

Childhood physical inactivity reaches crisis levels around the globe

November 26 2018

GLOBAL MATRIX 3.0

ON PHYSICAL ACTIVITY FOR CHILDREN AND YOUTH

GLOBAL FINDINGS



What do the Global Comparisons show?

Low levels of Physical Activity and **high levels of Sedentary Behaviours** are observed worldwide among children and youth.

- The average grade for **Physical Activity** is **D**, and the majority (75%) of countries have a failing grade (D or F)
- The average grade for **Sedentary Behaviours** is **D+**

Some countries are more successful at getting kids moving. **What can we learn from them?**



Slovenia obtained the best grades for Overall Physical Activity (A-), Family and Peers (B+), and Government (A), for an overall average of B. This seems to be the result of the collective support for physical activity from the government, the educational system, and the parents themselves.



In **Zimbabwe**, the grades were above average for Overall Physical Activity (C+) and Sedentary Behaviours (B). The physical activity of Zimbabwean children is mostly affected by Active Transportation, which, for the majority, is a necessary way of life.



Japan obtained the best grades for Active Transportation (A-) and Physical Fitness (A). Japan has an enforcement order stating that public schools should be located no more than 4-6 km from the student's home. This policy is very successful at promoting active transportation among children and youth.

What can we do to improve the situation?



Physical activity experts around the world identified **four priorities**:



1. Creating a global movement for comprehensive **school physical activity programs** that supports ALL children and youth to be active through a variety of strategic interventions (e.g., active recess options, physical activity breaks, compulsory physical education).
2. Creating a **global culture of active kids / active people** in all settings prioritizing active transportation above other modes of transportation.
3. Investing in a social intervention and research agenda to improve strategies to **manage recreational screen time** among children and youth.
4. Developing a **standardized global surveillance system** of the physical activity and related indicators among children and youth to fill the current gaps, especially in low- and medium-income countries.



Infographic for Global Matrix 3.0: What do the global comparisons show and what can we learn from successful countries? Credit: Active Healthy Kids Global Alliance

Children around the world are not moving enough to maintain healthy growth and development, according to a global report released today.

The report by the Active Healthy Kids Global Alliance (AHKGA) compared 49 [countries](#) from six continents to assess global trends in childhood physical activity in developed and developing nations, resulting in the "Global Matrix 3.0" comparison of grades.

The report revealed that modern lifestyles—increases in [screen time](#), the growing urbanization of communities and the rise in automation of previously manual tasks—are contributing to a pervasive public health problem that must be recognized as a global priority.

"Global trends, including excessive screen time, are contributing to a generation of inactive children and putting them on a dangerous path," said Professor Mark Tremblay, President of the AHKGA, Senior Scientist at the CHEO Research Institute in Canada and Professor at the University of Ottawa. "We have a collective responsibility to change this because inactive children are at risk for adverse physical, mental, social and cognitive health problems. This generation will face a range of challenges, including the impacts of climate change, increasing globalization, and the consequences of rapid technological change. They will need to become habitually physically active in order to grow into healthy, resilient adults who can survive and thrive in a changing world."

The AHKGA international comparison involved 517 experts who produced 49 country report cards, grading 10 common indicators related to the physical activity of children and youth. The resulting report examines global patterns, and highlights how our changing world is affecting children's physical activity levels. Increases in screen time and a growing reliance on technology are taking up crucial time that could be better spent engaged in a wide range of physical activities; and an increased use of motorized transport is changing physical activity levels globally.

WHAT IS THE **GLOBAL MATRIX 3.0** ON **PHYSICAL ACTIVITY** FOR CHILDREN AND YOUTH?



Context

Children are too sedentary, not active enough, and it's showing through their levels of physical fitness.

↳ **Inactive** children are **more at risk** for adverse physical, mental, social and cognitive health problems



Purpose

To learn more about the state of the physical activity of children around the world and how to improve it.

How?

For each participating country, a team of experts prepared a **Report Card on Physical Activity for Children and Youth** following a standardized development process to grade (from A+ to F) a variety of physical activity indicators. This initiative allowed researchers to perform **global comparisons**.



10

Common Physical Activity Indicators

Overall Physical Activity	Physical Fitness
Organized Sport and Physical Activity	Family and Peers
Active Play	School
Active Transportation	Community and Environment
Sedentary Behaviors	Government

517

Experts around
the world

49

Participating
countries from 6
continents

490

Physical Activity
Grades



Infographic of Global Matrix 3.0 Facts: What is it, how did we do it, what are the common indicators? Credit: Active Healthy Kids Global Alliance

"Pushing back against these lifestyle shifts requires [social engineering](#), not just built engineering, and the challenges vary depending on each country's stage of development," said Dr. Tremblay. "It will take many facets of society working together to shift behaviours to preserve and promote our children's right to play and be active. We hope this [report](#) will be a call to action for societies around the world."

Learning from each other

Countries with the most active children and youth overall, including Slovenia, Zimbabwe and Japan, each rely on very different approaches to get kids moving but what is consistent among all of them is that physical activity is driven by pervasive cultural norms. Being active is not just a choice, but a way of life.

*Slovenia obtained the best grades for Overall Physical Activity (A–), Family and Peers (B+), and Government (A), and received an overall average grade of B.

A notable feature in Slovenia is the importance of sport for the culture of this almost 30-year old country as "Slovenes tend to view sports as an effective tool in fostering national identity among citizens and making successful global identity claims."

*Zimbabwe reports above-average grades in Overall Physical Activity (C+) and Sedentary Behaviours (B).

Overall physical activity is mostly affected by active transportation which, for the majority of the children in Zimbabwe, is a necessity in everyday life.

*Japan had the best grades for Active Transportation (A–) and Physical Fitness (A), and had no grades lower than C–.

Japan has a highly established "walking to school practice" that has been implemented since the School Education Act enforcement order, enacted in 1953. It states that public elementary schools should be located within no more than 4 km, and for public junior high schools no more than 6 km from the student's home.

"There much we can learn from each other to improve the grades around the world," said Professor Peter Katzmarzyk, AHKGA Vice-President and Associate Executive Director for Population and Public Health Sciences at the Pennington Biomedical Research Center in Baton Rouge, Louisiana. "Physical inactivity is a global concern and can no longer be ignored. For the good of our [children](#)'s health and futures, we need to build [physical activity](#) into all societies, and change social norms to get kids moving."

Provided by Children's Hospital of Eastern Ontario Research Institute

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