

## Youth in Latin America and the Caribbean in perspective: overview of the situation, challenges and promising interventions

José Roberto Luna Manzanero (<https://orcid.org/0000-0002-8650-743X>)<sup>1</sup>

**Abstract** *This article approaches, from a youth perspective, an overview of the situation of youth in Latin America and the Caribbean based on global and regional socio-economic and demographic indicators. It provides an intersectional analysis of the oppressions and challenges that young people face to achieve their full potential within a complex structure of power relations, inequality, exclusion, discrimination and violence. Based on the evidence, it highlights effective and promising interventions for guiding investment in youth through public policies, budgets and programmes at scale, as measures for redistributing power and resources that contribute to the fulfilment of their human rights, autonomy, emancipation and agency to participate in public affairs that affect them.*

**Key words** *Youth, Violence and health, Sexual and reproductive health and rights, Promising practices, Latin America and the Caribbean*

---

<sup>1</sup> Technical Division, Sexual and Reproductive Health Branch, United Nations Population Fund (UNFPA). 605 Third Avenue, New York NY 10158 USA. [jluna@unfpa.org](mailto:jluna@unfpa.org)

## Introduction

The world today is home to 1.8 million young people, who represent a quarter of the global population and constitute a vital force developing in the midst of historical changes and political, social, economic and environmental transformations that determine their present and future<sup>1</sup>.

This article aims to: a) provide an overview of the situation of youth in Latin America and the Caribbean (LAC); b) analyse the intersectional oppressions and challenges hindering their development; and c) highlight promising, evidence-based practices to guide public policy investment at scale. The methodology used was based on a review of global and regional literature on the main socio-economic and demographic indicators as they relate to youth, an intersectional analysis of the challenges identified from data and facts and a review of evidence, normative frameworks and international standards, with a view to identifying promising practices implemented in the region so as to inform public investment.

Young people represent opportunities for the development of LAC countries and the region. However, their life opportunities are limited by an ongoing environment of structural inequality. Accordingly, building on an analysis of the situation, evidence and the human rights and gender equality framework, a series of promising interventions will be proposed here for targeted investment in youth as a measure of redistributive justice to allow young people to gain agency and secure conditions for their full development, with dignity and human rights.

### Youth in Latin America and the Caribbean, a current overview

There are currently estimated to be around 165 million young people aged 10-24 in LAC, that is, one in four people in the region is young<sup>2</sup>. Despite the progress made in reducing *poverty* in LAC between 2002-2014, levels of poverty, and especially extreme poverty, have increased since 2015. In 2018, around 185 million people (30.1% of the region's population) were below the poverty line, while 66 million (10.7%) were in extreme poverty. Between 25 and 30 million people in the Americas are at risk of falling back into poverty, including young people facing the consequences of inequality and lacking opportunities for education, vocational training and decent employ-

ment. In 2016, only 59.5% of young people aged 20-24 had completed *secondary education*, an outcome permeated by socio-economic inequalities: secondary school graduates comprised 83.5% of the fifth income quintile as against only 35.4% of the first income quintile. The same situation was reflected in access to vocational and higher education, with stratified quality of education and therefore not accessible to all young people<sup>3,4</sup>.

According to census data available in 2010, the *indigenous population* in LAC was approximately 42 million people, representing 8% of the total population. While poverty affects many population groups in the region, it affects indigenous peoples disproportionately: 43% of indigenous households live in poverty and 24% in extreme poverty, limiting life opportunities and development for all, including youth<sup>5</sup>. *People of African descent* represent 24% of the population, equivalent to 130 million people who face inequalities and equity gaps that impact their full development<sup>6</sup>.

*Youth unemployment* is another structural factor that constrains the trajectories of young people in LAC. Youth unemployment is three times higher than in the adult population; one in five young people in the region is seeking work and is unable to find it. In 2019, youth experienced negative labour impacts, youth unemployment increased 0.3% and affected nearly 20% of young people looking for work in the region<sup>7</sup>. In addition, one in five young people in the LAC region, more than 20 million people aged 15-24, are *neither studying nor working*, a problem that mainly affects young women (66%) and is connected with poverty, vulnerability and exclusion. In Mexico and Central America, it is also associated with violence and delinquency<sup>8</sup>. *Reproductive labour* impacts the ability of women, including young women, to find employment. In LAC, women spend between one-fifth and one-third of their day or week on unpaid domestic and care work (while men spend about 10%) and more than 43% of women report that they do not seek paid employment because they must attend to care tasks, domestic chores or are prohibited from doing so by a family member<sup>9</sup>.

Violence, socio-economic status and lack of employment and opportunities foster *human mobility* of youth in LAC. The particular characteristics of internal and international migration, including intra-regional migration, depend on the sub-region: people from Mexico and Central America tend to migrate to the United States of

America, while migration in South America is predominantly between countries. In Central America, the socio-economic situation and violence drive the migration of women, children and adolescents<sup>10</sup>, who may even travel unaccompanied, putting their bodies and lives at risk in transit, where they can become victims of sexual violence, exploitation, human trafficking and other rights violations. In Central American countries, forced migration is driven by social and economic violence; in Colombia, by violent internal armed conflict and, in Venezuela, by the economic and socio-political crisis<sup>11,12</sup>.

Although the total fertility rate has been falling for over three decades in LAC, the *adolescent fertility rate* has declined only slightly over that period and remains the second highest in the world, surpassed only by Sub-Saharan Africa. In 2019, the adolescent fertility rate was 61 per 1,000 women aged 15-19 in LAC, as compared with 42 in the rest of the world<sup>13,14</sup>. While prevalence of modern contraceptive use among adolescents is 57% in the region, the proportion of births to adolescent mothers still accounts for 20%, the highest regional proportion in the world<sup>15</sup>.

First sexual intercourse, first marriage and first birth are among the life events that determine the trajectories of young people, particularly young women. Median ages at first intercourse, first marriage and first birth have increased in sub-Saharan Africa, and at first marriage and first birth in Asia and North Africa. In LAC, the timing of first birth has not changed significantly, and the regional median age at first intercourse has decreased significantly<sup>16</sup>.

While other regions have made progress in reducing *child marriage* (formal or informal marriage or union in which one or both spouses are under the age of 18), the prevalence in LAC is 25%: one in four young women are married for the first time or in an early union before the age of 18, a situation that has not changed in the last 25 years. The data are most alarming in countries with prevalence rates above 30%, such as the Dominican Republic, Nicaragua, Honduras and Belize. Mexico, Brazil and Colombia are among the countries with the highest burden of child marriage globally. Child marriage also affects men and LAC countries have one of the highest rates of child marriage among boys in the world: of the 10 countries for which data are available, 9 are above the global average<sup>17,18</sup>.

Homicide is the third leading cause of death among men globally. According to data from 133 countries, the highest *estimated homicide rates*

in low- and middle-income countries are in the Americas region (28.5 homicides per 100,000 population), followed by Africa (10.9 homicides per 100,000 population)<sup>19</sup>. An analysis based on the World School Health Survey showed that young men are more likely to engage in violent acts, such as aggression and physical fights, than their female peers. Bullying, however, is not sex-specific<sup>20</sup>.

*Violence against women*: one in three women worldwide have been subjected to either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime, 38% of women's deaths have been caused by their intimate partner and 7% of women have been victims of sexual violence by a non-partner<sup>21</sup>. Official information provided to the LAC Gender Equality Observatory of the Economic Commission for Latin America and the Caribbean (ECLAC) revealed that in 2018 at least 3,287 women in 15 countries were victims of femicide, the ultimate expression of violence against women and girls<sup>22</sup>. Gender socialisation embedded in violent social imaginaries and inequitable social gender norms sustained by patriarchal power systems leads young people in the LAC region to naturalise male violence. A study of 15 to 25 year olds in 8 LAC countries has shown that, among those aged 15-19 years, 65% of men and 45% of women believed that women play hard to get (they say No, but really mean Yes), a belief that naturalises sexual violence. Meanwhile, 87% of young people believe that men have greater sexual desire than women, 77% perceive it as normal for men to have sexual relations with other people, but it is frowned on if women do, and there is a 77% acceptance rate for street harassment as something natural<sup>23</sup>. Another manifestation of gender-based violence (GBV) is the *violence against lesbian, gay, bisexual, trans and intersex (LGBTI) people* for their sexual orientation or gender identity. Various civil society organisations in LAC have pointed out that the life expectancy of trans women in the region is between 30 and 35 years and, according to statistical information collected by the Inter-American Commission on Human Rights (IACHR), 80% of trans people killed during a 15-month period were 35 years of age or younger<sup>24</sup>.

*Self-inflicted violence* is another issue among young people in LAC. According to the World Health Organization (WHO) 2014, suicide is the fourth leading cause of death among adolescents aged 10-19 years in the Americas. Estimates based on data from the Global School Health

Survey show that girls are more likely than boys to engage in suicidal behaviour. In males, the prevalence of suicidal ideation ranged from 11% in Central America and the Southern Cone to 17% in the English-speaking Caribbean; in females, from 19% in the Southern Cone to 26% in the Andean countries. Actual suicide attempts among males ranged from 9% in Central America to 17% in the English-speaking Caribbean; among females, from 17% in Central America to 23% in the Andean countries<sup>25</sup>.

*Young people with disabilities* are at higher risk of violence. Globally, one in eight adults lives with a disability, equivalent to more than one billion people. In LAC the proportion is similar, with people with disabilities representing about 13% of the population<sup>26</sup>. Women with disabilities are at greater risk of violence than men with disabilities or women without disabilities. They are also more disadvantaged than their male counterparts, with fewer employment opportunities, leaving them more prone to living in conditions of poverty and subordination and, therefore, with less power and resources to break out of cycles of violence and discrimination<sup>27</sup>.

Young people in LAC are thus presented with a socio-economic and demographic panorama completely different from that of social welfare societies that provide guarantees of fundamental rights in conditions of equality, free from discrimination and violence.

### **Challenges facing youth in Latin America and the Caribbean**

Latin America and the Caribbean, while not the poorest region in the world, is the most unequal<sup>28</sup>. A series of structural challenges intersect in the bodies and lives of millions of young people and hinder their full development and well-being. Twenty-five years ago standards for addressing these challenges were set in three major milestones: 1) the Declaration and Programme of Action of the World Conference on Human Rights, Vienna 1993; 2) the Programme of Action of the International Conference on Population and Development (ICPD), Cairo 1994; and 3) the Beijing Declaration and Platform for Action, 1995<sup>29-31</sup>. These normative frameworks set a global landmark in the understanding of women's human rights, particularly as regards the relationship between population issues and development, recognising sexuality as a human rights issue and outlining a clear and visionary outlook on the urgency of advancing gender equality.

Twenty-five years after the ICPD, there has been global progress in reducing adolescent pregnancy and child marriage, although in LAC these indicators show substantial gaps that need to be addressed systematically by governments, civil society, academia and public opinion makers. Progress has been made in generating evidence, programmes and policies to address the sexual and reproductive health (SRH) of adolescents and young people. However, around the world there continues to be resistance preventing progress in the provision of a comprehensive package of SRH services for young people from a sexual and reproductive health and rights (SRHR) perspective. Other indicators, such as intimate partner violence, have worsened, leading to a renewed call for more systematic, evidence-based programmes on masculinities and gender-transformative approaches that engage men and boys in gender equality<sup>32,33</sup>.

The available data allow *intersectional analysis of the challenges* facing youth, by age, gender, class, race, sexual orientation and gender identity and disabilities within a system of unequal power relations that determine access, opportunities, discrimination and exclusion, including: (a) *Adulthood*: young people experience discrimination, exclusion, abuse of power and authority, reduced opportunities for decent employment and income levels, disinvestment and denial of their right to participate, to exercise their sexuality. Overall, they are denied self-determination, autonomy and emancipation; (b) *Ableism*: young people with disabilities face discrimination, exclusion, imposed invisibility, violence, lack of access and of social protection; (c) *Classism*: youth experience inequality, forced migration, stratification in access to, and enjoyment of, rights such as education, health (sexual and reproductive, mental, nutritional, etc.), security, employment and social security; (d) *Heterosexism*: for their sexual orientation and gender identity, LGBTI youth experience discrimination, violence, harassment, exclusion, symbolic violence, violation of rights, lack of access to services, suicide, hate crimes and lower life expectancy; (e) *Racism*: youth of indigenous and African descent face systemic discrimination, racism, inequality, dispossession of territories and natural resources, exclusion from health, education, employment and income, as well as lack of access to intercultural services, while migrants, internally displaced persons and refugees suffer discrimination and xenophobia; and (f) *Sexism*: young women suffer gender-based violence, street harassment, sexual and intimate-partner

violence, discrimination, adolescent pregnancy, child marriage, femicide, suicide, and epistemic and obstetric violence. Young men suffer from social, homicidal and physical violence under the influence of masculinity mandates.

Tackling the challenges means transforming structures, relationships and the distribution of power and resources so as to enable young people to exercise citizenship with agency that allows them, by participating in public spaces, to access networks and resources that guarantee their well-being and human rights. This would entail their having access to: (a) *Power over*, through policies to redistribute resources and recognition, which also includes exercising their SRHRs; (b) *Power to*, through sustained policies to assure access to knowledge, skills and opportunities for youth to reach their full potential; (c) *Power within*, personal agency arising out of a sense of identity, self-worth and recognition of one's right to take charge of one's personal history, autonomy and emancipation; and (d) *Power with* by participating collectively to achieve more just and equitable societies, valuing diversity and building inter-generational solidarity<sup>34</sup>.

#### **Investing in youth in LAC, promising interventions and instruments for action**

Global evidence has shown that investing in adolescent health yields a triple dividend, i.e., benefits in present youth, in future adults and into the next generation. This triple dividend could have positive effects on health, well-being and the development of capabilities for productive life and effective parenting for generations to come. Large-scale investment in adolescence and youth should therefore be seen as an essential and intergenerational strategy for the health and well-being of all societies<sup>35</sup>. Investments in youth should be guided by evidence of effective or promising interventions, and observe international commitments to normative instruments such as the *ICPD Programme of Action*, the *Beijing Platform for Action* and the *Sustainable Development Goals*, as well as technical documents such as the *Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)*, *Global Accelerated Action for Adolescent Health (AA-HA!)*, UNFPA's global youth strategy *My Life, My Body, My World*, and WHO's *Series of briefings on violence prevention*, as well as regional instruments such as the *Montevideo Consensus on Population and Development and its Operational Guide* and the *165 Million Reasons initiative*, which outline stra-

tegic pathways for investing in policy-level interventions in the LAC region<sup>36-38</sup>.

Public policies are political and technical instruments that steer the actions of governments in matters of public interest that will have an impact on the lives of populations at scale<sup>39</sup>. To be operational, they must translate political will into programmes, strategies, plans and national budgets for implementing evidence-based interventions that provide services as redistributive measures designed to generate social, economic, political and cultural changes to guarantee the rights and well-being of young people. Effective and promising interventions include:

- *Comprehensive sexuality education (CSE) programmes*: this human rights and gender-based educational approach, when implemented in or out of school, has been shown to have positive effects in delaying sexual debut and encouraging less frequent sexual intercourse, fewer sexual partners and risky behaviours, and increased condom and contraceptive use. It shows greater effectiveness when implemented with a strong focus on gender and empowerment<sup>40</sup>. Abstinence-only programmes have proven not to be effective, yet some countries still implement such programmes<sup>13</sup> with the potential to cause harm. Despite the array of opposing forces, for more than half a century CSE has been promoted in LAC by implementing programmes and generating new approaches (interculturality, diversity inclusion and management, engagement with families and work in the disability field) and technical, pedagogical and political tools.

- *Adolescent Pregnancy Prevention (APP) programmes*: in response to high adolescent fertility, several LAC countries have adopted cross-sectoral APP plans and strategies, with varying levels of effectiveness. Uruguay, for example, has introduced progressive laws and policies and strong, multi-sectoral governmental responses, hand in hand with active civil society participation, which has led to declines in adolescent fertility. This multi-sectoral approach has included the *Uruguay Crece Contigo [Uruguay Grows With You]* a national early childhood development program that includes special interventions for adolescent mothers and their babies, programmes providing education and care facilities for children of adolescent parents, sexual and reproductive health services and access to out of school comprehensive sexuality education. The country has achieved positive results, although implementation has encountered challenges in the form of conscientious objection from health providers,

as well as disparities in CSE teacher training that have hindered scaling up<sup>41</sup>. Investment in APP policies should follow WHO evidence on effective interventions towards “Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries”<sup>42</sup>.

- *Adolescent and youth-responsive health systems*: within a Universal Health Coverage framework, these programmes seek to meet the specific needs and human rights of young people. In LAC, youth-friendly services have been implemented in Argentina, Colombia, Chile, El Salvador, Ecuador, Guatemala, Mexico, Panama and Uruguay, most of them adhering to WHO’s Global standards for quality health care services for adolescents. Chile, for example, by implementing the Comprehensive Adolescent and Youth Health Programme during the period 2000–2017, achieved a 51% reduction in the proportion of births to mothers under the age of 19 (Paez, 2018, apud Venkatraman et al., 2019<sup>43</sup>). The programme was brought to scale through existing systems, capacity building and gradual regionalisation, and sustainability was assured by using data, advocacy and policy dialogue. As a result, the programme has run continuously under three governments with different ideological positions<sup>43</sup>.

- *Adolescent girl-centred programmes (AGCP)*: evidence shows that, by building protective social, health, human, cognitive and economic assets, empowerment programmes for adolescent girls (aged 10–14) have led to significant improvements in school enrolment and retention, knowledge of sexuality and contraceptive use, and increased age at marriage<sup>44</sup>. AGCPs aim to reach the most vulnerable adolescent girls on an approach targeting those who are indigenous, Afro-descendant, rural, poor, not living with their parents, migrants, married or mothers, domestic workers and so on. When informed by an ecological model, AGCPs can improve outcomes in education, health, economics, social capital, more equitable gender attitudes and violence, and they are more effective when accompanied by cash or in-kind transfers. In LAC, targeted, community-level AGCPs have been implemented and have demonstrated effectiveness. In Guatemala, for example, the *Abriendo Oportunidades* [Opening Opportunities] programme has delayed the age of marriage and decreased physical violence and, in Mexico, the *Abriendo Futuros* [Opening Futures] programme has improved SRH knowledge and raised the desired age of marriage or union<sup>45</sup>.

- *Masculinities programmes with young men*: a review of evidence indicates that strategies

with men and boys that have proven effective in changing gender attitudes and behaviours at the individual and community level include a combination of peer education, use of male advocates or role models, large-scale media programmes, workplace programmes and rights-based community programmes designed to reduce gender inequality and challenge social norms<sup>46</sup>. In LAC, the foundations have been laid for programmes to work with young people. The *Programme H*, designed by an alliance of civil society organisations, is based on participatory group work around more than seventy activities guided by a curriculum that addresses gender, sexuality and reproductive health, parenting, caregiving and prevention of violence and the Human Immunodeficiency Virus (HIV). Eight, mostly quasi-experimental, assessments have demonstrated its positive effects on more equitable gender attitudes and behaviours, improved communication in couples, reduced gender-based violence and improved attitudes towards caregiving<sup>47</sup>.

- *Youth violence prevention programmes*: taking a youth perspective, priority is given in this paper to the evidence of interventions aimed at transformational changes that take into account the patriarchal, unequal, discriminatory and exclusionary system in which violence is generated and perpetuated, in addition to the need to address it from a democratic, systemic and human rights-respecting perspective<sup>48</sup>. One effective practice is the *regulation of alcohol sales and consumption* and it has been shown that regulating evening hours of alcohol sale and consumption in bars and restaurants can reduce violence. *Promising interventions* to prevent youth violence include: a) vocational training and employment that generates opportunities and prevents youth from becoming involved in violence or criminal acts, b) restorative justice programmes that generate mediation processes between victims, offenders, families and the justice system and include family counselling show the most promising results and c) non-custodial measures that offer alternatives to incarceration<sup>49</sup>. The *Escuelas Abiertas* [Open Schools] experience in Brazil showed promising results when implemented by *opening* schools at weekends and during holidays, with evaluations showing a decrease in the main expressions of violence, development of a greater sense of belonging, increased personal and community self-esteem and school performance. This intervention has been replicated in Argentina, Guatemala, Mexico and Uruguay<sup>50</sup>.

### Open roads lie ahead

LAC has long experience in implementing innovative programmes and policies with critical approaches and insights that seek to solve structural problems. Some interventions apply ecological models, comprehensiveness and multi-component strategies that address human rights, gender and raciality. However, countries face challenges in expanding public investment, secularism, democratisation, social inclusion and protection, sustainability and upscaling of youth-targeted interventions to achieve the triple dividend that sustains generational change.

In LAC, initiatives such as the Ministerial Declaration on “Preventing Through Education” – which brought together the health and education sectors around CSE and access to SRH services for young people – and mechanisms for monitoring, participation, political advocacy and

social accountability – such as *Mira que te Miro* [I’m looking at you] on SRHRs – are essential for youth participation towards effective citizenship, enforceable rights and democratic progress in the region.

Achieving health for young people in LAC, as a complete state of well-being free from violence and oppression, where their human rights, including SRHRs, are guaranteed requires ensuring that public systems and services meet their needs, are delivered through multiple inter-sector platforms, and that youth participation and accountability mechanisms are strengthened. Only then can the political and institutional changes achieved by citizen demand and action be sustained over time and contribute to every young person being able to decide about their bodies, their lives and their world with dignity and rights<sup>51</sup>.

## References

1. United Nations Population Fund (UNFPA). *My Body, My Life, My World Rights and choices for all adolescents and youth: a UNFPA global strategy*. New York: UNFPA; 2019.
2. Fondo de Población de las Naciones Unidas (UNFPA). *165 Millones de Razones, Un llamado a la acción para la inversión en adolescencia y juventud en América Latina y el Caribe*. Panamá: UNFPA; 2018.
3. Comisión Económica para América Latina y el Caribe (CEPAL). *Panorama Social de América Latina, 2019*. Santiago: CEPAL; 2019.
4. Organización Panamericana de la Salud (OPS). *La salud de los adolescentes y jóvenes en la Región de las Américas: la aplicación de la Estrategia y el Plan de acción regionales sobre la salud de los adolescentes y jóvenes (2010-2018)*. Washington, D.C.: OPS; 2018.
5. Banco Mundial. *Latinoamérica Indígena en el Siglo XXI*. Washington, D.C.: Banco Mundial; 2015.
6. Fondo de Población de las Naciones Unidas (UNFPA). *Implicaciones del COVID-19 en la población afrodescendiente de América Latina y el Caribe*. Panamá: UNFPA; 2019.
7. Organización Internacional del Trabajo (OIT). *Panorama Laboral 2019 América Latina y el Caribe*. Lima: OIT; 2019.
8. De Hoyos RE, Rogers H, Székely M. *Ninis en América Latina: 20 millones de jóvenes en busca de oportunidades*. Washington, D.C.: Banco Mundial; 2016.
9. Comisión Económica para América Latina y el Caribe (CEPAL). *Los cuidados en América Latina y el Caribe. Textos seleccionados 2007-2018*. Chile: CEPAL; 2018.
10. Organización Internacional de las Migraciones (OIM). *Informe sobre las Migraciones en el Mundo 2018*. Ginebra: OIM; 2018.
11. Gómez GM, Astaiza GM, Souza MC. Las migraciones forzadas por la violencia: el caso de Colombia. *Cien Saude Colet* 2008; 13(5):1649-1660.
12. Comisión Interamericana de Derechos Humanos (CIDH). *Resolución 2/18 Migración forzada de personas venezolanas*. Washington, D.C.: CIDH-OEA; 2018.
13. Organización Panamericana de la Salud (OPS). Fondo de Población de las Naciones Unidas (UNFPA). Fondo de las Naciones Unidas para la Infancia (UNICEF). *Acelerar el progreso hacia la reducción del embarazo en la adolescencia en América Latina y el Caribe*. Washington, D.C.: OPS; 2018.
14. The World Bank Group. *Data. Adolescent fertility rate (births per 1,000 women ages 15-19)*. Washington, D.C.: The World Bank; 2021.
15. Liang M, Simelane S, Fortuny G, Chalasani S, Weny K, Salazar P, Jenkins L, Moller AB, Venkatraman CM, Say L, Michielsen K, Engel DMC, Snow R. The State of Adolescents Sexual and Reproductive Health. *J Adolesc Health* 2019; 65:S3eS15.
16. Bongaarts J, Mensch BS, Blanc AK. Trends in the age at reproductive transitions in the developing world: The role of education. *Pop Studies* 2017; 71(2):139-154.
17. Fondo de las Naciones Unidas para la Infancia (UNICEF). *Perfil del matrimonio infantil y las uniones tempranas en América Latina y el Caribe*. Nueva York: UNICEF; 2019.
18. Girls Not Brides. *Matrimonio Infantil en América Latina y el Caribe*. Londres: GNB; 2017.
19. Organización Mundial de la Salud (OMS). *Informe sobre la situación mundial de la prevención de la violencia 2014. Resumen de Orientación*. Ginebra: OMS; 2014.
20. Organización Panamericana de la Salud (OPS). *Violencia juvenil interpersonal en América Latina y el Caribe de habla inglesa*. Washington, D.C.: OPS-OMS; 2015.
21. World Health Organization (WHO). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva: WHO; 2013.
22. Comisión Económica para América Latina y el Caribe (CEPAL). *Indicadores femicidio*. Chile: CEPAL-Observatorio de Igualdad de Género de América Latina y el Caribe; 2018.
23. OXFAM International. *Informe Rompiendo moldes: transformar imaginarios y normas sociales para eliminar la violencia contra las mujeres*. Reino Unido: OXFAM International; 2018.
24. Comisión Interamericana de Derechos Humanos (CIDH). *Violencia contra personas Lesbianas, Gay, Bisexuales, Trans e Intersex en América*. Washington, D.C.: OEA-CIDH; 2015.
25. Organización Panamericana de la Salud (OPS). *Violencia juvenil autoinfligida en América Latina y el Caribe de habla inglesa*. Washington, D.C.: OPS-OMS; 2015.
26. Banco Interamericano de Desarrollo (BID). *Somos todos: Inclusión de las personas con discapacidad en América Latina y el Caribe*. Washington, D.C.: IDB; 2019.
27. Luana M, Ortiz D, Urban AM. *Violencia contra las mujeres y niñas con discapacidad: América Latina y el Caribe*. Washington, D.C.: IDB; 2019.
28. Naciones Unidas. *América Latina, no la más pobre pero sí la más desigual* [Internet]. 2018. Disponible en: <https://news.un.org/es/story/2018/04/1431712>.
29. United Nations. *Vienna Declaration and Programme of Action*. Geneva: OHCHR; 2020.
30. United Nations. *International Conference on Population and Development Programme of Action*. New York: UNFPA; 2014.
31. Naciones Unidas (NU). *Declaración y Plataforma de Acción de Beijing*. New York: UN Women; 2014.
32. Caroline W. Kabiru. Adolescents' Sexual and Reproductive Health and Rights: What Has Been Achieved in the 25 Years Since the 1994 International Conference on Population and Development and What Remains to Be Done? *J Adolesc Health* 2019; 65:S1eS2.

33. Patton GC, Sawyer SM, Santelli, Ross DA, Afi fi R, Allen NB, Arora M, Azzopardi P, Baldwin W, Bonell C, Kakuma R, Kennedy E, Mahon J, McGovern T, Mokdad AH, Patel V, Petroni S, Reavley N, Taiwo K, Waldfogel J, Wickremarathne D, Barroso C, Bhutta Z, Fatusi AO, Mattoo A, Diers J, Fang J, Ferguson J, Ssewamala F, Viner RM. Our future: a Lancet commission on adolescent health and wellbeing. *Lancet* 2016; 387:2423-2478.
34. Hillenbrand E, Karim N, Mohanraj P, Wu D. *Measuring gender-transformative change A review of literature and promising practices*. Atlanta: CARE USA; 2015.
35. Starrs AM, Ezech AC, Barker G, Basu A, Bertrand JT, Blum R, Coll-Seck A, Grover A, Laski L, Roa M, Sathar ZA, Say L, Serour GI, Singh S, Stenberg K, Temmerman M, Biddlecom A, Popinchalk A, Summers C, Ashford LS. Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. *Lancet* 2018; 391:2642-2692.
36. Naciones Unidas (NU). *Estrategia Mundial para la Salud de la Mujer, el Niño y el Adolescente (2016-2030) Sobrevivir, prosperar, transformar*. Nueva York: NU; 2015.
37. World Health Organization (WHO). *Global Accelerated Action for the Health of Adolescents (AA-HA!) Guidance to Support Country Implementation*. Geneva: WHO; 2017.
38. Organización Mundial de la Salud (OMS). *Prevención de la Violencia: la evidencia. Serie de orientaciones sobre prevención de la violencia*. Texas: OPS; 2013.
39. Aguilar L. *Política Pública: Una visión panorámica*. Bolivia: PNUD; 2012.
40. Naciones Unidas (NU). *Orientaciones Técnicas Internacionales sobre educación en sexualidad*. París: UNESCO; 2018.
41. Organización Mundial de la Salud (OMS). *Directrices de la OMS para la prevención del embarazo precoz y los resultados reproductivos adversos en adolescentes de los países en desarrollo*. Ginebra: OMS; 2011.
42. Venkatraman CM, Ferguson J, Plesons M, Paul M, Chalasani S, Amin A, Pallitto C, Sommers M, Avila R, Biaukula KVE, Husain S, Janušonyt E, Mukherji A, Nergiz AI, Phaladi G, Porter C, Sauvarin J, Camacho AV, Engel DMC. The Political, Research, Programmatic, and Social Responses to Adolescent Sexual and Reproductive Health and Rights in the 25 Years Since the International Conference on Population and Development. *J Adolesc Health* 2019; 65(6 Suppl.):S16-S40.
43. Venkatraman CM, Plesons M, Hadley A, Maddaleno M, Oljira L, Tibebu S, Akwara E, Engel D. Lessons learned from national government-led efforts to reduce adolescent pregnancy in Chile, England and Ethiopia. *Scaling Early Childhood Matters* 2019; 2019:50-56.
44. Erulkar A, Muthengi E. Evaluation of Berhane Hewan: A Program to Delay Child Marriage in Rural Ethiopia. *Int Perspect Sexual Reproductive Health* 2009; 35(1):6-14.
45. Population Council. *Delivering Impact for Adolescent Girls. Emerging Findings from Population Council Research*. New York: PC; 2018.
46. Edström J, Hassink A, Shahrokh T, Stern E. *Engendering Men: A Collaborative Review of Evidence on Men and Boys in Social Change and Gender Equality, EMERGE Evidence Review*. Washington, D.C.: Promundo-US, Sonke Gender Justice and the Institute of Development Studies; 2015.
47. Promundo. *Program H*. Washington, D.C.: Promundo; 2020.
48. Aguilar I. Prevención de las violencias en el Triángulo Norte de Centroamérica. *Desafíos Actuales. Rev Análisis Realidad Nacional* 2020; 9(183):98-130.
49. Abdul Latif Jameel Poverty Action Lab (J-PAL) LAC. *¿Qué funciona para prevenir y reducir la violencia juvenil? Revisión sistemática de evidencias sobre prevención y reducción de la violencia juvenil con un análisis aplicado al contexto mexicano*. República Dominicana: J-PAL; 2018.
50. Rodríguez E. *Escuelas Abiertas, prevención de la violencia y fomento de la cohesión social en América Latina: experiencias destacadas y desafíos a encarar*. Panamá: Parlatino-GIZ Prevenir; 2011.
51. Engel DMC, Paul M, Chalasani S, Gonsalves L, Ross DA, Venkatraman CM, Cole CB, Carvalho C, Hayes B, Philipose A, Beadle S, Ferguson BJ. A Package of Sexual and Reproductive Health and Rights Interventions - What Does It Mean for Adolescents? *J Adolesc Health* 2019; 65:S41eS50.

Article submitted 16/06/2020

Approved 31/03/2021

Final version submitted 02/04/2021

Chief editors: Romeu Gomes, Antônio Augusto Moura da Silva

