

Results from Venezuela's 2018 Report Card on Physical Activity for Children and Youth

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Introduction

The National Standard Survey for the Venezuelan population (ENCOVI, 2017) reports a deterioration in quality of life for Venezuelans, showing that 80% of households live in food insecure conditions.¹ The Venezuelan Study of Nutrition and Health presented that the majority of adolescents older than 15 years do not exercise regularly because they perceive the high rates of criminality as an obstacle.² As the economic situation deteriorates in the country, infrastructure for sports practice also deteriorate, while necessary active transportation increases and no government actions are being implemented to solve these problems.³ Nongovernmental organizations (NGOs) and private initiatives are still successful in promoting sports and physical activity for children and youth in Venezuela.^{4,5} The purpose of this short article is to summarize the results of the 2018 Venezuelan Report Card on Physical Activity for Children and Youth (Figure 1).

Methods

The Venezuelan 2018 Report Card updated the information available on the 2016 Report Card⁶ and compiled the information available for the 10 core physical activity indicators that are common to the Global Matrix 3.0 (Overall Physical Activity, Organized Sport and Physical Activity Participation, Active Play, Active Transportation, Sedentary Behavior, Physical Fitness, Family and Peers, School, Community and Environment, Government). In addition, Cardiometabolic Risk, Physical Activity for Children and Youth with a Disability, and Nongovernment initiatives indicators were included. These indicators were clustered into 1 of 3 categories: Daily Behaviors (Overall Physical Activity, Organized Sport and Physical Activity Participation, Active Play, Active Transportation, Sedentary Behaviors), Settings and Sources of Influence (Family and Peers, School, Community and Environment), and Strategies and Investments (Government, Nongovernment (NGO), Physical Activity Initiatives for Children and Youth with a Disability). Cardiometabolic Risk was evaluated due to the recent Venezuelan environment in order to emphasize the relationship that undernutrition in early years has in the future development of chronic non-communicable diseases.⁷

Grades were based on the best available evidence. Sources included national surveys, peer-reviewed literature, and gray

literature such as government and nongovernment reports and online content, and meeting with experts of the NGOs and Municipal Government.

The Report Card synthesized data from multiple sources as a means to assess the 13 indicator grades. The data sources relied upon most heavily for adolescents was the Venezuelan Study of Nutrition and Health (EVANS)² and for Cardiometabolic Risk from the data for the Social Emergency Plan (PES) unpublished yet.⁸ Data for the Government was obtained from national media websites and NGOs from their web sites and personal meetings with the coordinators.

Results and Discussion

The review and grading process of this Report Card included a multidisciplinary team coordinated by the Central University of Venezuela core group of researchers and incorporated experts and directors of social development areas of a crowded municipality in the capital city as well as the president of the foundation of Special Olympics-Venezuela. This Report Card benefited from not only a literature search but also from access to quality sources of information because of the members positions of this group. This multisector team was key for grading the 13 indicators as reported in the Table 1.



Figure 1 — Venezuela's 2018 Report Card cover.

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Table 1 Grades and Rationales for Venezuela's 2018 Report Card

Indicator	Grade	Rationale
Overall Physical Activity	D	ELANS-EVANS evaluated only adolescents between 15-19 years of age, 71% of which reported to be inactive as not being engaged in 60 minutes/day 4 times per week in physical activity ²
Organized Sport and Physical Activity Participation	D+	ELANS-EVANS evaluated only adolescents between 15-19 years of age and 34% of those reported participation in organized sports ²
Active Play	INC	No data available
Active Transportation	B-	As a result of the Venezuelan crisis, people are walking more, due to lack of public transportation and 63% of adolescents might walk at least 10 min to move from one place to another ²
Sedentary Behaviors	INC	Incomplete data
Physical Fitness	INC	No data available
Cardiometabolic Risk	D	41.2% of male adolescents evaluated in a local study reported to be obese when physical activity was performed at moderate/low level according to IPAQ questionnaire. ² 16.45% of school age children 7-8 years old showed cardiovascular risk associated with impairments of blood pressure in a local study. ⁹ Children between 0-2 years old report 33% of chronic undernutrition in a national representative sample belonging to middle low and low SES. ⁸ ELANS-EVANS reported 35.8% male adolescents are overweight or obese and 27% females are overweight or obese. ²
Family and Peers	INC	No data available
School	INC	No data available
Community and Environment	D-	Overall, people addressed that due to safety concerns they refrain from exercising. 75.5% of subjects including adolescents, identify the insecurity as an obstacle for performing physical activity and sports. ²
Government	F	Laws exists but are not enforced or implemented. A dearth of assigned budget to improve the infrastructure, promote physical activity and reinforce the security for the practice. ^{3,10}
Non-Government	A-	Children who participate in the activities of NGOs (specifically in baseball initiatives) successfully complete their training and many of them are athletes of international relevance. ⁴
Physical Activity Initiatives for Children and Youth with a Disability	A+	All the children and youth registered in fifteen states of Venezuela practice organized sport including any of the 21 categories of summer sports and 4 categories of winter sports. ⁵

As observed in the Table 1, five indicators had incomplete or no data available (INC), and while the Venezuelan Study of Nutrition and Health provided data regarding the youth group (adolescents), there was no updated information in this period data on school age children, so the previous data included in the 2016 Report Card was used.⁶ The Cardiometabolic Risk indicator is considered very important for this report because the existing updated data is nationally representative and refers to the early years of life.⁷⁻⁹ The scientific evidence supports the fact that the start of life in poor conditions has an elevated cost not only in economic terms but also increasing the risk for developing chronic diseases such as cardiovascular diseases, type 2 diabetes, obesity and some types of cancer. The Government is given a grade of "F" since no actions promoting physical activity are being implemented,¹⁰ whereas NGOs and private initiatives are given an "A", since these organizations, even within the Venezuelan crisis, are able to be efficient, optimize resources and accomplish their goals of promoting physical activity, organized sports and education for the wellbeing of children and youth.^{4,5}

Conclusions

The proportion of Venezuelan children experiencing chronic undernutrition at the beginning of their lives is relatively high, and this is a major risk factor for developing chronic diseases in the

future. In addition, the majority of adolescents are inactive. Overall, Venezuelan children and youth are exposed to risks that are modifiable and that would benefit from better implementation of Governmental actions and articulation with private and civil society's efforts for closing the existing gaps on wellbeing in different population groups.

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