

Nigerian 2013 Report Card on Physical Activity for Children and Youth

Kingsley Akinroye¹, Adewale Oyeyemi², Oluwakemi Odukoya³, Ade Adeniyi⁴, Rufus Adedoyin⁵, Olatunde Ojo¹, Damilola Alawode⁶, Ebenezer Ozomata³

¹-Nigerian Heart Foundation, Nigeria; ²-University of Maiduguri, Nigeria; ³-University of Lagos, Nigeria; ⁴-University of Ibadan, Nigeria; ⁵-Obafemi Awolowo University, Nigeria; ⁶-Federal Medical Center, Ido-Ekiti, Nigeria

Introduction

In Nigeria, physical inactivity related NCDs already account for 27% of all mortalities, and population levels of physical activity (PA) and sedentary behaviours remain unhealthy across socio-demographic subgroups. The prevalence of overweight is also rising rapidly among Nigerian adolescents. Because Nigeria has the highest population of young people 10-24 years in the entire African region, totalling 53.5 million, and this figure is projected to double by the year 2050, it is important to improve and accelerate PA-related prevention programmes aimed at reducing the development of risk factors for NCDs in this age group.

The development of a Report Card on physical activity of children and youth in Nigeria represents the first step in a series of opportunities to understanding physical activity and sedentary behaviours, and identifying policy advocacy needs on physical activity and healthy living among children and youth in Nigeria.

Objectives

This poster summarizes the procedures and results of the first Nigerian Report Card on Physical Activity for Children and youth.

Materials & Methods

The Nigerian Report Card was developed through the collaboration of the Nigerian Heart Foundation and the Technical Report Committee (TRC) consisting of nine Nigerian researchers with content expertise on PA, exercise and public health. The TRC was responsible for identifying the key literature (both published and unpublished), reviewing content and informing the grade assignment process.

Following the information gathering process, a meeting of the TRC was convened to evaluate and synthesise the evidence and assign grades for each of ten indicators. Key considerations for assigning grades included the quality of the compiled evidence (publications in peer review journals were rated higher), international comparisons, and the presence of disparities (e.g., gender differences, urban-rural differences and socioeconomic differences). Grades were assigned by consensus among the TRC members using the Active Healthy Kids Canada (AHKC) grading system.

Results

Indicator	Grades
OVERALL PHYSICAL ACTIVITY LEVELS	C
ORGANIZED SPORT PARTICIPATION	INC
ACTIVE PLAY	C-
ACTIVE TRANSPORTATION	B
SEDENTARY BEHAVIOURS	F
OVERWEIGHT AND OBESITY	B+
SCHOOL	INC
FAMILY AND PEERS	INC
COMMUNITY AND BUILT ENVIRONMENT	INC
GOVERNMENT	INC

Note. The grade for each indicator is based on the percentage of children and youth meeting a defined benchmark: A is 81% to 100%; B is 61% to 80%; C is 41% to 60%, D is 21% to 40%; F is 0% to 20%; INC is Incomplete data.

Discussion & Conclusions

Physical activity levels are moderate and sedentary behaviour is high among Nigerian children and youth, and no evidence exists on the effectiveness of existing policies that can improve this situation in Nigeria. The report card documents the paucity of National data on physical activity. To better inform practice and policy, there is need for more research, advocacy and the development of national guidelines on physical activity levels and sedentary behaviours for Nigerian children and youth.

