



ACTIVE HEALTHY KIDS
GLOBAL ALLIANCE



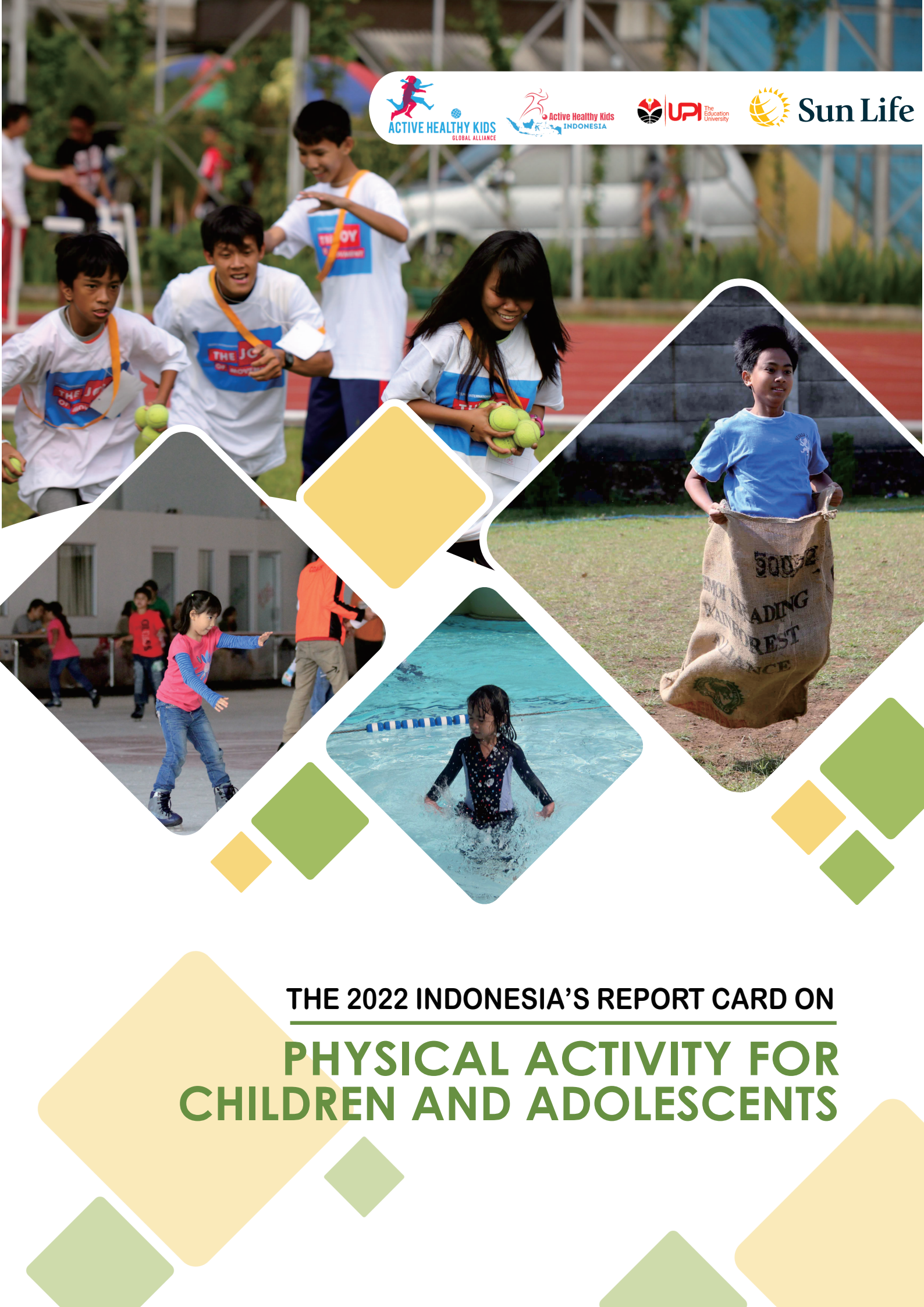
Active Healthy Kids
INDONESIA



UPI
The Education
University



Sun Life



THE 2022 INDONESIA'S REPORT CARD ON
PHYSICAL ACTIVITY FOR
CHILDREN AND ADOLESCENTS

2022 INDONESIA REPORT CARD ON PHYSICAL ACTIVITY FOR CHILDREN AND ADOLESCENTS

Developed by

ACTIVE HEALTHY KIDS INDONESIA (AHKI)

This report card was produced in partnership with the Active Healthy Kids Global Alliance and Universitas Pendidikan Indonesia with support from Sun Life Indonesia as part of its purpose of helping people live healthier lives.



The 2022 Indonesia Report Card on Physical Activity for Children and Adolescents



Texts writer: Agus MAHENDRA

Designer: Uniek Nur Kybthia

Pictures: Agus Mahendra's collections and M. Taufik's collection

This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or within your organisation. Requests and inquiries concerning reproduction and rights should be addressed to Active Healthy Kids Indonesia (AHKI): info@activehealtykidsindonesia.org.

The 2022 Report Card on Physical Activity for Children and Young People should be cited as follows:

Active Healthy Kids Indonesia (2022). 2022 Indonesia's Report Card on Physical Activity for Children and Adolescents. Bandung, Indonesia: Active Healthy Kids Indonesia.”

The 2022 Indonesia's Report Card is available online at:

<https://activehealthykidsindonesia.org/en/>

2022 INDONESIAN REPORT CARD TEAM

AHKI Leaders

Dr. Agus Mahendra, MA. , Physical Education Teacher Education (PETE) for Elementary School Study Program of Sport Education and Health Faculty, Universitas Pendidikan Indonesia, Indonesia.

Dr. Dian Budiana, M.Pd., PETE for Elementary School Study Program

AHKI Working Research Group

Andi Suntoda Situmorang, M.Pd., PETE for Elementary School-UPI

Didin Budiman, M.Pd., PETE for Elementary School-UPI

Suherman Slamet, M.Pd., PETE for Elementary School-UPI

Lukmanul Hakim Lubay, M.Pd., PETE for Elementary School -UPI

Gano Sumarno, M.Si., PETE for Elementary School-UPI

Ricky Wibowo, M.Pd., PETE for Elementary School -UPI

Mesa Rahmi Steffani, M.Pd., PETE for Elementary School-UPI

Wulandari Putri, M.Pd., PETE for Elementary School-UPI

Anira, M.Pd., PETE for Elementary School-UPI

Wildan Alfiana Nugroho, M.Or., PETE for Elementary School-UPI



A. INTRODUCTION

Following the global trend of the decline of physical activity among children and adolescents worldwide, WHO have recommended 60-min moderate-to-vigorous physical activity (MVPA)¹ for most school-aged children and adolescents to prevent an enormous magnitude of physical inactivity.²

Active Healthy Kids Indonesia (AHKI) initiated the 2022 Indonesian Report Card on Physical Activity for Children and Adolescents. This non-profit organization was founded to show concern over the increasingly rampant tendency of physically inactive children.

AHKI is affiliated with the International organization Active Healthy Kids Global Alliance (AHKGA).³ It was established as a network of scientific studies, health professionals, and stakeholders working together to advance physical activity in children and adolescents worldwide. AHKGA launched the Global Matrix, a standard set to measure the children's physical activity level by promoting each member country to make a Report Card on several aspects. These served as indicators, namely Overall Physical Activity, Organized Sport and Physical Activity, Active Play, Active Transportation, Sedentary Behaviour, Family and Peers, Schools, Government, Community and Environment, and Physical Fitness.⁴

The Active Healthy Kids Report Card is an evidence-based synthesis of children's and adolescents' attitudes towards physical activity. This is realized by using a series of indicators related to individual behavior, settings, and sources of influence, as well as strategies and investments. In addition, this evidence is further evaluated and interpreted by an expert consensus panel, which produces the "value" of the letters.⁵ The report card aims to consolidate existing evidence, facilitate international comparisons, promote more physical activities and evidence-based health policies, improve its surveillance, and, most importantly, promote and accelerate such opportunities among children and adolescents in the country.



Indonesia is where most policy makers are not conversant with the Physical Activity (PA) concept.⁶ Incidentally, sports substantially replaces physical activity, and all policy related to improving the physical fitness level is always associated with the issue of participation. In 2021, for instance, the Ministry of Youth and Sports established the 'National Sports Grand Design' to set a general target in this area.⁷ It was overarching and expected to increase the fitness level of pupils and students to 20% by 2039, expand the sports achievement of Indonesia at the Olympic Games to the 8th position by 2036, and generally improve the management and human resources quality. This strategy seems central and, without doubt, strongly focuses on providing children and youths with "the best start in life through sports and physical activity opportunities".⁸ They forget that when the target is to increase the number of children actively participating in these activities to at least 40% through a sports approach, it will inevitably delay the result. Though advantaged by their intrinsic nature and attractive to many children, sports are still deemed exclusive to them.

This Report Card aims to persuade and convince all parties responsible for the Kids' Physical Activity to establish a key priority to encourage Indonesian children and adolescents to participate in this exercise. Great expectations and certain recommendations undoubtedly improve the key priority of the policy that regulates the promotion of physical activity and Sedentary Behavior among Indonesian Children and Adolescents.⁹

B. INDONESIAN CHILDREN'S PROFILE

In 2019, the number of children in Indonesia was approximately 84.4 million (31.6%), consisting of 43.2 million boys and 41.1 million girls. An increase of 1.5% from 2018 was recorded, which is equivalent to relatively 4.9 million people.⁹ The province with the highest percentage of children aged 0 to 17 years is East Nusa Tenggara Province, 40.5% of the total population. On the other hand, the one with the lowest percentage is Yogyakarta Province, with 25% of the total population, still the same as in 2018. The increased proportion of boys in the country was 0.6% higher than girls, with a sex ratio of 105.1.¹⁰

Furthermore, in 2019 the total population of Indonesia was relatively 267.3 million, consisting of 134.3 million male and 132.9 million female residents. As many as 31.6% of the total population, or 84.4 million, are children (aged 0 to 17 years). The total population of boys is 43.2 million, slightly higher than girls, which is equivalent to 41.1 million.

In the educational sector, the Average Length of Schooling (RLS) ranges from 8.81 years and 7.89 years for men and women, respectively. The National Gross Participation Rate (APK) of Early Childhood Education (PAUD) has to be increased nationally.⁹ From 2019 to 2020, the value only reached 41.18%. In 2019, 81.09% of children benefitted from the Smart Indonesia Program (PIP). 83.24% aged 5 to 17 years old received formal and non-formal education. Meanwhile, 12.96% of children have not attended school, and another 3.81% do not attend college anymore. The percentage of those who no longer attend school in rural regions is 4.66%, slightly higher than that of urban areas, 3.08%.¹⁰



C. MOVEMENT AGAINST INACTIVITY

The human body is designed to be mobile and actively evolves to meet certain demands. However, some studies reported that as the economy develops, the level of human activism decreases critically. The price of human progress is increasingly staggered, hence, man does not need to actively indulge in solving certain tasks. It is undoubtedly perceived as a dangerous threat to health, welfare, and quality of life. However, it is worth worrying about because it produces massive human potential erosion.¹¹

Regular physical activity is a significant protective factor for preventing and managing non-communicable diseases (NCDs) such as cardiovascular disorders, type-2 diabetes, and several cancer types. It is also beneficial for mental health, including preventing cognitive decline and symptoms of depression and anxiety and contributing to maintaining a stable weight and general well-being.¹² Unfortunately, global estimates show that 27.5% of adults and 81% of adolescents did not meet 2010 WHO recommendations for physical activity, with almost no improvement seen over the past decade.¹ There are also significant inequalities, preliminary data showed that in most countries, girls and women are less active than boys and men, and there are also substantial differences in the physical activity levels between those in higher and lower economic groups and diverse regions.

In the fight against physical inactivity, AHKI joined the AHKGA to produce the Indonesia Report Card program, reported in the Global Matrix 4.0.¹³ This is intended to act as an advocate of the Government and other private sectors responsible for the promotional exercise of Physical Activity for children and adolescents.



D. INDONESIAN CHILDREN'S PHYSICAL ACTIVITY REPORT CARD

The lack of recommendations and the prevention of sedentary behaviour has lowered Indonesian children and adolescents' physical activity. The unclear concept among community members is partly an attributable factor. Most people are familiar with the concept of exercise and sports, including efforts to improve health and prevent the development of degenerative diseases.¹³ Unfortunately, the level of community participation in physical activity, specifically among children and adolescents, is still low due to the general understanding of its critical role or impact on health. Consequently, Indonesians have poor health levels, and the obesity rate is relatively high, approximately 15%, and the number of adolescents aged 16 to 18 years with excess body weight has increased significantly, from 1.4% in 2010 to 8.1% in 2018.¹⁴ A national survey carried out by the Ministry of Youth and Sports in 2021 reported a decline of relatively 10% in the physical fitness level of the people.¹⁵ When this trend continues, the low level of physical activity is bound to expand and eventually limit the potential of the children to grow and develop optimally.

The Global Matrix, released by the Active Healthy Kids Global Alliance (AHKGA), is a program that equips world leaders with advocating tools for paying more attention to the physical activity level of children and adolescents in every country. AHKGA has successfully launched the Global Matrix program for three consecutive periods, at least every two years since 2014. The Global Matrix 4.0, is planned to be launched in 2022, the fourth one after being postponed due to the COVID-19 pandemic. The release of the grade (called Country Report Card) has been an incentive for many world leaders to continually improve the health level of their citizens through increased promotional efforts targeted at physical activity and sports.¹³ In addition, the participation of more member countries in this program proves that several nations are interested in this initiative. For example, in 2014, the Global Matrix 1.0, held in Toronto, Canada, had in attendance 15 countries from five continents, while in 2016, the Global Matrix 2.0, organized in Bangkok, Thailand, involved 38 countries from six continents. In 2018, the Global Matrix 3.0, held in Adelaide, Australia, the member countries increased to 49 nations.¹³

Active Healthy Kids Indonesia --AHKI -- (founded in 2020) is bound to participate in Global Matrix 4.0, which is currently expected to involve at least 68 member countries,¹⁶ after affiliating with AHKGA to produce Report Cards for Indonesian children and adolescents in 2022. PETE for elementary school study program, motivated AHKI to take action in promoting and reporting the physical activity and inactivity of Indonesia Kids.¹⁷ This initiative involved all study program lecturers and academics from other universities in the country that have sports faculties. AHKI started to launch its first Report Card on Global Matrix 4.0 in 2022.

This book aims to summarize the results of Indonesia's Report Card on Physical Activity over ten common indicators set by ten indicators set by the AHKGA for its Global Matrix 4.0 to be launched in Abu Dhabi by 2022. AHKI leaned solely on the best available data collected through national surveys and sources from various relevant government agencies such as the Ministry of Health, Ministry of Women's Empowerment and Child Protection,¹⁸ as well as Ministry of Youth and Sports, and the Ministry of Education and Culture.¹⁹ All data sources are the results of the survey carried out from 2015 to 2021. In addition, this information was juxtaposed with other academic and nonacademic sources used as the primary material for the Indonesia Report Card.



F. REALIZING REPORT CARDS

The 2022 Indonesia Report Card is an official product of AHKI, a non-profit organization established by the PETE Study Program for Elementary Schools. It is also part of the Faculty of Sports and Health Education, Universitas Pendidikan Indonesia. AHKI involves 12 PETE Study Program lecturers who work with other academics from other universities. Therefore, the total number of research working groups formed by AHKI is 20 persons. It is structured as one coordinator and one research analyst for each indicator. Each person is responsible for searching the required data, where this information must be a nationally representative issued by the ministry or equivalent national body.

AHKI established the research expert group, aside from its Executive Committee, which also involved conducting some studies by other universities, and incorporated them into each indicator. The available data determines the grades after being matched with the AHKGA benchmarks during the report card member meeting. However, this is based on the information obtained by the team in each indicator. After the grade is determined and approved by the reviewer team formed by AHKGA, report card booklets are prepared by an exceptional group as well as are revised and updated by all members.

Ten common indicators are defined as AHKI study areas, namely Overall Physical Activity, Organized Sports and P.A., Active Play, Active Transportation, Sedentary Behaviours, Physical Fitness, Family and Peers, Community and Environment, Schools, and Government.

These ten indicators are classified into two categories, the first group is called movement behavior. It consists of overall physical activity, organized sports and P.A, active play, active transportation, sedentary behaviors, and physical fitness. The second group is called sources of influence, which comprises family and peers, community and environment, schools, and Government.

These indicators are valued on their level and given a grade by determining whether they correspond to A+, A, A-, B+, B, B-, C+, C, C-, D+,

A+	= 94% - 100%
A	= (87% - 93%)
A-	= 80% - 86%
B+	= 74% - 79%
B	= 67% - 73%
B-	= 60% - 66%
C+	= 54% - 59%
C	= 47% - 49%
C-	= 40% - 46%
D+	= 34% - 39%
D	= 27% - 33%
D-	= 20% - 26%
F	= < 20%
INC	= Incomplete (no grade)

RUBRIC FOR REPORT CARD

Grade	Interpretation	The corresponding number for analysis
A+	94% – 100%	15
A	We are succeeding with a large majority of children and youth (87% – 93%)	14
A-	80% – 86%	13
B+	74% – 79%	12
B	We are succeeding with well over half of children and youth (67% – 73%)	11
B-	60% – 66%	10
C+	54% – 59%	9
C	We are succeeding with about half of children and youth (47% – 53%)	8
C-	40% – 46%	7
D+	34% – 39%	6
D	We are succeeding with less than half but some children and youth (27% – 33%)	5
D-	20% – 26%?	4
F	We are succeeding with very few children and youth (<20%)	2
INC	Incomplete— insufficient or inadequate information to assign a grade	No grade

G. MAIN REFERENCES AND GRADES OF THE 2022 INDONESIAN REPORT CARD

To produce grades for Indonesia Report Cards, AHKI assigned a research team working groups (RWG) on each indicator to discover and collect the best available sources with two fundamental characteristics. First, the data needs to meet the national representativeness, and second, it should include a sufficient number of participants, both have to be from the most current period.

Following collections were found and finally agreed upon by the team to be used as the primary data sources for determining the grade of all indicators.

1. **Central Agency on Statistic of Indonesia: 2018 Statistic on Social and Culture.** Jakarta.²⁰
2. **National Report of 2018 Baseline Health Research.** Ministry of Health, Republic of Indonesia: Health Research and Development Agency. Jakarta.²¹
3. **Global School-Based Student Health Survey 2015.** Health Risky Behaviors In Middle And High School Students In Indonesia. Ministry of Health Republic of Indonesia. Jakarta: 2016.²²
4. **National Sport Development Index Report 2021,** Sports for Human Development Investment. Jakarta: Director of Sports Partnerships and Awards- Ministry of Youth and Sport. 2021.¹⁵
5. **Presidential Decree on Grand Design for National Sport Program.** Jakarta. Ministry of Youth and Sport. 2019.⁷
6. **Profile of Indonesian Children 2019.** The Ministry of Women's Empowerment and Child Protection, Republic of Indonesia, in collaboration with the Central Statistics Agency; 2019.¹⁸
7. **United Nations Children's Fund (2020).** The Situation of Children in Indonesia – Trends, Opportunities, and Challenges in Fulfilling Children's Rights. Jakarta: UNICEF Indonesia.¹⁰
8. <http://p2ptm.kemkes.go.id/kegiatan-p2ptm/dki-jakarta/germas-wujudkan-indonesia-sehat>.²³

Using the earlier mentioned data sources, the research team created grades determined by comparing various standards, mapped them in the form of tables, and paired them with the benchmarks set by AHKGA and the magnitudes of their rubrics. In addition, values were generated on each indicator, as shown in the following table.

OVERALL GRADES

Table 1. Grades Assigned to Indicators in the 2022 Indonesia Report Card on Physical Activity for

Indicator	Grades
Overall Physical Activity	F
Organized Sport and Physical Activity	F
Active Play	F
Active Transportation	D-
Sedentary Behaviors	B
Physical Fitness	F
Family and Peers	F
School	F
Community and Environment	D+
Government	B-

Note

The grade for each indicator is based on the percentage of children and youth meeting a defined benchmark:

A+ is 94% to 100%	A is 87% to 93%	A- is 80% to 86%
B+ is 74% to 79%	B is 67% to 73%	B- is 60% to 66%
C+ is 54% to 59%	C is 47% to 53%	C- is 40% to 46%
D+ is 34% to 39%	D is 27% to 33%	D- is 20% to 26%
F is < 20%	INC is Incomplete data	

Table 1 shows the grades for each indicator. The grades were very poor for Overall Physical Activity, Organized Sport and P.A. participation, and Active Play (F). The grades for Active Transportation were also poor (D-), Sedentary Behaviour was B, and the grade for Physical Fitness was F. The central and local Government has recognized the importance of physical activity by creating physical activity-related policy and improving facilities. However, the Government has not comprehensively implemented all the policies at the stakeholder levels like Schools, Families and Peers as the poor result of physical education programs in Schools. Therefore, School and Family & Peers grades all still receive F, Community and Environment receive D+, and Government (for the newest creation of Strategies and Investments) receive the grade of B-. The expert team of the Indonesia Report Card agreed to complete all the grades for all ten common indicators for the reason that hopefully that the given grade will accentuate the role that every one has to play in the related issue. The aims is to unite those with a vested interest in increasing levels of physical activity to act collectively with urgency around the aspiration of a new way of life.¹¹

OVERALL PHYSICAL ACTIVITY



Definition

Physical activity is generally defined as "any bodily movement produced by the contraction of skeletal muscles as well as a greater expenditure of energy than rest".¹ The duration and intensity must meet the established recommendations of the WHO that children need to participate in physical activities both moderately and vigorously for at least 60 minutes daily in the whole week to describe a qualified level. Overall Physical Activity describes two factors, the first illustrates the children's physical activity level in their daily lives, and the second depicts how many are physically active or inactive.

Benchmark

1. The % of children and adolescents who met the Global Recommendations on P.A. for Health that accumulates at least 60 min of MVPA per day on average.
- OR
2. The % of children and adolescents met the guidelines at least four days a week when an average need not be estimated.

Data sources

There are at least four national reports related to the needed information concerning overall physical activity as follows:

- 1) **National Report of 2018 Baseline Health Research.** Ministry of Health, Indonesia: Health Research and Development Agency: where 35.6% of 10 to 14 years old (N: 87,981) met 60 min of physical activity per day on average,²¹
- 2) **Global School-Based Student Health Survey 2015. Health Risky Behaviors in Middle and High School Students in Indonesia.** Ministry of Health of Indonesia: where 12.9% of 13 to 17 years old adolescents met at least 60 min of MVPA per day on all seven days,²²
- 3) **Central Agency on Statistics of Indonesia: 2018 Statistic on Social and Culture.** Jakarta (2018): where only 2.93% of five to 17-year-old children and youths regularly engage in physical activities and exercise for five to six days. Furthermore, 6.43 % added together as 9.36% exercise seven days a week (N: 75,000 families),²⁰
- 4) **National Sports Development Index Report 2021, Sports For Human Development Investment.** Jakarta: Director of Sports Partnerships and Awards- Ministry of Youth and Sport: where the daily participation rate in exercises and sports was relatively 35.2%. However, only 10,1% of 10 to 19-year-olds covered more than 60 min (N=17,548 participants).¹⁵

Method of determination

Determining the number and percentage of overall physical activity aspects from the diverse data sources, the average of all presented studies was simply calculated: $(35.6+12.9+9,36+10.1)/4= 16.99\%$. The next step involved comparing the result of 16.99% to the benchmark. Afterward, it is incorporated into the rubric made available by the AHKGA.

Grade

The grade of the overall physical activity indicator is "F."

Rationale

The expert group meeting agreed that Indonesian children and adolescents overall physical activity indicator is still low. Similarly, the recommended percentage of the country's total number of children and adolescents is still low. Therefore, the grade "F" was assigned, which is a poor value because the percentage is less than 20% of the total population of Indonesian children. Alternatively, according to the AHKGA rubrics, F means that "they are succeeding with very few children and youths (<20%)".

Recommendation

- Regular physical activities, alongside other behavioral modifications such as a balanced diet, tend to be beneficial in preventing certain health conditions such as obesity, hypertension, diabetes, and dyslipidemia, which could result in cardiovascular disease in adults. Therefore, children need to be continually promoted to stay active. Both parents and teachers also need to adopt strategies and ways to stimulate the children's interest in participating in other movement activities.
- The Government needs to implement a national guideline on physical activities and sedentary behaviors, focusing on recommended intensity and duration.
- Schools and other community services must include this guideline in their jurisdiction and ensure it is consistently practiced daily.
- It is also essential that the Government set a standard to register and monitor the physical activity level of children and adolescents regularly, as well as ensure the acquired data is upgraded yearly and set as a national standard.

ORGANIZED SPORT AND PHYSICAL ACTIVITY



Definition

Organized Sports and P.A. describes the number of children actively participating in these exercises, provided they officially engage in routine training activities and are registered members of sports clubs or related societies. Ideally, every sports federation, as the ruling organization at various levels, offers club membership programs to most Indonesian children. The essence is to record the actual number of sports club members quantitatively. Unfortunately, the data was not available nationally, and this shows that not all sports have clubs under their federation and that the records and documentation about the clubs existence are still scarce.

Benchmark

% of children and adolescents who participate in organized sports and physical activity programs

Data sources

The only source of nationally representative data for this indicator was the "Central Agency on Statistic of Indonesia: 2018 Statistic on Social and Culture. Jakarta". The report stated that the percentage of children aged five to 17 years who participated in physical activity registered under formal sports clubs or organized exercises is only 9.65%.²⁰ Based on the Statistic on Social and Culture 2018, families were the data sources (N= 75,000 families) in which the heads or leaders were directly questioned through interviews and questionnaires.

Method of determination

Based on the earlier mentioned percentage, 9.65% of Indonesian children participated in formal sports clubs or supervised and officially scheduled physical activity programs in schools and the community. These were further paired with the Organized Sport and Physical Activity indicator benchmark and compared with the rubric to determine its grade.

The level of organized sport and P.A. for Indonesian children was awarded a grade 'F' because it is still less than 20% of the total population as determined by the AHKGA.²⁴

Grade

The Organized Sport and P.A. were also awarded an F

Rationale

Expert group meeting agreed that an "F" was assigned to the organized sports and P.A. indicator. This is simply because the children and adolescents' involvement in formal sports clubs or scheduled physical activity are still low. It also depicts the percentage of active participants in the country. Grade F is poor because it refers to scores less than 20% of the total population of Indonesian children. Alternatively, according to AHKGA rubrics, it means that "they are succeeding with very few children and youth (<20%)".

Recommendation

Former athletes generally run sports clubs in the country. Their initiative to run such an organization was purely business driven and without any intervention from the sports federation. Based on that reason, these clubs' quality is generally poor concerning two aspects, namely administrative procedure and training sessions delivered by unqualified coaches. Therefore, the sports federation must be critically responsible for developing this system for future purposes.

To be assigned a better grade in the future, the sports federations mandate that all clubs are formally registered in their system to easily retrieve certain information from the database. It is also essential to note that establishing these clubs in all parts of the country needs to be prioritized by the national sports policymaker. Therefore, the Government must initiate or implement a law to regulate all national sports federations.

ACTIVE PLAY



Definition

Active play is an indicator that shows children's activity level outside physical education lessons and formal sports clubs or structured tasks at school. Instead, it refers to the children's engagement outside school time, such as outdoor games or other activities with their peers. Unfortunately, it is easy to suspect that data relating to this indicator is difficult to acquire, as only a few studies have been conducted in this area. For that purpose, it was recognized that active play could also be determined by the children's level of participation in traditional sports or folk games.

Traditional sports define themselves as any physical activity typically found in a particular village and culturally linked to society.²⁵ This kind of activity represents physical endeavor and could be considered active play. It differs from outdoor play or activities, which are difficult to engage in since most urban kids live in housing complexes. Incidentally, their activities in gardens and parks have not sparked interest in investigating them.

Benchmark

**% of children and adolescents who engage in unstructured or unorganized active play at a certain intensity for more than two hours per day
OR
% of children and adolescents who reportedly stay outdoors for more than two hours per day**

Data sources

Active Play indicator is one of the most suspected rare data. However, the expert team discovered that "Central Agency on Statistic of Indonesia: 2018 Statistic on Social and Culture. Jakarta" recorded certain activities. These fit the categories of active play, namely participating in traditional games and sports. This report reveals that 6,89% and 7,51% of children aged 6 to 17 and 7 to 18 years, respectively, participated in either traditional sports or games.

Method of determination

“Central Agency on Statistic of Indonesia: 2018 Statistic on Social and Culture. Jakarta” was the only data source with sufficient numbers of participants (N= 75,000 families).²⁰ The information collection method was centered on the fact that “the family heads or leaders were directly questioned through interviews and questionnaires”. The percentages of the two groups were summed up: (6,89+7,51) = 14.4%, and the result is still far below 20% of the entire population.

Grade

The Active Play indicator grade is F.

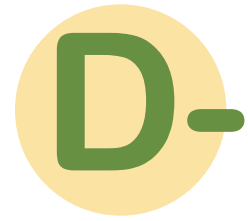
Rationale

The expert group meeting agreed that an "F" be assigned to the Active Play indicator because the children and adolescents' involvement in informal outdoor play or traditional games and sports is still low. It depicts the % of those who engaged in unstructured or unorganized active play at a certain intensity for more than two hours a day. However, this value is poor because it is less than 20% of the total population of Indonesian children. Alternatively, according to AHKGA rubrics, F means that "They are succeeding with very few children and youth (<20%)".

Recommendation

- Safe environments for active play establishment and unstructured physical activity needs to be prioritized.
- Promoting and reducing restrictions such as over-protectionism for active play in schools, playgrounds, and the backyard.
- Listening to the children and adolescents' interests and wishes for unorganized physical activity needs to be considered while planning the erection of facilities for PA, specifically those performed outdoors.
- Outdoor education has to be prioritized in children and adolescents.
- The introductory phase of traditional sports has to be actualized in Elementary School students.

ACTIVE TRANSPORTATION



Definition

Active transportation refers to the way children and youths travel from their homes to other places daily, including schools or sports clubs. It involves walking, cycling, skating, skateboarding, and any incidental activity associated with public transport.

In circumstances where children are always dropped off at school by their parents using motorbikes or cars, it reflects that they are inactive. Conversely, assuming the majority try to come to their schools by either walking or cycling, they will be considered active transporters.

Benchmark

% of children and adolescents who use active transportation to come to various places, such as school, park, mall, and friend's house

Data sources

The only data source for active transportation is "The global School-Based Student Health Survey 2015. Health Risky Behaviors in Middle and High School Students in Indonesia. Ministry of the Health of Indonesia. Jakarta: 2016". The data was obtained from a self-report questionnaire distributed to participants during a national-based survey on the frequency of children walking or biking to school daily. It was uncovered that as many as 20,18% of adolescents aged 13 to 17 go to school by walking and bicycling.²²

Method of determination

The percentage of adolescents aged between 13 to 17 years who participated in active transportation during the 2015 GSHS was 20.18%.²² It meant that the percentage of children who attend school meetings placed in the active transportation category is 20% to 26%. Therefore, the research team agreed that the 20,18% of active transportation corresponded to D-.

Grade

The grade of the Active Transportation indicator is D-

Rationale

The expert group meeting agreed that a "D-" should be assigned to the Active Transportation indicator because Indonesian children and adolescents' physical activity level is still low. It depicts that the % of youths who use active transportation to other places such as schools, parks, malls, and friend's houses is still low. This category reflects that most of these children still use cars and motorbikes to schools and other places daily. It depicts that the number of those involved in active transportation is greater than 20 percent but less than 26% of the total population of Indonesian children. According to AHKGA rubrics, D- means, "They succeeded in convincing less than half of the children and youths (20% to 27%)".²⁴

Recommendation

- It is crucial to note that the promotion of active transportation needs to be supported by the regionalization rule in the school policy. This depicts that the acceptance regulation is region-based. Besides, it prioritizes the children whose houses are located in the school's region. The higher the academic level, the broader the region-based regulation.
- Promoting and facilitating active transportation to school and other destinations need to be prioritized and implemented alongside other policies such as building safer sidewalks and bicycle lines and providing bike-rack in these institutes and other places.
- Active transportation promotion program has to be synergically developed by schools, other related government agencies, and related community associations.
- This also needs to include all actors: parents, schools, the community, and policymakers.

SEDENTARY BEHAVIOUR

B

Definition

Sedentary behavior is defined as any waking attitude characterized by an energy expenditure of 1.5 METS or lower while sitting, lying down, or reclining.²⁶ For children and adolescents, it typically includes TV viewing and smartphone and computer usage. For an adult, sedentary behaviors include desk-based office work, driving a car, etc. It is also applicable to those unable to stand, such as wheelchair users. Technology and digital communications have greatly influenced how people work, study, travel, and spend their leisure.²⁷ In most countries, children and adolescents spend enormous time engaged in sedentary behaviors, particularly for recreation, such as screen-based entertainment, including television and computers, and digital communications, such as the use of mobile phones.²⁸

Benchmark

% of children and adolescents who met the Canadian Sedentary Behaviour Guidelines (Guideline for five to 17-year-olds: no more than two hours of screen time per day)

Note: the guidelines currently recommend a time limit for screen-related pursuits. Data were collected through interview and self-report techniques.

Data sources

The only nationally representative data source for this indicator was the Global School-Based Student Health Survey 2015. Health Risky Behaviors in Middle and High School Students in Indonesia. Ministry of Health of Indonesia. Jakarta: 2016. (GSHS). It states that 37,15% of children or adolescents between 13 to 17 spent less than one hour sitting or watching TV, while a relatively 35,55% spent one to two hours.²²

Method of determination

The data sources exposed two groups of criteria, namely the percentage of children or adolescents who spent less than one hour inactive (37,15%) and those who spent between one to two hours (35,55%). Both met the Canadian Sedentary Behaviour Guidelines relevant to one of the benchmarks of AHKGA. It stated the % of children and youth who met the Canadian Sedentary Behaviour Guidelines (five to 17-y-olds, no more than two hours of recreational screen time per day).

Therefore, when the aforementioned percentages were added, the sedentary behavior indicator of the Indonesian children and adolescents was 72,7%, and it met the guideline "no more than two hours of recreational screen time per day, thereby corresponding to grade B".

Grade

The grade for Sedentary Behavior is B.



Rationale

This is a good grade considering that other indicators are low. It depicts that more than 70% of the total population of Indonesian children exhibit Sedentary behavior. According to AHKGA rubrics, B means: "They have succeeded with well over half of the children and youths (67% to 73%)".

This high percentage was due to several factors. However, there were other possible reasons why this indicator was reasonably high. Part of it is possibly attributed to the fact that Indonesian children still reside in many unfavorable provinces. Several of them are from low-income families, and their parents cannot afford a TV set or other gadgets. Therefore, the screen time of the children is consistently low.

Most children who do not have a TV set or gadget at home usually prefer to spend their time exploring the adjacent environment with their peers. Meanwhile, some others are forced by their family condition to help their parents to earn money by working in factories, selling food or crafted products on the road or at recreational sites. At the same time, those living in the city and urban regions hang out in the malls or other hub areas with their peers.

The aforementioned description is simply not meant to exaggerate these issues. At least these reasons are acceptable. The Statista Research Department (2018) stated that "in 2020, the total number of child workers in Indonesia amounted to 1.17 million. Child labor is increasing due to poverty and lack of access to education in some parts of the country".²⁹ Unicep (2018) also reported that "...irrespective of the fact that the poverty conditions in the cities are less severe than in rural areas, Indonesia still has one of the highest urban poverty rates in East Asia and the Pacific". In addition, 31 to 41% of poor children in the country reside in urban areas.¹⁰

Recommendation

Parents need to realize the negative effects of sedentary behaviors. They also need to realize that it is crucial to promote their children to adopt active lifestyles.

Parents need to promote their children to love and confidently select favorite sports as well as belong to any sports clubs in their city.

When the child is given homework or assignments at school, the parents need to design a schedule to ensure that the activity is not time-consuming. They also need to promote them to become official members of available sports clubs.

These parents must also be aware that not all sedentary behavior is harmful. Evidence suggests certain types, such as reading and doing homework outside school, are associated with higher academic achievement. This indicates that the differences in outcome depend on the activity. Sedentary behavior includes time spent engaged in educational pursuits, quiet play, or social interaction without electronic media.

PHYSICAL FITNESS



Definition

Physical fitness refers to attributes related to one's ability to carry out daily activities. It includes both health- and skill-related components, such as cardiorespiratory fitness (CRF).³⁰ This attribute also measures the children's and adolescents' abilities to complete certain physical tasks, such as the shuttle run test. The results describe the capability of their cardiovascular organs to provide energy for the activity, commonly known as VO2Max ability. Furthermore, the higher the VO2Max, the higher the fitness value. For example, a child is awarded a good score in the Global Matrix when the P.F. value meets the number or percentage of children with a VO2Max score of 35 and above.³¹

Benchmark

The average percentile of certain physical fitness indicators based on the normative values was published by Tomkinson et al.

Data sources

The 2021 Sports Development Index was released by the Ministry of Youth and Sport (National Sports Development Index Report 2021, Sports for Human Development Investment. Jakarta: Director of Sports Partnerships and Awards- Ministry of Youth and Sport (2021)¹⁵ was the only and best national representative data source. It stated that among adolescents aged 10 to 19, the average VO2max (assessed using only the 20m shuttle run test) was 30.33 mL/kg/min and 25.56 mL/kg/min for boys and girls, respectively. In addition, participants from outside Java had a higher VO2_max than those from this province in all age categories.¹⁵

Method of determination

The average VO₂max for boys and girls was derived from the 20 m shuttle run test's conversion criteria, which was then compared to the Tomkinson normative values. It was further compared to the benchmark of AHKGA that the "Average percentile achieved on certain physical fitness indicators is based on the normative values published by Tomkinson et al".³²

To obtain an estimation of the corresponding percentile value from Tomkinson, the average age from the NSDI study sample and their average VO₂max by sex were utilized. Since the age group used in this research is 10 to 19, it was assumed that the mean age is approximately 14 years old. Furthermore, Tomkinson VO₂ max normative value table was carefully studied, and it was discovered that the average obtained is extremely low, less than the 5th percentile. Based on this, the research team agreed to grade it F.

Grade

The grade for Physical Fitness indicator is: "F"

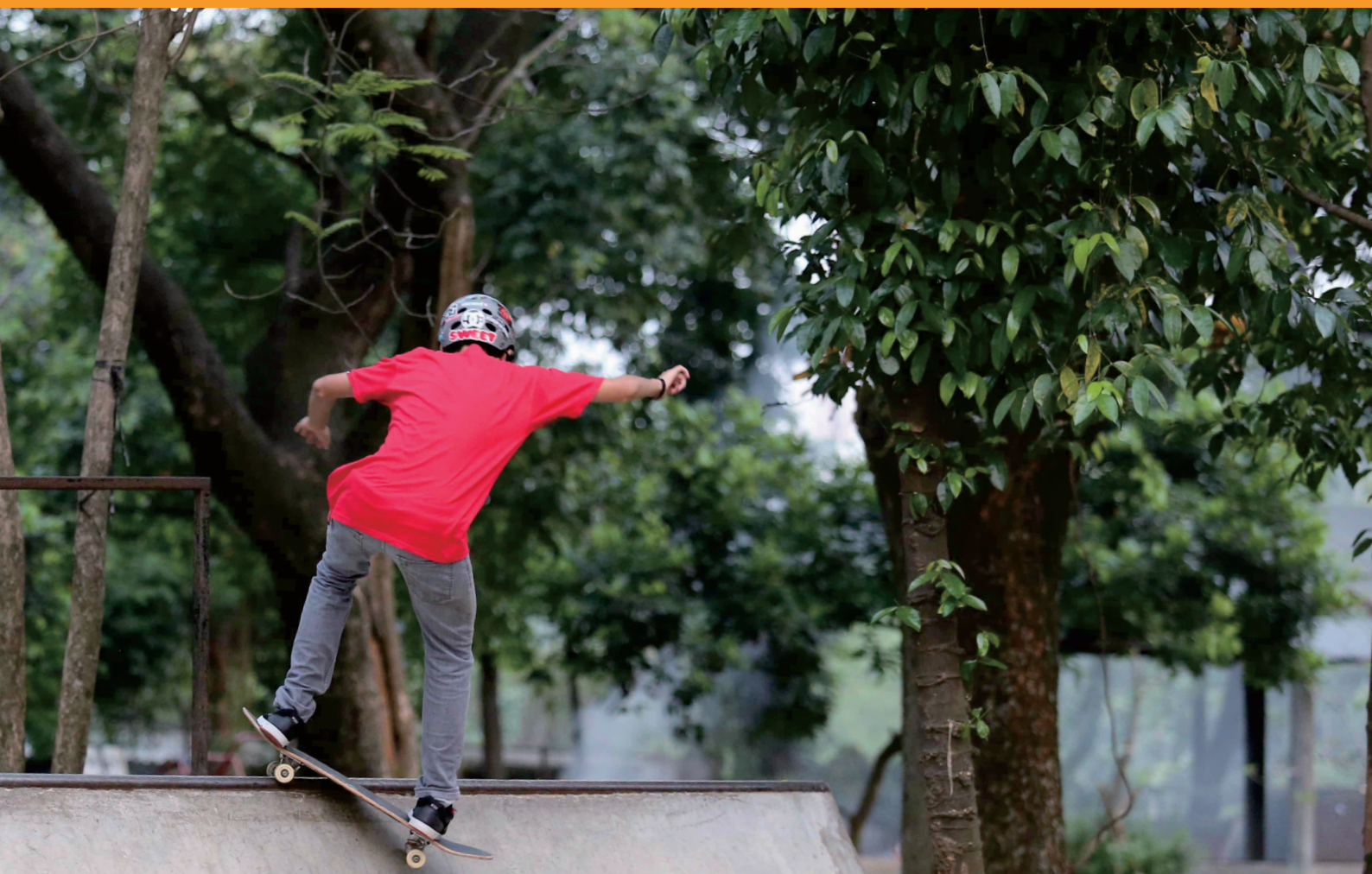
Rationale

Research team agreed to assign this indicator grade F, which is extremely low. The reason is among 10 to 19 years old Indonesian children and adolescents, the average VO₂max for boys and girls was 30.33 mL/kg/min and 25.56 mL/kg/min, respectively. These only correspond to a performance less than the 5th percentile in Tomkinson's normative values. In respect to all age categories, the participants from outside Java had a higher vo₂_max than those from the provinces outside java island. This is because the areas outside Java had adequate open spaces for sports, thereby providing flexibility in carrying out physical activities. Additionally, these individuals usually participate in P.A daily compared to those in Java.

In accordance with the F grade, it was concluded that the physical fitness level of Indonesian children and adolescents is still low and placed at the 5th percentile compared to their European peers. This grade is alarming and needs great attention from parents, specifically the Government.

Recommendation

- The Government needs to implement a relevant program to improve and promote the physical fitness level of children and adolescents. For instance, an inclusive national policy is implemented in society through family, communities, and school environments.
- There is also a need to set a standard to register and monitor the physical fitness level of children and adolescents regularly and use the acquired information as national data that needs to be upgraded yearly. Meanwhile, when possible, this standard is also required by all children to further their education and as a job requirement for at least government officials.
- The unified research instruments used to measure students' physical fitness across all age groups in Indonesia, in Europe, and in the world are required. This allows for the proper comparison between age groups, countries, and regions.



FAMILY AND PEERS



Definition

Family and Peers are one of the influences that can cause children and adolescents to become either active or inactive. It can also manifest both in tangible and intangible behaviors. The tangible influence, for instance, is the parents' action to exemplify active behavior as well as always promote their children to engage in certain activities daily. The intangible influence is the supportive action of the parents by motivating or encouraging their children when they are interested in any exercise related to P.A. In brief, Family and Peers describe how they either support or abandon their children's activities, for example as a role model.¹¹ Therefore, the greater the support and percentage, the higher the value of Family and Peers.

Benchmark

% of family members, such as parents or guardians, facilitate P.A. and sports opportunities for their children, including volunteering at sports clubs, coaching, and driving.

OR

% of parents who met the global recommendations of P.A. for health, that adults need to accumulate at least 150 minutes of moderate-intensity aerobic P.A. in the week or 75 minutes of vigorous exercises or an equivalent combination

OR

% of family members, including their kids who are physically active

OR

% of children and adolescents who are encouraged and supported by their friends or peers to be physically active

OR

% of children and adolescents who encourage and support their friends or peers to be physically active

Data sources

One population-based representative cross-national study was included to represent the impact of family on the children and youth's physical activity, however, this research does not provide data related to peer group influence. This national representative data was the "Profile of Indonesian Children" in 2019. The Ministry of Women's Empowerment and Child Protection, Indonesia, in collaboration with the Central Statistics Agency (2019), carried out an analysis on a study involving 79,552 families across the country, by organizing interviews, as well as questioning the tendency of parents who actively play with their children or aid them in informal sports activities.¹⁸ The study reported that 7% of children between 5 and 17 years old play with their parents during sports related activities. In addition, 17% aged between 0 to 4 years old also play with their parents during the same tasks (this age was not included in the evaluation, thereby causing the data to be excluded during the grade determination). Therefore, the percentages of these categories were only for the 5 to 17 years old, namely 7% in totality.



Method of determination

The benchmarks for this indicator are: % of family members (e.g., parents, guardians) who facilitate physical activity and sports opportunities for their children (e.g., volunteering, coaching, driving, paying for membership fees and equipment) and % of those (e.g., parents, guardians) who are physically active with their kids.

For these benchmarks, the data percentage of family member who are physically active with their kids is 7%, which is then compared to the rubric, and it corresponded to below 20%.

Grade

The grade for Family and Peers indicator is "F"

Rationale

Family and peers play an important role in the children's lives by motivating them to be physically active. Few parents met the criteria for sufficient physical activity and spend quality time with their children during sports activities. In addition, no available data ever measured the parents' P.A. level. When measuring parental involvement in their children's P.A. levels, data were based on those whose kids were below 17 years of age. This is a broad age range and different responses tend to be evident when parents of younger and older children were examined separately and only lean on the parent claim.

Recommendation

Given the importance of peers and family in students' physical activity, intervention planning within a socio-ecological framework needs to be implemented. The Government and private agencies have to promote this issue as the prioritized groups of their promotion target on improving awareness on the importance of physical activities in the family. Furthermore, both schools and organisations should also be targeted to be involved in the promotion program, for example, to initiate family-based physical activity competitions, in order to strengthen social capital within families as well as encourage physical activity.

SCHOOLS



Definition

School (S) is one of the influences related to the implementation of the children's physical activity promotion policy to make them to be active within the academic boundaries and environment. It is a prominent supporter that determines whether they are physically active in the school environment. The driving factors that must exist in these institutes is the principal or schools' supporting program and facilities such as daily P.A., outdoor time, bike racks on the fields, availability of sports equipment, spacious fields and gardens, etc. A school that has both policies and supporting facilities for children to be more active is bound to have better grades.

Benchmark

For this report card, the benchmarks for the 'Schools' indicator were:

% of schools with active policies (e.g., daily physical education (P.E.), daily P.A., outdoor time, bike racks at school)

OR

% of schools where the majority ($\geq 80\%$) of pupils are taught by a P.E. specialist OR
% of schools where the majority ($\geq 80\%$) are offered the mandated P.E. (for example two hours per week PE for four to 16-year-olds is recommended, or one hour per week at primary school, two hours per week for secondary students is recommended).

OR

% of schools that offer P.A. opportunities (excluding P.E.) to majority ($\geq 80\%$) of their students

% of parents who ensure that their children and adolescents have access to P.A. opportunities at school in addition to P.E. classes

OR

% of schools with pupils who have regular access to facilities and equipment that support P.A. (e.g. playgrounds, gymnasium, swimming pool)

In 2016, the benchmark for this indicator was '% of children participating in ≥ 2 hours per week of extra-curricular sport and school-based recreation', and they were graded D. The benchmark has been broadened, and the grading is now based on % of schools, rather than % of children and adolescents.

Data sources

Data sources for the school indicator were not found to be insufficient. It did not represent the needed data sources and failed to be deemed as a national representative in nature. These institutes even tend to confine the children in order to be active in the school environment. Although, none of the policy was ever directed at getting the students active in the school area, except the regular Physical Education program. Unfortunately, this P.E. lesson is too heavy to emphasize the sports skill acquisitions, which is not inclusive for most children. The expert team has also made an additional effort to send some questionnaires to several principals from different schools in a particular city, questioning about the daily physical education program and PA-based out-of-school activities. The answer was negative and only mingled with extra-curricular activities that were not only related to sport or P.A. Furthermore, the expert team also tried to browse certain pages related to the P.A. promotion programs in schools from the official websites of the ministry of education, specifically from all directorates patronizing the institute (identical to K - 12). There was no evidence that these schools and the ministry are concerned about the need for children to meet the WHO's recommendations. This condition has led to the disappointment of the majority of the P.E. teachers due to the absence of the policy even though they have strived to propose a program similar to the earlier mentioned benchmark. The research working group agreed that the meeting has decided to award grades on the school indicator, even though no national data was available on this issue.



Method of determination

The absence of data regarding the school policy and its implementation caused the research expert group to be left with two options, first to grade INC (stand for incomplete) or to give the worse grade as it is in line with the condition that it represents. The expert group finally decided to choose the second alternative, namely to give the worst grade, F. This is based on the fact that: "They know that there's no appropriate efforts or better ways to promote P.A. at schools nationally".

Grade

The grade for School Indicator was only F

Rationale

For this indicator, no data was available across the aforementioned benchmarks. In addition, there were no sufficient data sources used to grade this indicator, with all using self-reported measures completed by the academic staff (teachers/principals). Even for the benchmark related to the number of specialist P.E. teachers, that so far still not evenly distributed among schools in the urban and rural areas. There is also a concern that even though the allotted time for P.E. in the timetable was more than two hours, the grade remained unchanged because most of the time, the lesson is permanently reduced considerably by the activities of the non-learning task during its period. It is greatly doubted that the Active Learning Time (ALT) mandated the P.E. lesson period that is factually utilized and fostered to eventually accomplish its objectives.

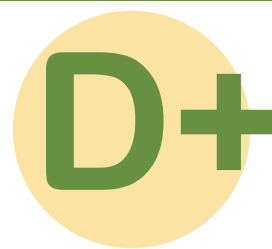
One aspect of this policy is that it offers more time to academic activities and this is the highest concern for both classroom teachers and school principals. In their poor comprehension and belief, the more time spent by the pupils participating in moderate and vigorous P.A. does not contribute to the children's holistic growth. In situations where more pupils are active, even in the mandatory P.E. lesson, will significantly affect their abilities to learn. Most children usually feel drowsy in the class, and their sweating is deemed as a distraction of the learning activities during classes.

Recommendation

- There has to be an effort to enhance teachers and principals' understanding regarding the positive benefit of physical activity and its impact on the many aspects of the children's learning qualities, which has been proven scientifically. They must be convinced that their participation in this activity strongly fosters physical, mental, emotional, social, and even moral growth.
- It also needs to be understood that physical activity fosters the children's physical and mental health and even reduces the prevalence of unnecessary non-communicable diseases that have been proven to develop since childhood. Moreover, it should also be well known by teachers and principals that children's participation in MVPA will also improve their academic achievement.
- It is necessary for schools to facilitate and encourage their students to participate in the P.A. program by implementing certain policies and ensuring it is a vital part of the whole-of-school approach to promote P.A.
- For further development of its implementation in the future, the directorate of the school management at the ministerial level also need to support physical activity promotion by creating a national policy, without which there will not be a continual implementation at the school leadership level.
- The ministry of education has to work together synergically with other sectors, such as the ministry of health and that of youths and sports. However, this synergy needs to be highly prioritized on the national policy level of these three ministries.



COMMUNITY AND ENVIRONMENT



Definition

Community and environment is another sources of influence on the behavioural movement of children. This indicator is related to how they impact the children's choice in terms of how they spend their leisure, whether they prefer to stay inactive in their homes or choose to interact with those in the adjacent environment. The communities where children grow up in and the liveable environment tend to have a significant impact on their participation in P.A., these could be either positive or negative.³³ Meanwhile, research showed that access to good transport infrastructure (for example, safe crossings) and publicly provided recreational infrastructure (for example, facilities) is positively associated with P.A. levels in youth. On the other hand, poor transport infrastructure (for example, traffic speed) and the local neighbourhood (for example, deprivation) are negatively associated with P.A. The influence the physical environment may have on P.A. varies from childhood to adolescence. Preliminary studies suggested that adolescents may benefit more from built- environment features that promote walking.

These sources of influence illustrates how the environment and community support children's interest and habitual development in being active individuals. The more supportive the surrounding environment in terms of stimulating children's movement, and members of the surrounding community who participate in physical activity, the greater the C&E value.

Benchmark

% of children and parents who perceive that their community or municipality is doing a good job at promoting physical activity

OR

% of communities or municipalities that they have enacted policies promoting P.A.

OR

% of communities or municipalities that have infrastructure geared towards promoting physical activity

OR

% of children and parents who reportedly have available facilities, programs, parks or playgrounds in their community

OR

% of children and parents who reportedly have well-maintained facilities, parks, or playgrounds in their community that are safe to use.

Data sources

There are apparent tendencies and tangible evidence that the municipal and provincial governments have progressively built and renovated city parks, sidewalk pavements, and public spaces for safer and positive environmental and neighbourhood interactions. As a result, more children and adults are promoted to visit parks and gardens in order to play together with friends and families. However, there is no documented report that this project is purposely oriented to facilitate community members including children, to intensely and extensively participate in P.A. Unfortunately, no research has been carried out on this relevant issue. Based on that reason, the research group for this C&E indicator has not succeeded in finding any documented study related to the needed data, as stated in the aforementioned benchmarks.



Method of determination

Due to the absence of the relevant data, there is no evidence that those newly established public facilities built in many municipalities in the country are precisely based on the Government's concern for the citizens, particularly for the sake of the children and youth's health and active lifestyle development.³⁴ Based on that reason, the research team for this indicator was faced with two alternatives, whether this indicator is graded INC an incomplete one, or is assigning a real grade. The issue was discussed and evaluated from every angle and different point of views, and the expert group finally agreed that giving credit to the municipal Government's effort in terms of creating a better environment tends to have a more positive and encouraging impact.

Grade

The grade for Community and Environment indicator is D+.

Rationale

Research team graded this indicator D+ due to the increased number of conducive facilities for children and community members to spend their leisure time, specifically on weekends. As was earlier stated, this facility were not built for the purpose of accommodating the people's needs to actively engage in physical activity. In a bigger city, except in the capital, the tendency that these parks are not supported by a better traffic system is obvious. Therefore, it remains unsafe and does not prevent for people from fighting with the crowded and busy road, specifically during working hours. Similarly, when some cities have provided signs roads for biker tracks, these provisions do not guarantee safer traffics.

On the other hand, the topic related to this indicator has not been investigated in terms of developing data regarding the benchmarks. The limited information concerning the relationship between the environment and the P.A. participation, has not really grown to a convincing level.

Recommendation

There needs to be some form of awareness among the community and government officials to start paying considerable attention to the importance of safer environments as well as promote and invite more children and society members to visit their surroundings, play and actively engage in recreational activities. The provision of public spaces in the adjacent housing complexes is essential to broaden opportunities for children to explore their surroundings with greater confidence. In circumstances, where the concern of the Government has become more extensive, there is need to create a more intense initiative involving children and adolescents in the P.A. program. This is in line with the enhanced perception of the community that their environment has become safer. Therefore, the Government must also accurately deliver the concept of mass participation in P.A. When they still resist the previous concept of sports participation, which is more rigid and exclusive. This P.A. participation of children and adolescents, as well as community member, will not be developed at all. Sports will be perceived as activities that need standardized equipment, fields, and courts, while physical activity could be performed anywhere, including in the open spaces surrounding their houses.



GOVERNMENT

B-

Definition

The last indicator to be graded is the Government (G), which is one of the sources of influence on the overall behavioural movement of children and adolescents. The bottom line, is that the governments of any country have an outstanding commitment towards the health and prosperity level of their society, as well as has a better chance to formulate the framework of a comprehensive strategy. The more inclusive the policies issued, and the larger the budget allocated for its implementation, triggers the Government's ability to equip itself with comprehensive reasons and steps that need to be extensively realized. This commitment is highlighted in several national policies or action plans to promote the children's participation in P.A.³⁴

Benchmark

- Evidence of leadership and commitment in providing P.A. opportunities for all children and adolescents.
- Allocated funds and resources for the implementation of P.A. promotion strategies and initiatives.
- Demonstrated progress through the key stages of public policy enactment (i.e., policy agenda, formation, implementation, and evaluation as well as decisions about the future).

Data sources

The Government has implemented many policies regarding the sports development program. For instance, the Ministry of Youth and Sport of Indonesia ratified the National Sports Law as a fundamental policy to govern national sport development. Most recently, the ministry also established the "Grand Design of National Sport", which aims to improve High-Performance activities through a synergistic policy with other ministries. The encouragement motto is: "Let us do sport".¹⁵

Likewise, the Ministry of Health delivered a specific program to stimulate all Indonesians to be healthy and fit through the national policy of the "Society Movement for Healthy Living." The Ministry of Education and Culture recently published the newly established curriculum (2022) called "Independent Curriculum." Physical education is part of the study program oriented towards a new paradigm of developing a physically literate person, although it needs tremendous effort to be soundly implemented in schools.¹⁹

Method of determination

The policies implemented by all these three ministries was the main topic discussed in the experts' forum, and the majority agreed that to a certain extent, there is no obvious evidence that all were effectively implemented in terms of promoting physical activity and fitness. Likewise, the newly established policy produced by the Ministry of Youth and Sport entitled the Grand Design of National Sport Policy, was presumed to neglect the commitment of providing physical activity for all children and youths. These regulations heavily emphasize on the sport development perspective for the purpose of its outcome.

Grade

The grade for the Government indicator is B-.

Rationale

The grade for the government sector was given to those policies generated by at least three ministries. The Ministry of Youth and Sport with its Sports Law and the Grand Design of National Sports Policy. The Ministry of Health with the "Society Movement for Healthy Living" as the national policy in the health sector. The Ministry of education, with the newly implemented national P.E. curriculum called "Independent Curriculum", with a paradigm directed towards the development of a physically literate person.¹⁹ The only shortcoming is that these three ministries did not agree on implementing all the policies synergistically to achieve the agreed objectives at the national level. Alternatively, when there is no synergy they can agree on the nature of active-healthy kids which is targeted as a national priority. As a result, there is a lack of consistency and transparency for the physical activity promotion programs. The best proof is the lack of attention to promoting the children's physical activity in the Law on Sport of Indonesia.

Recommendation

- Develop and implement Physical Activity Recommendations for School children at the national level.
- Develop the National Physical Activity Strategy for Indonesians covering a broad range of topics.
- Promote and promote programmes and national campaigns for school children's physical activity.
- Pay more attention to promoting the children's physical activity in the Law on Sport of Indonesia and the Grand Design of National Sport Policy.
- Develop and implement a monitoring system for the Physical Fitness of School-Aged Children.
- Collaboration among research analysts and policymakers is crucial for taking steps towards creating and implementing policy documents.
- Therefore, there must be intense pressure and encouragement from the academicians in the related topic, putting this topic into the research interest and publishing more articles in international journals.



H. STRENGTHS AND LIMITATIONS

The 2022 Indonesia Report Card's strength is in using several nationally representative data to assign grades for the movement behaviour group indicators. It was combined with the fact that most of the research group members come from the same office, so the frequency and intensity of the team member discussing the issue was enormous. On the other hand, we should admit that this report card project contained several limitations, primarily from the quality of evidence of the data sources that cannot be maintained in terms of their data sophistication. Some data sources originated from the time just before the pandemic, and some came from the post-pandemic. In addition, when the team recognized COVID-19, the team did not necessarily feel urged to compare grades with the situation before and after the occurrence.

Consequently, it is still unknown how the pandemic has affected the level of sedentary behavior of children. Lastly, the Report Card Committee lacked of representativeness across the country and failed to get support from prominent academicians with the same concerns. The report card team got less support from the experts.

Although the best available data determine grades, there were significant research gaps – each in terms of its regularity, and basis of exposure, which reflects its scarcity. One data source originated from 2015, which has not been updated and does not precisely depict the most current and actual situation, specifically during the pandemic.



I. CONCLUSION

The grades are very poor for Overall Physical Activity, Organized Sport and PA participation, and Active Play (F). The grades for Active Transportation were also poor (D-), Sedentary Behaviour was B, and the grade for Physical Fitness was F. The central and local Government has recognized the importance of physical activity by creating physical activity-related policy and improving facilities. However, the Government has not comprehensively implemented all the policies at the stakeholder levels, like Schools and Families and Peers, due to poor physical education programs in Schools. Therefore, School and Family & Peers grades still receive F, Community and Environment receive D+, and Government receives the grade of B-.

It can be concluded that children and adolescents in Indonesia have low physical activity and fitness levels, and their behaviours toward active play and transportation are still poor. Interestingly, the level of sedentary behaviour is favourable, receive B, that must be seen critically. possibly due to the demographic profile, in which the population outside of Java Island still lives in unfavourable families background. On the other hand, family and peers, community and environment, and school still had poor grades. Therefore, there needs to be a comprehensive guideline from the Government and non-governmental agencies regarding the physical activity routine. Besides, there must be a push for all agencies responsible for the activity and health of children to synergistically make a comprehensive guideline to affect the 24 hours of behavioral movement. Schools play a critical role in shaping the positive habits of this 24-hour-of-movement and working together to create a friendly environment and motivate the kids by designing more active play and transportation programs as the supporting factors. Also Government and other sectors should start to maximize the role of schools in developing the early start of physically active person, both in making use the physical education program and active school program. Schools, with all amenities and premises that they possess, will provide the best possible opportunity for whole children and students to increase their physical activity level to their fullest.

REFERENCES

1. WHO guidelines on physical activity and sedentary behaviour. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.
2. Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.
3. Active Healthy Kids Global Alliance. About us: Active Healthy Kids Global Alliance; 2018. Published <https://www.activehealthykids.org/about/>. Accessed July 31, 2022
4. Tremblay MS, Aubert S, Barnes JD, Saunders TJ, Carson V, Latimer-Cheung AE, Chastin SFM, Altenburg TM, Chinapaw MJM, SBRN. Terminology consensus project participants. Sedentary behavior research network (SBRN) - terminology consensus project process and outcome. *Int J Behav Nutr Phys Act*. 2017;14(1), 75. <https://doi.org/10.1186/s12966-017-0525-8>
5. Tremblay MS, Barnes JD, Gonzalez SA, et al. Global matrix 2.0: report card grades on the physical activity of children and youth comparing 38 countries. *J Phys Act Health*. 2016;13(11 suppl 2): S343–S366. doi:10.1123/jpah.2016-0594
6. Tremblay MS, Gray CE, Akinroye K, et al. Physical activity of children: a global matrix of grades comparing 15 countries. *J Phys Act Health*. 2014;11(suppl 1):S113–S125. doi:10.1123/jpah.2014-0177
7. Kemenpora. 2019 DBON (2019 Grand Design for National Sport Program). Jakarta. Kemepora; 2019. (Presidential Decree on Grand Design for National Sports Program. Jakarta. Ministry of Youth and Sport. 2019)
8. Department for Communities. A New Sport and Physical Activity Strategy for Northern Ireland. March 2022, Active Living (communities-ni.gov.uk).
9. Aubert S, Barnes JD, Aguilar-Farias N, Tremblay MS. Report card grades on the physical activity of children and youth comparing 30 very high human development index countries. *J Phys Act Health*. 2018;15(S2):S298eS314. <https://doi.org/10.1123/jpah.2018-0431>.
10. United Nations Children's Fund (2020). Situasi Anak di Indonesia –Tren, Peluang, dan Tantangan Dalam Memenuhi Hak-Hak Anak. Jakarta: UNICEF Indonesia.
11. Nike Inc. 2012. Design to Move: A Physical Activity Action Agenda. Jointly published by American College of Sport Medicine, Nike Access to Sport, Inc., and International Council of Sport Science and Physical Education. 2012.
12. IOM (Institute of Medicine). 2013. Educating the student body: Taking physical activity and physical education to school. Washington, DC: The National Academies Press.
13. Active Healthy Kids Global Alliance. Global Matrix 4.0: <https://www.activehealthykids.org/about-us/>. Accessed September 15, 2022.
14. United Nations Children's Fund (2020). The Situation of Children in Indonesia – Trends, Opportunities, and Challenges in Fulfilling Children's Rights. Jakarta: UNICEF Indonesia.
15. Kemenpora. Laporan Nasional Sport Development Index Tahun 2021, Olahraga Untuk Investasi Pembangunan Manusia. Jakarta: Asdep Kemitraan dan Penghargaan Olahraga- Kemenpora Republik Indonesia; 2021. (National Sports Development Index Report 2021, Sports for Human Development Investment. Jakarta: Director of Sports Partnerships and Awards- Ministry of Youth and Sport. 2021)
16. Active Healthy Kids Global Alliance. About us: Active Healthy Kids Global Alliance. 2016. <https://www.activehealthykids.org/participants/>. Accessed May 27, 2022.
17. Active Healthy Kids Indonesia. About Us: <https://activehealthykidsindonesia.org/en/>. Accessed August 26, 2022.

18. KPPPA. Profil Anak Indonesia 2019. Kementerian Pemberdayaan Perempuan dan Perlindungan Anak, Republik Indonesia, bekerjasama dengan Badan Pusat Statistik; 2019. (Profile of Indonesian Children 2019. The Ministry of Women's Empowerment and Child Protection, Indonesia, collaborates with the Central Statistics Agency 2019;)
19. Kementerian Pendidikan dan Kebudayaan: <http://kurikulum.kemdikbud.go.id/kurikulum-merdeka/>
20. BPS. Statistik Sosial Budaya Tahun 2018. Jakarta: Badan Pusat Statistik Republik Indonesia; 2018. (Central Agency on Statistics of Indonesia: 2018 Statistic on Social and Culture. Jakarta;)
21. Kemenkes. Laporan Nasional Riskesdas Tahun 2018. Jakarta: Badan Penelitian dan Pengembangan Kesehatan; 2018. (National Report of 2018 Baseline Health Research. Ministry of Health of Indonesia: Health Research and Development Agency. Jakarta;)
22. Kemenkes-GSHS 2015. Perilaku Berisiko Kesehatan Pada Pelajar SMP Dan SMA Di Indonesia. Jakarta: Puslitbang Upaya Kesehatan Masyarakat Badan Litbangkes; 2016. (Global School-Based Student Health Survey 2015. Health Risky Behaviors in Middle and High School Students in Indonesia. Ministry of Health of Indonesia. Jakarta: 2016;)
23. <http://p2ptm.kemkes.go.id/kegiatan-p2ptm/dki-jakarta/germas-wujudkan-indonesia-sehat>.
24. Active Healthy Kids Global Alliance. Grading rubric; <http://www.activehealthykids.org/?s=rubric>
25. Mahendra, Agus. 2015. Permainan Anak dan Permainan Tradisional. Bintang WarliArtika. Bandung. ISBN: 978-602-8617-76-5 (*Kids Play and Traditional Games*. 2015)
26. Tremblay MS, Aubert S, Barnes JD, Saunders TJ, Carson V, Latimer-Cheung AE, Chastin SFM, Altenburg TM, Chinapaw MJM, SBRN. Terminology consensus project participants. Sedentary behavior research network (SBRN) - terminology consensus project process and outcome. *Int J Behav Nutr Phys Act*. 2017;14(1), 75. [HTTPS:// doi.org/10.1186/s12966-017-0525-8](https://doi.org/10.1186/s12966-017-0525-8)
27. Tremblay MS, Barnes JD, Bonne JC. Impact of the Active Healthy Kids Canada Report card: a 10-year analysis. *J Phys Act Health*. 2014;11(suppl 1):S3–S20. doi:10.1123/jpah.2014-0167
28. Tremblay MS, Barnes JD, González SA, et al. Global matrix 2.0: report card grades on the physical activity of children and youth comparing 38 countries. *J Phys Act Health*. 2016;13(11 suppl 2): S343–S366. doi:10.1123/jpah.2016-0594
29. <https://www.statista.com/statistics/1251512/indonesia-total-child-workers/> Accessed September 20, 2022.
30. Council of Europe. Eurofit: handbook for the Eurofit tests of physical fitness. Rome: Council of Europe, 1988
31. Tomkinson GR, Carver KD, Atkinson F, Daniell ND, Lewis LK, Fitzgerald JS, Lang JJ, Ortega FB. European normative values for physical fitness in children and youth aged 9-17 years: results from 2 779 165 Eurofit performances representing 30 countries. *Br J Sports Med*. 2018; 52(22):1445-14563.
32. Lang JJ, Tomkinson GR, Janssen I, Ruiz JR, Ortega FB, Leger L, Tremblay MS. Making a Case for Cardiorespiratory Fitness Surveillance Among Children and Youth. *Exercise and sport sciences reviews*, 2018;46(2), 66–75.
33. Tremblay MS, Gray CE, Akinroye K, et al. Physical activity of children: a global Matrix of grades comparing 15 countries. *J Phys Act Health*. 2014;11(s1): S113eS125. <https://doi.org/10.1123/jpah.2014-0177>.
34. Tremblay MS, Barnes JD, Gonzalez SA, et al. Global Matrix 2.0: report card grades on the physical activity of children and youth comparing 38 countries and the global Matrix 2.0 research team. *J Phys Act Heal Hear Found South Africa Shanghai Univ Sport Res Found Oberlin Univ*. 2016;13(S2):S343eS366. [https:// doi.org/10.1123/jpah.2016-0594](https://doi.org/10.1123/jpah.2016-0594).

RESEARCH WORKING GROUP OF AHKI

1. OVERALL PHYSICAL ACTIVITY

Lukmanul Hakim
Masayu Rizka

2. ORGANIZED SPORT and PA

Dian Budiana,
Wildan Alfia Nugroho, and
Gita Febria Friskawati

3. ACTIVE PLAY

Andi Suntoda and
Novrizal A. Novan

4. ACTIVE TRANSPORTATION

Didin Budiman and
Hasyim Altaf
Dwi Tiga Putri

5. SEDENTARY BEHAVIOR

Anira,
Agus Wibowo, and
Dwi Tiga Putri

6. PHYSICAL FITNESS

Suherman Slamet
Moch. Syamsul

7. FAMILY AND PEERS

Mesa Rahmi Stephani
Putri Novitasari

8. COMMUNITY AND ENVIRONMENT

Wulandari Putri
Wahyu Indra Bayu

9. SCHOOL

Gano Sumarno &
Fajar Widiyatmoko

10. GOVERNMENT

Ricky Wibowo
Isti Kumalasari