ACTIVE SCHOOLS CANMAKEA LARGE DIFFERENCE

QATAR ACTIVE HEALTHY KIDS REPORT CARD

SCHOOL

Orthopaedic & Sports Medicine Hospital www.aspetar.com

twitter.com/Aspetar
facebook.com/Aspetar
instagram.com/Aspetar

inspired by aspire®





QATAR ACTIVE HEALTHY KIDS REPORT CARD (QAHK)

Overview

This second Oatari report card is an evidence-based assessment of physical activity and health of children and vouth in the State of Qatar. The initial goal of QAHK Report Card is to determine physical activity, healthy behavior and outcomes as well as setting and influences on physical activity and health. Tracking physical activity indicators over time a favorable approach to is understand and monitor the health of children and youth. Therefore, QAHK report card could provide novel surveillance opportunities.

QAHK report card is anticipated to be at the forefront of physical activity advocacy and accessible for a variety of users including policy makers, health professionals, researchers, and physical educators.

SCHOOL

Health Indicators

Eleven health indicators were studied and included in QAHK report card:



Grading and Benchmarking Process

QAHK Report card grades reflects the currently available data for every health indicator in Qatar. The grading was made according to the following criteria:



The negative grading (-) indicates that the health indicator is getting worse over time and/or if there is significant inequality (e.g. by gender), and a positive sign (+) if they are improving over time and/or there is little or no inequality.

Benchmark is reasonably straightforward, specifically for the overall physical activity and sedentary behaviours. Qatar National Physical Activity Guidelines (2014) recommend children and youth (5-17 years old) to participate in at least 60 minutes of moderate-to-vigorous physical activity and limit screen time to less than 2 hours per day.



- 25% of children (6-12 years) do at least 60 minutes of moderate- to vigorous-intensity physical activity daily⁽¹⁾.
- 35-39% of youth (10-17 years) do a total of at least 60 minutes of moderate- to vigorous-intensity physical activity for more than 3 days per week^(2,3).
- Objective measures were newly introduced; however, data could not be generalized.
- Physical activity indicator showed considerable improvement; more children and youth meet the national guidelines.

SEDENTARY BEHAVIORS

- 35% of children (6-12 years) spend no more than 2 hours of screen time per day⁽¹⁾.
- 45% of youth (10-17 years) spend no more than two hours of screen time per day⁽³⁾.
- Primary reports showed progressive improvement; as many initiatives were implemented to reduce sitting/screen time according to the national guidelines.



- There is an increasing number of children who are engaged in active clan Offc play.
- Although there are increased trends of sports and outdoor play among children and youth, still, national data is not available to assign a grade for this indicator.
- This should be incorporated in the future development of national surveys.



- There are some unpublished data on physical fitness; unfortunately, evidence-based recommendations have not been established yet. Therefore, benchmark is still challenging.
- Annual fitness measurement is established to track students' fitness levels; however, fitness data are not available⁽¹⁰⁾.
- Measurement of physical fitness is proposed for the new physical activity surveillance at schools.



- \circ 20-23% of total children and youth are overweight^(4,5).
- 21-23% of total children and youth are obese^(5,6).
- Youth (10-14 years) have the highest prevalence rate of 25% obese and 24% overweight⁽⁷⁾.
- Although available national data show low obesity and overweight rates, the collected data can be underestimated.



DIETARY HABITS

- 25% of children and youth meet the recommended five servings of fruits and vegetables per day⁽⁵⁾.
- 42% of children and youth consume fast food during the week⁽⁵⁾.
- 37% of children and youth take their breakfast during the week⁽⁵⁾.
- 12% of children and youth consume soft drinks 5 or more times per day⁽⁵⁾.
- Qatar Dietary Guidelines have been adopted since 2015, supporting community awareness⁽⁸⁾.
- Data on implementation are not available; higher prevalence of unhealthy dietary habits is observed.



- 48% of youth (12-17 years) do organized sport and/or physical activity programs⁽³⁾.
- 58% boys and 42% girls are registered as members of sport clubs⁽³⁾.
- There are regular organized sports including Olympic competitions, sports training at federation clubs, and the National Sports Day activities.



- 63% of men and 46% women in Qatar meet the global recommendations on physical activity for health⁽⁹⁾.
- Parents are expected to set a role model for their children in terms of active lifestyle; however, this might not give a direct indication of influence on children's physical activity.
- Future surveys with more focus on family and peer influences should be considered.



- 67% of youth (12-17 years) participate in school physical education classes⁽³⁾.
- Secondary schools followed active school policies (e.g., physical education, physical activity in class and during recess⁽¹⁰⁾.
- Elementary, intermediate, and secondary schools provide with regular access to facilities and equipment that support supervised physical activity⁽¹⁰⁾.
- Elementary and intermediate schools (grade 1- 9) offer two compulsory lessons of physical education weekly.
 Secondary schools (grade 10-12) provide one compulsory lesson of physical education weekly. Each lesson lasts for approximately 50 minutes⁽¹⁰⁾.
- 61% of schools support physical activity programs, such as Qatar Active Schools (11) and Health Promoting Schools⁽¹²⁾.
- This grade is assigned based on availability of information related to school policies and environment that influence the PA opportunities and participation.



- Sport facilities are established at neighborhood areas throughout the country (i.e. parks, play areas, and walking routes). People are encouraged to utilize these facilities to the maximum.
- Currently, there is no adequate data on accessibility, utilization, and evaluation.
- Provisional grading is assigned as "INC" pending further attempts to find more evidence-based data in Qatar.



GOVERNMENT

- Evidence on leadership and commitment supporting physical activity opportunities for all children and youth is available in Qatar. All government sectors are committed to the National Health Strategy 2018-2022⁽¹³⁾.
- The National Physical Activity Guidelines⁽¹⁴⁾ are developed and updated.
- Funds and resources are allocated for physical activity promotion. Strategies and initiatives are implemented for all children and youth.
- The assigned grade is due to the availability of leadership and commitment of governmental body with the authority to influence physical activity opportunities.



Conclusion

- There is a demanding need for research to support the physical activity indicator.
- Stakeholders including ministries, school management, public health advocates should target children within school setting and provide planned programs and interventions following the national physical activity guidelines.
- Sports clubs should be more involved and explore opportunities for children and adolescents to get engaged in physical activities.
- Physical education programs can be enhanced through media campaigns, school programs, summer camps, etc.
- The QAHK report card is planned to make international comparisons as part of the Global Matrix 3.0 on physical activity among children.
- Although there are increased number of studies conducted on physical activity and health in Qatar, still it is not enough to give a strong justification for the indicators. Therefore, children physical activity surveillance network was established to encourage more research in the field.



References

1. Alkhateib, M., Elzoghbi, M., Saleh, M., & Qotba, H. (2013). Influence of sedentary lifestyle on body weight in Qatari school children.

2. Zimmo L, Farooq A, Almudahka F, Ibrahim I, Al-Kuwari MG. (2017). Schooltime physical activity among Arab elementary school children in Qatar. BMC pediatrics; 17(1):76.

3. Al-Thani, M., A. Al-Thani, A., Alyafei, S., Al-Kuwari, M. G., Al-Chetachi, W., Khalifa, S. E., Ibrahim, I., Sayegh, S., Vinodson, B., Akram, H. (2018). Prevalence of physical activity and sedentary-related behaviors among adolescents: data from the Qatar National School Survey. Public Health, *https://doi.org/10.1016/j. puhe.2018.03.019* (in press)

4. Rady, M., Al-Muslemani, M., Salama, R. (2013). Determinants of Overweight and Obesity among Qatari Children (2-5 years) in Doha, Qatar-2010. Canadian Journal of Clinical Nutrition.

5. Al-Thani, M., Al-Thani, A. A., Al-Chetachi, W., & Akram, H. (2017). Obesity and Related Factors Among Children and Adolescents in Qatar.

6. Rizk, N. M., Yousef, M. (2012). Association of lipid profile and waist circumference as cardiovascular risk factors for overweight and obesity among school children in Qatar. Diabetes, metabolic syndrome and obesity: targets and therapy; 5:425.

7. Al-Thani, M., Al-Thani, A., Alyafei, S., Al-Chetachi, W., Khalifa, S. E., Ahmed, A., Vinodson, B., Akram, H. (2018). The prevalence and characteristics of overweight and obesity among students in Qatar, Public Health, *https://doi.org/10.1016/j.puhe.2018.03.020* (in press)

8. The Qatar Dietary Guidelines, 2015, Ministry of Public Health, Qatar.

9. Rahim, H. F. A., Sibai, A., Khader, Y., Hwalla, N., Fadhil, I., Alsiyabi, H., et al. (2014). Non-communicable diseases in the Arab world. The Lancet; 383(9914):356-67.

10. Ministry of Education and Higher Education, Doha, Qatar. http://www.edu.gov.qa

11. Qatar Active Schools Program, Doha, Qatar. *http://www.aspetar.com/EIM-department.aspx?lang=en*

12. Health Promoting Schools Program, Doha, Qatar. www.phcc.qa

13. National Health Strategy 2018-2022.

https://www.moph.gov.qa/HSF/Documents/short%20report%20eng%20 20.03.2018.pdf

14. Qatar National Physical Activity Guidelines (NPAG-Q) website. (2014).

http://www.namat.qa/NamatImages/Publications/75/QATAR%20PA%20 GUIDLINE%20ENGLISH.PDF.



More information on QAHK report card is always available on:

Email: healthy.children@namat.qa Tel: +974 44132680 Fax: +(974) 4413 2020 P.O.Box 29222

For an electronic copy of QAHK report card, please visit Namat: *www.namat.qa*; publications

Acknowledgments

This card was prepared by the Exercise is Medicine Department of Aspetar Orthopaedic and Sports Medicine Hospital, Qatar. The collaborating partners are: Ministry of Public Health, Ministry of Education and Higher Education, Qatar University.







