Results From the United Arab Emirates’ 2018 Report Card on Physical Activity for Children and Youth

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Introduction

Since formation in 1971, the United Arab Emirates (UAE) has experienced tremendous economic and industrial development that has improved the health, wealth, and education of the population. Concomitantly, there has been a shift from a traditional physically active outdoor lifestyle to a modern urbanised, indoor, and technology-driven lifestyle. Limited national surveillance from the last 10 years shows that only ∼20% of UAE children accumulate the recommended amount of moderate-to-vigorous intensity physical activity (MVPA; ≥60 minutes per day). Both Emirati and expatriate adults (∼89% of the UAE population) have high rates of obesity, diabetes mellitus, and cardiovascular disease. Hence, the low prevalence of physical activity (PA) amongst UAE children is a major concern as physical inactivity is an independent risk factor for future chronic disease. This paper presents the key findings from the UAE’s 2018 Report Card on PA for Children and Youth (Figure 1).

Methods

The 2018 Report Card included 10 core PA indicators that were common to the Global Matrix 3.0: Overall Physical Activity, Organized Sport and Physical Activity, Active Play, Active Transportation, Sedentary Behaviors, Family and Peers, Physical Fitness, School, Community and Environment, and Government. Healthy Body Size was included as a separate indicator from Physical Fitness. Grades were based on the best available evidence and data sources included national surveys, peer-reviewed literature, and grey literature (eg government/nongovernment reports, online content). The evidence was primarily based on the World Health Organisation (WHO) 2016 UAE Global School-based Student Health Survey (GSHS) which used a two-stage cluster sample design in 2016 to collect self-reported PA from a representative sample of students in grades 8–12 (aged 13–17 years; N = 5,849; 80% response rate) from all seven emirates in both government (predominantly Emirati) and private schools (predominantly expatriate). Grades and rationales for each indicator are presented in Table 1. Overall PA levels remain low and sedentary behaviours remain high amongst UAE children. Only 16% of UAE children achieved the recommended amount of MVPA (ie ≥60 min/d) and this has fallen from 20% in 2005. Expatriate children and boys had higher levels of PA compared to Emirati children and girls, respectively; however, PA levels declined from early to late adolescence in all groups. Less than half of children achieved the screen time recommendations (ie ≤2 h/d) and this declined with age, especially amongst girls. Only 25% of children participated in physical education classes on ≥3 d/wk (∼150 min/wk) despite governmental mandates for a minimum number of lessons per week. Overall, only 41% (M 32%; F 51%) of adolescents aged 13–17 years achieved the WHO’s BMI-for-age reference standard for a healthy body size. Only four of the 10 indicators were assigned a grade and this highlights the research gaps in the UAE, particularly a lack of objectively-assessed PA estimates for free-living PA and sport participation in both children and their parents.

Figure 1 — UAE 2018 Report Card cover.
The majority of UAE children are not achieving the daily recommendations for PA or screen time. Findings highlight the dire need for action-based research that can lead to evidence-informed public health strategies that have the capacity to increase PA for children, adolescents, and adults. Sustained nationwide school- and community-based culturally-appropriate interventions are required to improve PA at a population level. Further development of active transport networks, walkable environments, and active spaces may help to increase PA across the entire UAE population.

**References**