RESEARCH INSIGHTS

How Does Social and Economic Inequality in Latin America and the Caribbean Relate to Health Outcomes?

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- **Despite epidemiological transition, socioeconomic health disparities remain more pronounced in early childhood and adolescence than in adulthood.**
- **The poorest groups face worse outcomes in maternal care, infant mortality, stunting, and teenage pregnancy.**
- **In richer countries, inequalities in child health are smaller, but inequalities in some adult health outcomes are larger.**

CONTEXT

Latin America and the Caribbean has undergone significant epidemiological changes over the past 30 years. The region has shifted from a disease burden dominated by maternal, neonatal, and communicable diseases to one primarily affected by cardiovascular diseases, cancers, diabetes, and mental health disorders. This transition has created a complex health landscape where both communicable and non-communicable diseases coexist, presenting unique challenges for health equality.

Key Concept

SOCIOECONOMIC GRADIENT IN HEALTH

The stepwise or linear decrease in health that comes with decreasing social position.

PROJECT

This paper provides a comprehensive analysis of health inequalities across different health domains (maternal and child health, reproductive health, non-communicable diseases, mental health) and key dimensions of inequality (socioeconomic status, urban/rural residence, gender). Using data from various national health surveys conducted in countries across the region, the authors examine the evolution of the region's epidemiological profile and document health disparities by socioeconomic status, geography, and gender.

RESULTS

In the last 30 years, the region has shifted from a burden of disease dominated by maternal, neonatal, and communicable diseases to one dominated by non-communicable diseases (NCDs) and increasingly by mental health disorders. Although health disparities are significant in adulthood (i.e., NCDs), these disparities are even more pronounced during childhood and adolescence.

The region is facing a challenging double burden of child malnutrition, with stunting more prevalent amongst the poorest (see Figure 1) and child overweight amongst the richest. Stunting is more prevalent in rural areas, while overweight is more prevalent in urban areas, and the socio-economic inequalities in stunting are even more severe than those of overweight.

In addition, there are extremely large socio-economic disparities in teenage pregnancy and unwanted pregnancies. Likewise, women experience higher rates of depression, and obesity and men face much higher rates of diagnosis and treatment of hypertension, diabetes and high cholesterol.

Key Concept

DOUBLE BURDEN OF MALNUTRITION

The coexistence of undernutrition along with overweight and obesity, or diet-related noncommunicable diseases, within individuals, households and populations, and across the life course.

The relationship between inequality and health, moreover, can vary according to socio-economic setting. While the prevalence of hypertension and depression tends to be more prevalent amongst the least educated, obesity rates in middle income countries tend to concentrate on the most educated—the opposite of the case in higher income countries. Similarly, socio-economic inequalities in child health are smaller in higher-income countries, while the opposite occurs with inequalities in hypertension and adult obesity.

POLICY IMPLICATIONS

Reducing the impacts on health outcomes will require a variety of interventions. **A non-exhaustive set of policies includes the following measures:**

1. **Universal access to health care.** While access to health care is guaranteed by most constitutions of the region, provision and access are usually fragmented in ways that reflect or increase existing inequalities. Increasing health insurance coverage and access to primary health facilities, for example, has led to improvements in health, increased use of health care and reduction of catastrophic health expenditures.
2. **Health promotion and disease prevention programs.** Programs to promote healthy behaviors in a variety of areas should be sustained or expanded. In addition, the introduction of food labelling can improve nutrition. Other measures include promoting screening for metabolic risk factors and appropriate management of chronic disease. Particular emphasis should be put on understanding targeted populations' circumstances and culture.
3. **Improving housing.** Improving access to safe water and sanitation, along with completing public projects on time, can help to reduce the spread of diseases that differentially affect the rich and poor. This is particularly important in places with substantial residential segregation.
4. **Addressing economic determinants of health.** Providing a safety net that allows families to smooth consumption in the presence of income shocks and promoting work/training and care opportunities for the poor can reduce the social and economic determinants of health inequality.
5. **Providing support for mental health.** In addition to improving awareness and comprehension of mental health issues, it is imperative to increase access to professional support, enhance service quality and include mental health in insurance coverage and public programs.

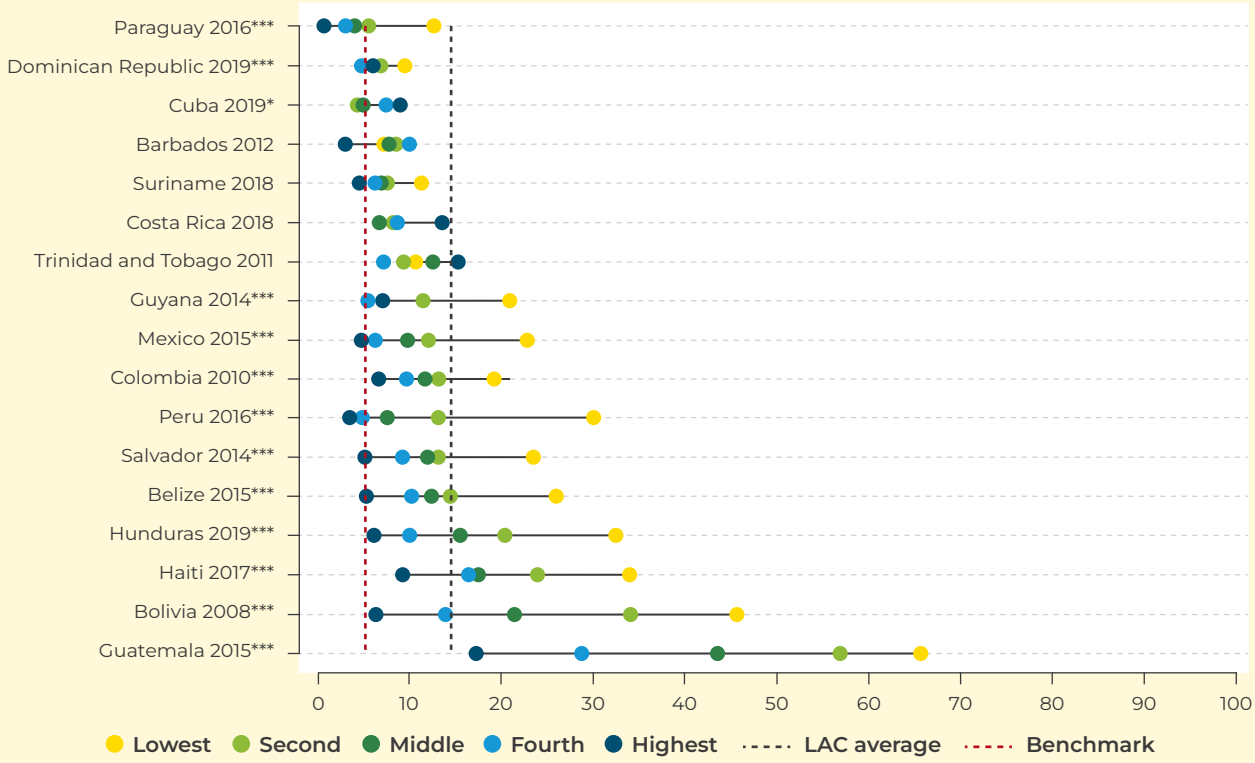
6. **Improving data available for making evidence-based decisions.** While Latin America and the Caribbean has reasonably good maternal and child health data, survey data on metabolic risk factors, non-communicable diseases, and mental health are scarcer.

Key Concept

EPIDEMIOLOGICAL TRANSITION

The shift in disease patterns from infectious diseases and early death to degenerative and man-made diseases as the major causes of morbidity and mortality.

FIGURE 1. Stunting by Household Wealth



Note: Percentage of children under five years old whose height-for-age is below -2 standard deviation units from the median of the WHO's reference group. The wealth quintile corresponds to the household of the child. Benchmark corresponds to the average of 14 OECD countries. Latin American and Caribbean average computed with the countries included in the plot.

FULL STUDY

Bancalari, Antonella, Samuel Berlinski, Giancarlo Buitrago, María Fernanda García, Dolores De La Mata, and Marcos Vera-Hernández. 2023. "Health Inequalities in Latin American and the Caribbean: Child, Adolescent, Reproductive, Metabolic Syndrome and Mental Health." IDB Working Paper No. 1523. Washington, DC: Inter-American Development Bank. https://doi.org/10.18235/0005208.

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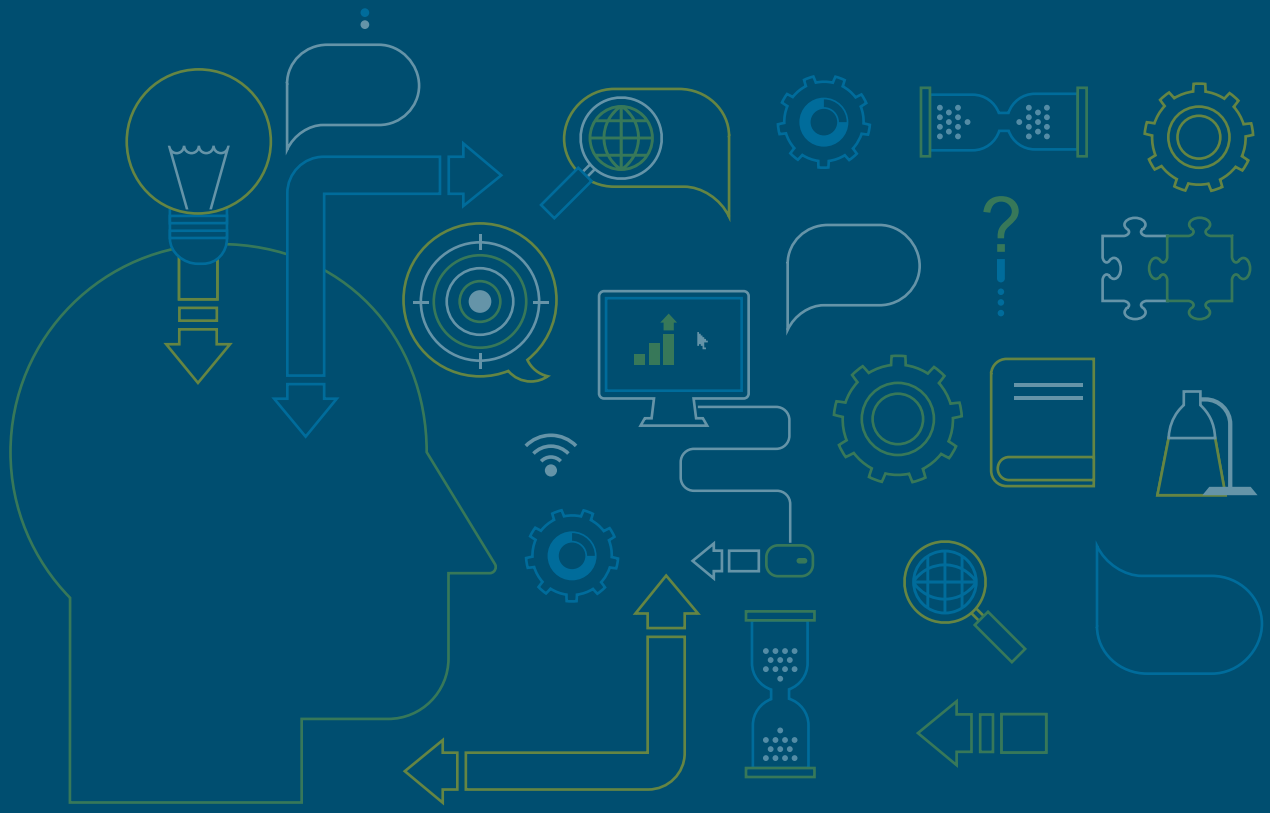

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