

Country profile for Saudi Arabia

Exploring pathways to enhance women's health and economic empowerment

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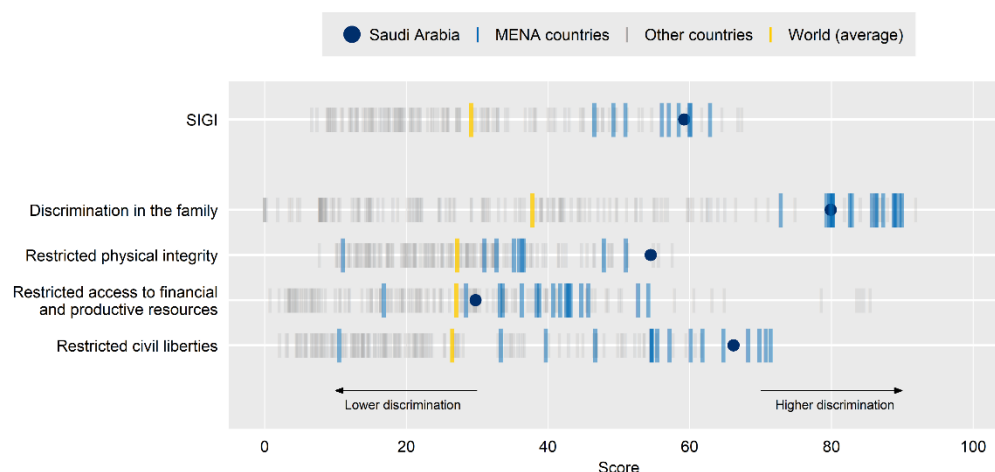
Social institutions matter for gender equality

Women's health and economic empowerment are fundamental pillars of gender equality, as recognised by international frameworks such as the Sustainable Development Goals (SDGs) and Saudi Arabia's national policy frameworks. Notably, SDG 3 on health, SDG 5 on gender equality, and SDG 8 on inclusive and sustainable economic growth reflect the necessity to advance women's rights and opportunities for sustainable development. Domestically, Saudi Arabia's development strategy Vision 2030 integrates the importance of enhancing women's empowerment (Kingdom of Saudi Arabia, 2016^[1]).

Saudi Arabia has made significant progress promoting women's rights and empowerment since the launch of Vision 2030 in 2016. The Kingdom has eliminated legal barriers to women's freedom of movement, labour force participation and economic inclusion. Vision 2030 also reflects shifting perceptions of women's roles in Saudi society, positioning them as national assets (Kingdom of Saudi Arabia, 2016^[1]). Additionally, Saudi Arabia's commitment to gender equality at the international level is demonstrated by its appointment to chair the 69th session of the United Nation's Commission on the Status of Women in 2025.

Despite these notable advancements, some barriers to women's empowerment persist. These are often rooted in social institutions – the established set of formal and/or informal laws, norms and practices that govern expected behaviour in society. As social norms evolve, women may face pressure to fulfil traditional roles as mothers and carers while also meeting new societal expectations of being economically empowered and active. The OECD's [Social Institutions and Gender Inequality Index](#) (SIGI) provides a comprehensive measure of gender equality gaps in social institutions worldwide. The index encompasses major socio-economic areas that impact women and girls across their lifespan, including issues related to the family sphere, their physical integrity, and the public sphere (economic and political). In 2019, Saudi Arabia obtained a SIGI score of 89, denoting very high levels of discrimination. By 2023, the country had made significant progress, reaching a SIGI score of 59 – slightly above MENA average of 56.

Figure 1. SIGI and dimension scores for Saudi Arabia



Note: Scores range from 0 to 100, with 0 indicating no discrimination and 100 indicating absolute discrimination. The MENA region covers Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, Syria, Tunisia, the United Arab Emirates, the West Bank and Gaza Strip and Yemen.

Source: (OECD, 2023^[2]), "Social Institutions and Gender Index (Edition 2023)", OECD International Development Statistics (database), <https://doi.org/10.1787/33beb96e-en>.

Box 1. Policy dialogue “Exploring pathways to enhance women’s health and economic empowerment in Saudi Arabia: what priority actions?”

On 1 October 2024, the OECD Development Centre and Saudi Arabia’s Ministry of Economy and Planning organised a closed-door policy dialogue, hosted by the King Khalid Foundation. It gathered key stakeholders, including policy makers, development partners, and representatives from civil society organisations, private sector companies and foundations, in order to identify and discuss remaining challenges and feasible policy actions to further promote women’s health and economic empowerment in the country. The outcomes of the expert discussions feed into this country profile.

Women’s economic empowerment

Women’s empowerment can be understood as a process by which women gain the ability to make strategic life choices (Kabeer, 1999^[3]). Such choices can encompass psychological, economic and sociological aspects of their lives. In the context of Saudi Arabia, in-depth interviews have shown that expanding women’s legal rights, as well as their social and personal capacities are key factors in their empowerment (Sobaih and Abu Elnasr, 2024^[4]).

In recent years, Saudi Arabia has made strides in advancing women’s economic empowerment. The Kingdom has implemented various laws, policies and initiatives aimed at fostering their participation in the labour market. Saudi Arabia’s commitment to enhancing women’s economic empowerment is anchored in its national policy strategies, particularly Vision 2030. Launched in 2016, the plan is formulated around three themes: a vibrant society, a thriving economy, and an ambitious nation, with the overall objective of enabling the shift from an oil-driven economy to a knowledge-based economy. The strategy recognises women as a critical significant proportion of the country’s human capital and highlights that women’s economic empowerment is a driver of national economic development (Kingdom of Saudi Arabia, 2016^[1]). As such, one of the objectives of Vision 2030 is the empowerment of women and materialisation of their potentials, specifically by increasing women’s participation in the workforce to 30% (Kingdom of Saudi Arabia, 2016^[1]). While Saudi Arabia has exceeded this goal (Table 1), some barriers to women’s economic empowerment remain.

Key indicators for women’s economic inclusion in Saudi Arabia are in line with regional averages. In 2024, women’s labour force participation stood at 36%, compared to a regional average of 27% (ILO, 2024^[5]; General Authority for Statistics, 2024^[6]). Some disparities persist among Saudi and non-Saudi nationals which make up 58% and 42% of the population, respectively (General Authority for Statistics, 2022^[7]). For instance, in 2024, Saudi women’s labour force participation rate was higher than that of non-Saudi women (36% and 28%, respectively). For men, the trend was reversed (66% and 93%) (General Authority for Statistics, 2024^[6]).

As in most economies, vertical and horizontal segregation in employment remains widespread in Saudi Arabia, which can translate into remuneration gaps. Employed men and women are concentrated in specific economic sectors, with women’s employment primarily clustered in sectors or professions considered as “typically female” (OECD, 2021^[15]). In Saudi Arabia, women work mostly in service sectors, including in real estate and administrative activities or in accommodation and food services, as well as in care sectors, which include education, social work and health (Figure 2). While women achieve near parity in the education, health and social work sectors, they remain outnumbered by male employees given their overall lower labour force participation (Figure 2). This distribution may reflect transitional dynamics, particularly in sectors where barriers to female entry are comparatively lower.

Table 1. Key indicators for women's economic and financial inclusion

	Saudi Arabia			MENA		Source
	Women	Men	Year	Women	Men	
Share of female students in higher education (Bachelor, Master, PhD) (%)	50	50	2022	-	-	(General Authority for Statistics, 2022 ^[8]).
Labour force participation rate (%) (entire population aged 15 years and older)	33.5	83.6	2024	27.3	73.4	KSA: (General Authority for Statistics, 2024 ^[6]), Labour Market Indicators Q4-2024; MENA: (ILO, 2024 ^[5]). The MENA averages are calculated using 2023 modelled estimates.
Unemployment rate (%) (entire population aged 15 years and older)	10.4	2.0	2024	18.3	8.9	KSA: (General Authority for Statistics, 2024 ^[6]), Labour Market Indicators for Q4-2024; MENA: (United Nations, 2024 ^[9]), SDG Database, Indicator 8.5.2.
Daily time spent on unpaid care and domestic work (hours per day)	-	-	-	4.8	0.9	(OECD Development Centre/OECD, 2023 ^[10]). No data are available for Saudi Arabia.
Average monthly wages per employee in main work in Saudi Riyal	6,334	5,956	2024	-	-	KSA: (General Authority for Statistics, 2024 ^[6]), Labour Market Indicators for Q3-2024
Wage equality between women and men for similar work	0.76		2023	0.72		(World Economic Forum, 2023 ^[11]). Data for each country, incl. Saudi Arabia, were collected through the 2023 World Economic Forum Executive Opinion Survey.
Share of women/men among all managers (%)	23.1	76.9	2024	18.0	82.0	KSA: (General Authority for Statistics, 2024 ^[12]), Register-based Labour Market Statistics Q3-2024; MENA: (United Nations, 2024 ^[9]), SDG Database, Indicator 5.5.2.
Share of women/men who own commercial registers (%)	42.5	57.5	2023	-	-	KSA: (General Authority for Statistics, 2023 ^[13]), Gender Statistics Report 2023.
Share of women/men who own a bank account (%)	63.4	81.67	2021	42.0	54.0	(World Bank, 2021 ^[14]), Global Findex Database. Data were collected in Saudi Arabia between October – November 2021.

Note: Data in the table cover the entire population in Saudi Arabia, regardless of their citizenship status. When data are drawn from international databases, the metadata for Saudi Arabia are indicated in the table. International databases are used to calculate the regional average for benchmarking purposes. The indicated MENA averages are unweighted and cover the following countries: Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, Syria, Tunisia, the United Arab Emirates, the West Bank- and Gaza Strip and Yemen. For the indicator “Daily time spent on unpaid care and domestic work (hours per day)”, no data are available for Bahrain, Djibouti, Jordan, Kuwait, Lebanon, Libya, Saudi Arabia, Syria, the United Arab Emirates and Yemen; the regional average is calculated over the remaining nine MENA countries with available data. For the indicator “Wage equality between women and men for similar work”, no data are available for Algeria, Djibouti, Iraq, Libya, Syria, and the West Bank and Gaza Strip; the regional average is calculated over the remaining 13 MENA countries with available data. For the indicator “Share of women/men among all managers”, no data are available for Libya; the regional average is calculated over the remaining 18 MENA countries with available data.

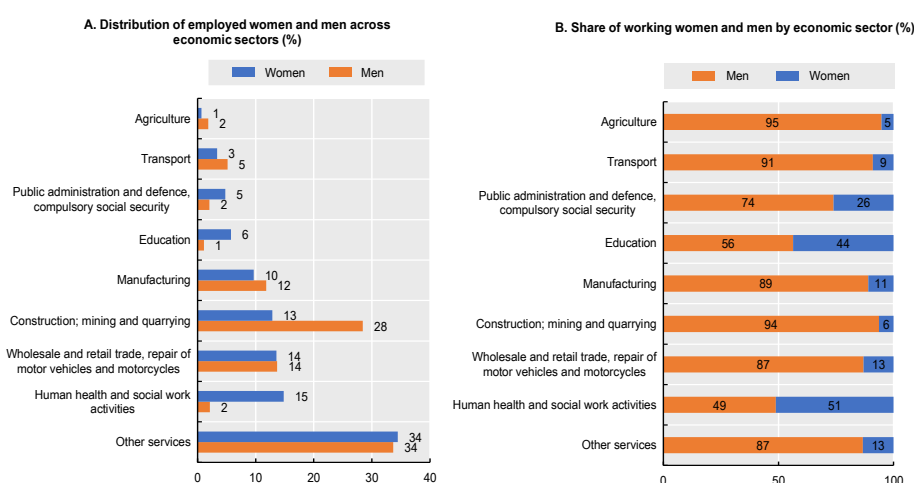
Data on wage equality between women and men for similar work is drawn from the World Economic Forum Executive Opinion Survey: “In your country, for similar work, to what extent are wages for women equal to those of men?” Data are normalised on a 0-1 scale, with the highest possible score being 1 (equality) and the lowest possible score being 0 (inequality) (World Economic Forum, 2023^[11]). No comparable and representative quantitative data are available at the regional level on the wage gap.

Similarly, vertical segregation remains important in Saudi Arabia, but to a lesser extent than in the MENA region (Table 1). Men outnumber women in management, highlighting that more efforts are needed to enable women’s access to leadership positions (United Nations, 2024^[9]). In Saudi Arabia, women

represent 38% among middle and senior managers but when taking into account all managers, this share stands at 23% (Kingdom of Saudi Arabia, 2024^[16]; General Authority for Statistics, 2024^[12]).¹ Moreover, women's commercial ownership rate is relatively high, yet below that of men (General Authority for Statistics, 2023^[13]). Combined, persisting horizontal and vertical segregation limit women's economic choices and lead to important remuneration gaps between women and men.

Figure 2. Women and men are concentrated in specific economic sectors in Saudi Arabia

Distribution of employed women and men across economic sectors (Panel A) and share of working women and men by economic sector (Panel B), 2024



Note: Sectors are based on the Saudi Classification of Economic Activities. "Other" groups the following sectors: "Electricity, gas, steam and air conditioning supply", "Water supply; sewerage, waste management and remediation activities", "Accommodation and food service activities", "Information and communication", "Financial and insurance activities", "Real estate activities", "Professional, scientific and technical activities", "Administrative and support service activities", "Arts, entertainment and recreation", "Other service activities", "Activities of households as employer", "Activities of extraterritorial organisations and bodies" and "Other activities".

Source: (General Authority for Statistics, 2024^[12]) from the Register-Based Labour Market Statistics Q3/2024.

The legal framework governing women's economic empowerment

Economic inclusion

In recent years, Saudi Arabia has undergone a series of important reforms with the objective of addressing the legal barriers that prevented women from fully participating in the workforce. In 2017, Crown Prince Mohammad bin Salman announced a series of reforms aimed at enhancing women's rights and empowerment (Topal, 2019^[17]). These reforms have addressed various barriers to women's economic inclusion, including facilitating their access to capital, freedom of movement, and protection from discrimination in the workplace (Table 2). The country's current challenge consists thus in enforcing the updating labour laws and guaranteeing women's workplace rights.

¹ Recent data from 2024 reveal that among all men and women employed, 5% work as managers (General Authority for Statistics, 2024^[6]). Yet, as women's overall labour force participation is significantly lower than that of men, their representation among all managers remains inferior.

Table 2. Selected legal reforms supporting women's economic empowerment since 2017

Year	Legal reform	Source
2017	Amendments to Royal Decree No. M/85 granted women the right to obtain a driver's license	(Ministry of Interior, 2017 ^[18])
2018	The Anti-Harassment Law (Royal Decree No. M/96) prohibited sexual harassment in the workplace	(Kingdom of Saudi Arabia, 2018 ^[19])
2019	A series of amendments issued by Royal Decree No. M/134 expanded women's economic empowerment by amending several pieces of legislation, including: <ul style="list-style-type: none"> - Amendments to Royal Decree No. M/24 granted women the right to obtain a passport and travel abroad with obtaining the prior consent of a guardian - Amendments to Royal Decree No. M/7 granted women the ability to be head of household - Amendments to Royal Decree No. M/51 granted women the right to work without the prior consent of a male guardian 	(Kingdom of Saudi Arabia, 2019 ^[20])
2022	As amended, the Labour Law repealed restrictions on women's ability to work at night and in hazardous jobs, and prohibited discrimination on the basis of gender	(Kingdom of Saudi Arabia, 2022 ^[21])

Saudi Arabia is also party to international conventions addressing discrimination in employment. Saudi Arabia ratified the ILO Convention No. 111 concerning Discrimination in Respect of Employment and Occupation which prohibits discrimination, exclusion or preference in employment based on various characteristics, including sex, as well as Convention No. 100 concerning Equal Remuneration for Men and Women Workers for Work of Equal Value (ILO, 1960^[22]; ILO, 1953^[23]). While not mandating equal remuneration for work of equal value explicitly, Saudi Arabia's legal framework prohibits wage discrimination of women who perform similar work as men (Kingdom of Saudi Arabia, 2010^[24]). Furthermore, as amended in 2022, the Labour Law prohibits discrimination on the basis of gender (Kingdom of Saudi Arabia, 2022^[21]).

Legal reforms have also removed restrictions on the types of jobs available to women, thereby increasing the ability of women to enter the labour force and earn an income. In 2022, Labour Law amendments repealed restrictions on women's ability to work at night and access jobs that were previously deemed hazardous for women by the ministry (Kingdom of Saudi Arabia, 2022^[21]). The Labour Law also upholds conditions to support working mothers, for instance by providing that women are entitled to regular nursing breaks for up to an hour each day following maternity leave (Kingdom of Saudi Arabia, 2022^[21]). Yet, fathers are only entitled to three days of paid leave in the case of childbirth preventing a more equal division of care responsibilities among parents (Kingdom of Saudi Arabia, 2024^[25]).

Alongside reforms seeking to facilitate women's labour force participation and economic inclusion, the government encourages hiring national rather than foreign workers, benefitting Saudi men and women alike. This programme is implemented in a unique context, given that the population is made up of 58% Saudi nationals, compared to 42% non-Saudi (General Authority for Statistics, 2022^[7]). In this context, the Nitaqat programme, launched in 2011 and updated in 2021, imposes quotas on hiring Saudi nationals in firms operating in the country (Ministry of Human Resources and Social Development, 2023^[26]). While earlier iterations of the policy favoured hiring Saudi women over Saudi men, in 2020 the ministry confirmed that this provision is no longer applied.

Access to capital and assets

Beyond reforms improving women's employment conditions, women's ability to access capital is critical to enhance their economic inclusion and promote entrepreneurial activities. In 2018, the Ministry of Commerce and Investment announced that it would no longer require women to obtain permission from their guardian to open a business (The New Arab, 2018^[26]). Furthermore, Saudi Arabia's Financial Consumer Protection Principles, introduced in 2020, institutionalised women's access to credit (SAMA, 2022^[27]).

Despite the historic progress made, legal barriers persist with potential implications for women's access to assets in Saudi Arabia. Women and men have equal rights to own and use land and non-land assets (OECD Development Centre/OECD, 2023^[28]). Furthermore, inheritance, governed by Islamic law, grants women half the share of men, as outlined in the Personal Status Law (Kingdom of Saudi Arabia, 2022^[29]).

Mobility

Freedom of movement is recognised as a human right and mobility is essential for accessing education and employment opportunities and is thus an essential component of empowerment. Restrictions to women's freedom of movement have been targeted by legal reforms in recent years. In 2017, a royal decree was issued to enable women to obtain a driver's license (Kingdom of Saudi Arabia, 2017^[30]). In 2019, women were granted the right to work and travel abroad without obtaining the prior consent of a guardian in 2019 (Kingdom of Saudi Arabia, 2019^[20]). In addition to legislative reforms, the government has implemented initiatives to support women's transportation to the workplace. For example, the Wusool programme, run in partnership with the ride-sharing company Uber, enables working women to access subsidised rides to and from work (Uber, n.d.^[31]).

Social determinants of women's economic participation

Supported by national policies and associated initiatives, women's increasing educational and economic empowerment is both a result and a driver of shifting social norms. Vision 2030 represents shifting perceptions of women's role in economic life, by positioning them as national assets. At the same time, women continue to be primarily responsible for duties within the family sphere. For example, while the latest Saudi Women's Report highlights women's accomplishments in education, employment, sports and other sectors, it recognises that women are primarily responsible for raising children (General Authority for Statistics, 2022^[8]). Conversely, qualitative research indicates the persistence of societal expectations for men to provide a living for their families (Aldossari and Calvard, 2021^[32]; King Khalid Foundation, 2023^[33]). While representative data on the impact of such norms on women's economic empowerment is limited – especially since the implementation of progressive reforms and recent years – qualitative and anecdotal evidence underscore the ways in which they can limit women's economic participation.

Population's attitudes towards women's and men's respective roles and responsibilities in society vary by age and gender. According to an online study carried out among 500 individuals, views according to which men should be providers and women caregivers were widely held among men and unemployed women. Age is a further determinant, with those either younger or older than 25 to 35 years being more likely to hold these views (Alanzi, AlHugail and Almeshary, 2023^[34]). Conversely, women between the ages of 25 and 35 – many of whom were in the final years of their schooling or early years of their career when Vision 2030 was launched – appear to hold slightly less traditional views of women's role in society (Alanzi, AlHugail and Almeshary, 2023^[34]). Qualitative research among youth aged 15 to 24 years who are neither in employment, education or training (NEET) further revealed the persistence of traditional gender roles, with young men perceiving women's empowerment at times as a "robbery of their own jobs" (King Khalid Foundation, 2023^[33]).

Despite the removal of legal restrictions on the sectors in which women can work, social norms can limit women's opportunities in their professional advancement. An online study conducted among 300 women in the tourism and hospitality sector found that women tend to remain in entry-level jobs, while men progress faster in their careers (Alshareef and AlGassim, 2021^[35]). Women further reported experiencing discrimination as a result of gender stereotypes, with limitations for their career progression (Sobaih and Abu Elnasr, 2024^[4]; Aldossari and Calvard, 2021^[32]). Another small-scale study covering 448 primary healthcare professionals across all Saudi provinces showed that both women and men consider that men are more effective leaders than women. However, women's biases were smaller than that of men (Alzahrani et al., 2022^[36]). Yet, data also underscore that social norms are changing in Saudi Arabia, with

young men being more accepting of women in leadership when most women in their environment work (Riyadh Behavioral Insights Centre, 2022^[37])

Despite legislative amendments removing restrictions on the jobs in which women can work, persisting gender segregation in Saudi society can limit the employment options women are able to, or chose to, pursue. Interviews with 58 Saudi women working in gender-segregated (45%) and mixed workplaces (55%) show that the choice to work in segregated organisations is largely influenced by the need to conform with family, tribal and societal expectations (Aldossari and Calvard, 2021^[32]). Young women in NEET further attested the extended family's say in deciding whether a job would be suitable for them. This excluded some of them from pursuing professions that require working with men, such as in medicine (King Khalid Foundation, 2023^[33]). In some cases, women prefer to work in gender-segregated spaces as they perceive mixed environments as unacceptable or want to avoid situations of sexual harassment (Aldossari and Calvard, 2021^[32]).

The household environment plays a significant role in determining the extent to which legal and policy reforms aimed at enhancing women's economic empowerment are implemented in practice (Alotaibi, 2023^[38]; King Khalid Foundation, 2023^[33]). Women in Saudi Arabia increasingly have the possibility to enter into spaces or economic sectors that were traditionally dominated by men. While women are no longer legally required to obtain the permission of a guardian to seek employment, longstanding norms within the family, which may take several generations to change, can continue to prevent women from exerting free choice over their education and career. Qualitative interviews with non-employed Saudi women revealed that consulting with their male guardian remains an important step when applying for or choosing a job. Moreover, unemployed women identified childcare and household responsibilities as primary barriers to entering the labour market (Alotaibi, 2023^[38]). For instance, in comparison with OECD countries, enrolment rates in early childhood education and care (ECEC) remain very low in Saudi Arabia: in 2022, the OECD-average enrolment rate of children aged three years old stood at 75% compared to 1% in Saudi Arabia and for children aged four years old the OECD average is 89% compared to 12% for Saudi Arabia (OECD, 2024^[39]).

While social norms are shifting in favour of expanding women's agency and choices in Saudi Arabia, reconciling family and career interests requires a shift in the traditional division of women's and men's responsibilities and roles in society, both in the private and public spheres.

Moving forward: Insights from the policy dialogue to promote women's economic empowerment

- *Implement and enforce legal frameworks:*
 - Policymakers in collaboration with all key stakeholders should establish mechanisms that support law enforcement and allow for easy reporting processes in case of legal violations.
 - Policymakers could increase collaboration with civil society organisations to inform the population about legal reforms regarding women's economic rights and to organise capacity training workshops for those enforcing the law, including the justice but also the private sector.
- *Promote skills building:*
 - Policy makers in consultation with the private and educational sectors could design and implement programmes and educational curricula that focus on skills building at all ages, including financial and digital literacy skills.
 - Universities could seek partnerships with private sector companies for internship programmes to facilitate particularly well-educated women's entry in the labour market.
 - Philanthropies and civil society organisations should continue investing in and running initiatives that aim at supporting women's (re-)entry in the labour market.
- *Alleviate women's care burden:*
 - The public and private sector should invest in affordable and quality early childhood education and care infrastructure.
 - Policy- and lawmakers should consider updating the labour law to ensure that all women regardless of their economic activity are entitled to paid maternity leave. They should further consider extending the duration of paid paternity leave to engage fathers more in childcare.
 - Private sector companies should inspire change by offering on-site childcare, flexible working hours and paid leave for parents, thereby attracting talent especially among the female labour work force.
- *Inspire and leave no-one behind:*
 - Philanthropies can financially support civil society organisations to establish mentorship programmes between working women and those outside of the labour force as well as between working women and female students in the same field to create networks and provide guidance to facilitate entering the workforce after graduation.
 - All actors should adopt an approach that is sensitive to the unique challenges households and women may face based on their socioeconomic status, residence, educational attainment etc. Integrating an intersectional perspective in all policies and programmes will ensure that no one is left behind.
- *Invest in data collection and monitoring:*
 - The national statistics office could integrate modules on time-use and population's attitudes towards women's and men's roles and responsibilities in the family and society in surveys that are regularly conducted, such as labour force surveys. Regularly collecting this data will help monitoring ongoing societal changes and create the basis for evidence-based policy making to promote women's economic empowerment in line with national strategies.
 - Philanthropies could invest increasingly in locally and sex-disaggregated data collection, both quantitative and qualitative, that seek measuring societal change and understand the unique challenges faced by women and youth.

Women's health

Saudi Arabia has made important progress towards improved health and well-being of its population, aligning with the Sustainable Development Goal 3 on health. Under Vision 2030, Saudi Arabia has made substantial investments in its healthcare system, modernising services and expanding access to healthcare for both Saudi nationals and non-nationals. The government notably recognises the importance of health for human capital development and the country's broader development targets. Notably, Vision 2030 includes targets such as expanding average life expectancy to 80 years, increasing the population's rate of weekly exercise but also leveraging technology to facilitate tele-health services (Kingdom of Saudi Arabia, 2016^[1]). Moreover, Saudi Arabia participates in the Gulf Mental Health Program and has increased availability of services for mentally ill persons in recent years (Kingdom of Saudi Arabia, n.d.^[40]). While not focusing on women's health specifically, women's access to healthcare and health outcomes have benefitted from these general improvements.

Table 3. Key indicators on women's health

	Saudi Arabia			MENA		Source
	Women	Men	Year	Women	Men	
Life expectancy at birth (years)	80.9	75.3	2022	78	74	KSA: (General Authority for Statistics, 2022 ^[7]), Census 2022; MENA: (United Nations, 2024 ^[41]), World Population Prospects.
Healthy life expectancy at birth (years)	65.1	65.8	2021	63	63	KSA & MENA: (WHO, 2021 ^[42]). The Global Health Observatory.
Maternal mortality rate (deaths per 100,000 live births)	9.4	-	2022	51.4	-	KSA: (Ministry of Health, 2023 ^[43]), Statistical Yearbook 2023; MENA: (United Nations, 2024 ^[49]), SDG Database, Indicator 3.1.1.
Neonatal mortality rate (deaths per 1,000 live births)	2.4		2022	9.9		KSA: (Ministry of Health, 2023 ^[43]), Statistical Yearbook 2023; MENA: (United Nations, 2024 ^[49]), SDG Database, Indicator 3.2.2.
Proportion of births attended by skilled health personnel (%)	99.8		2023	94.2		KSA: (General Authority for Statistics, 2023 ^[44]), Women Health and Reproductive Care Survey 2023; MENA: (United Nations, 2024 ^[49]), SDG Database, Indicator 3.1.2., based on national data with varying years
Unmet needs for family planning (%)	24.7	-	2022	15.4	-	(OECD Development Centre/OECD, 2023 ^[10]), Gender, Institutions and Development Database. Data for all countries are based on 2022 estimates on projections of Family Planning Indicators.
Adolescent birth rate (per 1,000 women aged 15-19)	9.8	-	2017	21.8	-	KSA: (General Authority for Statistics, 2021 ^[45]); MENA: (United Nations, 2024 ^[41]), World Population Prospects.
Fertility rate, total (births per woman)	2.1	-	2022	2.4	-	KSA: (General Authority for Statistics, 2022 ^[7]), Census 2022; MENA: (United Nations, 2024 ^[41]), World Population Prospects.
Cancer, new cases detected (%)	47.6	52.4	2022	50	50	(Ferlay et al., 2024 ^[46]), Data are drawn from the national cancer registry and national rates are projected to 2022.
Anaemia (among pregnant women aged 15-49, %)	20.2	-	2023	31.1	-	KSA: (General Authority for Statistics, 2023 ^[44]), Women Health and Reproductive Care Survey 2023; MENA: (WHO, 2021 ^[47]), The Global Health Observatory.
Obesity (%)	23.5	23.9	2023	38.2	25.8	KSA: (General Authority for Statistics, 2023 ^[48]), National Health Survey; MENA: (WHO, 2022 ^[49]), The Global Health Observatory.

Note: Data in the table cover the entire population in Saudi Arabia regardless of their citizenship status. When data are drawn from international databases, the metadata for Saudi Arabia are indicated in the table where available. International databases are used to calculate the regional average for benchmarking purposes. The indicated MENA averages are unweighted and cover the following countries: Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, Syria, Tunisia, the United Arab Emirates, the West Bank and Gaza Strip and Yemen.

Healthy life expectancy refers to the average number of years that a person can expect to live in "full health" by taking into account years lived in less than full health due to disease and/or injury (WHO, 2021^[42]). Unmet needs for family planning are calculated as the share of currently married or in-union women of reproductive age (15-49 years) who want to stop or delay childbearing but are not using any method of contraception (OECD Development Centre/OECD, 2023^[10]). No data on anaemia are available for the West Bank and Gaza Strip, i.e. the MENA average for anaemia is calculated over the remaining 18 MENA countries with data available (WHO, 2021^[47]).

Saudi Arabia performs relatively well on maternal and infant health outcomes, with improvements in recent decades reflecting the country's investments in healthcare infrastructure. Maternal mortality is currently estimated at 9.4 per 100,000 live births, having decreased from 21.5 per 100,000 live births in 2000 (United Nations, 2024^[9]). Similarly, the number of neonatal, infant and child deaths have steadily decreased in the last two decades, indicating improvements in care available for mothers and their newborns (Table 3). Notably, over 99% of births are attended by skilled health professionals, reflecting the accessibility of the formalised healthcare system and availability of midwives (United Nations, 2024^[9]).

While contraceptives are available for free and without prescription in Saudi Arabia, the gap between women's reproductive behaviours and desired choices remains substantial. In 2022, 25% of women aged 15-49 report an unmet need for family planning, compared to a regional average of 15% (OECD, 2023^[2]). In other words, over one in four women who are married or in a union do not use any contraception method despite not wanting to get pregnant.² At the same time, the very low adolescent birth rate³, which is in line with other high-income countries and significantly lower than the regional average (9.8 births per 1,000 women aged 15-19) suggests that family planning needs are less relevant among this age group (United Nations, 2024^[9]).⁴ Furthermore, the overall fertility rate stands at 2.1 births per woman, corresponding to the replacement level fertility in developed countries (General Authority for Statistics, 2022^[7]).

In line with global trends, women are more prone to experiencing non-communicable diseases as compared to men, especially those related to nutrition, diet and cancer. Anaemia – a key factor in reproductive health – affects 20% of pregnant/breastfeeding women (General Authority for Statistics, 2023^[44]). Further, obesity is prevalent among 24% of adult women. Women are also at a greater risk of developing cancer (International Agency for Research on Cancer; Global Cancer Observatory, 2022^[50]), with breast cancer being the most common type reported, impacting over 40% of women diagnosed in 2020 (Saudi Health Council, 2020^[51]). Moreover, detection and treatment of cervical cancer remains challenging (WHO, 2021^[52]; HPV Information Centre, 2023^[53]) as screening programmes⁵ are only available for women aged 25 years and older, and the lack of specialised hospitals in those regions with the highest cancer rates (see Box 1).

Finally, violence against women is a global pandemic that carries short and long-term consequences for women's physical and mental health, as well as socioeconomic inclusion. For example, studies conducted in Saudi Arabia have shown significant correlation between survivors and depression, chronic pain, and

² The share of women reporting that their family planning needs are satisfied with a modern method stands at 53.6% in 2023 (General Authority for Statistics, 2023^[44]).

³ The total fertility rate for adolescents 15-19 remains very low, at around 0.04 according to the Saudi Census from 2022 (General Authority for Statistics, 2022^[7]).

⁴ Recent data from the Women Health and Reproductive Care Survey 2023 indicates that 0.7% of women aged 15-19 years are currently pregnant (General Authority for Statistics, 2023^[44]).

⁵ According to a recent study, the prevalence of cervical cancer screening was 22.1%, and only 7.6% of the sample of 2337 women reported having taken the HPV vaccine (Alkhamis et al., 2023^[66]).

drug abuse and obesity (Alhalal, Ta'an and Alhalal, 2019^[54]). Up-to date data on the prevalence of, and populations' views on violence against women remains scarce in Saudi Arabia. Evidence from studies conducted prior to 2019 found that intimate partner violence is considered as a private matter, suggesting cases go largely underreported, leading to gaps in the available information on the prevalence and impacts of such violence (Alhalal, Ta'an and Alhalal, 2019^[54]). During a policy dialogue conducted in 2024, experts confirmed this, highlighting also that health care practitioners tend to be reluctant in reporting sexual abuse and rape given their 'private' nature (see Box 1).

Strong health systems for better health outcomes

Public health care is free for all citizens and legal residents of Saudi Arabia, with services managed by the Ministry of Health. Under Article 31 of the Basic Law of Governance, the state is responsible for providing healthcare to all citizens (Kingdom of Saudi Arabia, 1992^[55]). Citizens and residents can supplement their coverage through private health insurance, often as an employment benefit. As part of the Vision 2030 initiative, the Kingdom also expanded coverage for pilgrims traveling to Saudi Arabia during the Hajj season in 2022 (Jambi, 2022^[56]).

Access to healthcare depends on multiple factors, including structural determinants such as the number of hospitals, clinics, or health personnel within reach. Despite government efforts to increase the accessibility and coverage of healthcare services – with a national average of 33.5 physicians per 10,000 people – there remain geographic and socioeconomic disparities in Saudi Arabia (Ministry of Health, 2023^[43]). In regions with lower coverage, the private sector could play a complementary role, particularly in a context of rising life expectancies which may put additional pressures on available public healthcare resources. Yet, there are no private healthcare facilities in four out of the Kingdom's 20 administrative health districts (Ministry of Health, 2023^[43]).⁶

Women's healthcare is a priority for many healthcare providers, but the provision of services is gender segregated. Women represent over three quarters of nurses and midwives, and all midwives are women (Ministry of Health, 2022^[57]). Conversely, men tend to be concentrated in higher paying jobs, making up 67% of all physicians and 77% of all pharmacists (Ministry of Health, 2022^[57]), even though women account for 44% of all medicine and 54% of all pharmacy graduates in 2023. As mentioned in the section on Women's economic empowerment, ensuring qualified women's entry into labour market remains a challenge. Finally, it should be noted that the healthcare system also relies heavily on non-Saudi workers, who represent 63% of all physicians as well as 55% of nurses and midwives (Ministry of Health, 2022^[57]).

The legal framework governing women's health

In addition to the quality and availability of services, legal provisions can affect women's ability to access healthcare services and make independent decisions regarding their own health. Article 42 of the Personal Status Law mandates states that a wife shall 'reasonably obey' her husband and breastfeed their children unless unable to do so (Kingdom of Saudi Arabia, 2022^[29]). While the law does not explicitly mandate obedience in exchange for alimony, interpretations of this provision may influence women's autonomy, including their ability to make health-related decisions.

Some positive steps have been taken with the Ministry of Health issuing new guidelines for informed consent. For example, since 2019, a pregnant woman herself (or her representative) can consent to an abortion if necessary to preserve her health or save her life (Ministry of Health, 2019^[58]). In order to inform the population about the legal reforms, the government launched the campaign "Know your rights" (see Box 1).

⁶ Bishah, Northern Borders, Qurayyat and Qunfudah.

While Saudi Arabia has taken steps to mitigate all forms of violence, the legislative framework still lacks comprehensive protection for women against all forms of gender-based violence, which can have both short- and long-term health consequences. The 2013 Law of Protection from Abuse criminalises physical, psychological, and sexual abuse, and mandates the Ministry of Social Affairs to support victims. However, it does not explicitly criminalise rape based on lack of consent (Kingdom of Saudi Arabia, 2013^[59]).⁷ Furthermore, the Personal Status Law states that neither spouse can abstain from intercourse or having children without the other's consent (Kingdom of Saudi Arabia, 2022^[29]). Although gender-neutral in wording, this provision implies that women cannot independently choose to abstain from sex or childbearing without their husband's agreement. Additionally, FGM/C, an extreme form of violence against women and girls with severe short- and long-term health risks, is not explicitly prohibited under Saudi Arabia's legal framework (OECD, 2023^[2]). However, Article 3 of the Saudi Child Protection Law recognises any act that may threaten the safety or physical or psychological well-being of a child as child abuse. The prevalence rate of FGM/C remains low, but no nationally representative data are available (Almeer et al., 2021^[60]).

Social determinants of women's health

Socio-cultural factors can limit women's knowledge and access to health education, particularly on reproductive health. To date, sexual and reproductive health education is not mandatory in Saudi Arabia which can limit adolescents' and young adults' access to information that is essential for informed decision-making (OECD Development Centre/OECD, 2023^[28]). In fact, a small-scale study with unmarried women revealed a preference to wait until marriage in order to learn about sexual and reproductive health topics, as limited knowledge was considered a sign of modesty, purity, and femininity (Alomair et al., 2021^[61]).

Moreover, 77% of women state deciding to have children jointly with their partner, 14% take this decision alone and for 9% the decision is taken by their partner (General Authority for Statistics, 2023^[44]). Closely related is decision-making over the use of contraception with 73% of women making this choice alone or with their partner. Yet, 14% state that their partner takes the decision, reflecting the persistence of social norms that attribute more decision-making power to men (Ministry of Health, 2021^[62]). Experts highlighted the importance of ensuring everybody's access to cultural and age-appropriate reproductive health education even in a context where this is not mandatory as per the national curriculum (see Box 1).

Moreover, when women lack crucial knowledge and agency over their own health, this can limit women's access to preventive healthcare or lead to delayed treatment. A recent study on cardiovascular diseases conducted in Jeddah, found that women may prioritise family responsibilities over their own health, and that limited autonomy on financial decisions may affect their ability to seek relevant health services (Ghamri, 2024^[63]).

Finally, modern, sedentary lifestyles can increase the risk for non-communicable diseases. Qualitative evidence stemming from key-informant interviews with 25 women also points towards socio-cultural restrictions that limit opportunities for young Saudi women to maintain an active lifestyle (Alharbi et al., 2023^[64]). As part of Vision 2030, the Saudi government seeks to encourage women's participation in sports to address sedentary lifestyles and limit chronic non-communicable diseases (Alruwaili, 2023^[65]).

⁷ Article 42 of the 2022 Family Law prohibits spouses from inflicting physical or emotional harm on the other (Kingdom of Saudi Arabia, 2022^[29]). However, under Article 55, a woman can lose her right to the financial support of her husband if she refuses to engage in intercourse (Kingdom of Saudi Arabia, 2022^[29]).

Moving forward: Insights from the policy dialogue to enhance women's health

- *Adopt a multidimensional approach to health:*
 - Policymakers should adopt a multidimensional and intersectional approach when designing healthcare policies in order to ensure all women's health needs are met regardless of socioeconomic status, class, residence or disability.
 - Private healthcare providers should seek to complement the public health infrastructure by investing in specialised care facilities in line with the most acute health challenges women face, especially in underserved areas.
- *Institutionalise age and cultural appropriate health education:*
 - Policymakers, particularly from the Ministry of Health and the Ministry of Education in consultation with civil society organisations and development partners should consider integrating age and cultural appropriate health education, including sexual and reproductive health, in the national curricula.
 - Philanthropies can support civil society organisations in implementing initiatives that focus on enhancing women's knowledge about their own health, including specific health risks such as cervical and breast cancer. Implemented programmes should also seek to inform women how they can access relevant services and information.
- *Ensure law enforcement and update restrictive legal provisions:*
 - Policy- and law makers in collaboration with all key stakeholders should establish mechanisms that support law enforcement, set up reporting mechanisms in case of law violations and provide capacity building or law enforcers both in the health and justice sector.
 - Policy-and lawmakers should consider updating legal provisions to ensure all women have the same reproductive rights, regardless of their marital status, and to comprehensively protect them from all forms of violence. Specifically, lawmakers should consider updating legal provisions on rape to ensure the definition is based on the lack of consent in line with international standards and recommendations, and to criminalise FGM/C.
- *Invest in quantitative and qualitative data collection:*
 - Violence against women is a global health challenge. The national statistical institute should regularly collect data on the prevalence of violence against women, disaggregated by types of violence, frequency and survivor-perpetrator relationship. Such data will be vital to design policies that can effectively end and prevent violence against women.
 - Policymakers, the private sector and philanthropies should invest in data collection on the social determinants of women's health outcomes, partnering with civil society organisations or research institutions to carry out national representative quantitative and qualitative studies.

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