

Bridging Gaps for a Healthier Saudi Future

Prince Mohammed Bin Fahd University
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VISION 2030
Saudi Vision 2030
Ministry of Education

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JOIN PMU'S INSPIRING SYMPOSIUM

Connecting Experts, Innovators, And Youth To Transform Vision 2030's Aspirations In Health, Lifestyle, And Education Into Reality.

VISION 2030

KEYNOTE SPEAKER
Dr. Karim Abu-Omar
Friedrich-Alexander-Universität
Erlangen-Nürnberg, Germany

DISTINGUISH SPEAKER
Dr. Arto Grasten
United Arab Emirates University
UAE

LOCAL INVITED SPEAKERS

Dr. Majed M. Alhumaid
King Fahd University

Dr. Mohammed Hashem
KFUPM

Dr. Mohamed Ahsan
Imam Abdulrahman Bin Faisal
University

Dr. Ali Zilfi
University of Jeddah

Dr. Zuhair Al Salim
University of Hail Al Bahr

SYMPOSIUM
**BRIDGING GAPS
FOR A HEALTHIER
SAUDI FUTURE**

**10th
NOV**

VENUE : MALE LECTURE HALL

Health-Related Challenges for Children and Adolescents



Saudi Vision 2030

Aims to promote a healthy lifestyle, increase physical activity, and reduce obesity



Physical Activity Guidelines for Children 5-17 years (WHO 2020)



vigorous-intensity aerobic activities, as well as those that **strengthen muscle and bone** should be incorporated.

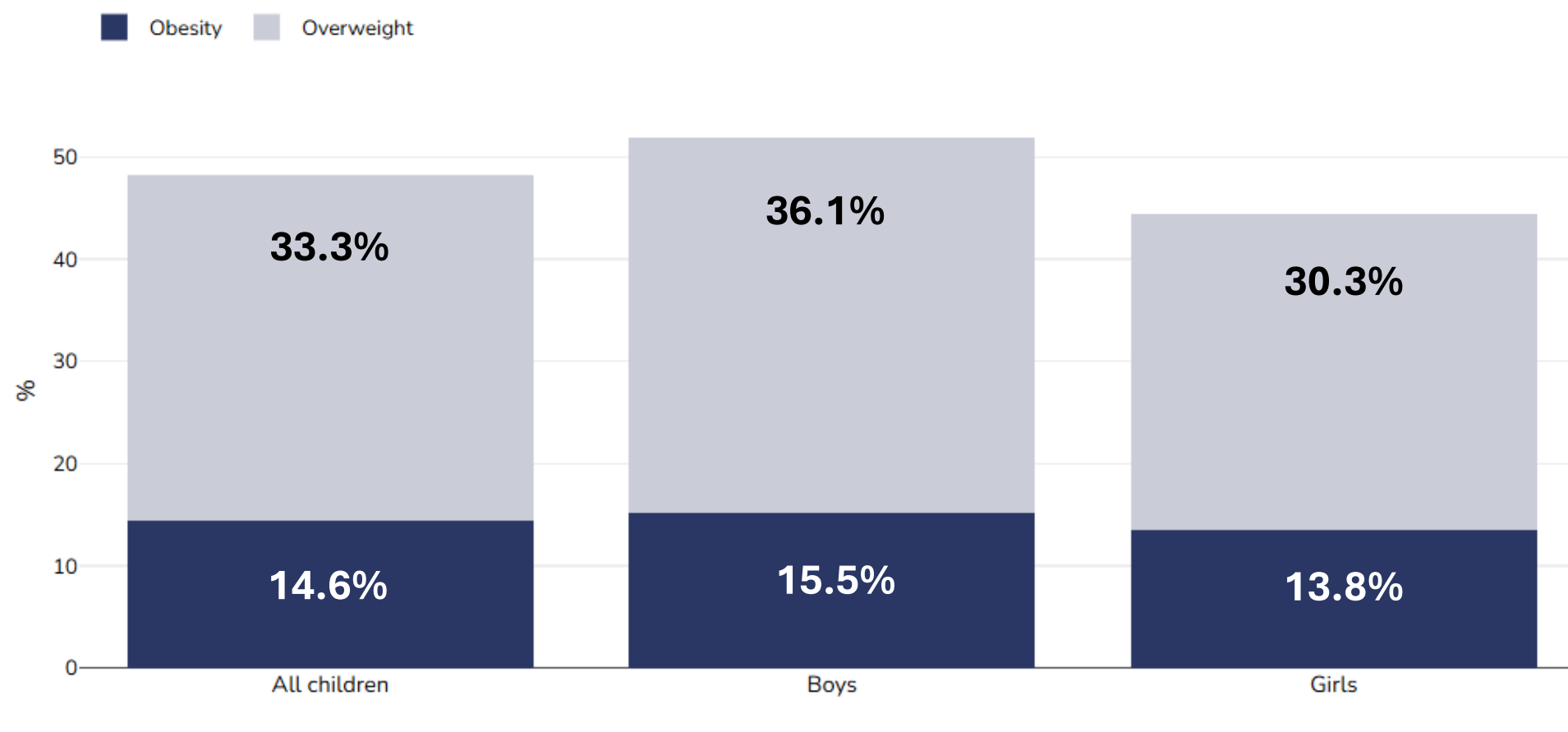


moderate- to vigorous-intensity physical activity across the week; most of this physical activity should be aerobic.



Prevalence of Overweight and Obesity in Saudi Children

Children, 2024



General Authority for Statistics. *Health Determinants Statistics Publication* 2024. Riyadh (Saudi Arabia): Kingdom of Saudi Arabia; 2024.

Physical Activity in Saudi Children and Adolescents

Sample (Year)	Region/City	Gender	Number of Subjects	Age (Years)	Inactivity Prevalence (%)	Inactivity Criteria	Assessment Method
Preschoolers (2007)	Jeddah	Male	109	5.2 ± 0.8	72.9	<10,000 step counts/day	Electronic pedometer
		Female	115	5.2 ± 0.9	81.4	<10,000 step counts/day	Electronic pedometer
School children (1993)	Riyadh	—	212	9.5 ± 1.4	85	Daily heart rate <159 bpm for ≥20 min/day	Continuous heart rate monitoring
School children (2002)	Riyadh	—	92	9.6 ± 1.5	57.1	Daily heart rate <140 bpm for ≥30 min/day	Continuous heart rate monitoring
School children (2007)	Riyadh	Male	296	10.3 ± 1.3	47.1	<13,000 step counts	Electronic pedometer
School children (2017)	Makkah	Male/Female	78	8–11	Low (6,757 step/day, 20.2 min/day MVPA)	<10,000 step counts/day	Accelerometer (Actigraph, 4 days)
Adolescents (2003)	Riyadh	Male	894	15.7 ± 1.8	72.3	<30 min for <4 days/week	Questionnaire
Adolescents (2008)	Al-Khobar	Male/Female	1,240 / 1,331	16.3 ± 1.7	54.4 / 66.3	<3 times/week	Questionnaire
Adolescents (2011)	Riyadh, Jeddah, Al-Khobar	Male/Female	1,401 / 1,507	16.7 ± 1.1 / 16.5 ± 1.1	44.5 / 78.1	<1,680 MET-min/week	Arab Teens Lifestyle Study Questionnaire
Adolescents (2012)	Asser	Male/Female	1,249 / 620	17.2 ± 1.2 / (12–19)	42.9 / 63.7	<30 min PA in previous week	Questionnaire
Adolescents (2014)	Riyadh	Male	1,335	13–18	63.7	<60 min, 5 days/week	HBSC Questionnaire
Adolescents (2015)	Riyadh	Male/Female	453	15–18	84.5 (20.1% no exercise)	<3 days/week	Questionnaire
Adolescents (2017)	Jeddah	—	405	3–18	Low	Sum of moderate to vigorous activity	PA questionnaire for adolescents
Adolescents (2018)	Jeddah	—	410	17.2 ± 1.2	86.1	<150 min/week	Questionnaire

Al-Qassim. Prevalence and perceived barriers to active living. *Int J Health Sci (Qassim)*. 2012;6(1):50–64.

Policies, Interventions, and Actions

- Twenty-Four-Hour Movement Practice Guidelines for Saudi Arabia (2020)
- Sports Boulevard Project - Riyadh (2019)
- Saudi Arabia is walking (2017)
- Vision 2030 (2017)
- KSA National strategy for diet and Physical activity 2014-2025
- Official introduction of the physical education program for girls' schools (for the first time) (2017)
- RASHAKA Initiative (2017)

Global Obesity Observatory. Policies, Interventions and Actions: Saudi Arabia. [cited 2025 Nov 09]. Available from:

<https://data.worldobesity.org/country/saudi-arabia-186/actions.pdf>



Physical activity strategies for preventing school-aged children's overweight and obesity: a systematic review

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Abstract

This systematic review examined physical activity recommendations and strategies within clinical practice guidelines (CPG) for preventing overweight and obesity in children aged 5–17. Eighteen guidelines from Asia, Europe, North America, Oceania, and South America were identified. Strategies were classified into five categories: individual, family, school, community, and healthcare. Most recommendations aligned with international guidelines, highlighting individual responsibility in increasing daily activity and reducing sedentary time. Families should support active lifestyles and limit screen time, while schools must provide quality physical education and activity opportunities. Communities should ensure safe facilities, and the healthcare sector is tasked with guiding, monitoring, and assessing physical activity levels. Improving clarity regarding sector responsibilities may enhance the effectiveness of CPGs in schools and other health practices, contributing to long-term reductions in childhood overweight and obesity rates.

Table 2 Clustered CPG and equivalent document-based physical activity strategies for individuals, families, schools, communities, and the healthcare sector

Individual	Family	School	Community	Healthcare
Participate regularly in unstructured recreational physical activities or organized sports activities ITA, NICE, QAT, SCO	Encourage and support children in physical activities AUS, FIN, NICE, SCO, WHO	Provide quality physical education (≥ 2 h per week) BJM, ESP, PER, UAE	Offer accessible and safe physical activity facilities BJM, ESP, NICE, SCO	Provide monitoring and assessments of habitual physical activity and treatment effects AND, ARG, AUS, BJM, FIN, NICE, WHO
Participate actively in school physical education and recess activities ITA, NICE	Provide opportunities for daily physical activities, e.g., family walks, proper equipment, and active family routines AUS, NICE, SCO	Provide opportunities for daily physical activities during recess time ARG, ESP, ITA, SCO	Provide information about local opportunities AUS, SCO, WHO	Identify the children at-risk of being overweight/obese (one of the most critical tasks for healthcare professionals) AND, AUS, PER
Select physically active transportation when applicable, e.g., walking or biking over inactive transportation NICE	Play or exercise together in all seasons in a variety of physical activities AUS, FIN	Offer before- and after-school physical activity programs ARG, ESP, ITA, QAT	Offer campaigns and materials UAE	Provide accurate information campaigns and materials ESP, NICE, PER, UAE, SCO
Select physically active movement modes when applicable, e.g., stairs over lifts, standing over sitting NICE, QAT	Reduce restrictions and minimize over-protectionism FIN	Conduct health-enhancing interventions for physical activity behavior change ESP, KOR	Implement community-based physical activity programs ESP	Implement interventions to change physical activity behaviour AUS, ESP, ITA, KOR, SCO
Help with the household chores, e.g., cleaning, gardening, taking out the trash bin ESP	Be a positive role model by exercising and participating in activities AUS, PER	Provide information, materials, and campaigns about health and physical activity AUS, UAE, WHO	Provide specific actions, e.g., free entry to municipal sporting facilities AUS, ESP	Encourage children to physically active lifestyles AUS, EUR, FIN, NICE, SCO
Reduce recreational screen time, <2 h per day APA, FIN, NICE	Involve children in household chores ESP, QAT	Allow access to sports facilities, playgrounds, and equipment during recess time ITA	Enhance collaboration with other sectors for physical activity promotion UAE	Guide parents and families to take responsibility ARG, ESP, FIN, QAT, UAE, WHO
	Limit recreational screen time, <2 h per day APA, AUS, ESP, EUR, FIN, NICE, SCO	Provide training for teachers and parents to be positive and supportive role models in physical activities ESP, NICE, SCO		Identify maladaptive rearing patterns related to children's physical activity ARG, BJM, EUR

Saudi Arabia's public health journey presents opportunities and challenges. Existing policies must be translated into action:

Overweight & Obesity

50%

**Urgent need for
action**

Individuals:

- Increase physical activity
- Reduce Sedentary behavior

Parents:

- Be a role model
- Limit screen time

Physical Inactivity

70%

**Urgent need for
action**

Schools:

- Provide quality physical education
- Provide opportunities

Healthcare:

- Guide parents and families to take responsibility
- Provide support

Thank you!

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