



MALAYSIA 2022 PHYSICAL ACTIVITY REPORT CARD FOR CHILDREN AND ADOLESCENTS

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Malaysia 2022 Physical Activity Report Card for Children and Adolescents is Malaysia's second physical activity report card and provides a critical update on the "state of the nation" on physical activity and health-related indicators of Malaysian children and adolescents aged 5 to 17 years. This report does not address the changes due to COVID-19 and its consequent lockdown and behavioural measures. Grades in the 2022 Report Card are mostly unchanged from the 2016 Report Card. There has been a lack of improvement in the physical activity indicators since the Report Card initiative commenced in 2016.

The Report Card was developed via a harmonised process as part of the Global Matrix 4.0 established by the Active Healthy Kids Global Alliance (AHKGA; www.activehealthykids.org), comprising countries around the world that have committed to producing the Physical Activity Report Cards. This Report Card will serve as a basis to evaluate current physical activity promotion approaches in Malaysia. It also supports efforts to develop policies and more effective strategies for promoting an active lifestyle among children and adolescents.



METHODOLOGY AND DETAILED FINDINGS

Malaysia 2022 Physical Activity Report Card for Children and Adolescents was developed using synthesised data from nationwide surveys and government reports (from the year 2016 to 2022). Universiti Kebangsaan Malaysia (UKM) is the lead research university for this Report Card initiative. A Research Committee from UKM, a Steering Committee and Stakeholders consisting of multidisciplinary local experts and government officials related to physical activity and health of children and adolescents evaluated all the data to assign letter grades to each of the 12 indicators using predetermined criteria and benchmarks from the AHKGA.

This document is a summary of the long form Malaysia 2022 Report Card. The long form Report Card describes in detail: the data sources used to assign the grades, methodology, informative tables and figures, recommendations to improve the grades, research gaps and what data is needed for grading in the future, and complete references. Visit <http://activehealthykids.org.my/> to download the full 2022 Report Card.

WHAT ARE THE INDICATORS?

The 2022 Report Card assessed 12 indicators (10 core indicators endorsed by the AHKGA and two additional indicators [identified by * symbol]). Indicators are grouped under four categories: (i) Strategies and Investments, (ii) Settings and Sources of Influence, (iii) Daily Behaviours, and (iv) Individual Characteristics that contribute to Overall Physical Activity.

STRATEGIES AND INVESTMENTS



Government

SETTINGS AND SOURCES OF INFLUENCE



Family and Peers



Community and the Built Environment



School

DAILY BEHAVIOURS



Sedentary Behaviour



Diet*

INDIVIDUAL CHARACTERISTICS



Physical Fitness



*Weight Status



Physical activity confers many positive outcomes related to physical, mental, emotional, and social health in children and adolescents.



HOW ARE THE INDICATORS GRADED?

Grades are determined by the percentage of Malaysian children and adolescents meeting the benchmark for each indicator against an international standardised grading scheme

A

A+ 94%-100%

A 87%-93%

A- 80%-86%

We are succeeding with a large majority of children and adolescents.

B

B+ 74%-79%

B 67%-73%

B- 60%-66%

We are succeeding with well over half of children and adolescents.

C

C+ 54%-59%

C 47%-53%

C- 40%-46%

We are succeeding with about half of children and adolescents.

D

D+ 34%-39%

D 27%-33%

D- 20%-26%

We are succeeding with less than half but some children and adolescents.

F

0%-20%

We are succeeding with very few children and adolescents.

INC

Incomplete—insufficient or inadequate information to assign a grade.

HOW DO OUR CHILDREN AND ADOLESCENTS FARE?

The grades illustrate the state of physical activity and health-related indicators among Malaysian children and adolescents.

INDICATORS



Overall Physical Activity

D-



Organised Sports and Physical Activity Participation

INC



Active Play

INC



Active Transportation

D-



Sedentary Behaviours

C



Physical Fitness

B



Family and Peers

INC



School

A-



Community and Environment

INC



Government

B



Diet

D-



Weight Status

B-

REPORT CARD INDICATORS

D-



OVERALL PHYSICAL ACTIVITY

One-fifth of Malaysian adolescents (19.8%) aged 13 to 17 years were reported to be physically active for a total of at least 60 minutes per day on 5 or more days per week based on the National Health Morbidity Survey (NHMS): Adolescent Health Survey (AHS) 2017. No nationally representative data are available for children aged 5 to 12 years.

ORGANISED SPORTS AND PHYSICAL ACTIVITY PARTICIPATION

There is limited nationally representative evidence for organised sports and physical activity participation of children and adolescents. Survey (NHMS): Adolescent Health Survey (AHS) 2017.

INC



INC



ACTIVE PLAY

There is a lack of nationally representative data for active and outdoor play for children and unstructured physical activity for adolescents.

ACTIVE TRANSPORTATION

The NHMS: AHS 2017 reported that one-fourth (25%) of Malaysian adolescents aged 13 to 17 years commuted actively (walking or cycling) to or from school regularly (at least five times per week). No nationally representative data are available for children aged 5 to 12 years.

D-



C



SEDENTARY BEHAVIOURS

The NHMS: AHS 2017 reported that 48.2% of Malaysian school-going adolescents aged 10 to 17 years met screen time recommendation, that is, not more than two hours daily. No nationally representative data are available for children aged 5 to 9 years.

PHYSICAL FITNESS

National Physical Fitness Standard for Malaysian School Student (SEGAK) 2019 data showed that Malaysian adolescents aged 10 to 17 years ranked in the 67th percentile for extent flexibility. The ranking was calculated by comparing the extent flexibility of Malaysian adolescents to international norms published by Tomkinson et al. (2018) for sit-and-reach (cm). No nationally representative data are available for children aged 5 to 9 years.

B



REPORT CARD INDICATORS

INC



FAMILY AND PEERS

There is a lack of nationally representative evidence on family and peers' benchmarks for children and adolescents.

A-



SCHOOL

About 80% of primary and secondary schools in Malaysia have sports fields that support Physical Activity for school children and adolescents based on the report on School Sports Infrastructure and Programmes Survey (i-KePS) 2021 conducted by the Ministry of Education Malaysia.

INC



COMMUNITY AND ENVIRONMENT

There is a lack of nationally representative data available to assess the benchmarks for community and environment.

B



GOVERNMENT

Malaysia has several policies that promote physical activity among children and adolescents including the One Student One Sports Policy, Policy for the Implementation of Co-curricular Activities, National Sports Policy, and others. There are also several strategic plans, blueprints or prioritisation of policies that were established, such as the National Strategic Plan for Active Living (NASPAL), Policy Options to Combat Obesity, and others. Two national guidelines that include physical activity recommendations for children and adolescents are the Malaysian Dietary Guidelines for Children and Adolescents 2013, and the Malaysian Physical Activity Guidelines 2017. However, more information about the impact of these policies is required and future policy documents would benefit from including more detailed information about reporting, funding, monitoring, and evaluation.

DIET

The NHMS: AHS 2017 reported that less than one-fourth (23.5%) of school-going adolescents aged 13 to 17 years self-reported achieving the recommended daily intake of fruits and vegetables based on two servings of fruits and three servings of vegetables daily. No nationally representative data are available for children aged 5 to 12 years.

D-



B-



WEIGHT STATUS

The NHMS 2019 reported that more than half of Malaysian children and adolescents aged 5 to 17 years were normal weight (60.2%), while about one-third were overweight (15%) or obese (14.8%) according to BMI for age z-score (BAZ) indices of WHO Growth Reference 2007.

GENERAL RECOMMENDATIONS FOR ACTION



Incorporate key physical activity at an early age and strengthen the national public health agenda in view of the importance of physical activity in children and adolescents.



Increase opportunities for children and adolescents to experience a broad range of physical activities, both structured and unstructured among all and target preschool children, children with disabilities, girls, specific ethnic groups, and low income families.



Evaluate the effectiveness of physical activity initiatives and policies to identify the impact of physical activity promotion programmes developed in Malaysia.



Incorporate key physical activity indicators benchmarks in national surveys to capture physical activity data covering children and adolescents aged 5 to 17 years.

RESEARCH PRIORITIES

Given the limitations of self-reported data, objective measures and device-assessed physical activity should be incorporated into national surveys to provide a more objective picture of children and adolescents' physical activity levels and patterns.

More evidence from large-scale, longitudinal studies examining the physiological, psychological, and sociological benefits/effects of physical activity participation and sedentary behaviour in children and adolescents are needed to provide a firm foundation for policy development and public health practices.

More research is needed to determine which interventions are most effective and sustainable. The motivation and barriers for Malaysian children and adolescents to engage in physical activities need to be explored.

Evidence on how different forms of participation in physical activity (e.g., active play, organised sports, active transportation) in terms of frequency, intensity, types, and duration, contribute to overall physical activity levels is needed.

ACKNOWLEDGEMENTS

This report card was produced in partnership with the Active Healthy Kids Global Alliance and Universiti Kebangsaan Malaysia (UKM) with support from Sun Life Malaysia as part of its purpose of helping people live healthier lives.



The Research Committee of the Active Healthy Kids Malaysia thanks all representatives of the Steering Committee and the Stakeholders for their substantial contribution to the report card. This Report Card is a collaborative work involving the following partners:



For more information, please visit <http://activehealthykids.org.my>