

Ghana's 2025 Physical Activity Report Card: Children, Adolescents and CAWD

Seidu Sofo

Southeast Missouri State University

Vida Korleki Nyawornota

University of Ghana

Oscar C. N. Nyanyofio

University of Ghana

Ivy Osei

University of British Columbia

Doris Akosua Tay

University of Ghana

Prince A. Adomako Amoah

Ministry of Health

Margaret Delali Badasu

University of Ghana

Regina Akuffo Darko

University of Education, Winneba

Munkaila Seibu

University of Education, Winneba

Lauren Lieberman

SUNY Brockport

Eric Kwabia

University of Regina

Dina Adjei Boadi

University of Ghana

John Nartey

Kenyatta University

Reginald Tetteh-Ahumah Ocansey

rocansey@gmail.com

University of Education, Winneba

Research Article

Keywords: physical activity, adolescents, children, Ghana, surveillance, report card, Global Matrix, disability, inclusive environments, policy

Posted Date: February 27th, 2026

DOI: <https://doi.org/10.21203/rs.3.rs-8898389/v1>

License:  This work is licensed under a Creative Commons Attribution 4.0 International License. [Read Full License](#)

Additional Declarations: No competing interests reported.

Version of Record: A version of this preprint was published at BMC Public Health on May 23rd, 2026. See the published version at <https://doi.org/10.1186/s12889-026-27777-4>.

Abstract

Background

Regular physical activity in childhood and adolescence supports cardiometabolic health, mental wellbeing, and learning, yet many countries lack routine surveillance and actionable, benchmark-linked accountability tools. The Active Healthy Kids Global Alliance (AHKGA) “Report Card” approach synthesizes the best available national evidence to grade physical activity behaviors and their determinants, enabling cross-country comparisons and policy dialogue. Ghana last published a Report Card in 2018; since then, new evidence and policy developments warrant an updated appraisal, including attention to children and adolescents with disabilities and/or chronic conditions (CAWD).

Methods

We compiled and synthesized Ghana-specific evidence used for the 2025 Ghana Report Card within the AHKGA Global Matrix 5.0 framework. Ten common indicators were graded for the regular population (ages 5–17 years) using the Global Matrix 5.0 rubric bands (A+ to F; INC for insufficient evidence). Data sources included national school-based surveillance (Global School-based Student Health Survey (GSHS) 2012 fact sheets/microdata), peer-reviewed studies (2009–2022), theses, policy documents, and program-based budgets. When multiple eligible estimates were available, we applied transparent synthesis rules (e.g., unweighted means for Active Transportation). CAWD grades were assigned only when disability-relevant, benchmark-aligned evidence or defensible structured consensus supported grading.

Results

Ghana’s highest grades were Sedentary Behavior (B+) and Active Transportation (B), while Overall Physical Activity was graded D-. Key benchmark-linked estimates included: 25.0% meeting an MVPA proxy guideline (Overall Physical Activity), 27.6% participating in sport ≥ 3 times/week (Organized Sport), 73% active travel to/from school (Active Transportation; unweighted mean), and 78.4% below the “high sedentary time” threshold (Sedentary Behavior). Physical Fitness was graded C- (mean percentile ~ 40 –42 across three field tests). School (D) and Community & Environment (D-) reflected low effective PE delivery and limited access to acceptable, publicly accessible spaces in an Accra-based audit proxy. Government was graded B based on rubric-aligned policy, implementation, and funding/accountability scoring (mean score 67%). For CAWD, 7/10 indicators were INC; assignable grades were Family & Peers (C-), Community & Environment (F), and Government (D+).

Conclusions

Ghana’s 2025 profile suggests strong active school travel and historically favorable sedentary patterns but low MVPA compliance and persistent delivery gaps in schools and community environments. The CAWD results are dominated by evidence insufficiency, underscoring an urgent need for disability-disaggregated surveillance and inclusive infrastructure, alongside strengthened PE implementation and safer active travel systems.

Background

Physical activity (PA) during childhood and adolescence is foundational for healthy growth, cardiometabolic risk reduction, mental wellbeing, and the development of movement competence and lifelong activity habits [1–3]. Despite clear guideline recommendations, many populations do not achieve sufficient moderate-to-vigorous physical activity (MVPA), and rapid urbanization and digitization may increase sedentary time. Countries also vary in the extent to which schools, communities, and government systems enable active living.

The Active Healthy Kids Global Alliance (AHKGA) Report Card model was created to translate disparate evidence into a concise, comparable indicator “grade profile” spanning behaviors (e.g., overall PA, sedentary behavior), settings (e.g., school), and enabling systems (e.g., government). A central feature is the use of a harmonized rubric to grade the proportion of children and adolescents meeting benchmark definitions, producing an accessible accountability tool for policymakers and stakeholders. [4,5]

Ghana has participated previously in the global Report Card effort, publishing a national profile in 2018. However, the 2018 grades were partly reliant on expert observation and limited quantified evidence, especially for sedentary behavior, physical fitness, and family/peer support. Since 2018, Ghana has experienced ongoing demographic change, expanded smartphone and internet access, and continued debates about the role of physical education (PE) and safe active travel in children’s daily routines. Policy developments, including Ghana’s National Non-Communicable Diseases (NCD) Policy (2022), also merit reappraisal [6].

A critical equity dimension is the inclusion of children and adolescents with disabilities and/or chronic conditions (CAWD). Disability-inclusive measurement remains rare in many low- and middle-income countries; without disability-disaggregated surveillance, it is difficult to assign accountability or track progress. Consequently, the Global Matrix 5.0 approach explicitly encourages parallel CAWD grading when evidence permits [7–9].

Study aim

To present the results of Ghana's 2025 Report Card on Physical Activity for Children and Youth, including (where possible) the corresponding CAWD grades, using Global Matrix 5.0 benchmarks and grading rubric rules.

Methods

Study design

This study is a structured evidence synthesis and benchmarking exercise undertaken as part of Ghana's participation in the AHKGA Global Matrix 5.0 process. We did not collect primary participant data; instead, we compiled and graded existing Ghana-specific evidence according to predefined indicator benchmarks and rubric bands [4,5].

Indicator framework

We graded the 10 common AHKGA indicators for the regular population of children and adolescents aged 5–17 years: (1) Overall Physical Activity; (2) Organized Sport; (3) Active Play; (4) Active Transportation; (5) Sedentary Behavior; (6) Physical Fitness; (7) Family & Peers; (8) School; (9) Community & Environment; and (10) Government. For CAWD, we applied the same indicator framework and Global Matrix 5.0 rubric.

Grading rubric

Grades were assigned according to the Global Matrix 5.0 grading rubric bands (A+ to F) mapped to the percentage of children/youth meeting the indicator benchmark; INC was assigned when evidence was insufficient or not benchmark comparable [5].

Evidence sources and identification

Evidence was compiled within the Ghana Global Matrix 5.0 audit process, prioritizing national surveillance (GSHS 2012 Junior High and Senior High fact sheets and/or microdata repository outputs), peer-reviewed Ghana studies and theses relevant to indicator benchmarks, grey literature and technical reports where they offered measurable, extraction-ready indicators, and policy and budget documents for the Government indicator. Sources were selected for benchmark comparability, definitional alignment, and transparency (extractable denominators and clearly stated measures) [10–12].

Eligibility criteria

For each indicator, we applied overarching criteria: Ghana-specific data with an explicitly defined denominator and age range within, or closely overlapping, 5–17 years; outcome measures alignable to the Global Matrix benchmark definition; and, for behavioral indicators, preference for the most defensible estimate (national over subnational; benchmark-aligned over ambiguous definitions). Where evidence was dated but remained the only benchmark-linked source (e.g., national surveillance from 2012), it was retained and interpreted as time-sensitive [5].

Data extraction

For each included data source, we extracted study year(s), setting/region, sampling frame, age range, sample size, operational definition and measurement approach, benchmark-aligned prevalence estimate (or test percentile interpretation for Physical Fitness), and subgroup estimates when reported.

Synthesis and grading decision rules

- Overall Physical Activity: a national benchmark-linked prevalence estimate anchored to an MVPA proxy guideline.
- Organized Sport: the most defensible Ghana estimate for regular sport participation (≥ 3 times/week) treated as a proxy for organized sport participation.
- Active Play: required a benchmark-comparable prevalence estimate; otherwise, graded INC (Incomplete).
- Active Transportation: when multiple eligible prevalence estimates existed, an unweighted mean across included studies was computed and mapped to the rubric band.
- Sedentary Behavior: national GSHS definitions of “high sedentary time” (≥ 3 h/day sitting outside school/homework/sleep) were pooled across Junior High and Senior High strata using sample-size weights; the complement was interpreted as meeting the benchmark.
- Physical Fitness: evidence aligned to three field tests (20 m shuttle run, standing long jump, handgrip strength); test-specific percentile interpretations were synthesized and a simple mean percentile mapped to the rubric band.
- Family & Peers: in the absence of direct PA-support measures, national GSHS proxy protective factors were averaged.
- School: used the only extraction-ready Ghana implementation proxy quantifying engaged PE time delivered relative to allocated timetable time.
- Community & Environment: derived a transparent proxy from a city audit (Accra), estimating the population within 1 km of publicly accessible (free) and acceptable-condition (OK/GOOD) parks/public spaces.
- Government: applied the Global Matrix government rubric by scoring policy presence/quality, implementation/coverage, and funding/accountability (0–100) and averaging [5,13].

CAWD grading approach

CAWD grades were assigned only when disability-relevant evidence supported grading. If no benchmark-aligned disability-disaggregated prevalence data were found, we assigned INC. For indicators where grading relied on policy/structural evidence (e.g., Government; Community & Environment), we required explicit inclusion/accessibility features for full credit. For Family & Peers (CAWD), we used the strongest Ghana qualitative evidence available and applied a conservative, structured expert-consensus mapping to a rubric band [7–9,14,15].

Comparison with Ghana’s 2018 Report Card

To contextualize changes across cycles, we extracted Ghana’s 2018 grades from the published 2018 Report Card and compared directionally to 2025 grades. Differences were interpreted cautiously because grades can change due to improved evidence quality and benchmark alignment, not only behavioral change [6].

Results

Summary grade profile

Table 1 presents Ghana’s 2025 grades for the regular population and CAWD. The overall grade profile is summarized in Fig. 1.

Behavior indicators

Overall Physical Activity (D-): The only nationally comparable benchmark-linked estimate indicated that 25.0% of senior high school students met an MVPA proxy guideline (≥ 60 minutes/day on ≥ 5 days in the past week). Sex differences were observed (male 29.0% vs female 21.4%) [10,16].

Organized Sport (D): In urban schoolchildren aged 9–15 years, 27.6% participated in sporting activity ≥ 3 times/week. The estimate varied by school type (private 26.2%; public 32.0%) and does not fully distinguish organized sport from informal sport [17].

Active Play (INC): No Ghana source reported a benchmark-comparable prevalence estimate for unstructured active play with a clearly defined denominator.

Active Transportation (B): Four eligible sources yielded benchmark-comparable estimates of active travel to/from school: Sunyani (Bono) 97% (85% walking; 12% cycling); Upper East & Upper West 98.96%; peri-urban Accra (Adentan) 53.7% walking; and Tamale 40.3% active

travel. The unweighted mean was 72.5% (rounded to 73%) [18–22].

Sedentary Behavior (B+): In the national GSHS 2012 fact sheets, “high sedentary time” (≥ 3 hours/day sitting outside school/homework/sleep) was 19.0% in Junior High and 23.8% in Senior High. Pooling strata with sample-size weights yielded 21.6% with high sedentary time, implying 78.4% below the threshold. A more recent subnational estimate (Sekondi-Takoradi, 2022) suggested higher sedentary time but was not used for grading [11,12].

Fitness, social support, and settings

Physical Fitness (C-): Fitness evidence aligned to three field tests was synthesized using percentile interpretations. Cardiorespiratory fitness was weak (mean 20–25th percentile), standing long jump was comparatively higher (mean 54th percentile), and handgrip strength was interpreted as ~40–45th percentile. The mean percentile across tests was ~40–42 [23–25].

Family & Peers (C): In the absence of direct PA-support measures, five GSHS protective factors were averaged: close friends (86.7%), peer support/school climate (35.2%), parental supervision (42.2%), parental bonding (40.2%), and parental connectedness (45.5%). The mean was 49.96% (50%) [10,26,27].

School (D): Teachers in public primary schools across six circuits reported 43 minutes of engaged PE time out of 140 minutes allocated per week (30.7% of allocated time delivered) [28,29].

Community & Environment (D-): From the Mapping Accra parks/public spaces audit, we defined an accessible and acceptable-condition proxy (free/public and rated OK/GOOD). Nine spaces met the proxy, with a combined 1 km catchment population of 362,657 over an Accra-core denominator of 1,565,694 (23.2%) [30–35].

Government (B): Rubric-aligned scoring yielded policy presence/quality 100%, implementation/coverage 45%, and funding/accountability 55% (mean 66.7%, rounded to 67%) [1–3,13,15,36,37].

CAWD results

Seven CAWD indicators were graded INC due to a lack of benchmark-aligned, disability-disaggregated prevalence data (Overall Physical Activity, Organized Sport, Active Play, Active Transportation, Sedentary Behavior, Physical Fitness, and School).

Three CAWD grades were assignable: (i) Family & Peers (C-), based on Ghana qualitative evidence in inclusive schools indicating mixed peer support, peer victimization, and limited family/teacher support; (ii) Community & Environment (F), reflecting pervasive accessibility barriers; and (iii) Government (D+), based on rubric scoring requiring explicit PA-relevant inclusion clauses and funded implementation [7–9,14,15,34,35].

Comparison with the 2018 Ghana Report Card

Compared with Ghana’s 2018 Report Card grades, the 2025 profile shows several notable shifts (e.g., Sedentary Behavior from INC to B+; Physical Fitness from INC to C-; Government from D to B). These differences likely reflect both new evidence availability and more benchmark-aligned grading, not solely behavioral change [6].

Discussion

Principal findings

Ghana’s 2025 Report Card presents a distinct pattern: high prevalence of active school travel and a historically favorable national sedentary profile coexist with low MVPA guideline compliance and implementation gaps in school PE delivery and community physical activity environments. The Government grade suggests that Ghana’s policy landscape includes meaningful PA-relevant commitments, yet translating policy intent into equitable delivery-particularly for inclusive school and community environments-remains incomplete [11,12,16,18–21,28,30,36].

Interpretation in context

The combination of Active Transportation (B) and Overall Physical Activity (D-) suggests that common active school travel is insufficient, on its own, to elevate total daily MVPA above guideline thresholds for most adolescents. In urban contexts, distance-to-school, traffic exposure, safety concerns, and time pressure may constrain walking volume and intensity [16,18–22].

The Sedentary Behavior (B+) grade should be treated as time-sensitive because it is based on 2012 national surveillance; newer subnational evidence suggests higher sedentary exposure. This reinforces the need for routine surveillance cycles rather than reliance on a single historical benchmark [11,12,38].

Schools and community environments

The School (D) grade underscores a persistent implementation challenge: PE exists in curriculum frameworks, yet instructional time is frequently diluted by competing academic demands, staffing constraints, and limited monitoring. Improving PE delivery is a high-leverage pathway to increase MVPA and physical fitness because it reaches most children regardless of household resources [28,29].

The Community & Environment (D-) grade indicates limited access to publicly accessible, acceptable-condition spaces within a short walking distance in Accra. Proactively protecting informal play spaces and investing in safe, free-to-access parks and public spaces may support both active play and recreational activity [30,32,33].

CAWD: evidence insufficiency and inclusion

The CAWD results are dominated by INC grades, indicating that Ghana currently cannot quantify participation and exposure for most CAWD indicators in a benchmark-aligned way. Evidence insufficiency functions as an accountability gap: what is not measured is difficult to plan for, budget for, or monitor. The assignable CAWD grades point to structural inclusion barriers, consistent with accessibility audits and qualitative accounts of social exclusion [7–9].

Policy and practice implications

1. Update national PA and sedentary surveillance, including routine cycles and disability disaggregation.
2. Protect and audit PE delivery time, integrating implementation indicators into education monitoring (time allocation, staffing, facilities, inclusive adaptations).
3. Make active travel safer and more equitable (traffic calming, safe crossings, sidewalks, cycling lanes, school siting/zoning).
4. Invest in accessible public open spaces prioritizing free-to-access, safe, and well-maintained parks and play areas with explicit inclusion design criteria.
5. Mainstream CAWD in surveillance and planning with funded inclusive PA/PE programming and infrastructure standards.

Strengths and limitations

Strengths include the use of a harmonized rubric, transparent synthesis rules, explicit documentation of denominators and proxies, and inclusion of a CAWD perspective. Limitations include reliance on dated national surveillance for key behavioral indicators, use of proxies for Family & Peers and School, and an Accra-based audit proxy for Community & Environment. Several indicators remain constrained by limited nationally representative evidence and limited disability-disaggregated measurement [4,5].

Conclusions

Ghana's 2025 Report Card indicates that active school travel remains common and sedentary exposure was historically relatively favorable, but overall MVPA compliance is low and delivery systems—particularly schools and community environments—require strengthening. For CAWD, the dominant finding is insufficient benchmark-aligned evidence, coupled with structural inclusion barriers where grading is feasible. Ghana's next gains will likely come from improved surveillance (including disability disaggregation), protected PE delivery, safer active travel infrastructure, and accessible community spaces.

Abbreviations

AHKGA: Active Healthy Kids Global Alliance; CAWD: Children and Adolescents with Disabilities and/or Chronic Conditions; CRF: Cardiorespiratory Fitness; GSHS: Global School-based Student Health Survey; JHS: Junior High School; MVPA: Moderate-to-vigorous physical activity; NCD: Non-communicable diseases; PA: physical activity; PE: physical education; SHS: Senior High School.

Declarations

Ethics approval and consent to participate

Not applicable. This study synthesized evidence from published sources and publicly accessible surveillance outputs and did not involve new data collection from human participants.

Consent for publication

Not applicable.

Availability of data and materials

All data supporting the conclusions of this manuscript are derived from the cited sources. Extracted indicator evidence and grading decision rules can be provided as supplementary files and/or shared by the corresponding author upon reasonable request, subject to AHKGA data ownership and publication policies [39].

Competing interests

The authors declare that they have no competing interests.

Funding

This work received no specific grant funding. Ghana's participation in the Global Matrix 5.0 process and the production of the 2025 Report Card were supported through in-kind contributions from participating institutions.

Authors' contributions

RO led the Ghana Report Card synthesis, coordinated grading decisions, and drafted the first manuscript version. VKN and OCNN led evidence extraction for Organized Sport. IO and DAB led evidence extraction for Active Play. SS led evidence extraction for Active Transportation, with RO supporting synthesis. DAT led Sedentary Behavior extraction and pooling, supported by EK. PAAM led Physical Fitness evidence synthesis. MB led Family & Peers evidence extraction and synthesis. RA led Community & Environment evidence extraction and proxy construction. JN supported Government evidence identification and rubric scoring, led by RO. LL contributed to CAWD integration and inclusive-PA framing. EK supported audit consolidation and manuscript review. All authors reviewed, revised, and approved the final manuscript.

Acknowledgements

We acknowledge the AHKGA Global Matrix leadership and Ghana stakeholders who supported access to policy documents and technical inputs.

Authors' information

Professor Reginald Tetteh-Ahumah Ocansey is a senior researcher in the Department of Health, Physical Education, Recreation and Sport at the University of Education, Winneba, Ghana, and a research mentor in the Department of Physical Education and Sport at the University of Ghana, Legon.

References

1. World Health Organization. Global Action Plan on Physical Activity 2018–2030: More Active People for a Healthier World. Geneva: WHO; 2018. <https://www.who.int/publications/i/item/9789241514187>
2. World Health Organization. Global status report on physical activity 2022. Geneva: WHO; 2022. <https://www.who.int/teams/health-promotion/physical-activity/global-status-report-on-physical-activity-2022>
3. UNESCO. International Charter of Physical Education, Physical Activity and Sport. Paris: UNESCO; 2015. <https://www.unesco.org/en/sport-and-anti-doping/international-charter-sport>
4. Tremblay MS, Barnes JD, Demchenko I, Gonzalez SA, Brazo-Sayavera J, Kalinowski J, Katzmarzyk PT, Manyanga T, Reilly JJ, Wong SHS, Aubert S. Active Healthy Kids Global Alliance Global Matrix 4.0—A Resource for Physical Activity Researchers. *J Phys Act Health*. 2022;19(11):693–699. doi:10.1123/jpah.2022-0257.
5. Active Healthy Kids Global Alliance. Global Matrix 5.0 grading rubric. Ottawa: Active Healthy Kids Global Alliance; 2025. Available from: <https://www.activehealthykids.org/2025/06/20/global-matrix-5-0-grading-rubric/> (restricted access; accessed 2026-02-11).
6. Nyawornota VK, Luguterah A, Sofo S, Aryeetey R, Badasu M, Nartey J, et al. Results from Ghana's 2018 Report Card on Physical Activity for Children and Youth. *J Phys Act Health*. 2018;15(S2):S366–S367. doi:10.1123/jpah.2018-0459.
7. Ackah-Jnr FR, Danso JB. Examining the physical environment of Ghanaian inclusive schools: how accessible, suitable and appropriate is such environment for inclusive education? *Int J Inclusive Educ*. 2019;23(2):188–208. doi:10.1080/13603116.2018.1427808.
8. Mprah WK, Amponteng M, Owusu I. Barriers to inclusion of children with disabilities in inclusive schools in Ghana. *J Disability Stud*. 2015;1(1):15–22.
9. Okyere C, Aldersey HM, Lysaght R. The experiences of children with intellectual and developmental disabilities in inclusive schools in Accra, Ghana. *Afr J Disabil*. 2019;8:a542. doi:10.4102/ajod.v8i0.542.
10. World Health Organization. Ghana - Global School-based Student Health Survey 2012 (GSHS). Geneva: WHO; 2012. (WHO NCD Microdata Repository; catalog 422).
11. World Health Organization. Global School-based Student Health Survey (GSHS): Ghana Junior High—2012 Fact Sheet. Geneva: WHO; 2012.
12. World Health Organization. Global School-based Student Health Survey (GSHS): Ghana Senior High—2012 Fact Sheet. Geneva: WHO; 2012.
13. Bull FC, Milton K, Kahlmeier S. Health-enhancing physical activity (HEPA) Policy Audit Tool (PAT). Version 2. Copenhagen: WHO Regional Office for Europe; 2015.
14. UNICEF Ghana; Department of Social Welfare (Ghana). Training manual for caregivers of children with disabilities. Accra: UNICEF Ghana; 2019. Available from: <https://www.unicef.org/ghana/media/3406/file/Training%20Manual%20for%20Caregivers%20of%20Children%20with%20Disabilities.pdf> (accessed 2026-02-11).
15. Ministry of Education (Ghana). Inclusive Education Policy. Accra: MoE; 2013. Available from: <https://sapghana.com/data/documents/Inclusive-Education-Policy-official-document.pdf> (accessed 2026-02-11).
16. Seidu AA, Ahinkorah BO, Agbaglo E, Darteh EKM, Ameyaw EK, Budu E, Iddrisu H. Are senior high school students in Ghana meeting WHO's recommended level of physical activity? Evidence from the 2012 Global School-based Student Health Survey Data. *PLoS One*. 2020;15(2):e0229012. doi:10.1371/journal.pone.0229012.
17. Aryeetey R, Lartey A, Marquis GS, Nti H, Colecraft E, Brown P. Prevalence and predictors of overweight and obesity among school-aged children in urban Ghana. *BMC Obes*. 2017;4:38. doi:10.1186/s40608-017-0174-0.
18. Agyeman S, Cheng L. Determinants and dynamics of active school travel in Ghanaian children. *J Transp Health*. 2022;24:101304. doi:10.1016/j.jth.2021.101304.
19. Sofo, S., Asola, E.F., & Thompson, E. Prevalence of active school transportation in the Upper East and Upper West Regions of Ghana. *Int. J. Public Health Sci*. 2019;8(1):119-127. doi: 10.11591/ijphs.v8i1.16692
20. Poku-Boansi M, Amoako C, Obeng Atuah D. Urban travel patterns and safety among school children around Accra, Ghana. *J Transp Health*. 2019;15:100660. doi:10.1016/j.jth.2019.100660.
21. Siiba A. Influence of parental attitude and perception of built environment attributes on children's active travel to school in Ghana. *Case Stud Transp Policy*. 2021;9(2):805–812. doi:10.1016/j.cstp.2021.03.017.
22. Agyeman S, Alimo PK. Promoting adolescent girls' active school travel in Ghana: Contextualizing health belief model and theory of planned behavior. *J Cycling Micromobility Res*. 2024;2:100033. doi:10.1016/j.jcmr.2024.100033.
23. Lawerteh SE. Physical fitness in school children living in a low socio-economic area of Accra, Ghana [Master's thesis]. University of Cape Town; 2021. (hdl:11427/35904).

24. Annan RA, Sowah SA, Apprey C, Agyapong NAF, Okonogi S, Yamauchi T, et al. Relationship between breakfast consumption, BMI status and physical fitness of Ghanaian school-aged children. *BMC Nutr.* 2020. doi:10.1186/s40795-020-00344-9.
25. Tomkinson GR, Lang JJ, Tremblay MS, Dale M, LeBlanc AG, Belanger K, et al. International normative 20 m shuttle run values from 1 142 026 children and youth representing 50 countries. *Br J Sports Med.* 2017;51(21):1545–1554. doi:10.1136/bjsports-2016-095987.
26. Glozah FN, Oppong Asante K, Kugbey N. Parental involvement could mitigate the effects of physical activity and dietary habits on mental distress in Ghanaian youth. *PLoS One.* 2018;13(5):e0197551. doi:10.1371/journal.pone.0197551.
27. Aboagye RG, Seidu A-A, Hagan JE Jr, Frimpong JB, Okyere J, Cadri A, et al. Bullying victimization among in-school adolescents in Ghana: analysis of prevalence and correlates from the Global School-Based Health Survey. *Healthcare (Basel).* 2021;9(3):292. doi:10.3390/healthcare9030292.
28. Donkor SK, Ocansey R. Physical education programme in public primary schools: analysis of engagement time of pupils in six selected educational circuits. *Int J Appl Res.* 2022;8(2):179–183. doi:10.22271/allresearch.2022.v8.i2c.9433.
29. Ministry of Education (Ghana); National Council for Curriculum and Assessment (NaCCA). National Pre-tertiary Education Curriculum Framework. Accra: MoE/NaCCA; 2018.
30. Mmofra Foundation. Mapping Accra: Parks and Public Spaces [Final Report]. HealthBridge Library Publication; 2020.
31. Ghana Statistical Service. 2021 Population and Housing Census – District Analytical Report, Volume 3A. Accra: GSS; 2021.
32. Adjei-Boadi D, Agyei-Mensah S, Adamkiewicz G, Rodriguez JI, Gemmell E, Ezzati M, Baumgartner J, Owusu G. Neighbourhood, built environment and children's outdoor play spaces in urban Ghana: review of policies and challenges. *Landsc Urban Plan.* 2022;218:104288. doi:10.1016/j.landurbplan.2021.104288.
33. Gemmell E, Adjei-Boadi D, Sarkar A, Shoari N, White K, Zdero S, Kassem H, Pujara T, Brauer M. "In small places, close to home": urban environmental impacts on child rights across four global cities. *Health Place.* 2023;83:103081. doi:10.1016/j.healthplace.2023.103081.
34. Yarfi C, Ashigbi EYK, Nakua EK. Wheelchair accessibility to public buildings in the Kumasi metropolis, Ghana. *Afr J Disabil.* 2017;6:a341. doi:10.4102/ajod.v6i0.341.
35. Naami A. Access barriers encountered by persons with mobility disabilities in Accra, Ghana. *J Soc Inclusion.* 2019;10(2):68–84.
36. Ghana Ministry of Health. National Non-Communicable Diseases Policy. Accra: MoH; 2022. Available from: <https://www.moh.gov.gh/wp-content/uploads/2022/05/Ghana-NCD-Policy-2022.pdf> (accessed 2026-02-11).
37. Government of Ghana, Ministry of Youth and Sports. Programme-Based Budget 2023: Ministry of Youth and Sports. Accra: MoYS; 2023.. <https://www.mofep.gov.gh/sites/default/files/pbb-estimates/2023/2023-PBB-MoYS.pdf>
38. World Health Organization. Global School-based Student Health Survey (GSHS): Ghana (Sekondi-Takoradi)—2022 Fact Sheet. Geneva: WHO; 2022.
39. Active Healthy Kids Global Alliance. Publications and Data Ownership Policy (Version 1.0). Ottawa: Active Healthy Kids Global Alliance; 2022. Available from: <https://www.activehealthykids.org/wp-content/uploads/2022/09/AHKGA-publication-policy-final.pdf> (accessed 2026-02-11).

Table

Table 1. Ghana's 2025 Physical Activity Report Card grades for the regular population and children and adolescents with disabilities and/or chronic conditions (CAWD).

Indicator	Benchmark-aligned estimate (Regular population)	Regular grade	CAWD grade
Overall Physical Activity	25.0% meeting MVPA proxy guideline	D-	INC
Organized Sport	27.6% participate in sport ≥3 times/week	D	INC
Active Play	No benchmark-comparable estimate	INC	INC
Active Transportation	72.5% unweighted mean active travel	B	INC
Sedentary Behavior	78.4% below ≥3h/day sitting threshold	B+	INC
Physical Fitness	Mean percentile ≈40–42 across three tests	C-	INC
Family & Peers	Mean protective-factor proxy ≈50%	C	C-
School	30.7% allocated PE time delivered	D	INC
Community & Environment	23.2% within 1 km accessible parks	D-	F
Government	Mean rubric score 67%	B	D+

Figures

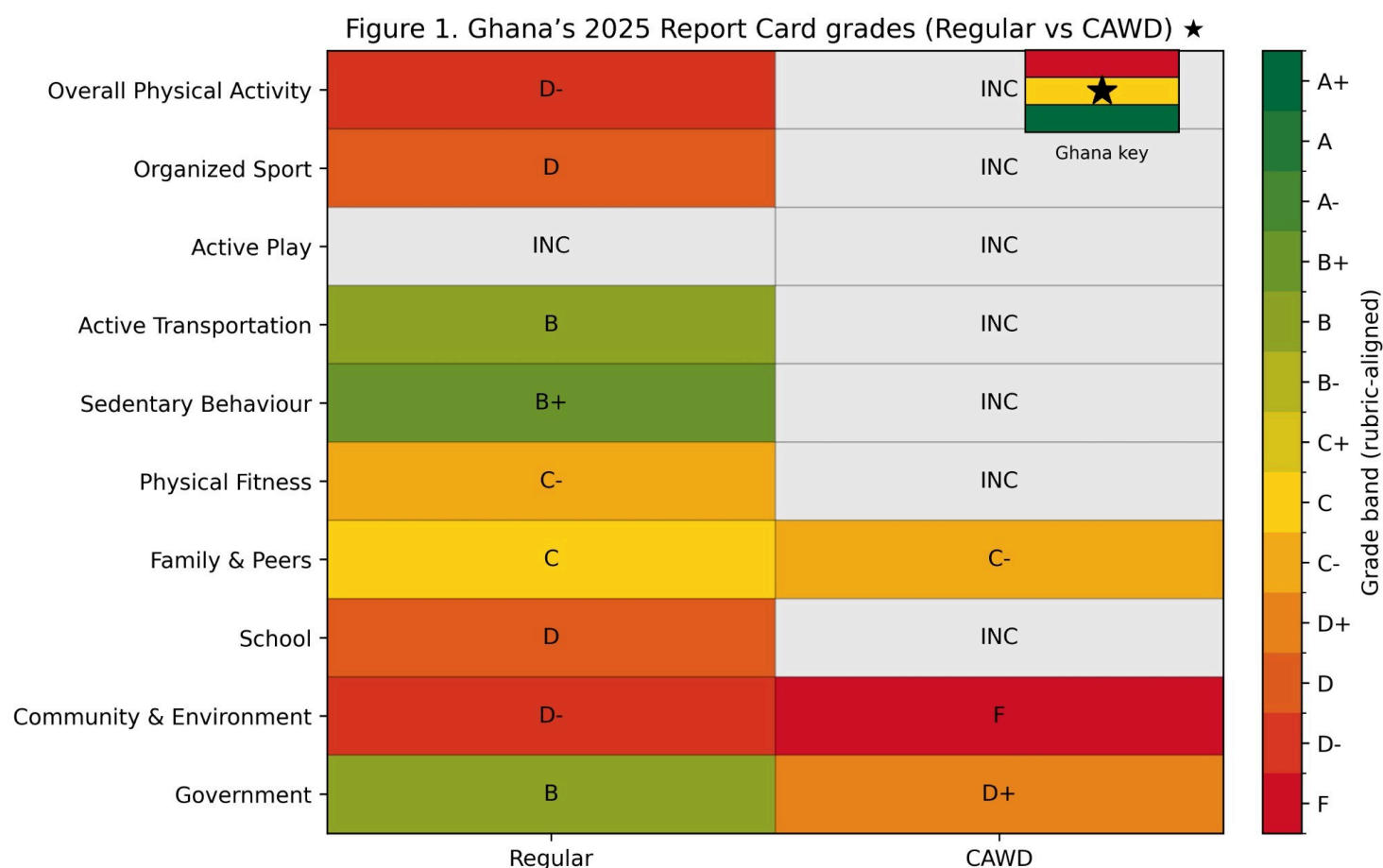


Figure 1

Ghana's 2025 Physical Activity Report Card grades by indicator for the regular population and for children and adolescents with disabilities and/or chronic conditions (CAWD). Grades are assigned using the Active Healthy Kids Global Alliance Global Matrix 5.0 rubric and reflect the proportion of children/adolescents meeting each benchmark (behaviour indicators) or rubric-aligned strength of supports (settings and government indicators). "INC" indicates insufficient benchmark-aligned evidence to assign a grade. For the Government indicator, grades reflect rubric scoring across policy presence/quality, implementation/coverage, and funding/accountability.

