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. 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. This is of particular concern because of the health implications of insufficient PA. 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. 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 11th indicator not included in the table. Sedentary behaviour of the adolescents in Bangladesh seems to be satisfactory with 85% having ≤2 hr/day of sitting time. However, three out of five adolescents had insufficient PA.

A similar proportion of adolescents reported that they do not use active commuting. Though available government policies demonstrate the government’s commitment towards active living in children and youth, the funding and operationalization of these policies is limited. 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, given the positive roles of NGOs in health and other sustainable development initiatives in

Figure 1 — Bangladesh’s 2018 Report Card front cover.
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 are available for adolescents aged 13-17 years, no data are 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.

References