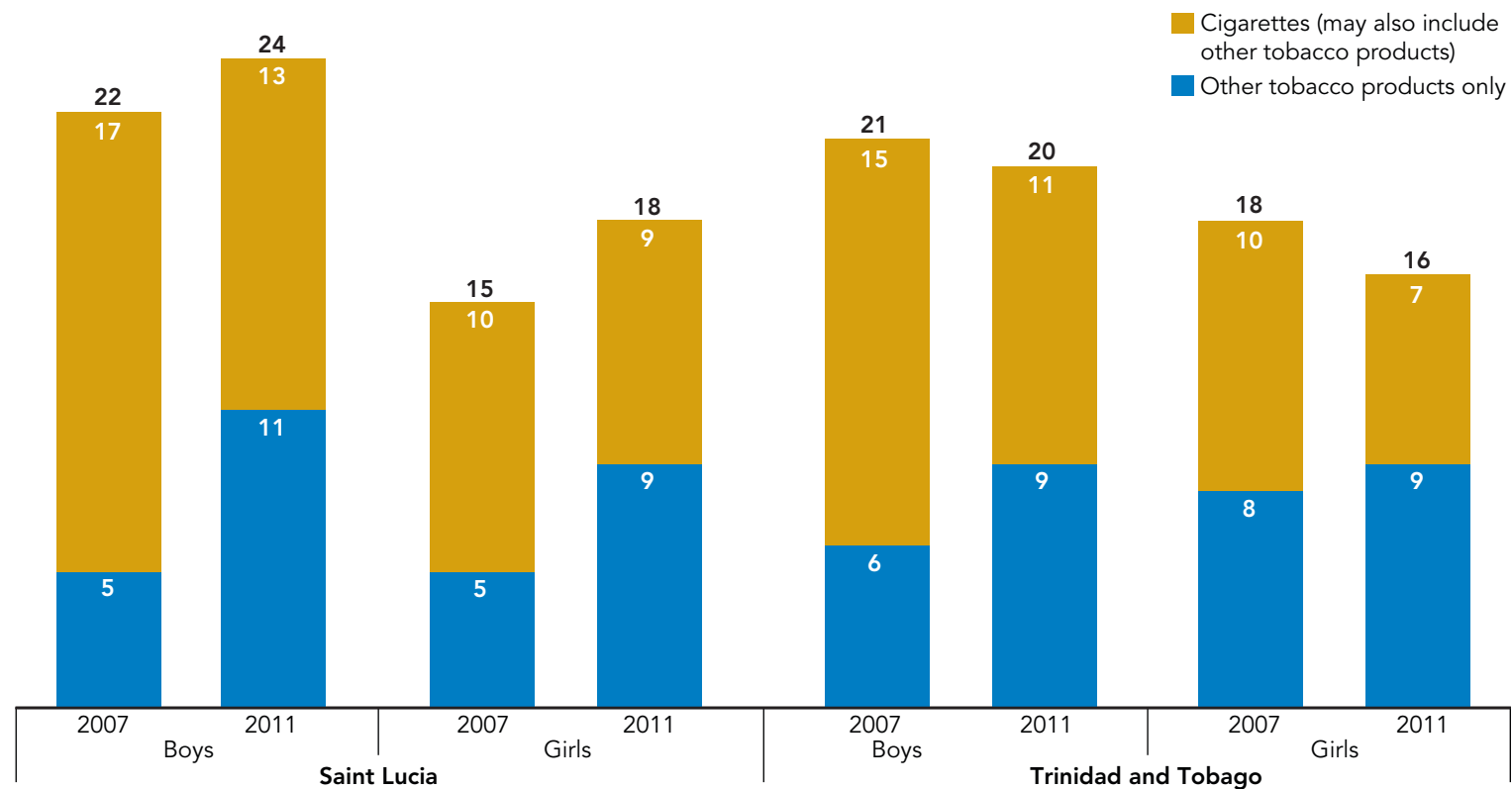


Source: ICF International, *Demographic and Health Surveys*, accessed at www.measuredhs.com.

Changes in Smoking Prevalence, 2007-2011

A number of countries throughout the LAC region have lowered the prevalence of cigarette smoking among adolescents and youth through tax increases and public health campaigns. Use of other tobacco products has, however, either shown no signs of decline or has even increased in some countries in the region, as shown in the examples from the Caribbean.

Percent of 13-to-15-Year-Old Students Who Have Smoked Any Cigarettes or Other Tobacco Products at Least Once in the Last 30 Days

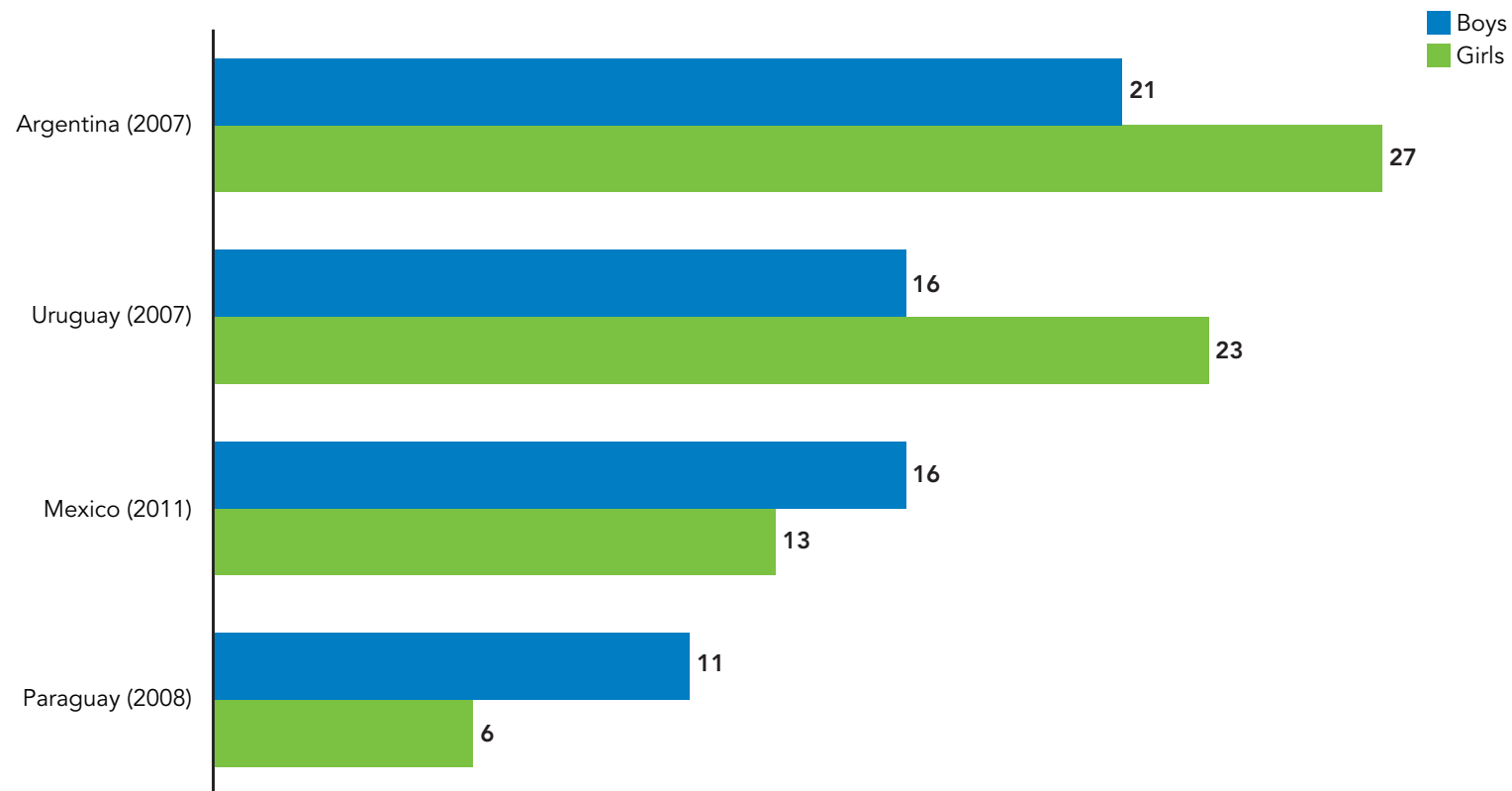


Source: World Health Organization and Centers for Disease Control and Prevention, *Global Youth Tobacco Survey*, accessed at <http://apps.nccd.cdc.gov/gtssdata/Ancillary/Documentation.aspx?SUID=1&DOCT=1>.

Gender Differences in Smoking

Compared to girls, boys are more likely to smoke tobacco products, including cigarettes, in most countries in the LAC region. But girls are starting to catch up in some countries, for example in Argentina and Uruguay. The LAC region has the smallest gender gap in adult smoking rates of all world regions, and the gap will narrow even more if the trend continues. Increased rates of smoking among girls today will result in higher illness and death from smoking-related diseases among women in coming decades.

Percent of 13-to-15-Year-Old Students Who Have Smoked Cigarettes at Least Once in the Last 30 Days

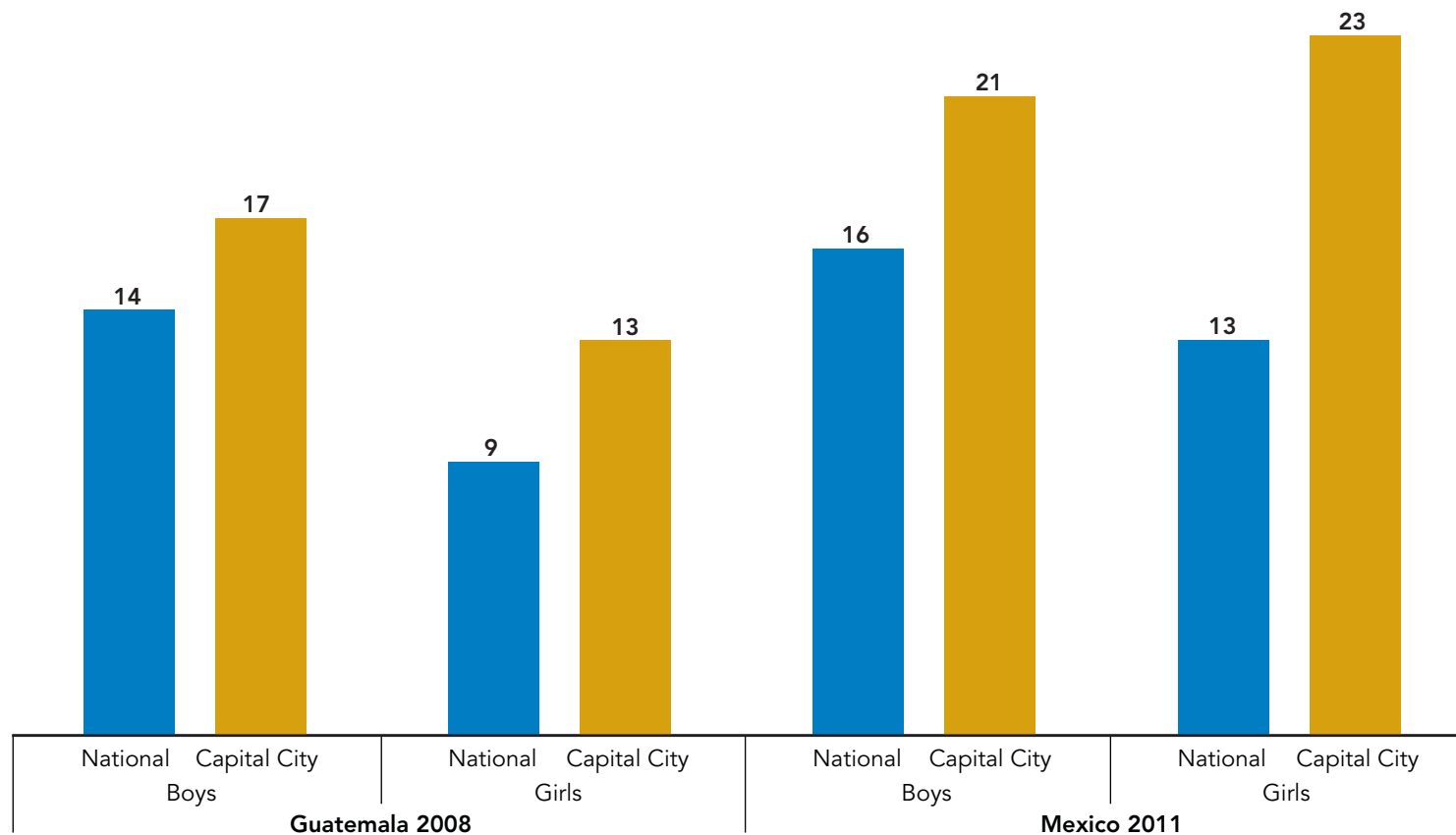


Source: World Health Organization and Centers for Disease Control and Prevention, *Global Youth Tobacco Survey*, accessed at <http://apps.nccd.cdc.gov/gtssdata/Ancillary/Documentation.aspx?SUID=1&DOCT=1>.

Differences in Smoking: Capital Cities and National Averages

Smoking is a major risk factor for many cancers, chronic respiratory diseases, and heart disease, and it is clearly more prevalent in the region's capital cities. In the LAC region as a whole, four out of five adolescents already live in urban areas, and the risks for NCDs rise with urban living.

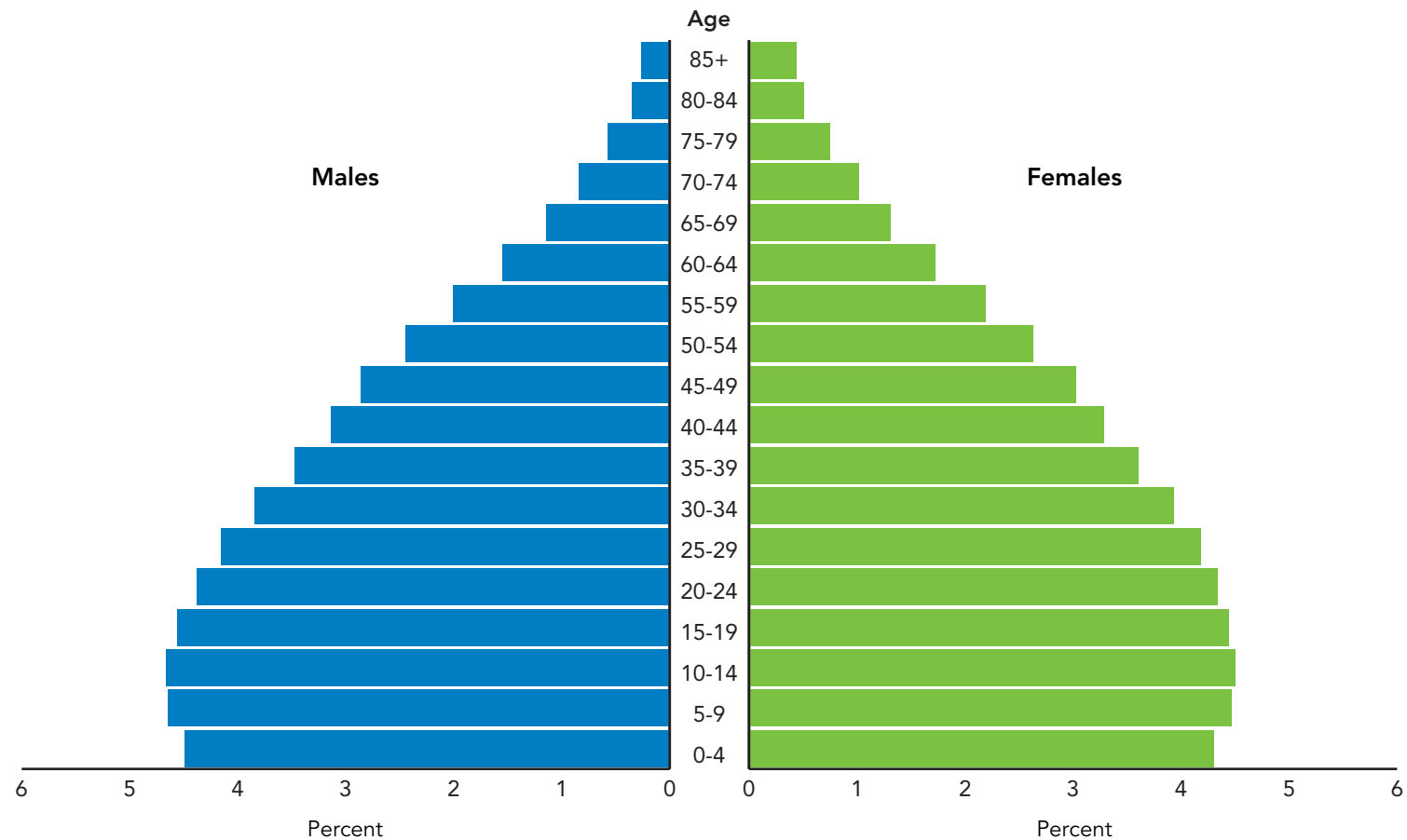
Percent of 13-to-15-Year-Old Students Smoking Cigarettes in the Last 30 Days



Source: World Health Organization and Centers for Disease Control and Prevention, *Global Youth Tobacco Survey*, accessed at <http://apps.nccd.cdc.gov/gtssdata/Ancillary/Documentation.aspx?SUID=1&DOCT=1>.

The Population of Latin America and the Caribbean

























































































































































































Although fertility has decreased in much of Latin America and the Caribbean to nearly replacement level (average of 2.1 children per woman), 45 percent of the LAC region's population is under age 25. Young people are an important population to consider in NCD prevention efforts to instill healthy habits that can be maintained throughout their lives.



Source: United Nations Population Division, *World Population Prospects: The 2010 Revision* (2011), accessed at <http://esa.un.org/unpd/wpp/Documentation/publications.htm>.

SELECTED COUNTRIES	POPULATION AND YOUTH						
	Total Population (millions) 2012	Percent of Population Ages 10-24	Secondary School Net Enrollment Rate, 2007/2010		Adolescent Fertility Rate, 2010-2015	Percent Living in Urban Areas	GNI PPP per Capita (int'l \$) 2011
			Male	Female			
NORTHERN AMERICA							
Canada	34.9	19	—	—	11	80	39,730
United States	313.9	20	89	90	27	79	48,890
Puerto Rico	3.7	23	—	—	51	99	—
CENTRAL AMERICA							
Belize	0.3	32	64	65	71	44	6,070
Costa Rica	4.5	27	—	—	62	62	11,950
El Salvador	6.3	33	59	61	89	63	6,690
Guatemala	15.0	33	48	44	98	50	4,800
Mexico	116.1	27	70	73	66	77	15,060
CARIBBEAN							
Antigua and Barbuda	0.1	26	79	82	—	30	15,670
British Virgin Islands	0.03	21	79	89	—	40	—
Cayman Islands	0.05	19	98	94	—	100	—
Dominica	0.1	25	80	89	—	67	12,460
Grenada	0.1	30	95	86	35	40	10,530
Jamaica	2.7	29	80	87	72	52	7,770
St. Kitts-Nevis	0.1	24	84	89	—	32	14,490
Saint Lucia	0.2	27	85	85	56	28	9,080
St. Vincent and the Grenadines	0.1	27	84	86	54	40	10,560
Trinidad and Tobago	1.3	23	65	70	32	13	24,940
SOUTH AMERICA							
Argentina	40.8	25	78	87	54	91	17,250
Brazil	194.3	26	—	—	76	84	11,500
Chile	17.4	24	83	86	56	87	16,330
Colombia	47.4	27	73	79	84	76	9,640
Ecuador	14.9	28	73	74	81	66	8,310
Guyana	0.8	32	78	83	101	29	3,460
Peru	30.1	29	77	78	63	74	10,160
Suriname	0.5	27	47	55	35	67	7,710
Uruguay	3.4	23	68	76	59	94	14,740

SELECTED COUNTRIES	NCD MORTALITY AND PREVALENCE						
	Age-Standardized Death Rate for All NCDs (per 100,000) 2008		% of All Deaths due to NCDs	Hypertension Prevalence Among Adults (%)		Type II Diabetes Prevalence Among Adults (%)	
	Male	Female		Male	Female	Male	Female
NORTHERN AMERICA							
Canada	387	265	89	16	17	8	7
United States	458	326	87	32	30	9	8
Puerto Rico	—	—	—	33	35	13	13
CENTRAL AMERICA							
Belize	507	455	62	29	24	8	18
Costa Rica	431	333	81	26	25	8	8
El Salvador	539	449	67	21	19	9	7
Guatemala	503	421	47	13	14	9	8
Mexico	543	412	78	32	31	20	—
CARIBBEAN							
Antigua and Barbuda	544	511	80	47	38	—	—
British Virgin Islands	—	—	—	41	31	12	12
Cayman Islands	—	—	—	25	26	6	9
Dominica	682	519	85	32	32	22	12
Grenada	722	442	81	—	—	—	—
Jamaica	498	479	68	34	37	10	15
St. Kitts-Nevis	621	553	83	38	32	5	10
Saint Lucia	597	405	78	46	38	—	—
St. Vincent and the Grenadines	649	509	76	—	—	—	—
Trinidad and Tobago	896	506	78	35	28	—	—
SOUTH AMERICA							
Argentina	613	366	80	32	33	8	10
Brazil	614	428	74	22	25	5	6
Chile	501	313	83	29	25	8	10
Colombia	438	351	66	28	19	3	2
Ecuador	434	336	65	43	35	—	—
Guyana	735	602	66	43	38	—	—
Peru	408	339	60	38	31	—	—
Suriname	696	450	71	34	27	20 ^a	—
Uruguay	651	378	87	33	31	6	5

 High Risk  Medium Risk  Low Risk		NCD RISK FACTORS AMONG YOUTH							SELECTED COUNTRIES
		Cigarette Use		Alcohol Use		Physical Inactivity		Overweight or Obese	
		Male	Female	Male	Female	Male	Female	Female	
Tobacco Use Percent with any cigarette use in the past 30 days  16% or Above  7% to 15.9%  Below 7%		NORTHERN AMERICA							
									Canada
									United States
Alcohol Use Percent having any drinks in the past 30 days  40% or Above  20% to 39.9%  Below 20%		CENTRAL AMERICA							
									Belize
									Costa Rica
						—	—		El Salvador
									Guatemala
						 ^a	 ^a		Mexico
		CARIBBEAN							
						—	Antigua and Barbuda		
							British Virgin Islands		
						—	Cayman Islands		
							Dominica		
						—	Grenada		
							Jamaica		
							St. Kitts-Nevis		
						—	Saint Lucia		
						—	St. Vincent and the Grenadines		
							Trinidad and Tobago		
SOUTH AMERICA									
							Argentina		
							Brazil		
							Chile		
							Colombia		
							Ecuador		
							Guyana		
							Peru		
							Suriname		
							Uruguay		

Technical Notes

— Data unavailable or inapplicable.

^a Data for both sexes.

Country Selection

Countries are selected based on availability of recent data on four key NCD risk factors among adolescents/youth: smoking, drinking, physical inactivity, and unhealthy diet as measured by overweight/obesity status. Only those countries with data on at least three out of the four risk factors for any age group from 10-to-24-years-old, and from 2006 or later, are included in the data sheet.

NCD Risks. The data sheet focuses on four specific behaviors—tobacco use, harmful use of alcohol, physical inactivity, and unhealthy diet—identified by the World Health Organization to be the key NCD risk factors. There are uneven data on these risk factors among adolescents/youth. Data that are available are typically not directly comparable across a large number of countries. They may measure the levels of risk using different indicators, at different geographical levels (national, regional), for different age groups, and from different settings (all children, children in schools). To facilitate the cross-country comparison of risk levels and to focus attention on the broader picture, the risk levels are presented as high (red), medium (yellow), or low (green).

Risk levels are assessed by first identifying the core indicator per risk factor that is suitable and for which data are consistently available for the largest number of countries. For countries without data on the core indicators, alternative indicators that still enable comparisons using similar standards are used (when available). The risk levels are assessed using the standards listed below under each risk factor. These standards are based on literature reviews (more information is available on www.prb.org). The standards are adjusted when

assessed using alternative indicators or data that are otherwise not directly comparable (such as different age groups or aggregate levels). Data on any age groups within ages 10 to 24 from 2006 or later are considered in the coding. Because there are well-documented gender differences in the prevalence of all risk factors, the risk levels are coded by sex where possible. Specific data points underlying the coding per country per risk factor, and the data sources for each, are available on our website.

Tobacco Use. The core indicator is the percent reporting any cigarette use in the past 30 days. The standard used for coding: high \geq 16%; medium = 7%-15.9%; and low $<$ 7% among 13-to-15-year-old students. Estimates from Global Youth Tobacco Survey (World Health Organization and Centers for Disease Control and Prevention), Global School-Based Student Health Survey (WHO and CDC), and country-specific surveys.

While tobacco comes in various forms, cigarettes are the most common type of tobacco products in the Americas.

Alcohol Use. The core indicator is the percent reporting any alcohol use in the past 30 days. The standard used for coding: high \geq 40%; medium = 20%-39.9%; and low $<$ 20% among 14-to-17-year-old students. Estimates from the Inter-American Drug Abuse Control Commission, *Report on Drug Use in the Americas 2011* that presented data obtained from National Drug Commissions through their National Drug Observatories in each member state of the Organization of American States. Estimates for other countries from Global School-Based Student Health Survey (WHO and CDC), and country-specific surveys.

While heavy drinking creates a health risk in adults, any amount of drinking presents risk at

younger ages, because of the greater health impact of alcohol on younger people and the link between the age of onset and likelihood of lifetime alcohol dependency.

Physical Inactivity. The core indicator is the percent who report not engaging in any type of physical activity for at least 60 minutes a day for five days in the past seven days. The standard used for coding: high \geq 70%; medium = 50%-69.9%; and low $<$ 50% among 13-to-15-year-old students. Estimates from Global School-Based Student Health Survey (WHO and CDC), and country-specific surveys.

Unhealthy Diet/Obesity. The core indicator is the percent reported as overweight or obese. The standard used for coding: high \geq 20%; medium = 10%-19.9%; and low $<$ 10% among 13-to-15-year-old students. Estimates from Demographic and Health Surveys (ICF International), Global School-Based Student Health Survey (WHO and CDC), and country-specific surveys.

Unhealthy diet includes low consumption of fruits and vegetables and high consumption of foods high in saturated fats, trans-fatty acids, and sodium, or other high-energy foods. Due to scarcity of comparable data on dietary intake across countries, unhealthy diet is measured with the prevalence of overweight and obesity, a physiological change resulting from high caloric consumption (and partly also from physical inactivity). Overweight/obese status is assessed with the Body Mass Index (BMI), a measure of weight relative to height. The standards used to classify overweight/obese status vary across surveys (specific standards used per country are available on our website).

Levels of overweight/obesity status are presented only for females because of limited availability

of data for males. Furthermore, because muscle mass weighs more than body fat, measuring overweight/obesity with BMI is more challenging among males, who generally have higher muscle mass on average than females.

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PRB's *Noncommunicable Disease in Latin America and the Caribbean: Youth Are Key to Prevention Data Sheet* is available at www.prb.org.

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