

4. PHYSICAL ACTIVITY

Physical activity (or the lack thereof) is a key determinant of health and risk factors. For instance, the higher the level of physical activity, the lower the chance of coronary heart disease. The relationship between energy expenditure and incidence of stroke forms a U-shaped pattern, with levels of physical activity at both extremes increasing the incidence of stroke. Studies also show a negative relation between physical activity and the risk of type 2 diabetes mellitus, although level of obesity and physical fitness also influence the relationship. High levels of physical activity have been found to have a protective effect on many types of cancers, including neoplasms of the breast, colon, endometrial and prostate. Finally, there exists a J-shaped curve where physical inactivity and extreme physical inactivity increase the risk of upper respiratory tract infections (Graf and Cecchini, 2017[32]). Therefore, engaging in physical activity has many health benefits and it greatly contributes to preventing disease in the short and long run, improving muscular and cardiorespiratory fitness along with bone and functional health, and reducing the risk of several NCDs, depression, and the risk of falls and consequently of hip or vertebral fractures.

WHO defines physical activity as “any bodily movement produced by skeletal muscles that requires energy expenditure – including activities undertaken while working, playing, carrying out household chores, travelling, and engaging in recreational pursuits” (WHO, 2018[33]). WHO recommends that children and adolescents carry out moderate to vigorous physical activity for at least 60 minutes a week and adults of all ages should do at least 150 minutes of moderate intensity or 75 minutes of vigorous intensity. In order to be beneficial for cardiovascular health, activity should be performed for at least 10 minutes at a time (WHO, 2018[33]).

Globally, around 23% of adults aged 18 and over were not active enough in 2010 (men 20% and women 27%). In 22 LAC countries with data, in average, 35% of the adult population do not engage in enough physical activity. The rate is over 40% for several countries such as Argentina, Colombia, Suriname, Brazil, Barbados, Costa Rica and Bahamas. On the other hand, Dominica and Uruguay have the lowest rates, under 23%. Consistent with global trends, women tend to carry out less physical activity. More than 42% of all adult women do not engage in sufficient exercise in six countries of the region, with a regional average of 42%. Among men, this average reaches 30% of insufficient physical activity (Figure 4.27).

Globally, 81% of adolescents aged 11-17 years were insufficiently physically active in 2010. Adolescent girls were less active than adolescent boys, with 84% vs. 78% not meeting WHO recommendations. The LAC region’s average rate is again higher

than the global average (84%) (Figure 4.28). It is particularly high in Ecuador and Venezuela, where around nine out of every ten adolescents do not engage in enough physical activity. The only countries in the region under the global average are Antigua and Barbuda, Belize and Suriname.

Countries and communities must act to provide individuals with more opportunities to be active, in order to increase physical activity. Policies to increase physical activity aim to ensure that physical activity is promoted through activities of daily living. Walking, cycling and other forms of active transportation are accessible and safe for all. Labor and workplace policies encourage physical activity, and schools have safe spaces and facilities for students to spend their free time actively. Moreover, quality physical education can support children to develop behaviour patterns that will keep them physically active throughout their lives, and sports and recreation facilities provide opportunities for everyone to participate in sports (WHO, 2018[33]).

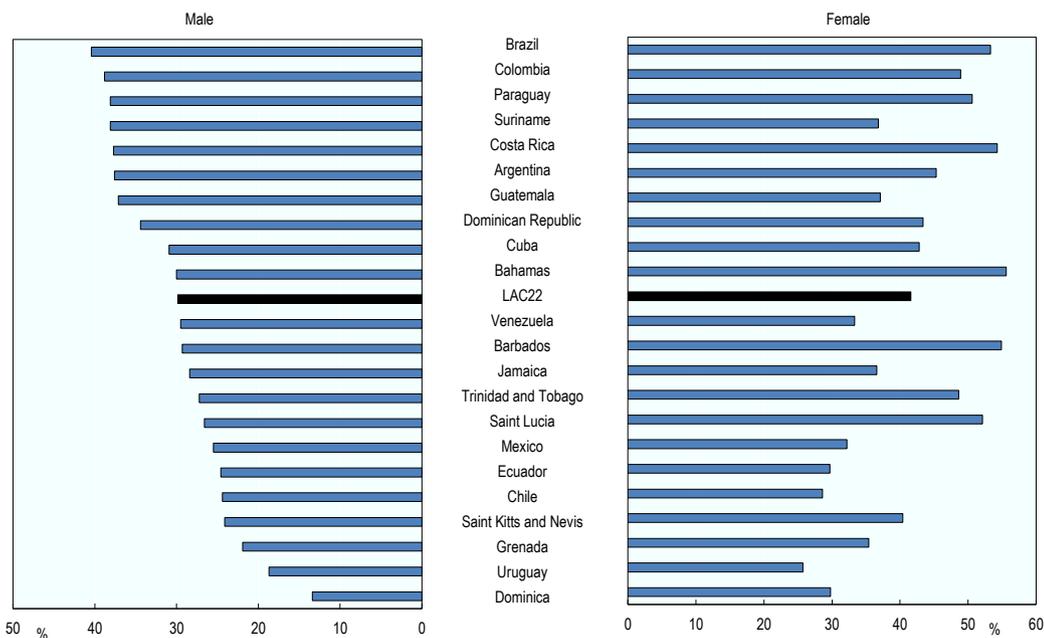
Definition and comparability

The estimates are based on self-reported physical activity captured using the GPAQ (Global Physical Activity Questionnaire), the IPAQ (International Physical Activity Questionnaire) or a similar questionnaire covering activity at work/in the household, for transport, and during leisure time. Where necessary, adjustments were made for the reported definition (in case it was different to the indicator definition), for known over-reporting of activity of the IPAQ, for survey coverage (in case a survey only covered urban areas), and for age coverage (in case the survey age range was narrower than 18+ years). No estimates were produced for countries with no data, which in this case included Cuba, Dominican Republic, Haiti, Jamaica, Mexico, Nicaragua, Panama and Paraguay.

References

- [32] Graf, S. and M. Cecchini (2017), “Diet, physical activity and sedentary behaviours: Analysis of trends, inequalities and clustering in selected oecd countries”, *OECD Health Working Papers*, No. 100, OECD Publishing, Paris, <https://dx.doi.org/10.1787/54464f80-en>.
- [33] WHO (2018), *Physical Activity*, World Health Organization, <https://www.who.int/news-room/fact-sheets/detail/physical-activity>.

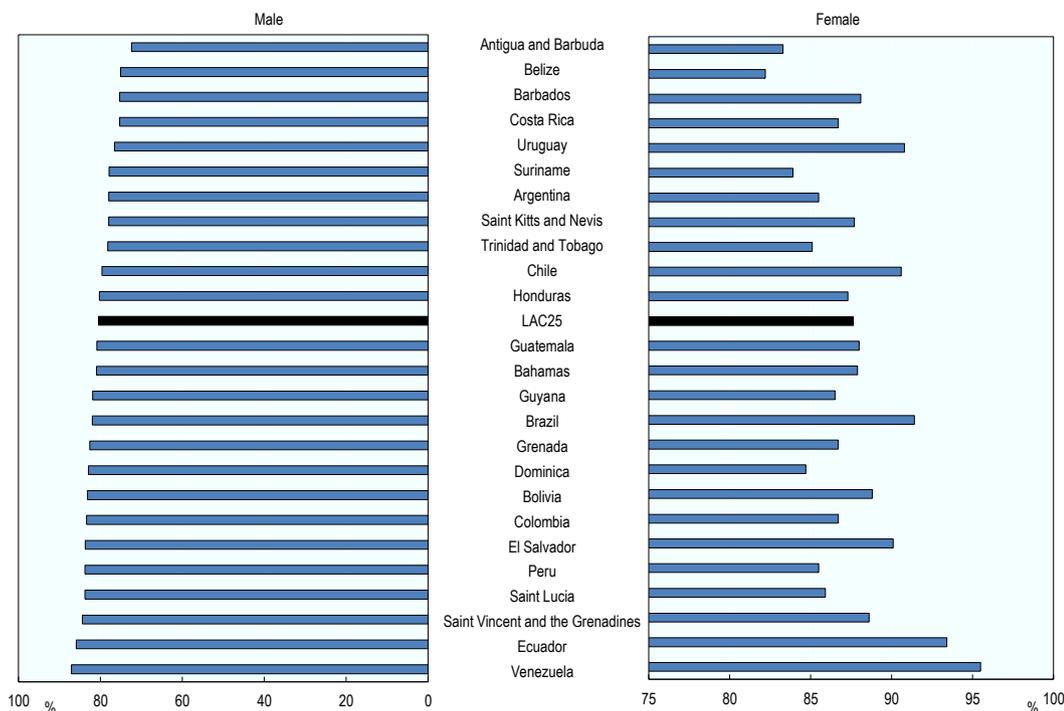
Figure 4.27. Prevalence of insufficient physical activity among adults aged 18+ years, 2016



Source: WHO GHO 2019.

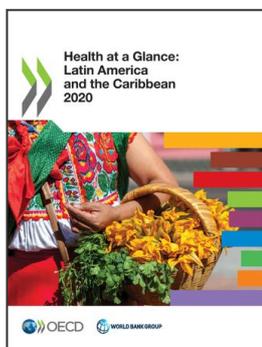
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Figure 4.28. Prevalence of insufficient physical activity among school going adolescents, 2016



Source: WHO GHO 2019.

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