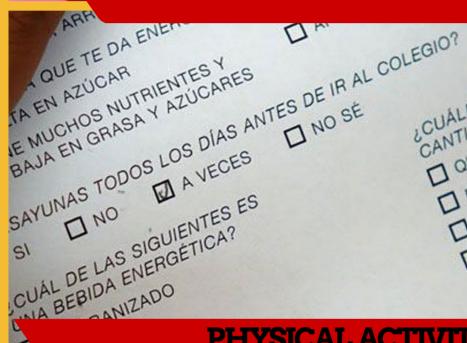




THE VENEZUELAN REPORT CARD ON



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PHYSICAL ACTIVITY FOR CHILDREN & YOUTH





Introduction



Venezuelan background

In Venezuela, the leading cause for death are cardiovascular diseases and the rates of type 2 diabetes and obesity have been increasing during the past decade. Venezuela is facing the rise in these noncommunicable diseases (NCD) while still dealing with undernutrition and communicable diseases. This has been a complex scenario when addressing the right interventions because at least ideally, the aim should be to provide care for those overweight and or obese, compensate those who are undernourished while attending the normal population.

Besides these challenges, the country is facing a relevant economic and social crisis in which the increase of poverty arises as an important factor of social disparities, which constitutes an obstacle for achieving the established international recommendations of physical activity (PA).

Information and figures about the physical activity status in children and youth in Venezuela are scarce and disorganized. International reports mention the fact that governmental and non-governmental actions for PA promotion are being taken, but lack on detailed description.



Table 1: Summary of Report Card Categories, Indicators and Grades

Category	Indicator	Grade
Behaviors that contribute to physical activity levels	Overall Physical Activity Levels	D
	Organized Sport Participation	INC
	Active Play	INC
	Active Transportation	D/F
Factors associated with elevated cardiome- tabolic	Time Spent in Sedentary Behaviour	D/F
	Overweight	A
	Obesity	A
	Below health fitness zone	INC
	Body Composition	B
Levels of influence	Family	INC
	School	INC
	Community and the Built Environment	INC
	National Policy	D
	Municipal Policy	C
	Nongovernment	B

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

Conclusions



Low PA level was exhibited in 63% of children and youth. In consequence, Venezuela needs to undergo a process of articulation between the several existing initiatives and for said purposes, political will and a methodological effort is required. Investments, infrastructure and opportunities need to be more equal for all children and youth, more cooperation between institutions should be developed and better communication strategies ought to be implemented.



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