

Kenya's 2014 Short-Form Report Card on Physical Activity and Body Weight of Children and Youth



Prepared and produced in 2014 by HEALTHY ACTIVE KIDS KENYA in partnership with ACTIVE HEALTHY KIDS CANADA

Introduction

Healthy Active Living for Children and Youth

Worldwide populations are increasingly facing lifestyle related health risks due to rising prevalence of overweight/obesity, physical inactivity, and sedentary behaviours. The result has been a shift in the major causes of death from communicable diseases, to a growing burden of modifiable non-communicable diseases (NCDs). Unfortunately, these behavioural shifts are also affecting children and youth, who are faced with the potential for lifelong ill-health consequences. As such, there is a need to focus on promoting healthy active lifestyles for all Kenyan children and youth. This focus on active lifestyles in young people may be particularly crucial for Kenya, a country that prides itself for having dominated the middle and long distance running events globally for over 40 years, as it endeavors to preserve its athletic excellence and identity.

The Kenya 2014 Report Card on the physical activity and body weights of children and youth was modelled after similar reports done in Canada, Mexico, the United States of America (USA), and South Africa. Data on child and youth body composition, physical activity, sedentary behaviours, school infrastructure, family and peers, community and the built environment, and governmental and non-governmental strategies and policies, were collected, assessed, and synthesized. Evidence regarding physical activity constructs was examined too, in order to situate and inform potential initiatives at home, at school, and in the community, aimed at promoting active and healthy lifestyles for Kenyan children and youth.

The Healthy Active Kids Kenya (HAKK) Mandate

Kenya's 2014 Report Card is the second report card completed in Kenya after the first ever Kenya's 2011 Report Card on the Physical Activity and Body Weights of Children and Youth. The aim is to synthesize the best available evidence and provide increased awareness on issues surrounding physical activity of children and youth. The report card, therefore, highlights areas where Kenya is succeeding as a nation and emphasises areas where more action is needed, in order to realize healthy active living goals for children and youth. HAKK plans to produce the Report Card periodically as a means of monitoring healthy active living behaviours of Kenyan children and youth and as a means of holding us all accountable for the future health of our children. Measures ought to be taken to support parents and other caregivers to implement this fundamental right. Since we are aware of the harmful effects of physical inactivity and obesity on the health of children and youth, it is our foremost responsibility to act to preserve healthy and active living behaviours for the well-being of Kenya's children and youth and particularly, the right to enjoy regular physical activity for the promotion and maintenance of health, wellness and healthy body weights.

Did you know!!

The World Health Organization recommends that children and youth 5-17 years of age accumulate at least 60 minutes per day of moderate-to-vigorous intensity physical activity (MVPA) to accrue positive health outcomes

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The Grading System

The assigning of grades was based on comprehensive analyses of available data sources on the core indicators for school-aged children and youth (5 – 17 years). These included peer-reviewed journal publications, data from supporting governmental organizations, and the recently concluded International Study of Childhood Obesity, Lifestyle and Environment (ISOCLE-Kenya). A panel of experts discussed and assigned grades based on a set of specific criteria, and existing grading schemes from similar report cards developed in other countries. Grades included: A: Succeeding with a majority of Kenyan children and youth (81 - 100%), B: 61% to 80%, C: 41% to 60%, D: 21% to 40%, F: <20%, INC: Insufficient data for grading.

INDICATOR	GRADE	SUMMARY
Body Composition	В	 Directly measured data on rural children revealed proportions of overweight/obesity that fell between 3.2 - 4.2%; however, there was also a substantial proportion of underweight children (6.3 - 11.1%). A large study on 1479 pupils in the urban city of Nairobi found that 23.6% were overweight/obese, with more children from private than public schools and more female than male pupils contributing to these values. Data from the ISCOLE-Kenya study, also conducted in Nairobi, determined that 3.7% were underweight/obese. Generally, overweight/obesity was higher among urban compared to rural children, higher in girls, and among those from higher socioeconomic status (SES).
Overall Physical Activity Levels	C	 Step-count data showed that rural children were statistically more physically active than their urban counterparts (14,700 ± 521 vs. 11,717 ± 561), with approximately 72% of children classified as physically active as per the global guidelines for physical activity. Average daily step counts in boys were higher than those of girls (16,262 ± 4698 vs. 13,463 ± 3051). Accelerometry data from a rural sample of children revealed that children spent a mean of 156 minutes in moderate-to-vigorous physical activity (MVPA). Data also revealed that urban children had significantly lower MVPA than their rural peers. The proportion of those meeting global physical activity guidelines was 35% in the total sample, 60% in rural males, 50% in rural females, 21% in urban males, and 12% in urban females. ISCOLE-Kenya study found that the mean daily time spent in MVPA was 36 minutes among urban children, with only 12.6% meeting the global global guidelines for physical activity. Habitual physical activity in Kenyan adolescents was higher than levels reported in American children.

Organized Sports Participation	c	•	A study on boys of the Nandi Tribe in Kenya found that town boys (higher SES) spent 12.8 \pm 11.8 minutes/day in sport activities compared with village boys, who spent 32.0 \pm 17.3 minutes/ day. The ISCOLE-Kenya study found that a majority of schools in Nairobi offered sport activities and allowed participation within the schools; however, there seemed to be a disparity in the types of sports offered by SES. Middle and lower SES schools more generally offered inexpensive sports such as soccer, netball, or hockey.	
Active Play	С	•	Time spent outdoors is strongly associated with physical activity in younger children. The ISCOLE-Kenya study found that self-reported average time spent in outdoor play, either before and after school, or on weekend-days, was 6 hours. Generally, children spent the most time outside on weekends, followed by after school, and before school. Rural youth reported spending part of their leisure time engaged in physically active household chores, while their urban peers reported pursuing largely sedentary activities such as studying, watching television, and listening to the radio	
Active Transportation	В	•	From self-report data 87% of rural and 42% of urban children used active transport to/from school. A different study found that in a combined sample or urban and rural children, 41% walked, and 34% ran to/ from school. ISCOLE-Kenya data found that 45.7% of participating urban children reported using active transportation. A majority of rural (99%) and urban (89%) Kenyan parents reported using active transport to/from school when they were children. Further, 70% of the urban, and 34% of rural parents felt that they were more active during childhood than their children	
Sedentary Behaviour	В	•	The ISCOLE-kenya study results revealed that directly measured daily sedentary time was 398 minutes (6.6 hours), including time spent in sedentary behaviours while at school. Children spent 70 minutes more in sedentary behaviours during the school week (420 minutes) than on weekends (349 minutes). Based on self-report, children were spending an average of 1.75 hours engaged in screen-based sedentary activities during the school day, and 4.25 hours on weekend-days. Another study showed that rural Kenyan children accumulated less time in sedentary behaviours (555 ± 67 minutes/day) than their urban counterparts (678 ± 95 minutes/day). It was also found that a large proportion (50%) of children in urban Kenya spent over 2 hours/week on screen time activities compared to 30% of children in rural Kenya. When compared to other countries, Kenya is doing well in keeping sedentary behaviour to a minimum. However, with the emerging physical activity transition, this indicator must be watched closelv.	

		٠	Parental or caregiver perceptions
Family and Peers (Infrastructure, Support, Parental/ Peer Behaviours)	C		of the physical environment have an immense influence on children's physical activity behaviours; therefore, they need to be educated about the positive effects of participation in physical activity and maintaining a
		•	healthy body weight. ISCOLE-Kenya data revealed a decreasing trend in the number of children who met global physical activity guidelines with increasing maternal and paternal education
		•	attainment. Proportions of children meeting the physical activity guidelines also decreased with increasing household
		•	SES. Among mothers with a high school education or lower (compared to a primary, school or lower, education
			level), their children were 64.8% less likely to meet the physical activity guidelines.
		•	Among mothers with a diploma, higher diploma, or degree (compared to a primary school or lower education level), their children were 72.6% less
		•	likely to meeting the guidelines.
School (Infrastructure, Policies, Programs)	c	•	has a policy mandating that public schools allocate 35 minutes of physical education (PE), 3 times/week, as part of the school curriculum.
		•	ISCOLE-Kenya study results revealed that a majority of children (86.8%) indicated having attended a PE lesson 1 - 3 days/week
		•	Unfortunately, anecdotal accounts from school administrators and teachers revealed that PE sessions were in some cases used to teach
		•	other examinable subjects. All sampled schools had access to an outdoor sports field where children could participate in formal or informal
			sports or physical activities, and 69.0% of schools reported having existing written policies and/or practices concerning physical activity.
		•	Private schools generally had a wider variety of better quality facilities to support physical activity than public schools.
		•	While these results are encouraging, there is a lot of work to be done in ensuring that both public and private schools have policies and practices in place to promote physical activity, and that they remain compliant.
Community and the Built Environment (Infrastructure, Policies, Programs, Safety)	INC	•	Rural versus urban residence has been found to significantly influence total physical activity, and percent of time in MVPA. This is likely a reflection of the impact of urbanization on healthy
		•	active lifestyles in Kenya. There is a critical absence of funded governmental or non-governmental strategies to address the built environment, and its impact on physical activity of children. This gap requires more attention from relevant
			stakeholders.

Governmental and Non-Governmental (Strategies, Policies, Investments)	С	 ISCOLE-Kenya data found that, of the 563 participating children, a large proportion (94.0% and 84.4%) attended schools with written policies or practices on physical activity and healthy eating respectively. Recognizing the opportunity for reducing deaths and diseases worldwide by improving diets and increasing levels of physical activity, the World Health Assembly adopted the WHO Global Strategy on Diet, Physical Activity and Health, in May 2004. Equally important, the 2013 World Health Assembly endorsed the Global NCD Action Plan 2013-2020, which includes a set of actions for Member States, international partners and the WHO Secretariat to promote healthy diets and physical activity. Kenya must work harder to implement such recommendations, since the environmental and societal conditions exist for developing nations to be forced to cope with a double burden of infectious and chronic diseases.

Recommendations for Action

- I. Collect nationally representative data on the physical activity patterns of Kenyan children and youth in order to effectively inform policy and practice.
- II. Develop physical activity and sedentary behaviour guidelines for Kenyan children and youth.
- III. Establish a national report card scientific advisory panel.
- IV. Enhance collaborative efforts among relevant Kenyan government and non-governmental organizations to combat emerging NCDs.
- V. Enhance development of social and physical environments that support active health lifestyles among children and youth.
- VI. Upscale interventions that are effective in changing physical activity knowledge, attitudes, and behaviours.
- VII. Networking with African and other international experts to implement promising practices for research, surveillance, and public health interventions.

Do you agree that...?

Preserving the health of children and youth through healthy active living needs to be as high a priority as treating sick children.

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