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POLICY BRIEF:

Protecting adolescent nutrition and mental health in Latin America and the Caribbean:

Addressing obesogenic and sociocultural influences

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UNICEF Policy Brief

Protecting adolescent nutrition and mental health in Latin America and the Caribbean: Addressing obesogenic and sociocultural influences.

Authors:

UNICEF: Paula Véliz, Nutrition Specialist (UNICEF LACRO); Michelle Alvarez, Food Systems Specialist (UNICEF LACRO); Andria Spyridou, Mental Health and Psychosocial Support Specialist (UNICEF LACRO).

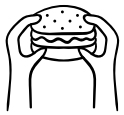
Consultant Team: Allison Cantor, Alejandra Martinez, Marianne Eelens, Marta Medina, Francisco Diez Canseco.

Technical collaboration: Karen Panameno (UNICEF El Salvador), Alba Rivera (UNICEF El Salvador), Trinidad Granados (UNICEF El Salvador), Carlos Orlando Zegarra (UNICEF Perú), Maria Elena Ugaz (UNICEF Perú), Juan Quezada (UNICEF Perú), Mariela del Pilar Tavera (UNICEF Perú), Guisella Ascate (UNICEF Perú), Rosario Rodriguez (UNICEF Perú).

1. Introduction and Context

Adolescents in Latin America and the Caribbean (LAC) are increasingly affected by complex and intersecting health challenges, including rising rates of overweight and obesity and escalating mental health concerns. This is exacerbated by obesogenic environments, sociocultural influences and overexposure to harmful digital content, which negatively influence self-perception and body image and encourage unhealthy dietary behaviours. The digital marketing of ultra-processed foods (UPFs) and sugar sweetened beverages (SSBs) plays a significant role in driving these trends. Although the Convention on the Rights of the Child[1] guarantees rights related to health and nutrition for children and adolescents, significant challenges remain for adolescents.

This policy brief draws on qualitative research conducted with adolescents in El Salvador and Peru, as well as LAC regional and national researchers, psychologists, and health and nutrition policy experts with experience in adolescent nutrition, health, and/or mental health. The results are contextualised using trends from a desk review of recent scientific and grey literature. We present key public policy recommendations based on this study. The evidence reveals opportunities to enhance policy enforcement, develop regulations around exposure to digital content and illuminate aspects of the sociocultural context that reinforce body dissatisfaction, stigma, and consumption of UPFs. This is particularly relevant to UNICEF, as the organization explicitly prioritises the promotion of adolescent well-being through integrated, multisectoral approaches, with mental health and nutrition identified as key aspects of UNICEF's Strategic Plan 2022–2025.[2]



The digital marketing of ultra-processed foods (UPFs) and sugar sweetened beverages (SSBs) plays a significant role in driving these trends.

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Adolescent mental health and nutrition are recognized as a priority for UNICEF as part of their mandate to achieve long-term goals linked to children's rights under the Convention on the Rights of the Child through the implementation of the Strategic Plan 2022–2025.[3] In 2022, UNICEF and the World Health Organization (WHO) launched the Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents, which aims to accelerate country-level action and improve access to mental health promotion and services for young people.[4] Additionally, UNICEF has developed a Global Multisectoral Operational Framework for Mental Health and Psychosocial Support (MPHSS) of Children, Adolescents and Caregivers Across Settings,[5] which supports people working in relevant sectors to scale up MPHSS quality interventions and become more MPHSS-sensitive when working with children and adolescents.

UNICEF's Nutrition Strategy 2020-2030 (Nutrition for Every Child)[6] establishes a rights-based framework for addressing the triple burden of malnutrition, including undernutrition (stunting and wasting), micronutrient deficiencies and overweight and obesity. Results Area 2 focuses on nutrition in middle childhood and adolescence, with programmatic priorities that advocate and support the following:

Adolescent mental health and nutrition are recognized as a priority for UNICEF as part of their mandate to achieve long-term goals linked to children's rights under the Convention on the Rights of the Child.

1) improved dietary quality, especially in schools;
2) availability of nutritious, safe affordable and sustainable foods and clean water, especially in schools and beyond;
3) micronutrient supplementation policies, strategies and programmes to address deficiencies;
4) enhancing school curricula to improve knowledge and skills about good nutrition and physical activity; and
5) large-scale social and behavioural change programmes to increase awareness about healthy diets.

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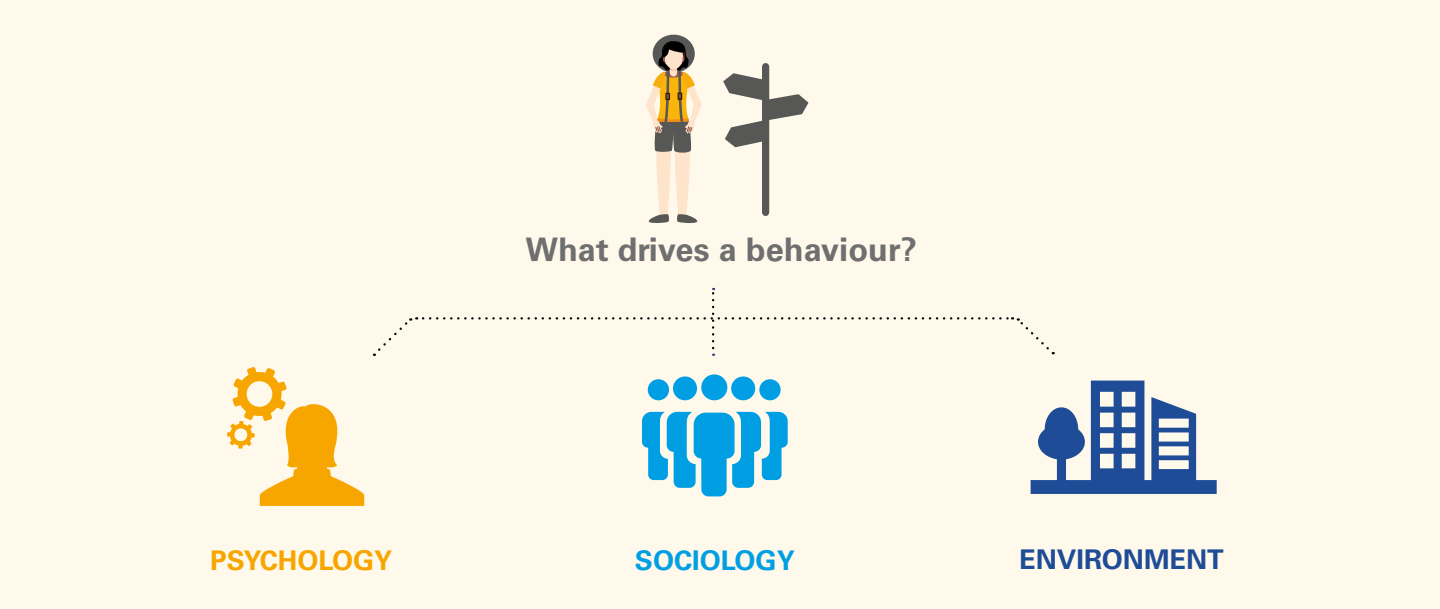
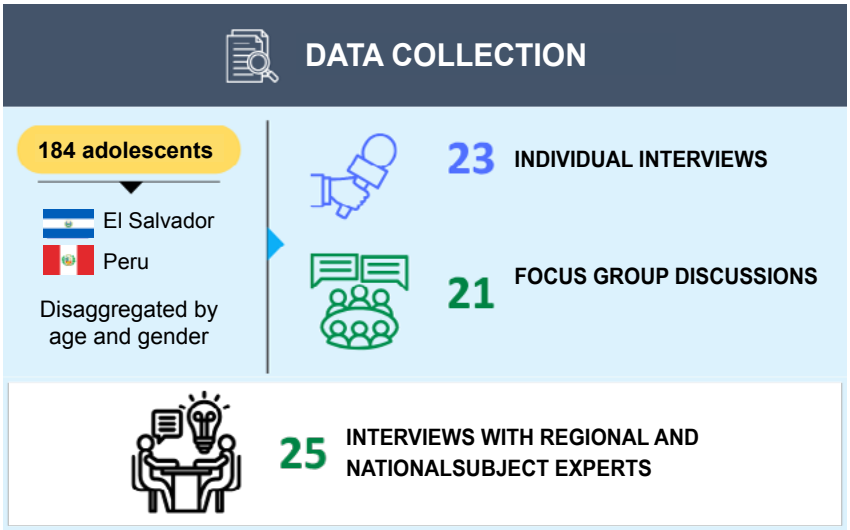
2. Methods

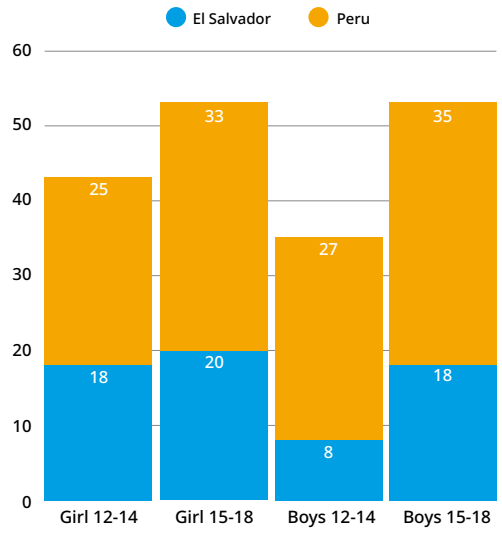
This research was conducted in 2024, drawing on a qualitative approach grounded in the Behavioural Drivers Model (BDM) to explore the sociocultural and obesogenic factors influencing adolescent mental health and nutrition. BDM is a conceptual framework that draws on existing research and theories to build a model from which to better understand social behavioural change[7] *(see Figure 1)*. The BDM recognises that multiple determinants within the socio-ecological model (SEM) shape behaviour.[8] In this study, the BDM helped organise and interpret findings related to adolescent mental health, diet, and physical activity in LAC by identifying key psychological (e.g., the relationship between social media and self-perception), social (e.g., family and peers) and structural environmental influences (e.g., access and availability of food).

Figure 1. Behavioural Drivers Model



This policy brief presents findings from focus group discussions (FGD) and semi-structured interviews with 184 adolescents, aged 12-18, in El Salvador and Peru[1] *(see Table 1 and 2).* Twenty-five regional and national subject matter experts also participated in remote interviews. This included stakeholders from UNICEF, PAHO/WHO, thematic experts (e.g., authors of key studies on the research topics, including academics and researchers from non-academic institutions), psychologists, government actors and national and international NGOs (including civil society organisations (CSOs)) working on topics relevant to the study themes.





1 These countries were chosen by UNICEF LACRO based on high rates of overweight and obesity and mental health issues among adolescents.

Table 1. Participants in focus group discussions by age and gender

Gender	Age	FGD El Salvador	Participants El Salvador	FGD Peru	Participants Peru	Total Participants
Girls	12-14	3	17	2	22	39
	15-18	3	18	3	29	47
Boys	12-14	2	6	2	24	30
	15-18	3	15	3	30	45
Total		**11**	**56**	**10**	**105**	**161**

Table 2. Adolescent individual interviews by age and gender

Gender	Age	El Salvador	Peru	Total
Girls	12-14	1	3	4
	15-18	2	4	6
Boys	12-14	2	3	5
	15-18	3	5	8
Total		**8**	**15**	**23**

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3. Results

3.1. INSIGHTS FROM THE LITERATURE REVIEW

Overweight and obesity among children and adolescents aged 5-19 years in LAC has risen dramatically in recent years from 21.5 per cent (35 million) in 2000 to 30.6 per cent (49 million) in 2016, the most recent year for which comparable data are available among this age group.[2,9] By gender, there is a slightly higher percentage of girls living with overweight (30 per cent) than boys (29.6 per cent).[10] The highest percentages are found in Argentina (36.4 per cent), Chile (35.5 per cent) and Mexico (35.5 per cent).[11]

About 16 million adolescents in LAC (15 per cent) live with a mental disorder, with anxiety and depression accounting for almost 50 per cent of these disorders. Tragically, over ten adolescents die by suicide each day, ranking it as the third leading cause of death among adolescents aged 15–19 years in the region in 2019.[12]

Obesogenic environments are a key driver of childhood and adolescent obesity, as they encourage the consumption of UPFs (high in sugars, trans and saturated fats and/or salt, food additives and preservatives) and limit options for physical activity.[13] Research has demonstrated that the availability, affordability, and accessibility of foods, social norms around weight and diet and opportunities for physical activity significantly influence individual behaviours and contribute to the adoption of either healthy or unhealthy lifestyles.[14] The recent nutrition transition, coupled with shifting socioeconomic trends, have increased access to unhealthy food options for youth, including UPFs and SSB.[15]

The LAC region also has the highest global rate of physical inactivity among adolescents, with 84.3 per cent of those aged 11 to 17 not meeting the World Health Organization (WHO) recommendation of 60

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Household level determinants, including socioeconomic factors, food availability and cultural norms within families shaped adolescent diet. Adolescents also reported that school environments promoted unhealthy eating, despite national school nutrition policies. Participants were also influenced by their peers and social media. They reported that marketing of unhealthy foods and idealised bodies on social media drove poor eating habits and body dissatisfaction.

2 These countries were chosen by UNICEF LACRO based on high rates of overweight and obesity and mental health issues among adolescents.

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minutes of moderate-to-vigorous physical activity per day.[16] Decreased physical activity is associated with various aspects of economic development, including changing patterns of transportation, increased use of technology and urbanisation.[17]

In addition, studies also demonstrate the important links between physical activity and mental health. Physical activity interventions have been shown to reduce existing mental health symptoms (i.e., depression) and improve conditions associated with poor mental health, including anxiety symptoms, negative body image, depression symptoms, fatigue, functioning, mood states, self-perception, quality of life, resilience, self-concept, self-esteem, social skills, stress and substance use.[18]

Sociocultural factors can enhance or inhibit the relationship between unhealthy environments and diet and physical activity behaviours that impact body weight. This includes the influence of family, peers and social networks, culture, and socioeconomic status. In many contexts, gender expectations affect eating patterns, body satisfaction, and parental control over diet.[19] Gender stereotypes associated with ***masculine*** and ***feminine*** consumption patterns, such as the belief that girls tend to consume healthier foods, while boys consume unhealthier foods, is one component of this.[20] Cultural norms shape consumption patterns, including dietary customs, beliefs about the relationship between overweight and obesity, and health and dietary habits.[21] Parents beliefs and attitudes matter when it comes to child and adolescent overweight and obesity, as evidence suggests that weight status among parents is linked with weight in children. In some Latin American countries, parents tend to underestimate overweight of their children due to cultural beliefs that a heavier child is healthier.[22]

The digital environment has also become increasingly influential in shaping diet and physical activity behaviours of children and adolescents. Engaging with digital environments and "screen time" regularly promotes a sedentary lifestyle,[23] and the use of social networking sites has further raised concerns regarding unhealthy dietary habits and body image.[24] Significant positive correlations have been demonstrated between the use of social media and anxiety, body dissatisfaction, depressive symptoms and disordered eating patterns among adolescents 10 to 19 years of age.[25,26]

Weight stigma is conveyed in various ways through social media, and a vast array of correlations between weight stigma in social media and psychological components exist, including body dissatisfaction, physical appearance, self-esteem, eating behaviours, psychological well-being and lifestyle choices.[27] Influencers promote specific dietary habits on social media[28] and have links with specific brands and products.[29] Further, regulatory environments which limit the marketing of unhealthy products targeting children and adolescents are often absent.[30] Given their age, adolescents are particularly vulnerable to marketing, due to their inability to differentiate between factual content and content promoting unhealthy habits.[31]

3.2 COUNTRY-LEVEL FINDINGS

3.2.1 POLICY REGULATION

Policy regulation was seen by experts as a key protective factor through laws such as banning unhealthy foods inside schools. However, enforcement is challenging, especially in low-resource settings or private schools. In Peru, the Law for the Promotion of Healthy Eating for children and adolescents[32] promotes healthy and nutritious food kiosks through compliance with healthy food norms established by the Ministry of Education, in coordination Ministry of Health, Ministry of Agriculture, and local and regional governments. In El Salvador, the Ministry of Education has a policy Regulation for Healthy School Stores and Cafeterias,[33] which limits the promotion and sale of unhealthy food items in schools. Despite these policies, adolescents in the FGDs reported that they still access SSBs or UPFs just outside school premises. They noted that unhealthy options are generally cheaper and more accessible at school kiosks than healthier alternatives like fruits and vegetables.

3.2.2 AN "INVISIBLE" POPULATION

Some experts at the regional and country level noted that adolescents are often an "invisible" population when it comes to national priority-setting and developing subsequent policies, including nutrition policies, as the emphasis is commonly placed on younger children. For example, while Peru has a comprehensive National Multisectoral Health Policy to 2030, most resources are allocated to interventions and programmes aimed at the health and nutrition of pregnant women and children under 5 years old.[34] This perspective was shared by other experts.

"Nutrition programmes should focus not only on preschool and school children, which is where all the surveys are oriented. They forget to include adolescents everywhere, they forget to include the adolescent population when breastfeeding is promoted, when physical activity is promoted from childhood and adolescence."
(Researcher, Costa Rica)

3.2.3 FAMILY ENVIRONMENTS AND CULTURE

Adolescents in El Salvador and Peru recognised that family meals and parental eating habits shaped their own diets, with some reporting healthy meals at home like salads, and others noting fried foods and other unhealthy options. The sample was split between those who saw family as a healthy influence and those who found it challenging to maintain a nutritious diet due to the foods available at home. Many adolescents indicated that their mothers played a key role in influencing their eating habits, setting limits on unhealthy foods or encouraging vegetables and balanced meals, though some found this supervision "annoying but helpful." Regional experts echoed this by emphasising that parents model both healthy and unhealthy behaviours for their children, with adults often consuming and sharing SSBs and other unhealthy foods. They also pointed to the impact of socioeconomic conditions on food choices. Limited finances can lead to reliance on cheaper, processed foods, while increased income can result in

Cautionary note: This document contains references to suicide and eating disorders, which some readers may find distressing. If you or someone you know is struggling or experiencing thoughts of self-harm or suicide, please seek support from a trusted adult, mental health professional, or local helpline. Remember, you are not alone and help is available. You can also find support within your country using this resource: Guideline per country: Find Mental Health Support services | UNICEF.

more frequent consumption of store-bought fried foods.

Culture is a key aspect of dietary preference. Some experts emphasised that healthy food options must be both affordable and culturally acceptable. In Peru, while traditional diets were described as flavourful but high in carbohydrates and calories, they often involve large portion sizes, which contributes to overweight and obesity. Adolescents in Peru also noted that typical foods served at home were often high in carbohydrates and that portion sizes were sometimes big. Other regional cultural factors contribute to sharing unhealthy eating habits. For example, grandparents often show their love by making food or using unhealthy foods as rewards for good behaviour.

3.2.4 PHYSICAL ACTIVITY AND MENTAL HEALTH

Both girls and boys in the sample, reported that they or their peers engage in various types of physical activity including calisthenics, volleyball, stretching, dancing, basketball, walking and soccer. Volleyball was mentioned exclusively in Peru, where the sport is popular, among both boys and girls. While more boys than girls talked about playing soccer in Peru, in El Salvador, soccer was discussed similarly by both boys and girls. For some adolescents, there were barriers to engaging in specific activities.

"I play soccer, but I used to play more. Now it's less because, let's say I've been concentrating a lot on studying and so I haven't had time. So, what I do to de-stress, I exercise with my mom, either dancing or doing videos with a trainer guiding me."
(Girl, aged 15-18 years, El Salvador)

To participate in volleyball, dance and taekwondo, for example, adolescents need to enrol in an academy, which is cost prohibitive for some. In Peru, others explained that if students are not interested in soccer or volleyball there are a lack of facilities to do other sports, such as basketball, which prevents them from being physically active. **Notably, adolescents linked physical activity with positive mental health. They described physical activity as something that makes them feel good, something they can use to manage stress and demonstrated that it can help with self-confidence.** For example, adolescent described the way that sports inspire them or help them to de-stress.

"One of the reasons today why, also following COVID, is that as I was saying, because of the perfect bodies that we see on social media. And that mostly are because of operations, not just of a healthy food.....And I think that has also affected young people, because when we see many applications such as Facebook, TikTok, YouTube. So, other apps we, I mean, you become addicted to having the perfect body. And you want the same as that girl, although you are not old enough to have surgery."
(Girl, aged 15-18 years, Peru)

3.2.5 SOCIAL MEDIA AND BODY IMAGE

Adolescents discussed the impact of food marketing, particularly on social media, describing unhealthy foods as more "attractive" in terms of their presentation, colour, smell, and packaging. They emphasised that name brands often target them with high-fat, high-sodium snacks, cookies, SSBs, and fast foods, while experts noted the lack of counter-messaging geared towards adolescents to promote fruits, vegetables or hydration, leading to a one-sided information ecosystem.

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Exposure to idealised body images on social media platforms like Instagram, TikTok and YouTube leads many adolescents, especially girls, to feel dissatisfied with their own bodies. Boys also felt this pressure but focused more on muscular physiques. Some adolescents even considered surgical interventions as a response to body dissatisfaction.

The group discussions revealed the negative effects of social media on mental health, including feelings of shame, anxiety, and low self-esteem. Many adolescents, particularly girls, felt intense pressure to meet specific body ideals, often leading to anxiety and negative self-perception. For example, one boy said they felt "mortified" when they see influencers that have very musculature bodies that are not like theirs. Many girls in both age groups and countries reported feeling intensified pressure regarding their physical appearance, often expected to be thin, curvy or to "fit" within a female body stereotype. While most adolescents did not explicitly discuss how they protected themselves from body dissatisfaction, some had advice and recommendations about body image and self-perception. This included seeking out emotional support (from friends and family), "accepting yourself", and psychological counselling when necessary.

Although social media was often cited as a source of stigma and comparison, some adolescents also described positive influences from online influencers in TikTok and Instagram who promote self-care and exercise, they described that seeing these influencers prepare healthy food, share workout routines or post motivational quotes about body positivity encouraged them to change their habits.

3.2.6 BULLYING, WEIGHT STIGMA, AND MENTAL HEALTH

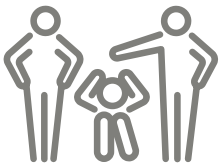
Adolescents in both El Salvador and Peru reported that bullying by peers and family attitudes about body size negatively impacted their mental health. Both boys and girls described bullying as a frequent experience, often centred on physical appearance or weight. Teasing and negative comments about physical appearance and/or being overweight or underweight led to experiences of weight stigma. Adolescents coped with the weight stigma by altering their diet (either by eating more to gain weight or eating less or healthier to lose weight) or increasing their exercise.

For some, the bullying or teasing resulted in behaviour change or motivated diet and lifestyle choices, such as a Peruvian girl who started eating unhealthy foods after being teased for being too thin to gain weight.
Family members, including aunts and parents, openly commented on and critiqued the bodies of adolescents (including weight) or they observed this behaviour directed towards other children or adolescents in their family. This was discussed more frequently by girls.

Adolescents linked bullying with negative impact on their mental health, including feelings of insecurity, low self-esteem, depression, sadness and suicidal thoughts or death by suicide.

Experts also discussed these concerns, noting that not only is there the health issue of overweight and obesity occurring more among adolescents, but there is also discrimination associated with this, exacerbating the problem. Experts expressed concern that many adolescents facing bullying and mental health challenges go undiagnosed and unsupported, highlighting the need for better mental health services and anti-bullying interventions.

Social media also contributes to weight stigma and related mental health conditions, as some content is centred around making fun of overweight or obese people. For some girls, weight stigma was inextricably linked with beauty ideals, as they considered women who were not overweight to be beautiful and believed that beautiful women receive more attention.



"And also sometimes the families are the same ones that harm you because they tell you that you are fat, that you are overweight, that you have to lose the weight and that pushes you not to eat."
(Girl, aged 12-14 years Peru)

3.2.7 SELF-PERCEPTION, BODY IMAGE AND DISORDERED EATING

The pressure for both boys and girls to live up to unrealistic gendered body stereotypes, was translated in behaviours such as overeating, restrictive food intake, engaging in disordered eating and dieting as a direct response to stigma or social comparisons. Disordered eating was more frequently reported in Peru than El Salvador, and in Peru was discussed amongst both boys and girls in the sample. In several cases, girls shared that they had skipped meals, vomited, or taken dietary measures, sometimes leading to health consequences like anaemia or requiring psychiatric intervention. While boys were not exempt from body image concerns, with several boys reporting wanting to be more lean or muscular, they often expressed these concerns less openly than girls. Regional and country experts reinforced these findings, noting that girls are more likely to strive for slim or idealized body standards, especially as they become more aware of societal expectations during adolescence through their peers or influencers. Eating disorders related to body image among adolescents was also a concern for many consulted experts, including anorexia nervosa and bulimia nervosa particularly among adolescent girls.

Emotional eating was commonly reported, with adolescents showing varied responses to negative emotions. Some girls referred to unhealthy foods as being "addictive" and that engaging in emotional eating to "fill the emptiness" turns into an "addiction". One adolescent even compared addiction of unhealthy foods to being addicted to drugs. Some adolescents reported eating more when feeling angry, frustrated, anxious, or stressed, with emotional distress often leading to increased appetite and episodes of overeating. Others reported a loss of appetite and increased hunger.

Table 3. Summary of results from El Salvador, Peru and the LAC region

	El Salvador	Peru	LAC region
Family environments and culture	• Family influences diet (positive and negative influences). • Negative comments about bodies or eating habits lead to negative self-esteem and body image.	• Family influences diet (positive and negative influences). • Negative comments about bodies or eating habits lead to negative self-esteem and body image. • Cultural norms and traditions influence eating habits.	• Family can be a critical protective factor or risk factor for unhealthy diet. • Cultural ideas about weight shape diet (parents underestimate overweight in children). • Families can contribute to weight stigma.
Physical activity and mental health	• Adolescents feel good when engaging in physical activity. • Barriers to physical activity include perceived inability (for girls) and time.	• Engaging in physical activity promotes positive self-perception and body image. • Barriers to physical activity include financial costs, lack of facilities, and insecurity about their body (for girls).	• Physical activity is a protective factor for mental health disorders and symptoms. • Barriers to physical activity include body objectification (for girls), lack of safe spaces.
Social media and body image	• Influencers and marketing on social media influence adolescents' diet and body image. • Social media promotes unrealistic body image standards. • Social media can promote healthy habits.	• Influencers and marketing on social media influence adolescents' diet and body image. • Social media promotes unrealistic body image standards. • Social media can promote healthy habits.	• Social media promotes body image dissatisfaction, particularly among girls and women. • Social media body positivity movements have positive impacts on body satisfaction and self-esteem.
Bullying, weight stigma and mental health	• Bullying behaviour is normalized. • Appearance-based bullying negatively affects mental health (suicidal ideation and self-harm).	• Bullying and weight stigma negatively affect mental health (insecurity and low self-esteem, anxiety, depression and suicidal ideation).	• Social media contributes to weight stigma through weight-related bullying. • Bullying creates risks for eating disorders and suicidal ideation.
Self-perception, body image and disordered eating	• Body dissatisfaction from social media lead to restrictive eating.	• Adolescents skipped meals, stopped eating or purged due to concerns over body image. • Adolescents used emotional eating as a coping mechanism for emotional distress.	• Social media is a risk factor for disordered eating. • Social media marketing influences consumption of UPFs.

4. Regional Challenges

- Adolescent health behaviours are shaped by broader food systems, food environments, and social and gender norms.

- Ultra-processed foods remain more accessible and affordable than nutritious options across the region.

- Adolescents are widely exposed to harmful body ideals through social media, negatively impacted mental health.

5. Public Policy Recommendations

Despite the increased visibility of adolescent mental health and nutrition in LAC by the ongoing work of UNICEF and WHO, challenges persist. Policies and regulations related to mental health, nutrition and digital environments should protect the rights of all children and adolescents. The following policy recommendations are intended for policymakers, decision-makers to address adolescent mental health and nutrition challenges in LAC.

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Approaches should be multi-sectoral to comprehensively protect adolescent health during a key development period in the life course. Cross-contextual collaboration across stakeholder groups from different within-country and between countries geographic regions is important, as the LAC region is diverse. Policies and interventions should also reflect the different adolescent realities.

1 **Prioritise the protection of adolescents' rights to health, nutrition, and mental well-being** by implementing comprehensive, multisectoral policies that address the social, economic, and gender-related determinants of overweight, obesity, and mental health challenges in the region.

2 **Mandate that national adolescent health policies explicitly include the diverse needs and perspectives of all adolescents,** with particular attention to gender and the most vulnerable, and ensure their meaningful participation in policy design, implementation, and evaluation to address the unique challenges they face.

3 **Empower adolescents through the establishment of youth advisory panels in national health and education planning,** ensuring that they are gender-balanced and inclusive. Fund peer-led campaigns focused on resilience, body acceptance, and food sovereignty.

4 **Integrate mental health promotion into nutrition and obesity prevention policies,** including measures to address weight stigma, bullying, and the psychological impacts of body dissatisfaction, with special attention to gendered and sociocultural dimensions that differently affect girls, boys and gender-diverse youth.

5 **Involve parents in policy development dialogues to ensure their active participation** in developing strategies for adolescents. Develop policies aimed at promoting healthy lifestyles for parents and adolescents together, recognising the role of gender dynamics within households.

6 **Promote research for developing evidence-based policies and evaluations** that disaggregate data by sex, gender, identity and other intersecting factors. Foster partnerships with universities and multisectoral stakeholders within and between countries in the LAC region.

7 **Regulate digital environments through the introduction of national legislation for digital consumer protection of minors.** Partner with tech companies to limit targeting of unhealthy food ads. Promote regional agreements to address cross-border platform accountability.

8 **Establish clear mechanisms for monitoring and evaluating** of the implementation and enforcement of digital marketing restrictions and nutrition policies (including in schools), with oversight by independent bodies and accountability measures to prevent conflicts of interest with the food industry.

9 **Periodically review and update public policies** to reflect technological advances, emerging digital marketing strategies, and evolving nutrition and mental health challenges faced by adolescents in the LAC region.

10 **Utilise digital environments to promote positive body image messaging and healthy lifestyles** that challenge harmful gender stereotypes. Involve adolescents of all genders in the development of these campaigns to ensure relevance and inclusivity.

11 **Enhance the effective implementation of existing laws or regulatory frameworks,** ensuring enforcement mechanisms address gender-specific barriers to access and participation.

12 **Expand existing policies and school-based initiatives that promote healthy eating** environments, ensuring that all schools have information, capacity and resources to monitor and enforce regulations on the availability of healthy food options and the restriction of unhealthy foods within and around school premises. Empower schools to address nutrition gaps with strategies that are sensitive to gendered patterns of consumption.

13 **Implement and monitor school-based and community-based physical activity programmes** that are inclusive, accessible, and culturally relevant, ensuring that all adolescents, regardless of gender, socioeconomic status, or geographic location, can engage in daily physical activity to support both physical and mental health.

14 **Ensure that all environments, including schools, families, digital platforms, and policy systems, uphold adolescents' rights** to dignity, information, non-discriminatio and well-being by actively preventing weight-based stigma and promoting inclusive, supportive spaces for every young person.

ANNEX 1. Definitions

Nutrition transition:
The global trends towards a more "Western" diet (i.e., diets high in saturated fat, sodium, sugar, and refined carbohydrates and low in fiber) and decreased physical activity.

Obesogenic environments:
An environment that promotes high energy intake and sedentary behaviour. This includes the foods that are available, affordable, accessible and promoted; physical activity opportunities; and the social norms in relation to food and physical activity.

Ultra-processed foods:
Those that contain excessive amounts of added sugar, salt, fat and refined starches; contain industrially produced trans-fats, harmful additives and other harmful ingredients; and/or are ultraprocessed. Examples are soft drinks, sweet or savoury packaged snacks, processed meat, pre-prepared frozen or shelf-stable dishes, and sweetened breakfast cereals.

Weight stigma:
Social devaluation and denigration of people perceived to carry excess weight and leads to prejudice, negative stereotyping and discrimination toward those people.


UNICEF/UNI657681/Izquierdo

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Latin America and the Caribbean Regional Office
Bldg. 102, Alberto Tejada St., City of Knowledge
Panama, Republic of Panama
P.O. Box 0843-03045
Phone: +507 301 7400
www.unicef.org/lac
Twitter: @uniceflac
Facebook: /uniceflac

For more information, please contact:
Paula Veliz
Regional Nutrition Specialist
UNICEF Regional Office for Latin America and the Caribbean
Email: pveliz@unicef.org

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