

Overview

Malnutrition status

Saudi Arabia is off course to meet the global targets for anaemia in women of reproductive age, male diabetes, female diabetes, male obesity, and female obesity. There is insufficient target data to assess Saudi Arabia's progress for under-five overweight, under-five stunting, under-five wasting, infant exclusive breastfeeding, and low birth weight.

Saudi Arabia experiences a malnutrition burden among its under-five population. As of 2005, the national prevalence of under-five overweight is 6.1%. The national prevalence of under-five stunting is 9.3%, which is less than the global average of 21.9%. Conversely, Saudi Arabia's under-five wasting prevalence of 11.8% is greater than the global average of 7.3%.

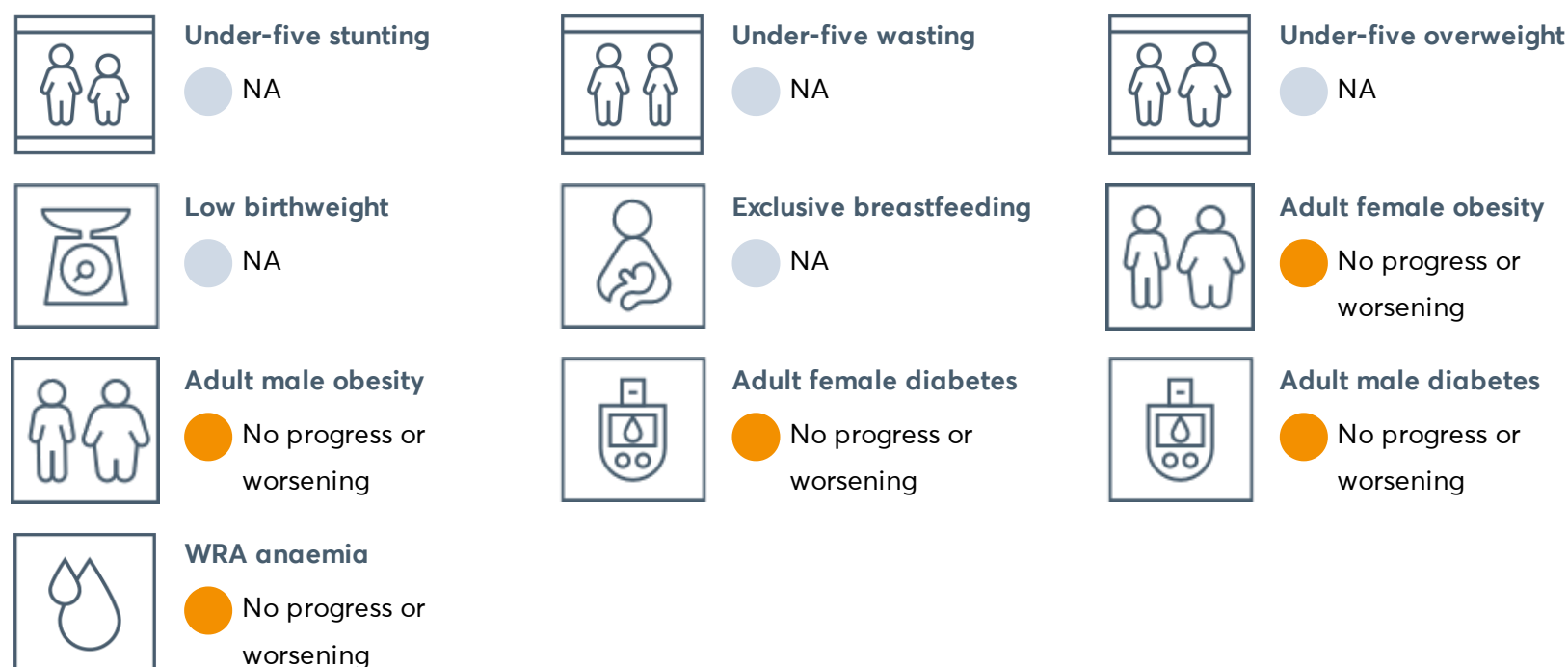
There is insufficient data on exclusive breastfeeding among infants, and on low birth weight.

Saudi Arabia's adult population also face a malnutrition burden. While there is no prevalence data available for anaemia among women of reproductive age, 17.6% of adult men suffer from diabetes, compared to 17% of women. Meanwhile, 42.3% of women and 30.8% of men suffer from obesity.

Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, UNICEF/WHO Low birthweight estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.

Notes: Data on the adult indicators are based on modelled estimates.

Progress against global nutrition targets 2018

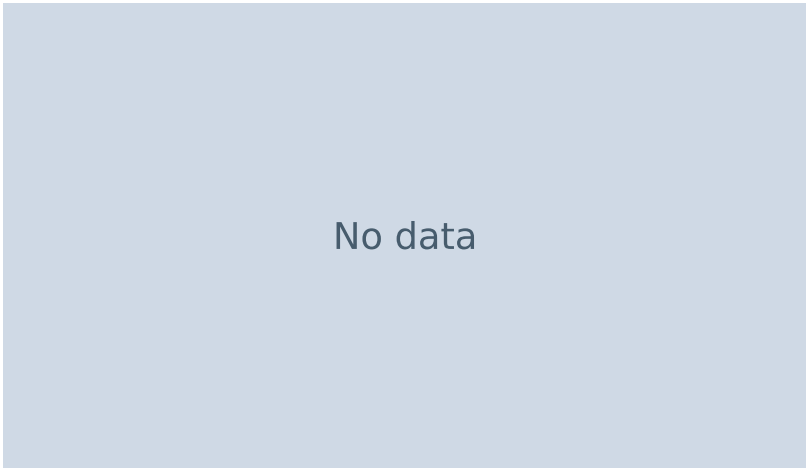


Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory and Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: WRA = Women of a reproductive age; NA = not applicable. The methodologies for tracking differ between targets. Data on the adult indicators are based on modelled estimates.

Infant and child (under-five) status

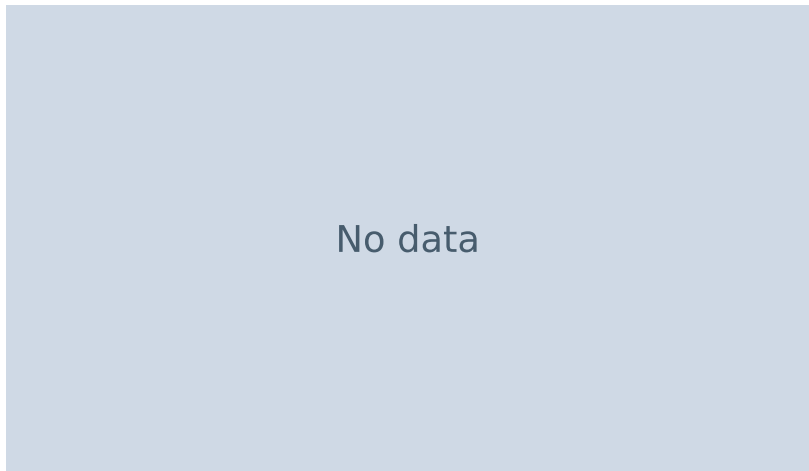
Under-five coexistence of wasting, stunting and overweight



Sources: UNICEF, Division of Data Research and Policy (2019). UNICEF Global Databases: Overlapping Stunting, Wasting and Overweight, January 2019, New York.

Notes: Percentage of children under-five years of age who experience different and overlapping forms of malnutrition.

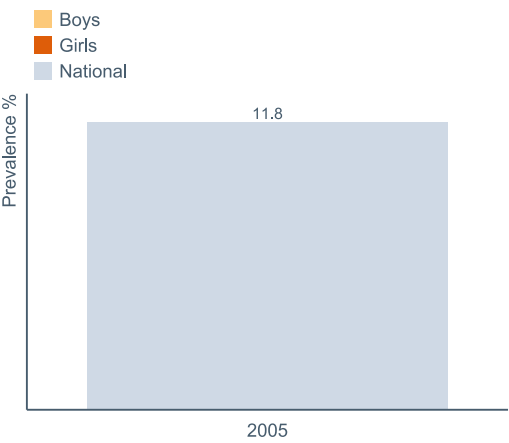
Low birth weight



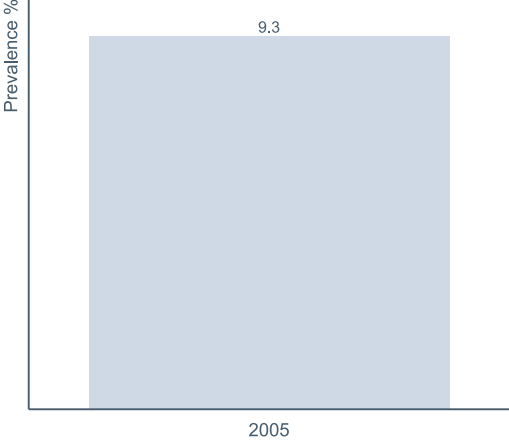
Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

Children (under-five) nutrition status

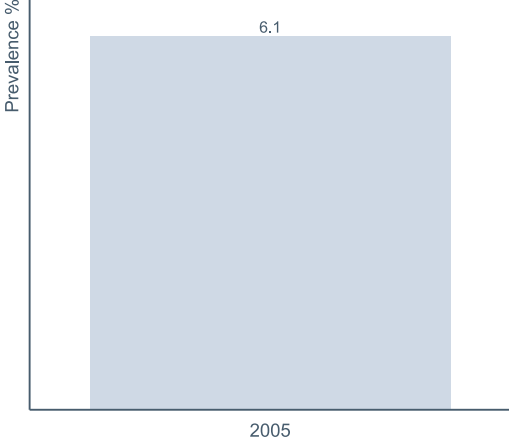
Wasting by gender



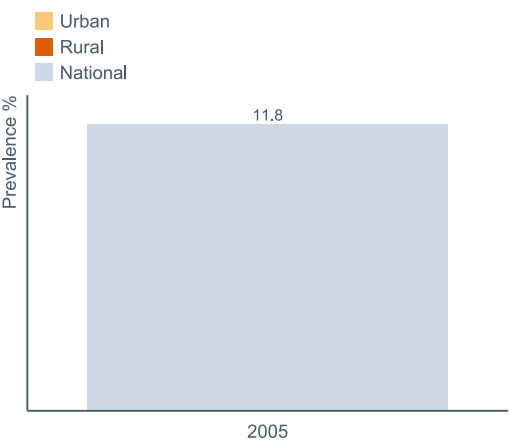
Stunting by gender



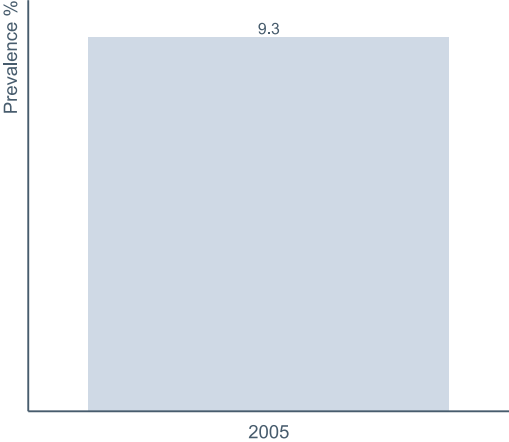
Overweight by gender



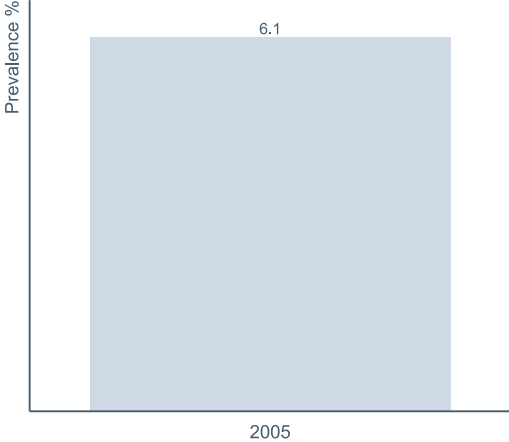
Wasting by location



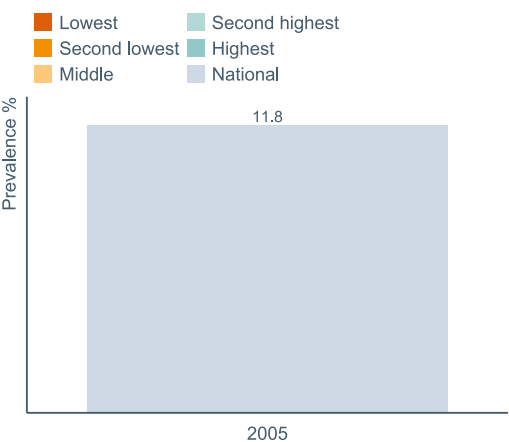
Stunting by location



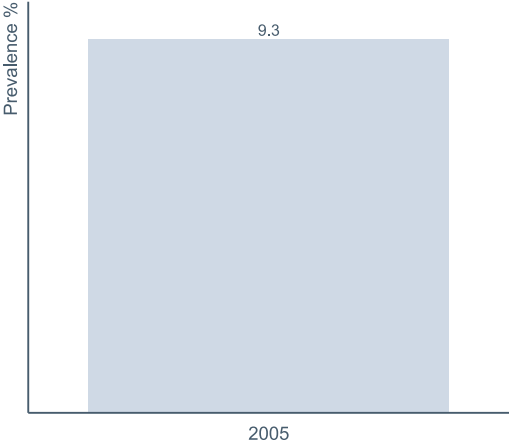
Overweight by location



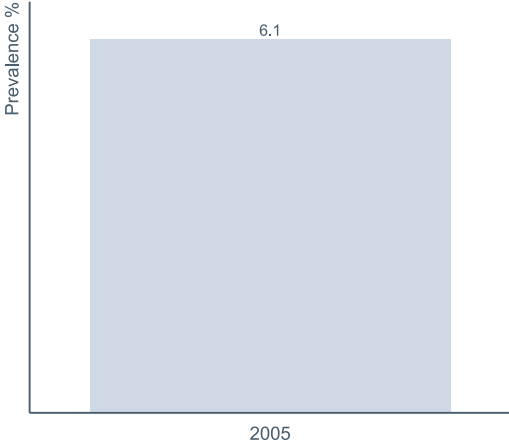
Wasting by income



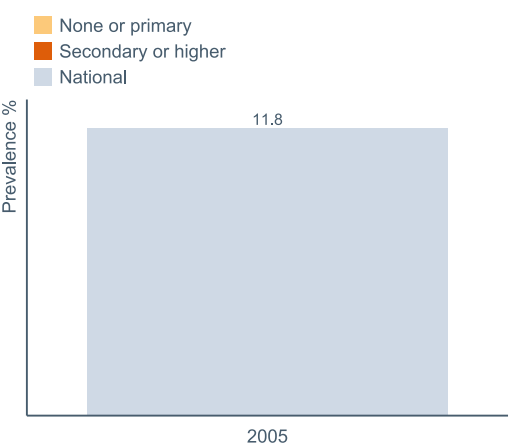
Stunting by income



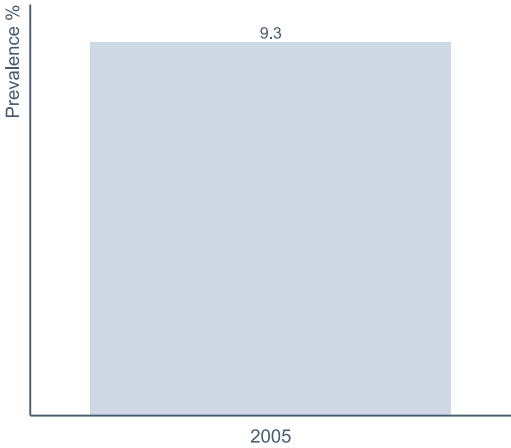
Overweight by income



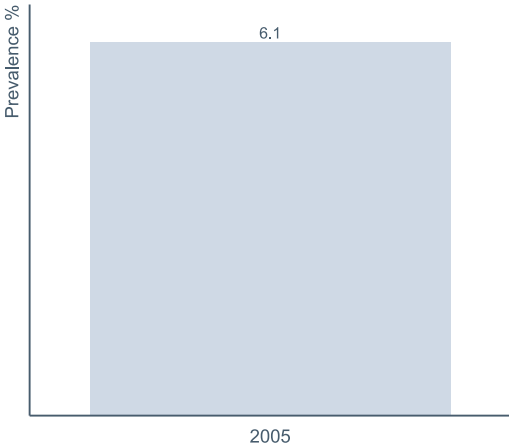
Wasting by education



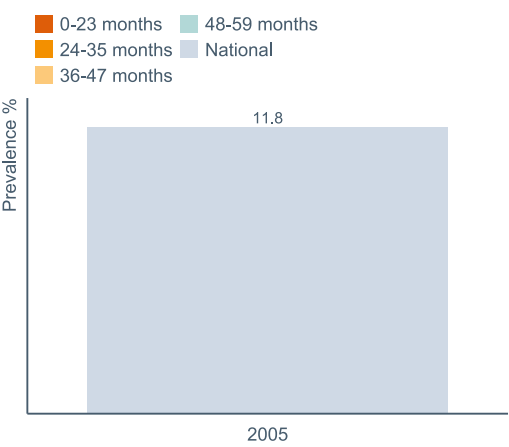
Stunting by education



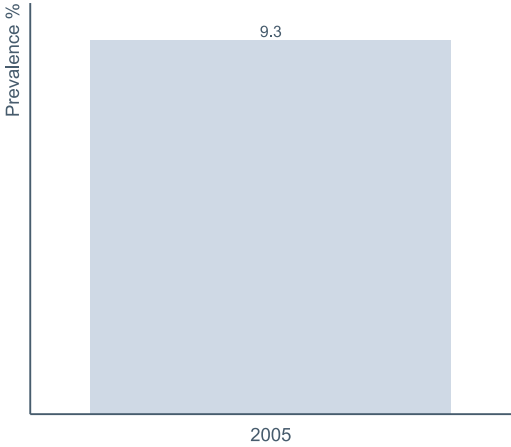
Overweight by education



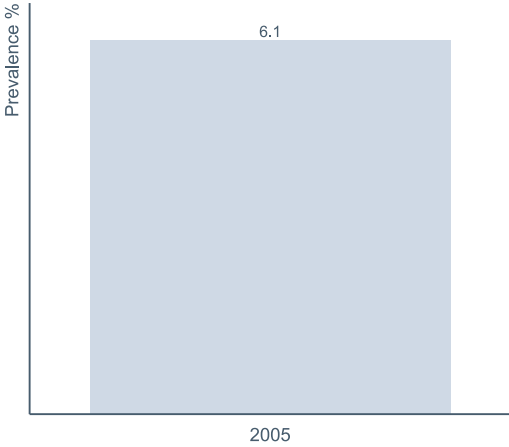
Wasting by age



Stunting by age



Overweight by age



Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

Infant and child (under-five) feeding over time

Exclusive
breastfeeding by
gender



Continued
breastfeeding at
1 year by gender



Minimum
acceptable diet
by gender



Introduction to
solid, semi-solid
or soft foods by
gender



Exclusive
breastfeeding by
location



Continued
breastfeeding at
1 year by location



Minimum
acceptable diet
by location



Introduction to
solid, semi-solid
or soft foods by
location



Exclusive
breastfeeding by
income



Continued
breastfeeding at
1 year by income



Minimum
acceptable diet
by income



Introduction to
solid, semi-solid
or soft foods by
income



Exclusive
breastfeeding by
mother's
education



Continued
breastfeeding at
1 year by
mother's
education



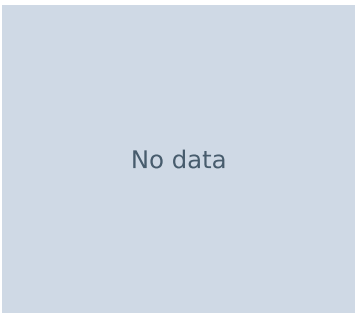
Minimum
acceptable diet
by mother's
education



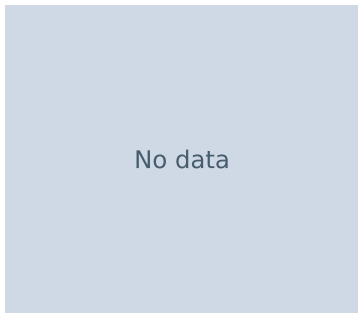
Introduction to
solid, semi-solid
or soft foods by
mother's
education



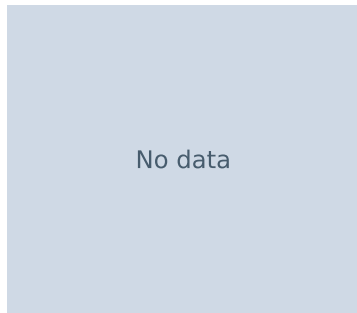
Exclusive
breastfeeding by
age



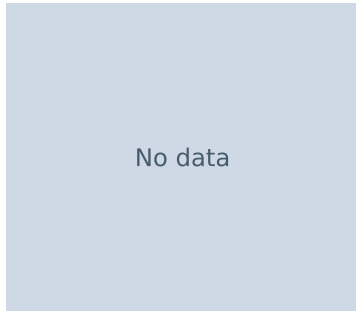
Continued
breastfeeding at
1 year by age



Minimum
acceptable diet
by age



Introduction to
solid, semi-solid
or soft foods by
age



Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

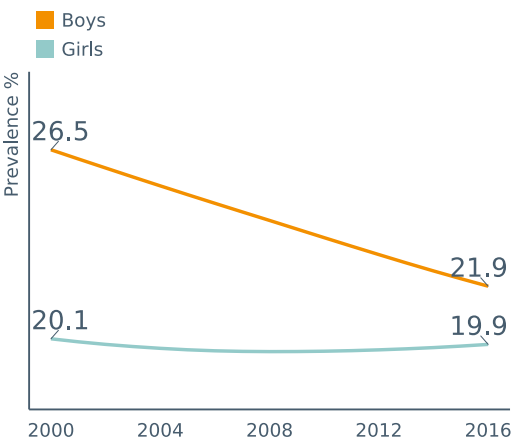
Infant and young child feeding



Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

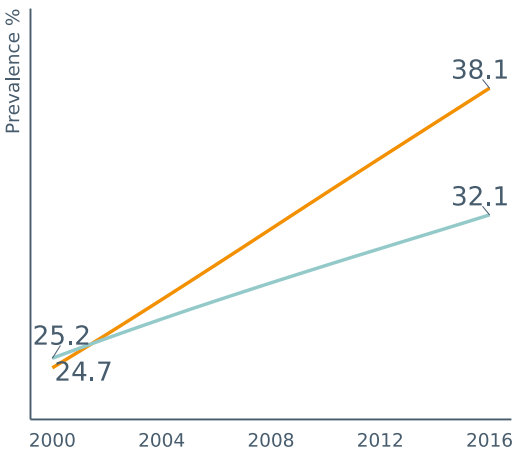
Children and adolescent (aged 5-19) nutrition status

Ages 5-19 by gender:
underweight (%)

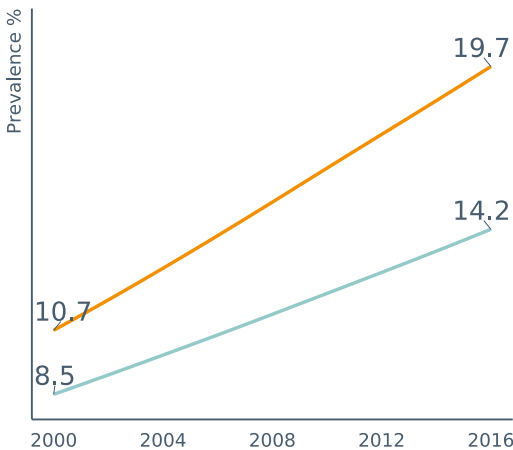


Sources: NCD Risk Factor
Collaboration.

Ages 5-19 by gender:
overweight (%)

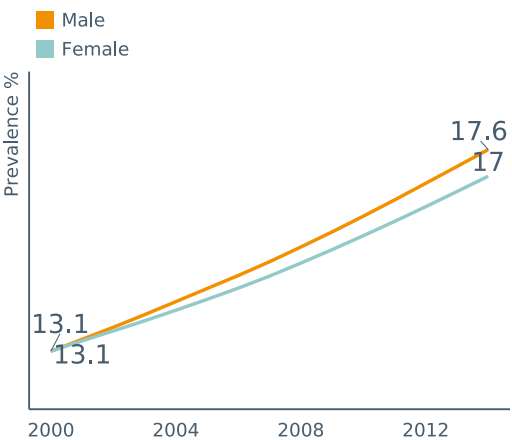


Ages 5-19 by gender:
obesity (%)



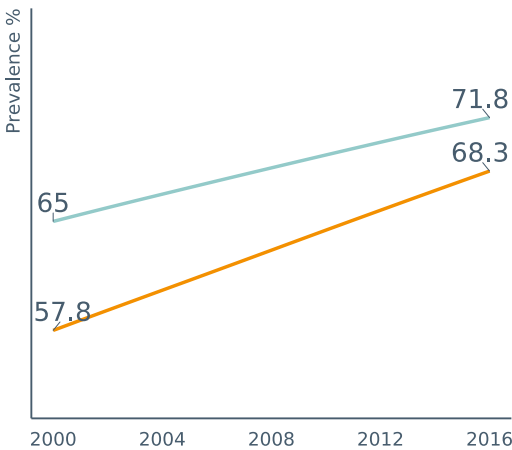
Adult nutrition status

Adult by gender:
diabetes (%)

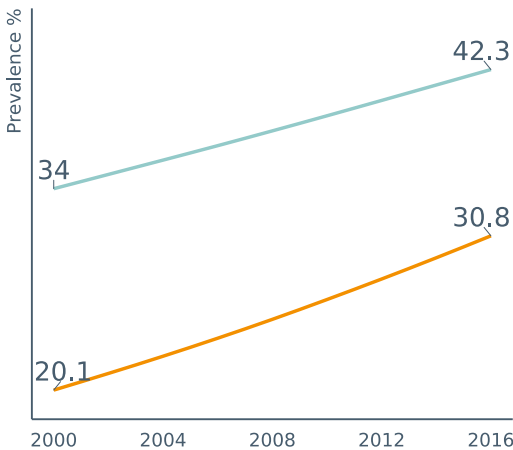


Sources: NCD Risk Factor
Collaboration.

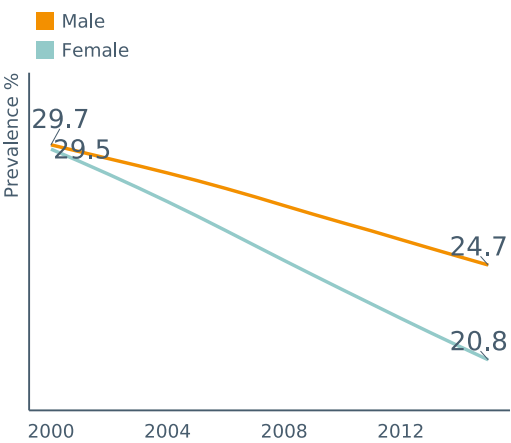
Adult by gender:
overweight (%)



Adult by gender: obesity
(%)

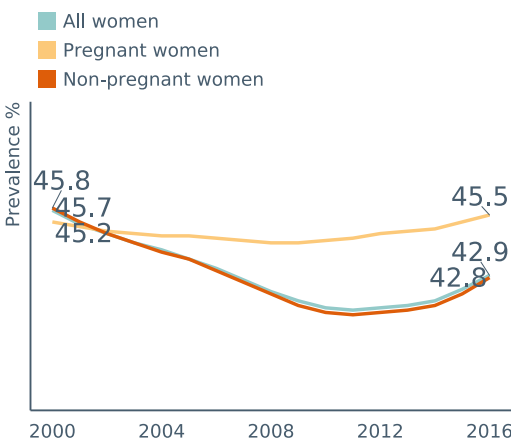


Adult by gender: raised blood pressure (%)



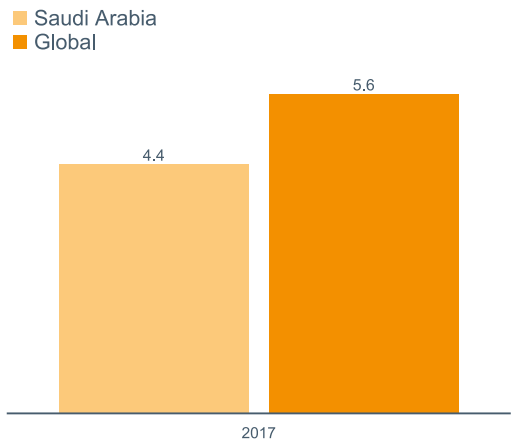
Sources: NCD Risk Factor Collaboration.

Adult: anaemia in WRA (%)



Source: WHO Global Health Observatory.
Notes: WRA = women of reproductive age.

Adult: sodium intake (grams per day)



Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Dietary needs

Consumption of food groups and components, 2016



Sources: TMREL = theoretical minimum risk of exposure level. Global Burden of Disease, the Institute for Health Metrics and Evaluation.
Notes: Men and women aged 25 and older.

Intervention coverage

Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 0-59 months with diarrhoea who received zinc treatment	NA	NA	NA	NA

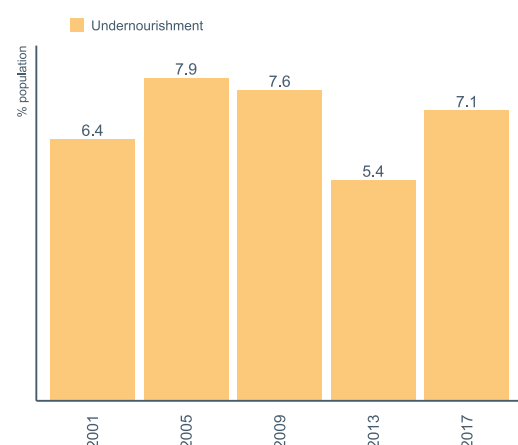
Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 6-59 months who received A supplements in last 6 months	NA	NA	NA	NA
Children 6-59 months given iron supplements in past 7 days	NA	NA	NA	NA
Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care	NA			NA
Household consumption of any iodised salt	NA	NA	NA	NA

Sources: Huestis A. and Kothari M., based on *2016 Global Nutrition Report* and UNICEF global databases, 2019.

Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.

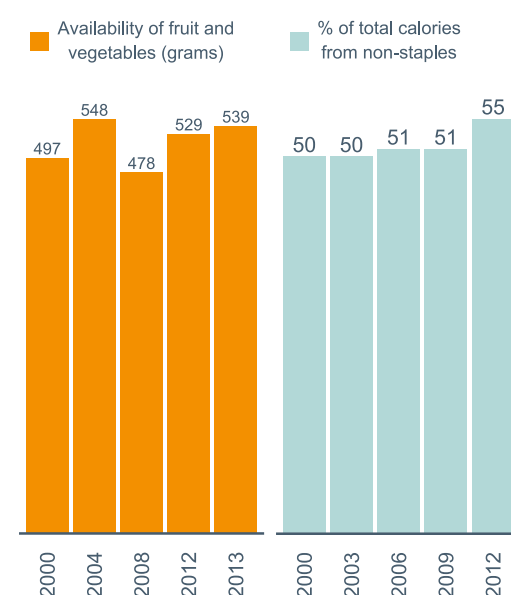
Determinants

Undernourishment (% population)



Source: FAOSTAT 2018.

Food supply



Source: FAOSTAT 2018.

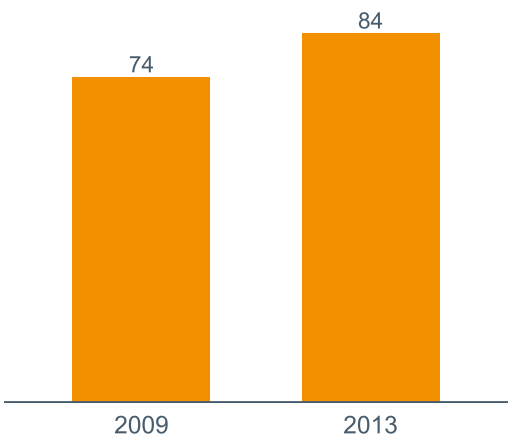
Gender-related determinants

Early childbearing: births by age 18 (%) ¹	NA	NA
Gender Inequality Index (score [*]) ²	0.23	2017
Gender Inequality Index (country rank) ²	50	2017

Sources: ¹ UNICEF 2018; ² UNDP 2018.

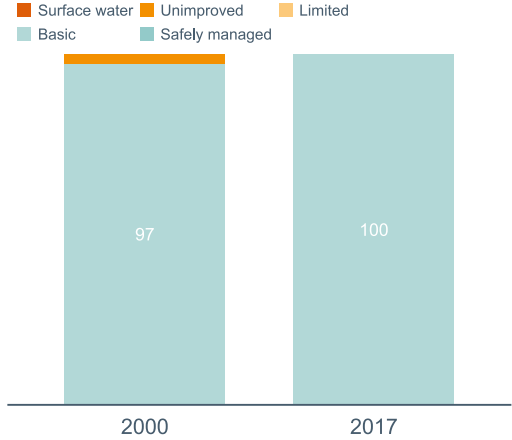
Notes: ^{*} 0 = low inequality, 1 = high inequality.

Female secondary education enrolment (net, % population)



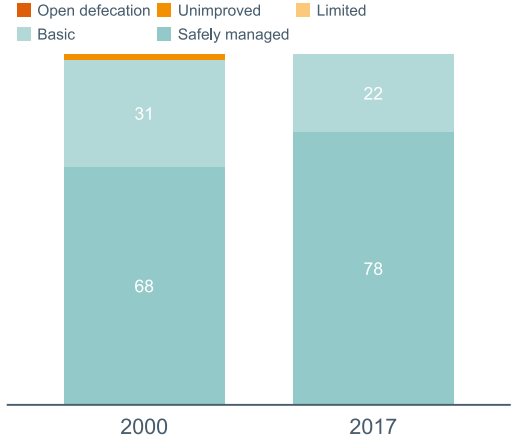
Source: UNESCO Institute for Statistics 2018.

Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

Sanitation coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

Resources, policies and targets

Development assistance



Sources: Development Initiatives based on OECD Development Assistance Committee (DAC) Creditor Reporting System (CRS).

Notes: ODA = official development assistance. Amounts based on gross ODA disbursements, constant 2017 prices. Figure includes ODA grants and loans, but excludes other official flows and private grants.

National policies

Mandatory legislation for salt iodisation	Yes
Sugar-sweetened beverage tax	Yes
Food-based dietary guidelines	NA
Policy to reduce salt consumption	Yes
Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs	Yes
Operational, multisectoral national NCD policy, strategy or action plan	Yes
Operational policy, strategy or action plan for diabetes	Yes
Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt	Yes
Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats	Yes

Sources: Global Fortification Data Exchange 2018; Sugar-sweetened data prepared using data from the NOURISHING database, academic references and market reports; FAO 2018; WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review, WHO Global Health Observatory.

Notes: Add note: NA = not applicable; NCD = non-communicable disease.

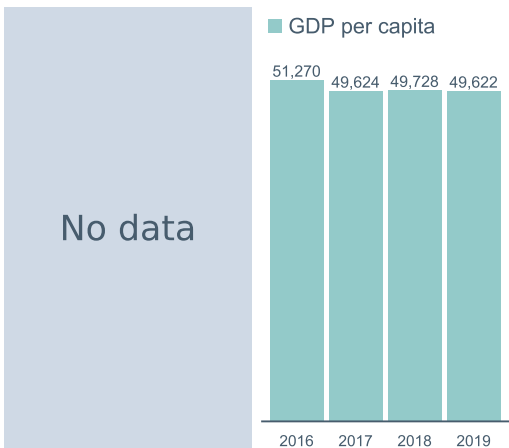
Targets included in national (nutrition or other) plan

Stunting	Anaemia
No	No
Low birth weight	Child overweight
No	Yes
Exclusive breastfeeding	Wasting
No	No
Salt intake	Overweight adults and adolescents
Yes	Yes
Multisectoral comprehensive nutrition plan	
Yes	

Sources: WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review.

Economics and demography

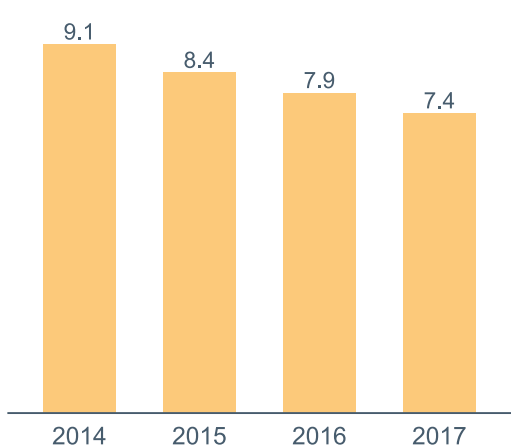
Poverty rates (%) and GDP (PPP\$)



Sources: World Bank 2019, IMF World Economic Outlook Database 2019.

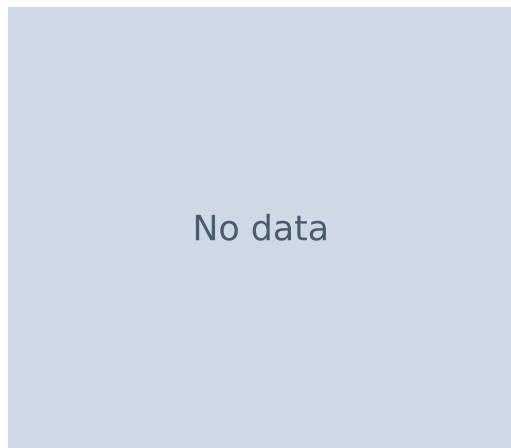
Notes: PPP = purchasing power parity.

Under-five mortality (per 1,000 live births)



Source: UN Inter-agency Group for Child Mortality Estimation 2018.

Government revenues (\$m)



Sources: IMF Article IV staff reports (country specific) and IMF World Economic Outlook Database (April 2019).

Income inequality

Gini index score ¹	Gini index rank ²	Year
NA	NA	NA

Sources: World Bank 2019.

Notes: ¹ 0 = perfect equality, 100 = perfect inequality.² Countries are ranked from most equal (1) to most unequal (120).

Population

Population (000)	33,699,947	2018
Under-five population (000)	2,997	2019
Rural (%)	16	2018
>65 years (000)	1,170	2019

Sources: World Bank 2019, UN Population Division Department of Economic and Social Affairs 2019.

Population density of health workers per 1,000 people

Physicians	2.57	2014
Nurses and midwives	5.21	2014
Community health workers	NA	NA

Sources: WHO's Global Health Workforce Statistics, OECD, supplemented by country data.