

Results From Bangladesh's 2018 Report Card on Physical Activity for Children and Youth

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Introduction

Insufficient physical activity (PA) among children and youth is a global public health challenge.¹ Available data suggests that a large proportion of Bangladeshi youth do not meet the recommendations of ≥ 60 min/day of moderate-to-vigorous PA (MVPA) guidelines.² This is of particular concern because of the health implications of insufficient PA.³ The purpose of this paper is to summarize the results of the 2018 Bangladesh Report Card, which is a synthesis of the existing evidence of activity behaviours, available supports, and policy strategies surrounding active living in children and youth in Bangladesh.

Methods

The 2018 Bangladesh Report Card included the ten core indicators of the Global Matrix 3.0. A research working group (RWG) representing experts from the key stakeholders in Bangladesh discussed the indicators in a national workshop, and suggested an additional indicator 'Contribution of the non-government organisations (NGOs)' to acknowledge the roles of NGOs in healthy living in Bangladesh. Data for these 11 indicators was extracted from the best available sources from 2010-2018 (e.g., national surveys, government and nongovernment reports, and other online resources), while most data was from the 2014 Bangladesh Global School-based Student Health Survey (GSHS), a population-based survey of adolescents aged 13-17 years.^{2,4} The extracted data was collated and used to grade the indicators based on the Global Matrix 3.0 grading scheme. Grades were finalized after consultation with the RWG members.

Results and discussion

The Bangladesh Report Card front cover is displayed in Figure 1. The results for the 10 core indicators are summarized in Table 1. Only four of the 10 core indicators had sufficient data available to grade as well as the additional 11^{th} indicator not included in the table. Sedentary behaviour of the adolescents in Bangladesh seems to be satisfactory with 85% having $\leq 2 \text{ hr/day}$ of sitting time.² However, three out of five adolescents had insufficient PA.² A similar proportion of adolescents reported that they do not use active commuting.⁴ Though available government policies demonstrate the government's commitment towards active living in children and youth,⁵ the funding and operationalization of these policies is limited.⁶

The additional indicator 'Contribution of the NGOs' was assigned a grade "C-". Some of the NGOs in Bangladesh are working on promoting awareness about PA, and providing opportunities for sports and active commuting.^{7,8} Given the positive roles of NGOs in health and other sustainable development initiatives in Bangladesh,⁹ NGOs, in partnership with the government, can play a major role in promoting PA in young people of the country.

The GSHS data is limited to adolescents aged 13-17 years; therefore, no data is available for those aged 5-12 years in Bangladesh. Furthermore, the GSHS data is self-reported, which is susceptible to social desirability and recall bias.

Conclusion

Overall, there is a lack of data on various activity indicators, supports and policy strategies surrounding active living in children and youth in Bangladesh. Although some data is available for adolescents aged 13-17 years, no data is available for children and younger adolescents. The Report Card, therefore, calls for collecting surveillance data on all of the indicators to inform strategies to promote an active lifestyle in children and youth in Bangladesh.

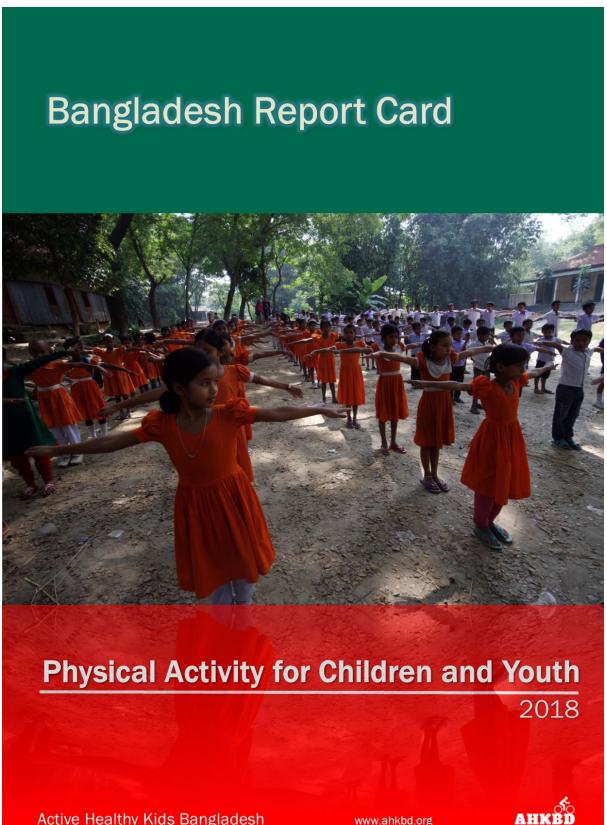
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Figure 1: Bangladesh's 2018 Report Card front cover



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Table 1: Grades and rationales for Ba	ingladesh's 2018 Report Card
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Indicator	Grade	Rational
Overall Physical	C-	According to the 2014 Bangladesh School-based Student Health
Activity		Survey (GSHS), 41.4% of students aged 13-17 years were physically
		active for at least 60 min/day during the seven days prior to the
		survey. ² There was no noticeable gender disparities with 40.2% girls
		and 42.0% boys meeting the recommendations. ²
Organised Sport	INC*	See note 1
Participation		
Active Play	INC	See note 1
Active	C-	According to the 2014 Bangladesh School-based Student Health
Transportation		Survey (GSHS), 41.1% of students aged 13-17 years used active
		transport to commute to or from school at any time within seven
		days prior to the survey. ⁴
Sedentary	A-	According to the 2014 Bangladesh School-based Student Health
Behaviours		Survey (GSHS), 84.7% of students aged 13-17 years had ≤2 hr/day of
		recreational sitting-time with a higher proportion of girls (88.1%)
		than boys (83.0%). ²
Physical Fitness	INC	See note 1
Family and Peers	INC	See note 1
School	INC	See note 1
Community and	INC	See note 1
Environment		
Government	C-	In the National Children Policy 2011, Bangladesh, there is an
		evidence of commitments in providing school and community-based
		sports and healthy recreational facilities for children and
		adolescents. ⁵ Bangladesh also has a National Sports Policy (1998) to
		promote physical activity opportunities among this population group
		(e.g., institution-based sports facilities); however, the
		operationalisation of these policies is limited. ⁶
Note 1. Recently we ha	ave complete	ed a systematic review on physical activity, sedentary behaviour, and related

Note 1: Recently, we have completed a systematic review on physical activity, sedentary behaviour, and related terms/parameters among Bangladeshi population including children and adolescents. We could not find any information to grade the following indicators: 'Organised sports and physical activity'; 'Active play'; 'Physical fitness'; 'Family and peers'; 'School' and 'Community and environment', and hence graded them as *INC* [incomplete]. The review is registered with the PROSPERO and details can be found at:

http://www.crd.york.ac.uk/PROSPERO/display_record.php?ID=CRD42018083935. This work is yet to submit for publication.