hbsc

World Health Organization
REGIONAL OFFICE FOR Europe

FACT SHEET, 15 March 2016

PHYSICAL ACTIVITY IN ADOLESCENTS

This fact sheet presents highlights from the international report of the 2013/2014 **Health Behaviour in School-aged Children (HBSC)** survey. HBSC, a WHO collaborative cross-national study, asks boys and girls aged 11, 13 and 15 years about their health and well-being, social environments and health behaviours every four years. The 2013/2014 survey was conducted in 42 countries and regions across the WHO European Region and North America.

BACKGROUND

Physical activity is essential for short- and long- term well-being, including physical and mental health, and may improve academic and cognitive performance. It is associated with increased self-esteem, musculoskeletal and cardiovascular health, and reduced anxiety and depression among adolescents. It also has societal benefits by increasing social interaction and community engagement.

Physical activity habits established during childhood and adolescence are likely to be carried through into adulthood. Sedentary behaviour and lower levels of physical activity (that is, those not reaching WHO recommendations) are associated with overweight, obesity and chronic conditions including diabetes, hypertension, cardiovascular diseases and various forms of cancer. Low levels can also impair concentration and productivity at school and contribute to social exclusion and loneliness.

WHO guidelines and recommendations on health-enhancing physical activity have been adopted and translated by many governments in Europe. They establish that children need to undertake at least 60 minutes of moderate-to-vigorous physical activity (MVPA) a day. The evidence suggests, however, that a significant proportion of young people – more than 80% of adolescents in the vast majority of Member States of the WHO European Region – do not meet this minimum standard. Evidence also shows, however, that any level of physical activity is better than none.

Research has suggested that people should reduce extended periods of sedentary behaviour, such as sitting at school or watching television, as these may constitute an independent risk factor for ill health regardless of other activity levels. Even highly active individuals are susceptible to the negative health effects of sedentary behaviour.

Adolescence is a critical stage in the life course in which to intervene and promote active lifestyles before long-term patterns of behaviour become established. This may be particularly important for adolescent girls, in whom a sharp downturn in

KEY FACTS AND FIGURES

Age differences
Time spent being physically active declines through adolescence.

Cross-national and gender differences
Physical activity levels are generally very low, with under 50% of young people meeting the current guideline of 60 minutes MVPA per day in all countries and regions.

Levels of physical activity are lower among girls.

Family affluence
Boys and girls from high-affluence households are more likely to achieve the recommended 60 minutes of MVPA daily in more than half of the countries and regions surveyed.

Difference between 2010 and 2014
Levels of daily activity have increased slightly for boys and girls in all age groups since the previous HBSC survey in 2009/2010.

levels of physical activity has previously been identified. Promoting physical activity in early life is of the greatest importance to the healthy development of children and young people. Physical inactivity is a leading risk factor for ill health, going well beyond issues related to weight control and influencing physical and mental well-being.

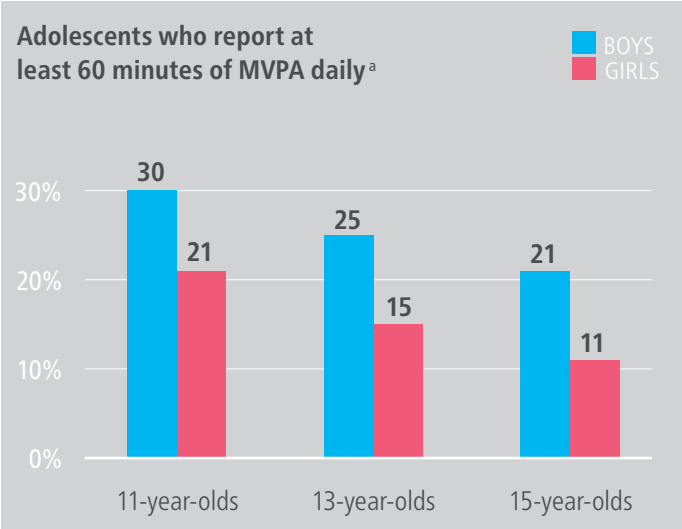
Age differences

Time spent being physically active declines through adolescence, with 25% of 11-year-olds meeting the recommended level compared to just 16% of 15-year-olds. The decrease between 11- and 15-year-olds is significant in most countries for both genders and is up to 22 percentage points for girls (Ireland) and 25 for boys (Finland). These findings demonstrate that adolescence is a critical period for intervention.

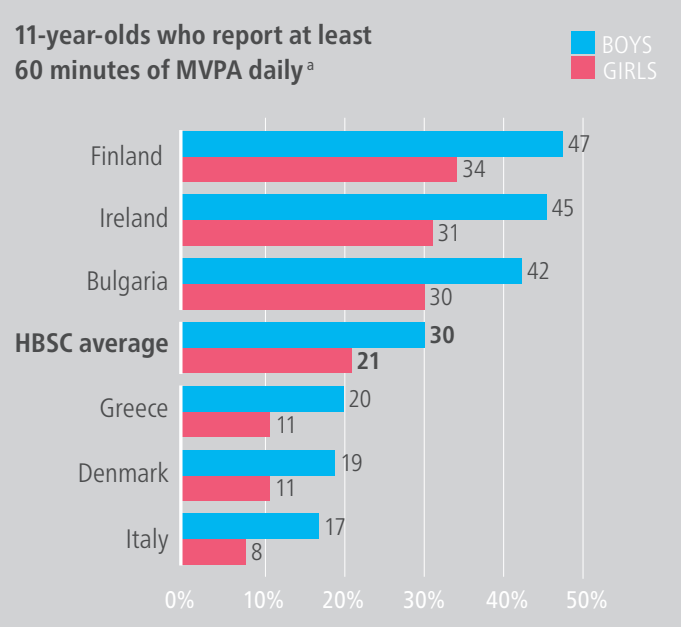
Cross-national and gender differences

Physical activity levels are generally very low, with under 50% of young people meeting the current guideline of 60 minutes MVPA per day in all countries and regions. Prevalence varies between countries, which suggests that national policies and guidelines may influence behaviours. Finland, for example, which shows the highest prevalence of participation in physical activity among 11-year-olds (boys 47%; girls 34%), has recommendations for physical activity that exceed the WHO guidelines.

Levels of physical activity are lower among girls, with clear gender differences for 11-, 13- and 15-year olds in nearly all countries and regions. The largest gender gaps are found among 13-year-olds in Ireland, Luxembourg, Portugal and Spain. The only instance in which girls report higher activity levels is among 13-year-olds in the Republic of Moldova (boys 20%; girls 25%).



[a] Average across all countries in the HBSC report



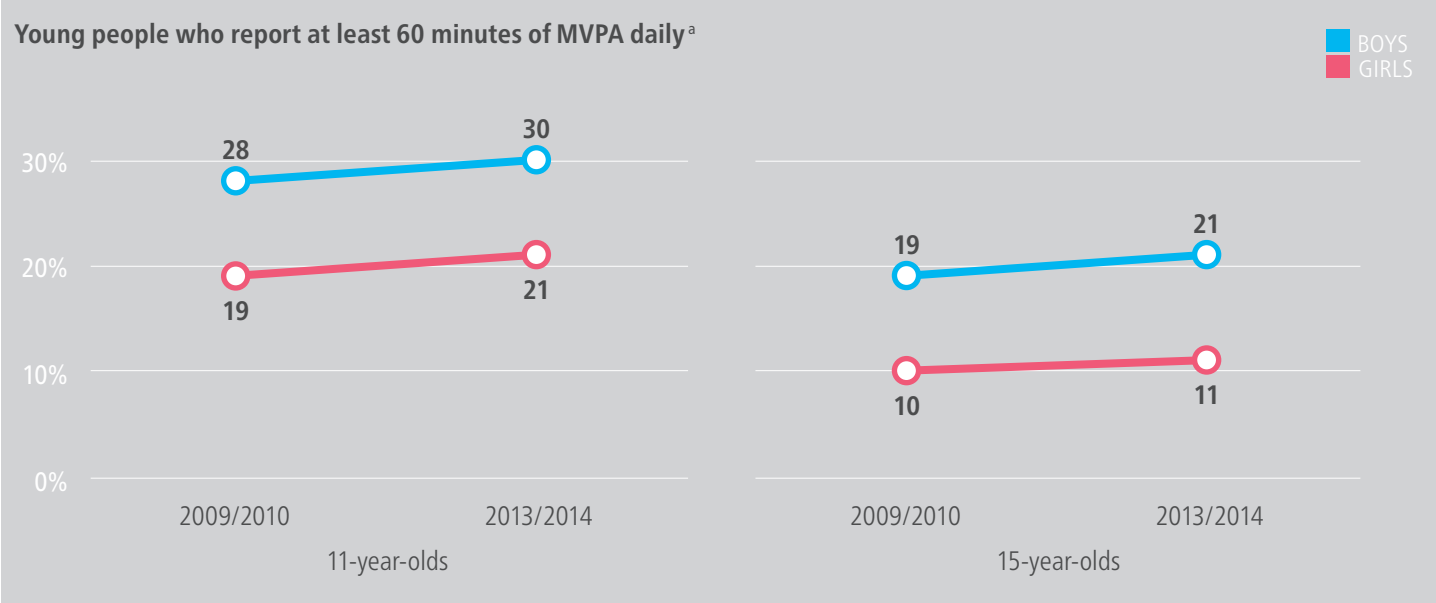
[a] Top and bottom 3, and average across all countries in the HBSC report

Family affluence

Boys and girls from high-affluence households are more likely to achieve the recommended 60 minutes of MVPA daily in more than half of the countries and regions surveyed. The difference between higher- and lower-affluence households is generally less than 10%, which replicates the pattern identified in the previous HBSC survey.

Difference from the previous HBSC survey

Levels of daily activity have increased slightly for boys and girls in all age groups since the previous HBSC survey in 2009/2010. The gender gap has changed little over time, however, and the proportion of young people meeting recommended activity levels remains very low.



[a] Average across all countries in the HBSC report

HOW CAN POLICY HELP?

The WHO European physical activity strategy for 2016–2025 identifies ways in which governments and public policies, with stakeholder support and engagement, can make physical activity part of everyday life for adolescents.

Priority policies in the strategy are to:

- adopt national guidelines tailored to the promotion of physical activity among adolescents;
- improve urban planning and transport infrastructure to promote active transport, such as walking and cycling to school;
- create environments to support physical activity for adolescents (such as free outdoor sport and leisure infrastructures, safe walking- and cycling-friendly routes, and clean beaches, parks and forest areas);
- ensure school curricula for adolescents include a strong physical education component;
- provide adolescents with opportunities for physical activity before, during and after the formal school day; and
- ensure adolescents with lower affluence or disabilities and those from minority ethnic groups have easy access to physical activity opportunities.

Investing in children: the European child and adolescent health strategy 2015–2020 calls for an intersectoral approach to promoting physical activity throughout the life-course. WHO guidance on promoting physical activity places major emphasis on the evaluation of actions, which will contribute further to the development of an evidence base for effective and cost-effective interventions

Further information

Child and Adolescent Health
WHO Regional Office for Europe
Email: lifecourse@euro.who.int
Website: www.euro.who.int/cah

Health Behaviour in
School-aged Children study
Email: info@hbsc.org
Website: www.hbsc.org