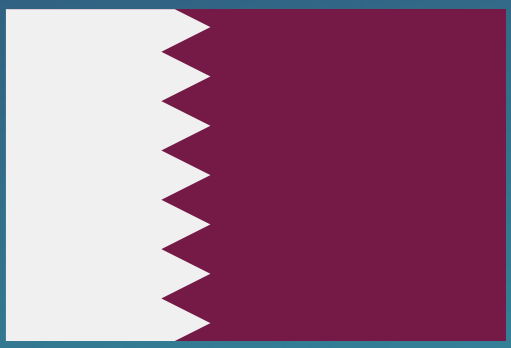
Qatar



Country report card - children

This report card contains the latest data available on the Global Obesity Observatory on overweight and obesity for children, including adolescents (aged 5 to 18 years). Where available, data on common and relevant obesity drivers and comorbidities are also presented.

View the latest version of this report on the Global Obesity Observatory at https://data.worldobesity.org/country/qatar-176/.

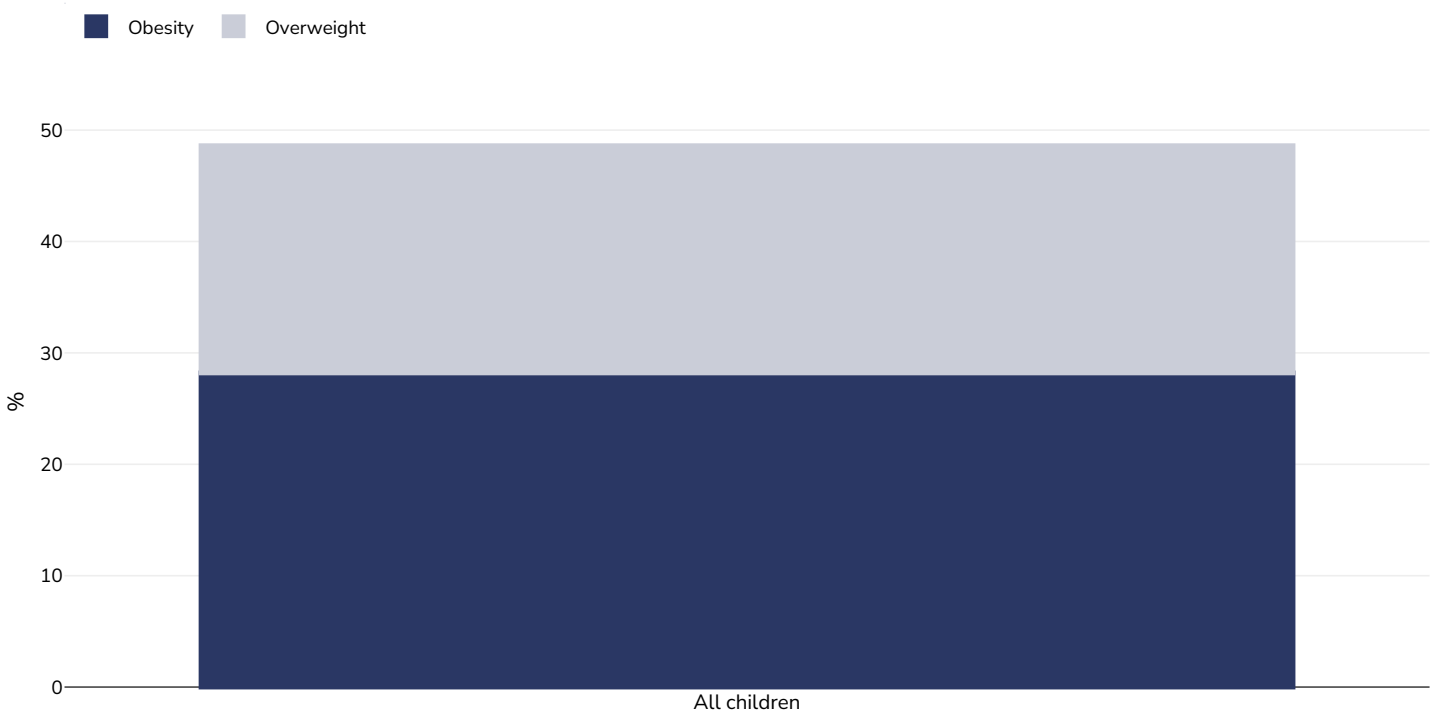
Contents	Page
Obesity prevalence	3
Overweight/obesity by education	4
Overweight/obesity by age	6
Overweight/obesity by ethnicity	7
Double burden of underweight & overweight	8
Insufficient physical activity	9
Average daily frequency of carbonated soft drink consumption	16
Prevalence of less than daily fruit consumption	18
Prevalence of less than daily vegetable consumption	21
Average weekly frequency of fast food consumption	24
Mental health - depression disorders	25
Mental health - anxiety disorders	28

National obesity risk *7.5/10This is a composite â??obesity riskâ?? score (out of 10, the highest risk) based on obesity prevalence, rate of increase, likelihood of meeting the 2025 target, treatment indicator and childhood stunting levels.Childhood obesity risk *8.5/11This is a â??risk scoreâ?? for each countryâ??s likelihood of having or acquiring a major childhood obesity problem during the 2020s, taking account of current prevalence levels and risk for future obesity (based on stunting among infants, maternal obesity, maternal smoking, and breastfeeding rates).

* Based on estimated data. For more information see Publications

Obesity prevalence

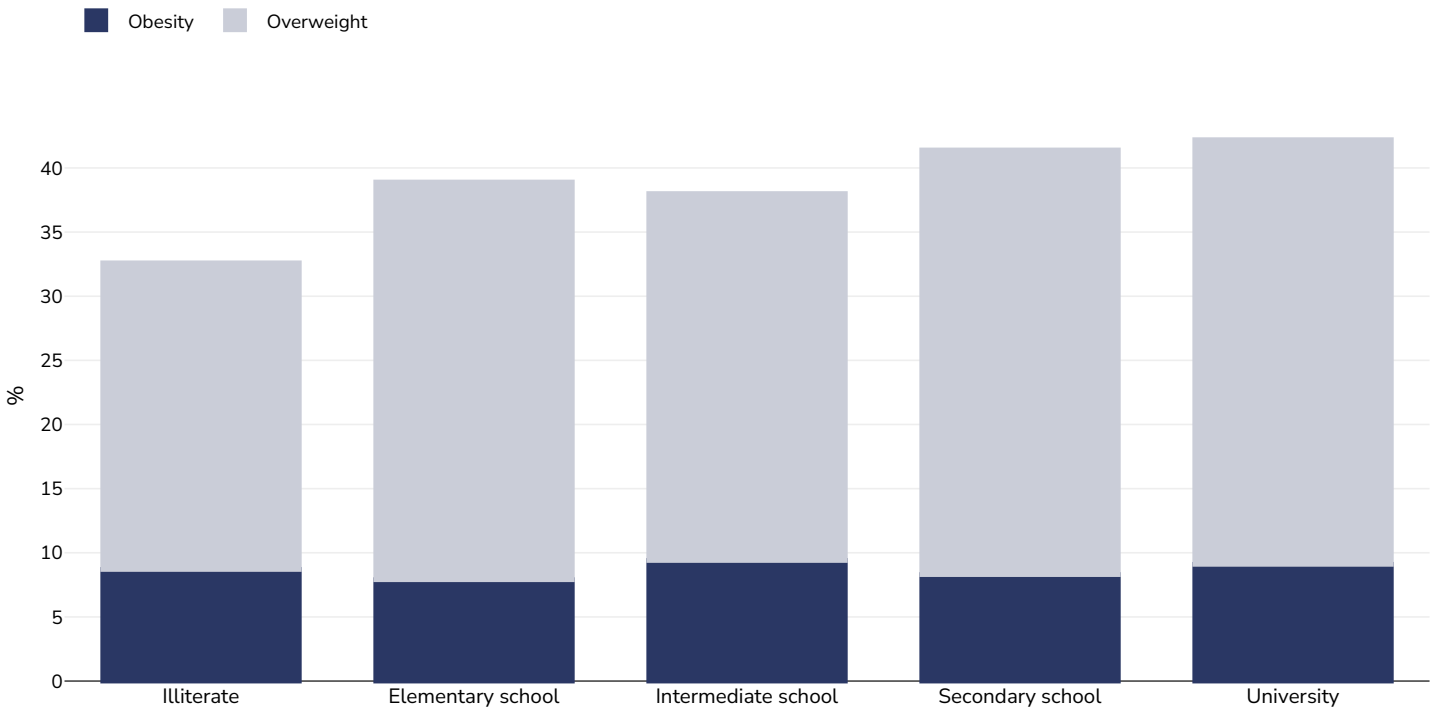
Children, 2022-2023



Survey type:	Measured
Age:	5-19
Area covered:	National
References:	Ministry of Public Health, State of Qatar. National Health Strategy 3 2024-2030 Action Plan on Obesity, Diabetes, and Modifiable Risk Factors for Atherosclerotic Cardio-Vascular Diseases (ASCVD).
Notes:	School growth monitoring program. NB. Only Qatari nationals, non-Qatari national data available in population breakdowns and source.
Cutoffs:	WHO

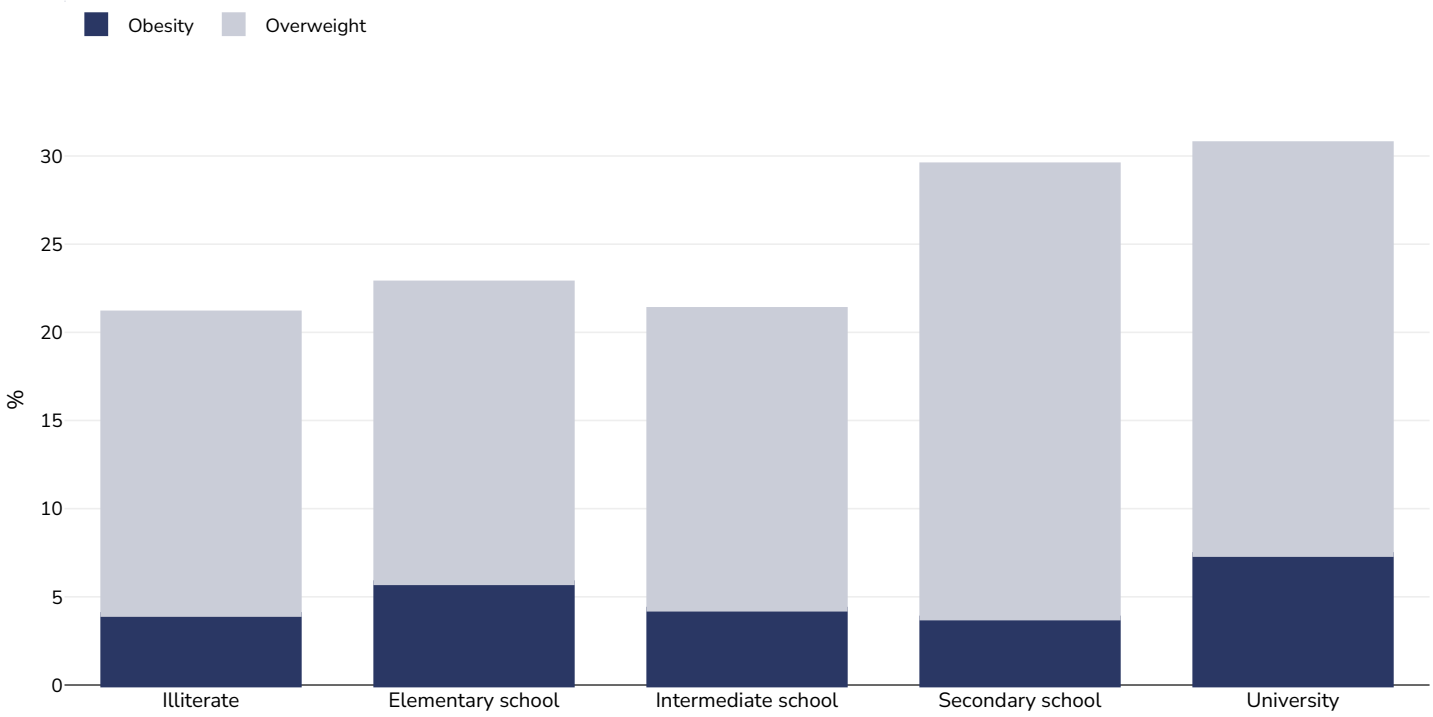
Overweight/obesity by education

Boys, 2003-2004



Survey type:	Measured
Age:	12-17
Sample size:	3923
Area covered:	Urban and Semi-urban
References:	Prevalence of obesity, overweight, and underweight in Qatari adolescents. https://pubmed.ncbi.nlm.nih.gov/16572718/ (last accessed 06.06.2022)
Notes:	Mother's education

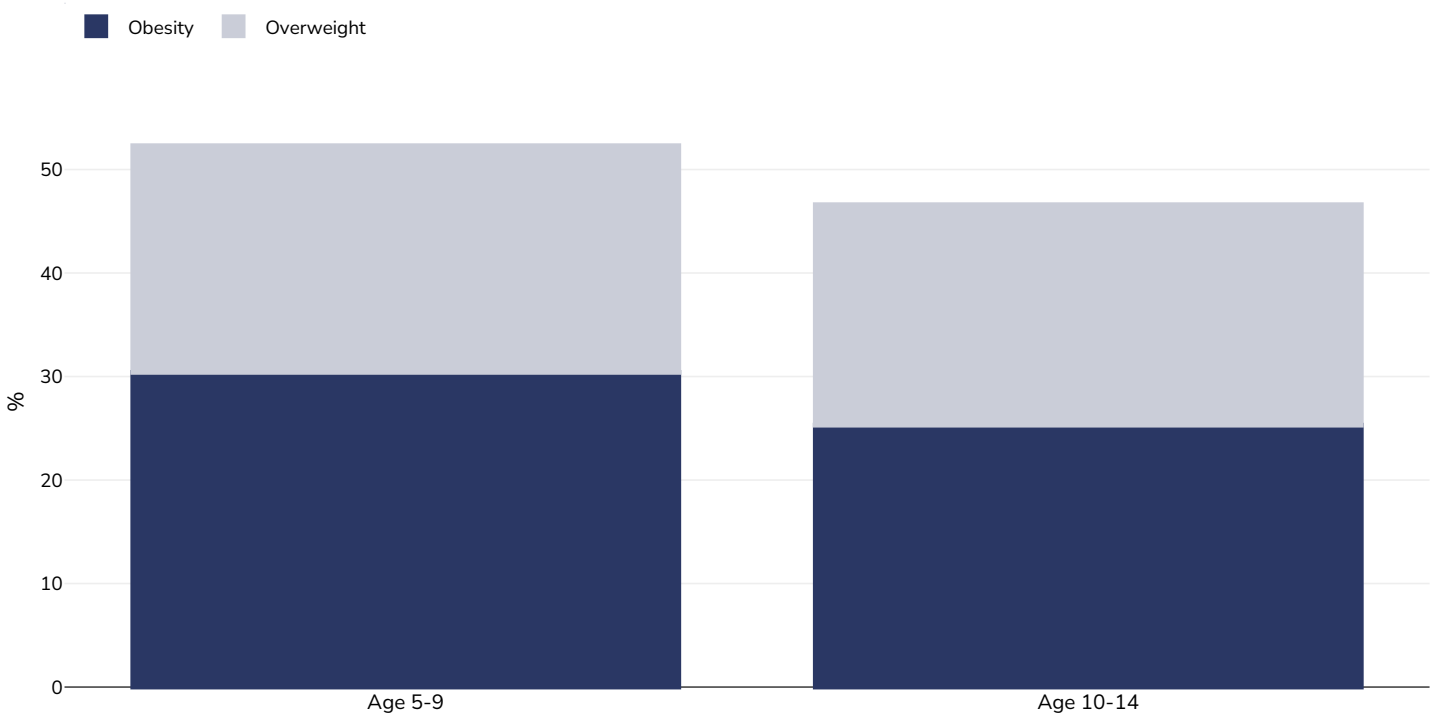
Girls, 2003-2004



Survey type:	Measured
Age:	12-17
Sample size:	3923
Area covered:	Urban and Semi-urban
References:	Prevalence of obesity, overweight, and underweight in Qatari adolescents. https://pubmed.ncbi.nlm.nih.gov/16572718/ (last accessed 06.06.2022)
Notes:	Mother's education

Overweight/obesity by age

Children, 2019-2020

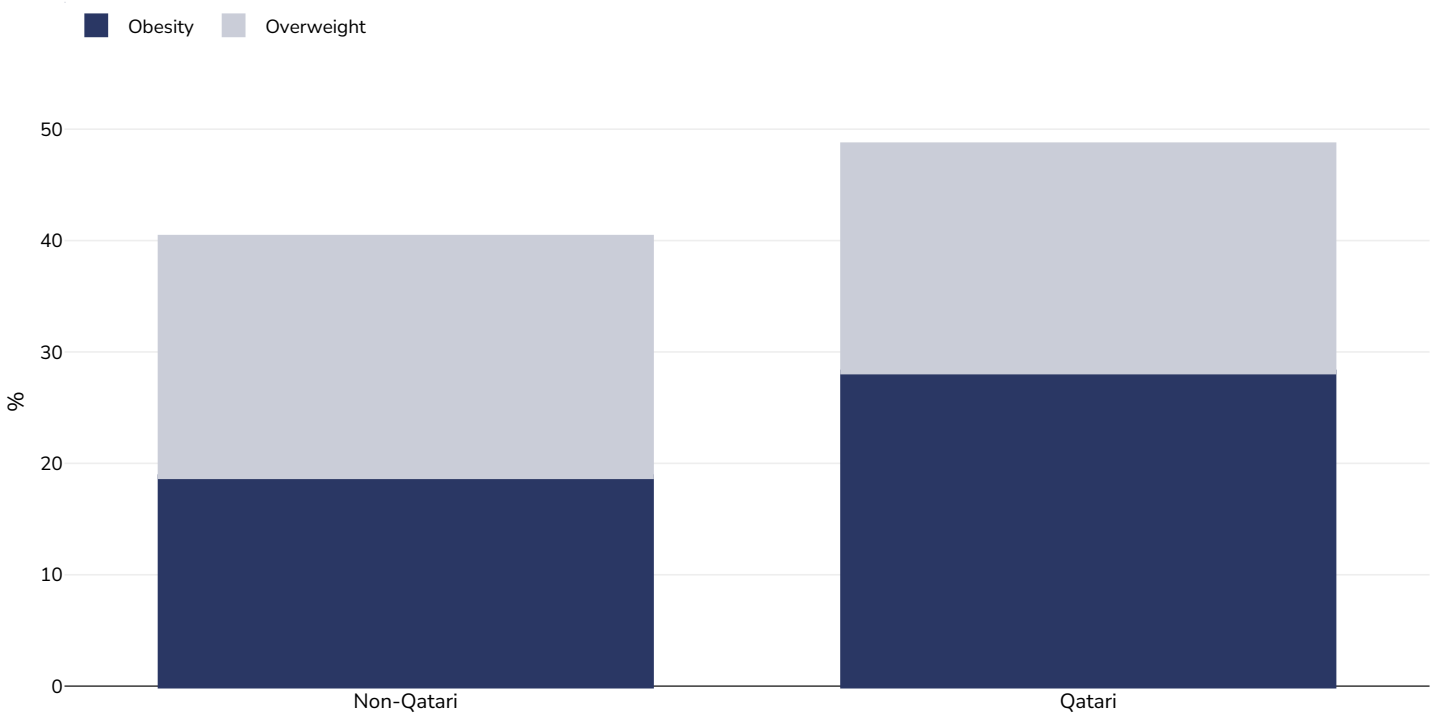


Survey type:	Measured
Sample size:	7514
Area covered:	National
References:	Alâ?Thani, M.H., Alyafei, S.A., Alâ?Mutawa, K.A., Khalifa, H., Mishra, A., Poovelil, B.V., Abdellatif, A.A., Toumi, A.A. and Kokku, S.B. (2023). School children growth monitoring program in the state of Qatar: Observations from two survey rounds in 2016–17 and 2019–20. Public Health Challenges, [online] 2(1). doi:https://doi.org/10.1002/puh2.52 [Accessed 18.08.25]
Notes:	Retrospective analysis of school growth monitoring survey
Cutoffs:	WHO

Overweight/obesity by ethnicity

Ethnic groups are as defined by publication of origin and are not as defined by WOF. In some instances ethnicity is conflated with nationality and/or race.

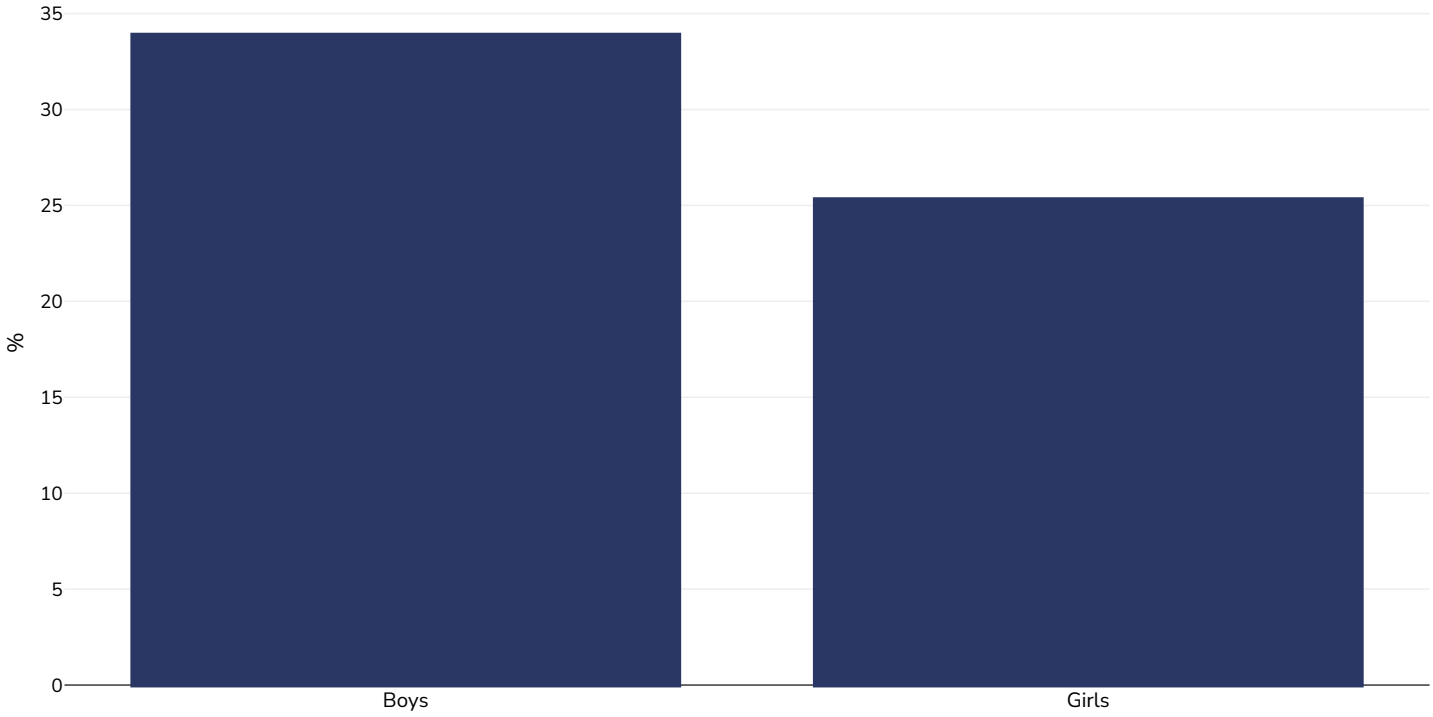
Children, 2022-2023



Survey type:	Measured
Age:	5-19
Area covered:	National
References:	Ministry of Public Health, State of Qatar. National Health Strategy 3 2024-2030 Action Plan on Obesity, Diabetes, and Modifiable Risk Factors for Atherosclerotic Cardio-Vascular Diseases (ASCVD). [Accessed 18.08.25]
Notes:	School growth monitoring program. NB. Only Qatari nationals, non-Qatari national data available in population breakdowns and source.
Cutoffs:	WHO

Double burden of underweight & overweight

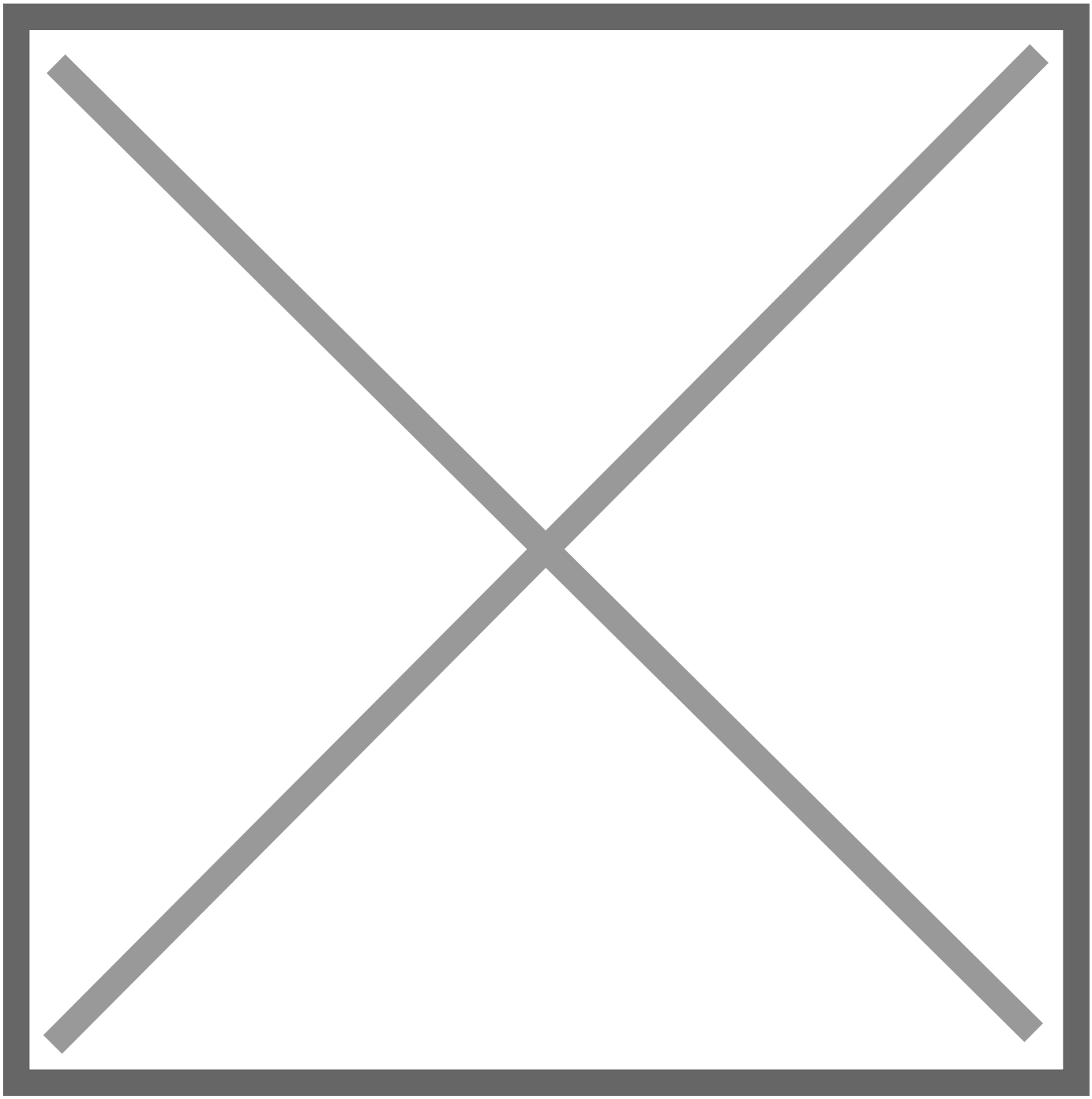
Children, 2022



Survey type:	Measured
Age:	5-19
References:	NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in underweight and obesity from 1990 to 2022: a pooled analysis of 3663 population representative studies with 222 million children, adolescents, and adults. Lancet 2024; published online Feb 29. https://doi.org/10.1016/S0140-6736(23)02750-2.
Notes:	Age standardised estimates
Definitions:	Combined prevalence of BMI < -2SD and BMI > 2SD (double burden of thinness and obesity)
Cutoffs:	BMI < -2SD and BMI > 2SD

Insufficient physical activity

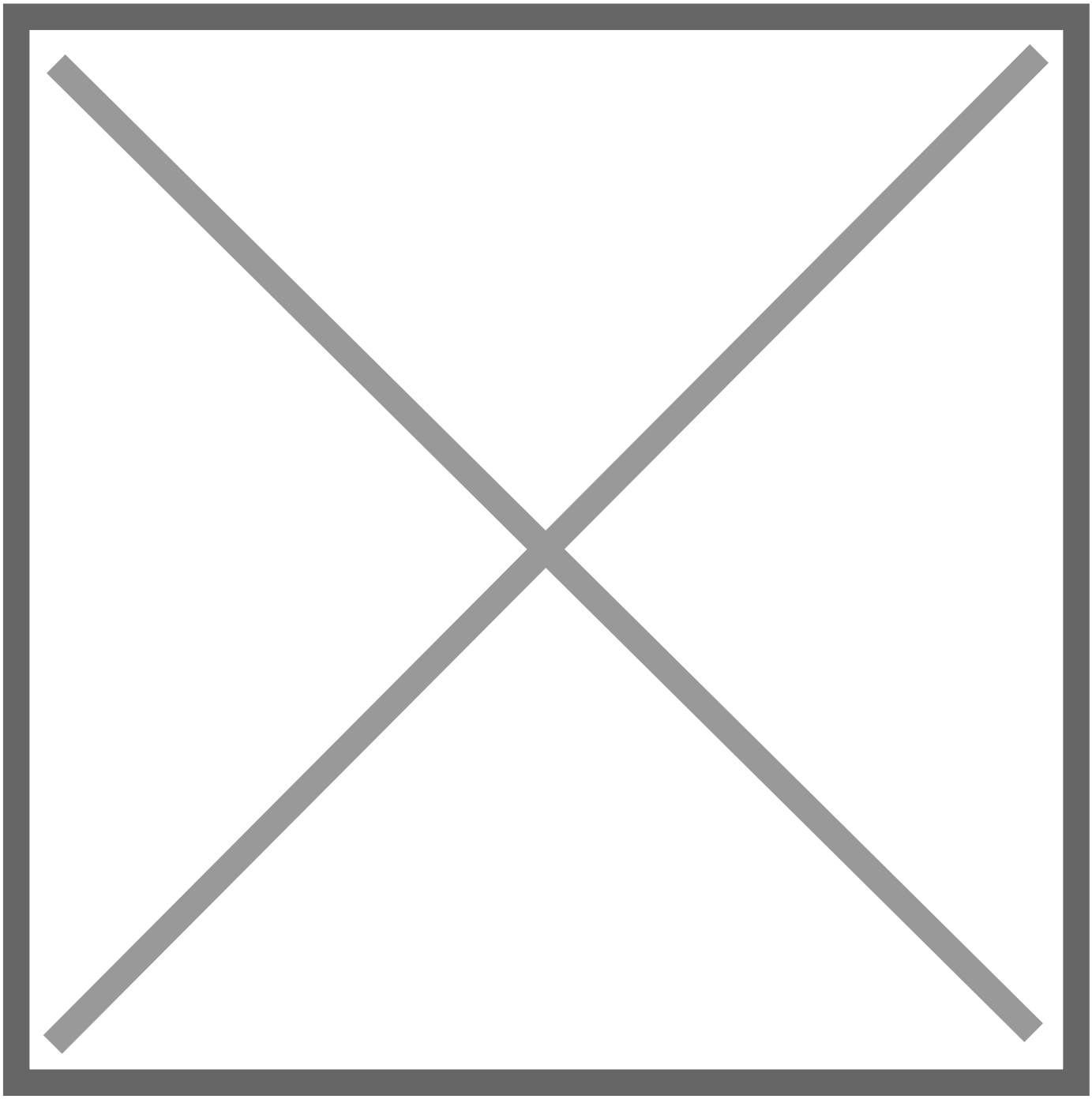
Children, 2016



Survey type:	Self-reported
Age:	11-17
References:	Global Health Observatory data repository, World Health Organisation, https://apps.who.int/gho/data/node.main.A893ADO?lang=en (last accessed 16.03.21)
Notes:	% of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions:	% Adolescents insufficiently active (age standardised estimate)

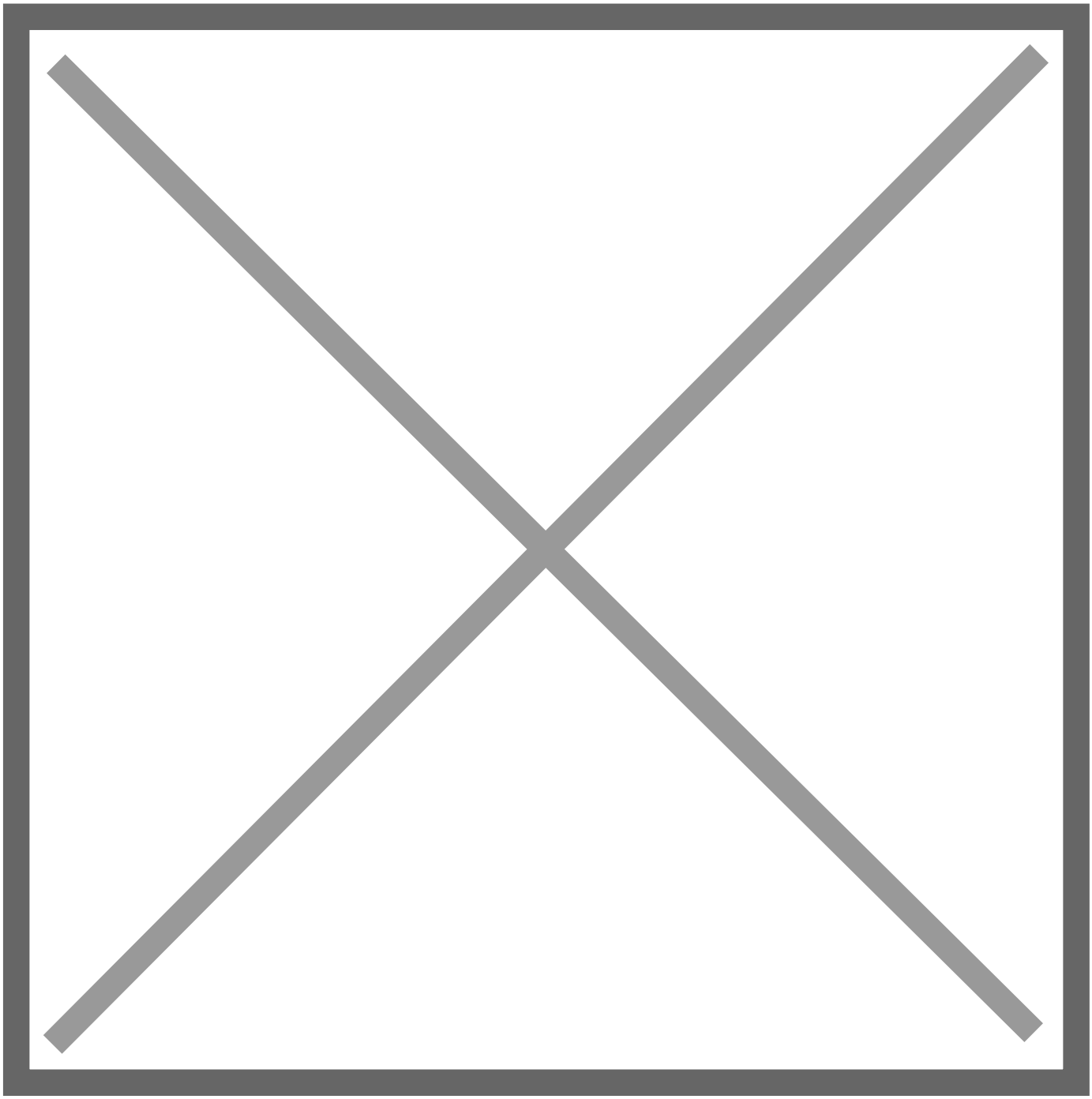
Boys, 2016



Survey type:	Self-reported
Age:	11-17
References:	Global Health Observatory data repository, World Health Organisation, https://apps.who.int/gho/data/node.main.A893ADO?lang=en (last accessed 16.03.21)
Notes:	% of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions:	% Adolescents insufficiently active (age standardised estimate)

Girls, 2016

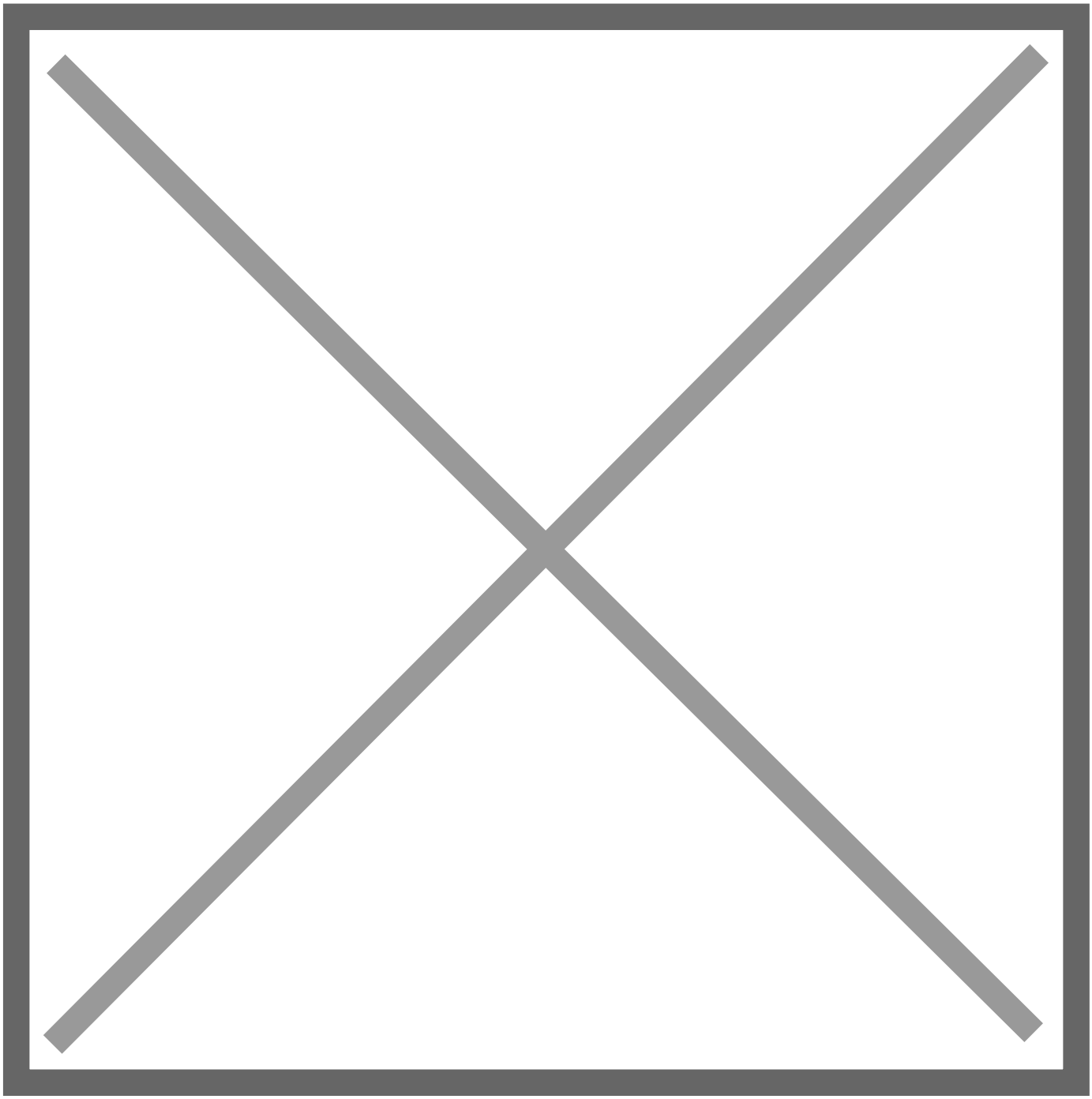


Survey type:	Self-reported
Age:	11-17
References:	Global Health Observatory data repository, World Health Organisation, https://apps.who.int/gho/data/node.main.A893ADO?lang=en (last accessed 16.03.21)
Notes:	% of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions:	% Adolescents insufficiently active (age standardised estimate)

Average daily frequency of carbonated soft drink consumption

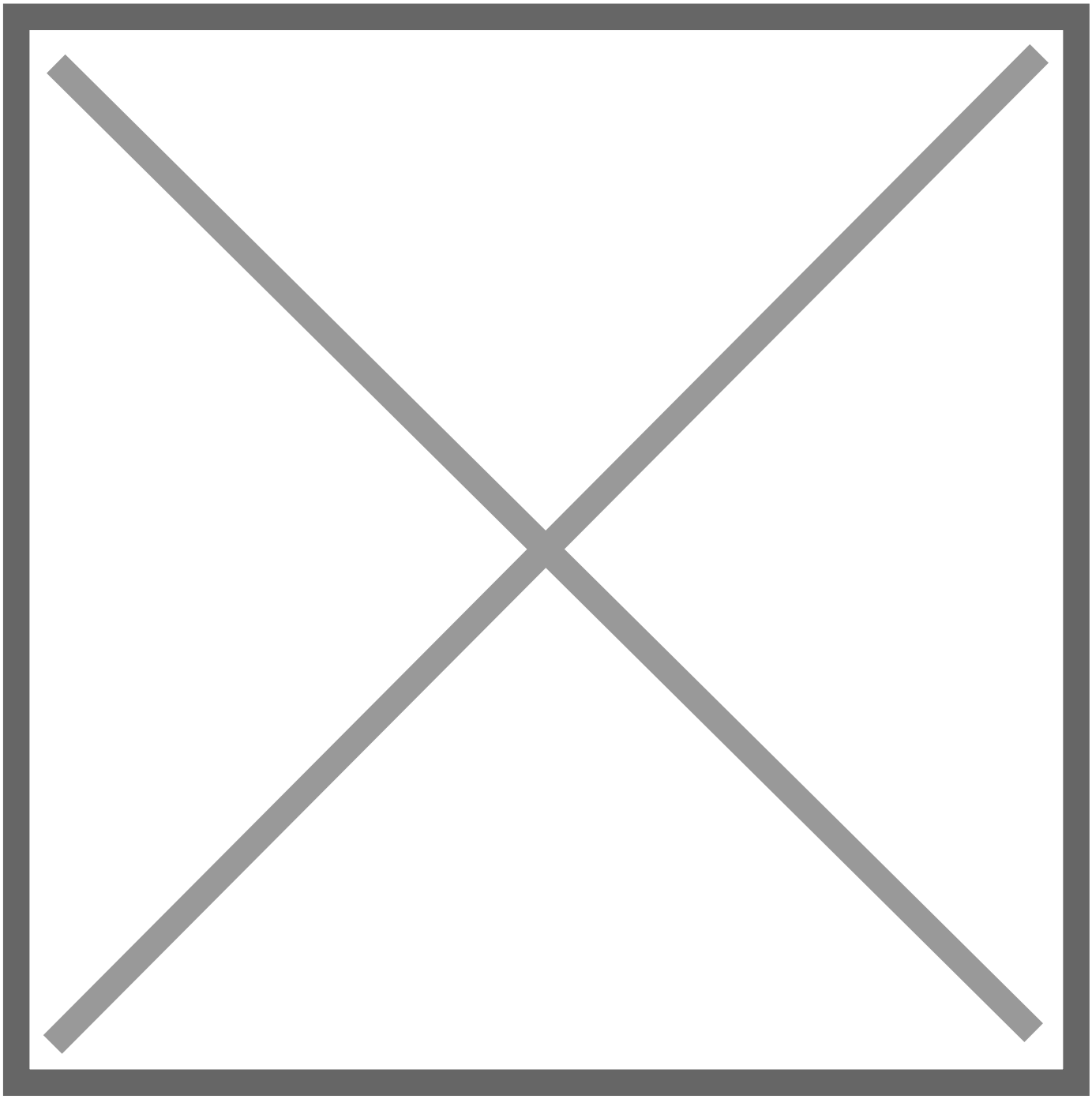
Children, 2009-2015



Survey type:	Measured
Age:	12-17
References:	Beal et al. (2019). Global Patterns of Adolescent Fruit, Vegetable, Carbonated Soft Drink, and Fast-food consumption: A meta-analysis of global school-based student health surveys. Food and Nutrition Bulletin. https://doi.org/10.1177/0379572119848287 sourced from Food Systems Dashboard http://www.foodsystemsdashboard.org/food-system

Prevalence of less than daily fruit consumption

Children, 2011

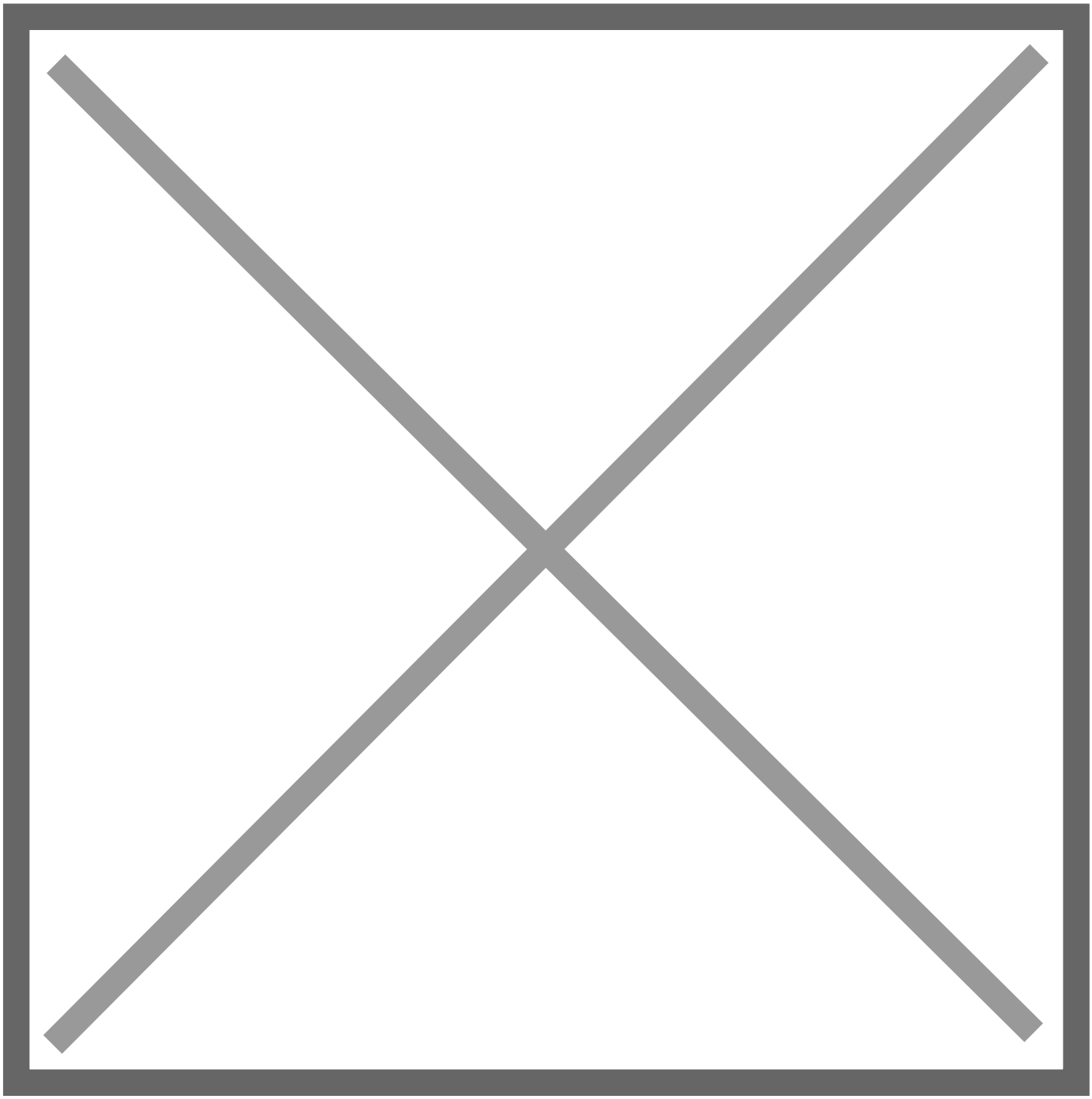


Survey type:	Self-reported
Age:	12-17
Area covered:	National
References:	Global School-based Student Health Surveys. Beal et al (2019). Global Patterns of Adolescent Fruit, Vegetable, Carbonated Soft Drink, and Fast-food consumption: A meta-analysis of global school-based student health surveys. Food and Nutrition Bulletin. https://doi.org/10.1177/0379572119848287. Sourced from Food Systems Dashboard http://www.foodsystemsdashboard.org/food-system

Definitions:	Prevalence of less-than-daily fruit consumption (% less-than-daily fruit consumption)

Prevalence of less than daily vegetable consumption

Children, 2011

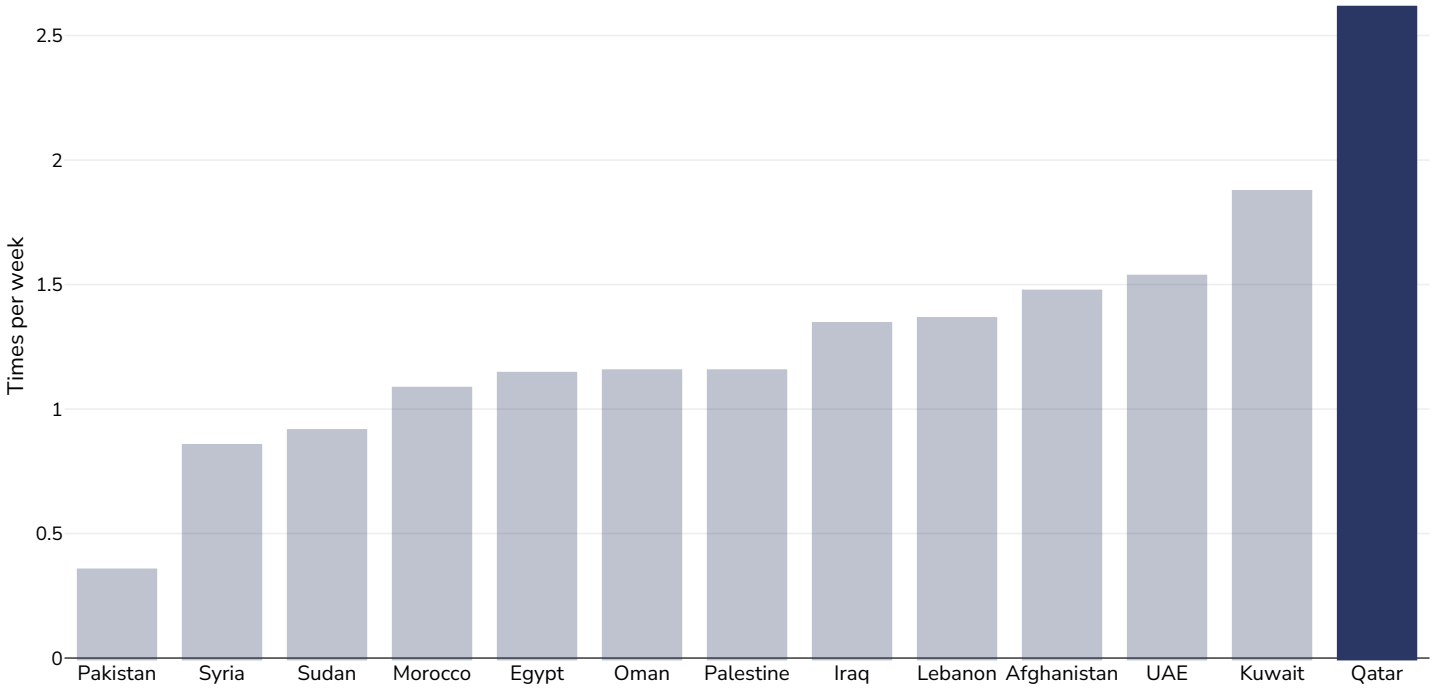


Survey type:	Self-reported
Age:	12-17
Area covered:	National
References:	Beal et al. (2019). Global Patterns of Adolescent Fruit, Vegetable, Carbonated Soft Drink, and Fast-food consumption: A meta-analysis of global school-based student health surveys. Food and Nutrition Bulletin. https://doi.org/10.1177/0379572119848287 sourced from Food Systems Dashboard http://www.foodsystemsdashboard.org/food-system

Definitions:	Prevalence of less-than-daily vegetable consumption (% less-than-daily vegetable consumption)

Average weekly frequency of fast food consumption

Children, 2009-2015

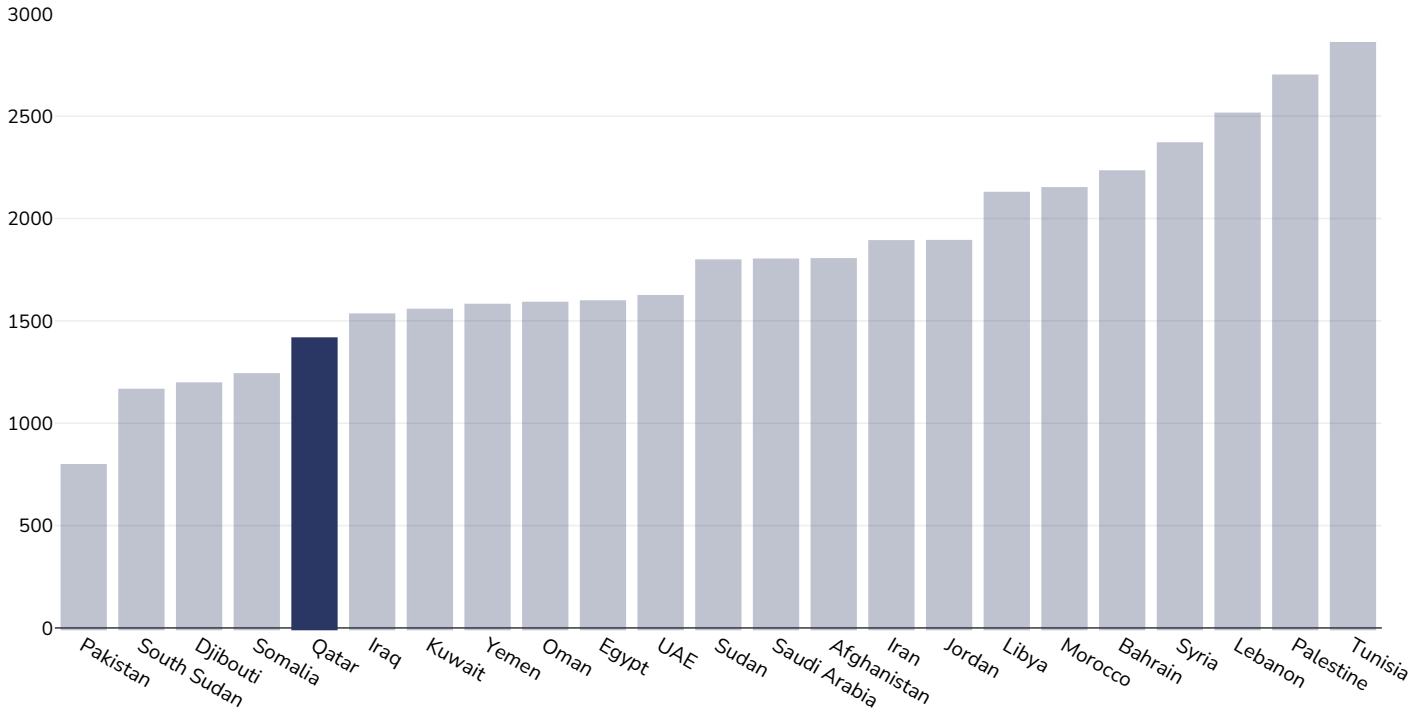


Age: 12-17

References: Beal et al. (2019). Global Patterns of Adolescent Fruit, Vegetable, Carbonated Soft Drink, and Fast-food consumption: A meta-analysis of global school-based student health surveys. Food and Nutrition Bulletin. https://doi.org/10.1177/0379572119848287 sourced from Food Systems Dashboard http://www.foodsystemsdashboard.org/food-system

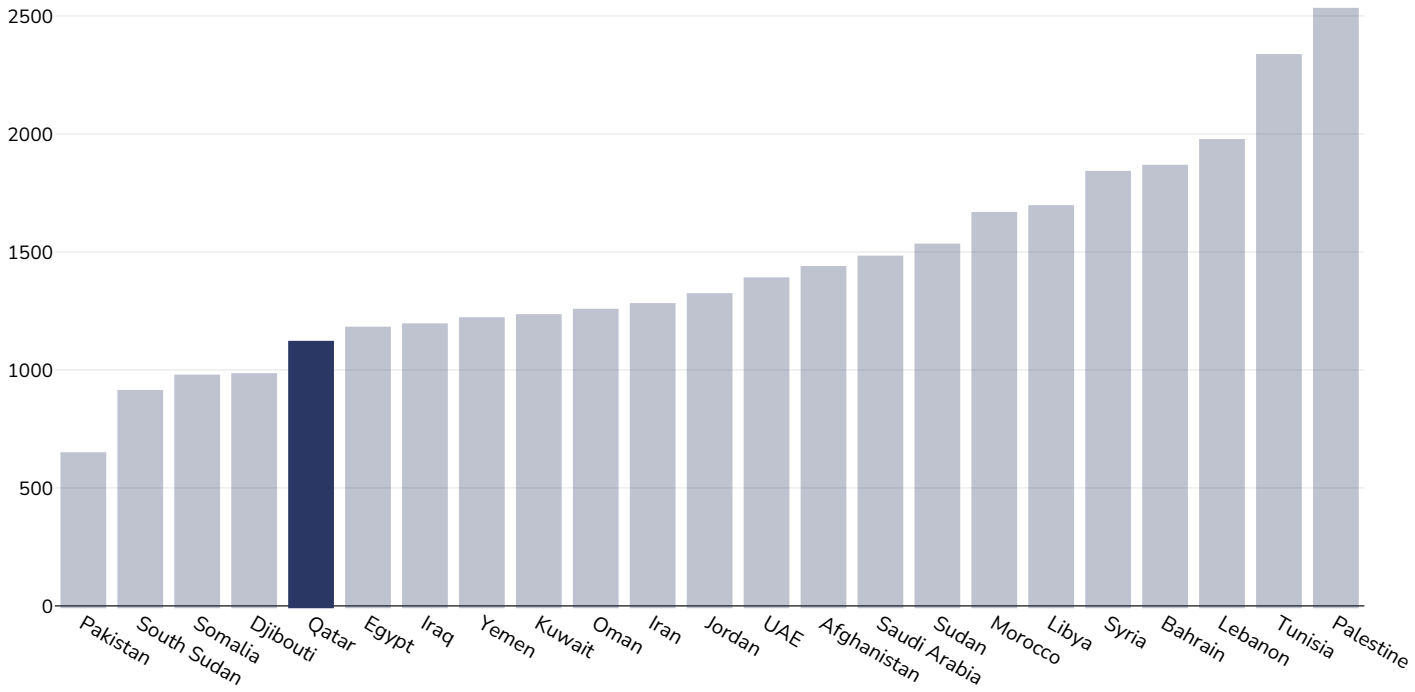
Mental health - depression disorders

Children, 2021



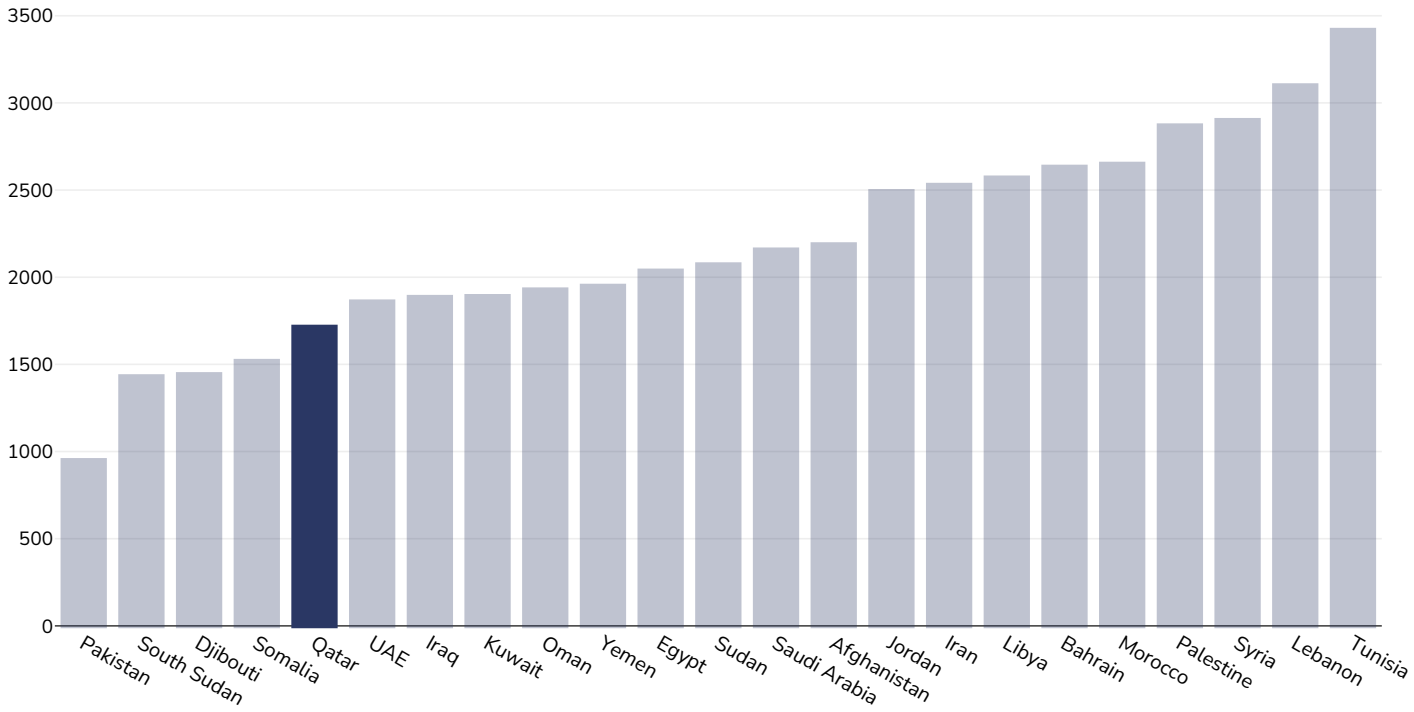
Area covered:	National
References:	Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from http://vizhub.healthdata.org/gbd-compare. (Last accessed 23.04.25)
Definitions:	Number living with depressive disorder per 100,000 population (Under 20 years of age)

Boys, 2021



Area covered:	National
References:	Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from http://vizhub.healthdata.org/gbd-compare. (Last accessed 23.04.25)
Definitions:	Number living with depressive disorder per 100,000 population (Under 20 years of age)

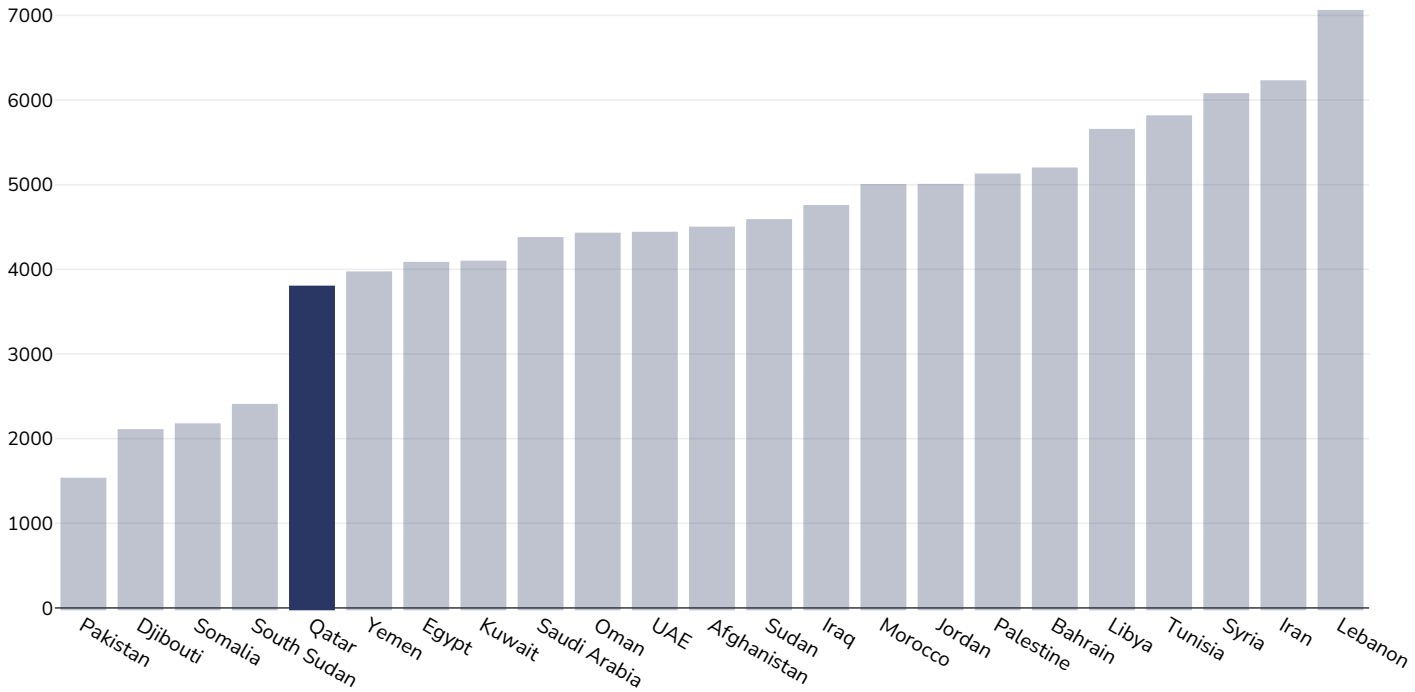
Girls, 2021



Area covered:	National
References:	Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from http://vizhub.healthdata.org/gbd-compare. (Last accessed 23.04.25)
Definitions:	Number living with depressive disorder per 100,000 population (Under 20 years of age)

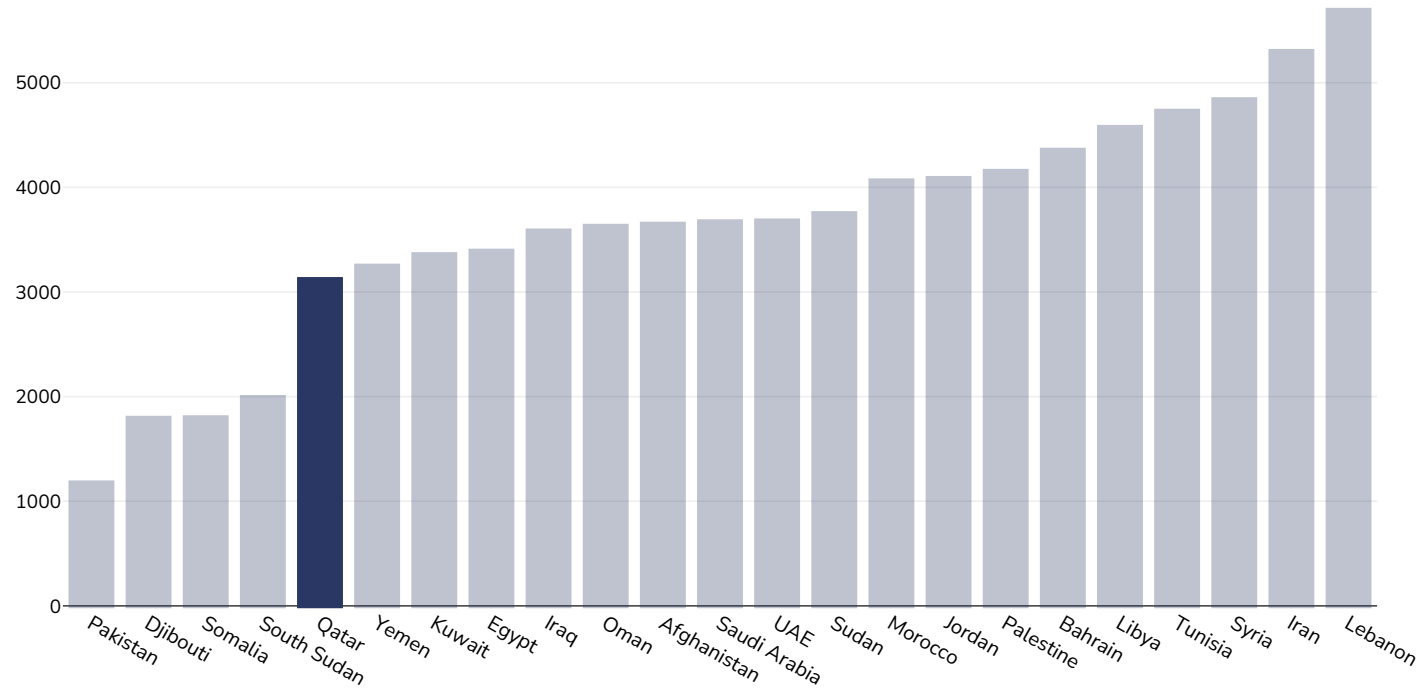
Mental health - anxiety disorders

Children, 2021



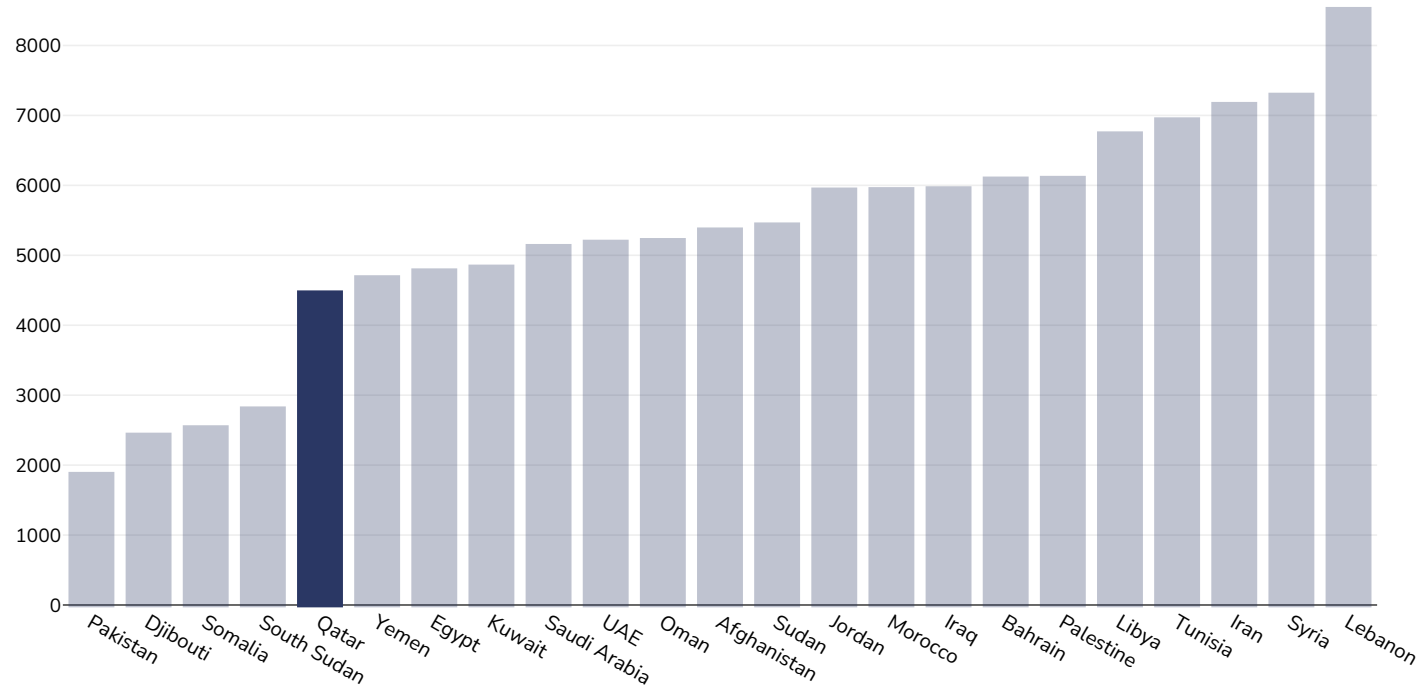
References: Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from http://vizhub.healthdata.org/gbd-compare. (Last accessed 23.04.25)

Boys, 2021



References: Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from http://vizhub.healthdata.org/gbd-compare. (Last accessed 23.04.25)

Girls, 2021



References: Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from http://vizhub.healthdata.org/gbd-compare. (Last accessed 23.04.25)

PDF created on October 9, 2025