



# **POLICY BRIEF**

## **Physical activity and health for children and adolescents in Africa: COVID-19 and beyond**

### **FOR HOME, SCHOOLS AND COMMUNITIES**



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Physical activity in children and adolescents has been associated with significant health benefits and is critically important for their age-appropriate physical, social and emotional development needs.



# Physical activity and health for children and adolescents in Africa: COVID-19 and beyond

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## Introduction

The advent of COVID-19 has seen measures that have restricted active social interactions such as the closure of gyms, parks and open leisure spaces, schools and seen increased sedentary behaviour among children and adolescents. Though a clear end to this restrictive situation cannot be clearly discerned, there arises an opportunity to mitigate the low levels of physical activity among children and adolescents through targeted guidelines.

As South Africa and other African countries begin to re-open as an economic imperative, there is an urgent need to provide guidance for a phased approach to ensuring access to safe, enjoyable and equitable opportunities for physical activity in children and adolescents. This should include opportunities for children and adolescents with disabilities. As much as possible, children should be allowed a choice of activities so as to improve their level of participation in physical activity. This must be done, without increasing the risk for COVID-19 community transmission, and with a long-term view towards sustainable and equitable implementation.

# What is the purpose of this policy brief?

This policy brief targets children and adolescents aged 3-18 and primarily targets public pre-primary, primary and secondary schools, participation in their communities and in their homes. It will guide decision makers at provincial, district and local levels in the development and subsequent implementation of policies and practices that promote physical activity by creating healthy and safe environments in schools for children and educators, and within communities for children and caregivers.

This framework can also serve as a tool to assist schools and other stakeholders to implement safe and enjoyable physical activity practices and programmes in schools, communities and the home.

This document may be considered as augmenting part of an existing school policy, or as an extraordinary policy guide, applied during and beyond the COVID-19 pandemic. It does not address competitive sports. It may also be used as part of local municipalities planned and phased re-opening of community centres and recreational hubs, faith-based organisations and youth groups public open spaces.

# Why is physical activity important for children and adolescents?

Physical activity in children and adolescents has been associated with significant health benefits and is critically important for their age-appropriate physical, social and emotional development needs. Regular physical activity can help children and adolescents improve cardiorespiratory fitness, build strong bones and muscles, control weight, reduce symptoms of anxiety and depression, and reduce the risk of developing health conditions such as: heart disease, Type 2 diabetes, high blood pressure and obesity. Additionally, physical activity in schools has been shown to be associated with better academic performance



in children. Physical activity in children with disabilities has the potential to address physical impairments as well as address psychosocial development, and communities should be encouraged to promote activities that include children of all abilities.

## How much physical activity is recommended?

### Preschool-aged children (ages 3-5 years)

- Preschool-aged children should be physically active throughout the day for healthy growth and development.
- Preschool-aged children should accumulate at least 180 minutes of any physical activity daily, and this should include at least 60 minutes of energetic play that raises their heart rate and makes them 'huff and puff'.

### School-aged children and adolescents (ages 6-18 years)

- School-aged children and adolescents should do at least 60 minutes or more daily of physical activity that raises their heart rate, makes them breathe harder and sweat more.

Children with disabilities should be supervised to ensure that the physical activity is safe until, and/or they can perform the activity independently. These activities can be discussed with specialised sport or rehabilitation professionals to suit each child and cater for their specific needs.

Due to the COVID-19 pandemic, opportunities for children and adolescents to meet the age recommended physical activities has been adversely affected.

## **Physical activity recommendations for children and adolescents during COVID-19**

The three-pillar approach illustrated here is recommended to promote healthy physical activity within a healthy and safe home, school and community environments for children and adolescents, specifically to reduce the impact of the COVID-19 pandemic.



## 1. Protection and mitigation measures



- Encourage handwashing before and after physical activity.
- Parents and caregivers should create awareness and teach the basics about COVID-19, e.g. what it is, how it is transmitted, and how to avoid infection.
- Parents and caregivers should encourage open communication with children about COVID-19, e.g. <https://bit.ly/3gW13g3>
- Children should not be physically active when sick or feeling very fatigued. They should reduce or stop activity if they feel faint after being active or fatigued during the day, or suffer from persistent aches and pains after being active.
- Parents and caregivers should be encouraged to see a healthcare practitioner for advice if a child shows signs of fever, headaches, dry cough, body aches etc.

## 2. Physical environment design



- Parents or caregivers should create safe space/areas for physical activity.
- The use of equipment (balls, hula-hoops and homemade hand-held weights) is not necessary for physical activity, but its usage is encouraged if available.

## 3. Age-appropriate physical activity and physical literacy practices



- Parents or caregivers should make a schedule of structured daily activities. Routine/timetables are beneficial.
- Activity ideas should include playing traditional playground games indoors or outdoors (e.g. hide and seek, tag, skipping), dancing to music, and getting creative (e.g. building an obstacle course, playing balloon volleyball, making an action movie or learning to juggle) and teaching basic gross motor skills (walking and running).
- Parents or caregivers should utilise online resources for physical activity ideas, e.g. <https://bit.ly/2DuhZwq>; <https://uni.cf/2DonnRw>; <https://uni.cf/32RxtmF> (use applicable and appropriate activities).

# School

## 1. Protection and mitigation measures



- Encourage handwashing before and after physical activity.
- Encourage a safe distance from other individuals when performing physical activity.
- COVID-19 screening protocols are to be conducted prior to entry into school, e.g. temperature check and COVID-19 risk assessment (online application and/or written/online survey).
- Mask wearing should be compulsory.
- Teachers should create awareness and teach the basics about COVID-19, e.g. what it is, how it is transmitted, and how to avoid infection.
- Children should not share equipment, such as bats, balls or skipping ropes, with others.
- Children should not be physically active when sick or feeling very fatigued. They should reduce or stop activity if they feel faint after being active or fatigued during the day, or suffer from persistent aches and pains after being active.
- Teachers should encourage parents and caregivers to see a healthcare practitioner for advice if a child shows signs of fever, headaches, dry cough, body aches etc.

## 2. Physical environment design



- Physical activity should be done in smaller classes or groups to create space for social distancing of at least 1.5 metres between each child.
- Create spaces where individual children can do a physical activity in turns or in a way that conforms to requirements of social distancing, e.g. games like skipping and hula-hooping.
- Physical activity should take place outdoors where possible, or in a well-ventilated room to allow for maximum ventilation.
- If physical activity takes place indoors, the room must be cleaned and surfaces sanitised before and after each physical activity session.
- Teach older children to sanitise after using spaces and equipment.

### 3. Age-appropriate physical activity and physical literacy practices



- Encourage activities that promote cardiovascular fitness and strength but maintain social distancing, e.g. aerobics, dance, high intensity-interval training, hopping and jumping.
- Encourage activities and games that promote agility, balance, co-ordination and speed but maintain social distancing.
- Encourage activity circuits that incorporate mobility, strength, power, endurance and cardiovascular fitness.
- Encourage sport-specific activities and drills for older children and adolescents that can be performed while observing social distancing and appropriate sanitising and use of equipment.

## Communities .....

### 1. Protection and mitigation measures



- Encourage handwashing before and after physical activity.
- Encourage a safe distance from other individuals when performing physical activity.
- Mask wearing should be compulsory.
- Community leaders should create awareness and teach the basics about COVID-19, e.g. what it is, how it is transmitted, and how to avoid infection.
- Children should not be physically active when sick or feeling very fatigued. They should reduce or stop activity if they feel faint after being active or fatigued during the day, or suffer from persistent aches and pains after being active.
- Parents and caregivers should be encouraged to see a healthcare practitioner for advice if a child shows signs of fever, headaches, dry cough, body aches etc.

## 2. Physical environment design



- Physical activity in communities should only take place in small groups.
- Physical activity should take place outdoors where possible, or in a well-ventilated room to allow for maximum ventilation.
- Children should not share equipment, such as bats, balls or skipping ropes, with others.
- Facilities should be cleaned and sanitised on a regular basis, preferably after each small group.

## 3. Age-appropriate physical activity and physical literacy practices



- Encourage activities that promote cardiovascular fitness and strength but maintain social distancing (e.g. aerobics, dance, high intensity-interval training, hopping and jumping).
- Encourage activities and games that promote agility, balance, co-ordination and speed but maintain social distancing.
- Encourage activity circuits that incorporate mobility, strength, power, endurance and cardiovascular fitness.
- Encourage sport-specific activities and drills for older children and adolescents that can be performed while observing social distancing and appropriate sanitising and use of equipment.

## Call to action

Safety remains a concern for children and adolescents, particularly in low-income settings, and where crime and traffic accidents are common. While this might not necessarily prevent children from playing outside, it is possible that when children are playing outside in community spaces, especially with limited adult supervision, they are exposed to these risks. Children and adolescents walking to school can also be at risk. It is likely that the social and economic impacts of the COVID-19 pandemic and lockdown conditions may have exacerbated some

of these existing safety issues, making children even more vulnerable under these circumstances.

**Communities should be encouraged to remain vigilant about child safety, and to take further steps to ensure that children can play outside in a safe and healthy way.**

The gap between policy and implementation is a persistent problem when it comes to physical education in schools, with the impact on children in low-income settings being the greatest. With schools closed (or a phased opening approach adopted), sporting activities on hold, or limited or no access to community spaces, it is possible that this gap between policy and implementation, may widen even further as a result of the COVID-19 pandemic.

**Efforts to put policy into practice and ensure that all children have opportunities for organised physical activities should not be abandoned. Participating in physical activity at home, as well as within the community is vital for the health and development of children and adolescents.**

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## Endorsed by:



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