



## Perspectives

# Advancing Women's Health and Well-being in the UAE: A Policy Perspective

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**Abstract:** Women's health in the United Arab Emirates stands at a key juncture, shaped by rapid demographic shifts, evolving disease burdens, and progressive policy initiatives. While the UAE has achieved good healthcare infrastructure and outcomes, emerging challenges demand a paradigm shift from disease-focused to wellbeing-centred approaches. The current perspective examines the intersection of policy frameworks, demographic transitions, and wellbeing science in advancing women's health outcomes across the lifespan. Drawing on evidence from the UAE and broader Middle East region, we propose that integrating positive psychology principles into women's health policy represents both a public health imperative and an economic strategy. The feminization of aging, rising non-communicable disease prevalence, and barriers to care create unique vulnerabilities requiring broad solutions and policy initiatives. We propose a strategic framework integrating regulatory reforms, innovative care models, and wellbeing-centred health promotion to position the UAE as a regional leader in women's health equity and flourishing.

**ملخص:** تصف صحة المرأة في دولة الإمارات العربية المتحدة عند منعطف رئيسي، تشكله التحولات الديموغرافية السريعة، وتطور أعباء الأمراض، والمبادرات السياسية التقدمية. وفي حين حققت دولة الإمارات بنية تحتية ونتائج صحية جيدة، فإن التحديات الناشئة تتطلب تحولاً جذرياً من النهج المركزة على المرض إلى النهج المركزة على الرفاهية. يدرس المنظور الحالي تقاطع الأطر السياسية، والانتقالات الديموغرافية، وعلم الرفاهية في تعزيز نتائج صحة المرأة على مدى الحياة. واستناداً إلى الأدلة من دولة الإمارات ومنطقة الشرق الأوسط الأوسع، نقترح أن دمج مبادئ علم النفس الإيجابي في سياسة صحة المرأة يمثل ضرورة صحية عامة واستراتيجية اقتصادية في آن واحد. إن تأنيث الشيخوخة، وتزايد انتشار الأمراض غير المعدية، والحوادث التي تعترض الرعاية الصحية تخلق نقاط ضعف فريدة تتطلب حلولاً شاملة ومبادرات سياسية واسعة النطاق. نقترح إطاراً استراتيجياً يدمج الإصلاحات التنظيمية، ونماذج الرعاية المبتكرة، وتعزيز الصحة المركز على الرفاهية لوضع دولة الإمارات كرائدة إقليمية في المساواة في صحة المرأة وازدهارها.

**Keywords:** women's health; wellbeing; health policy; menopause; positive psychology; childbirth; workplace wellbeing; organizations; United Arab Emirates

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**The United Arab Emirates (UAE) has achieved great progress** in healthcare infrastructure and health outcomes over the past five decades. Life expectancy among women has reached 84.4 years, maternal mortality rates have declined dramatically, and access to reproductive healthcare services has expanded significantly (UNFPA, 2024). Life satisfaction levels are also high and have remained so over the past years (Helliwell et al., 2025). Yet, beneath such success is also a complex reality: women in the UAE spend approximately 25% more time in poor overall health compared to men, despite a longevity advantage (World Economic Forum & McKinsey Health Institute, 2024). This health-survival paradox, i.e., living longer but with greater morbidity, demands attention from policymakers, healthcare providers and researchers alike.

Traditionally, approaches to women's health have focused on reproductive health and disease management. In fact, physical and mental health have historically been disease focused, with systems of care aiming to reduce illness, rather than build health. Such paradigms fail to address the full spectrum of human experience (i.e., quality of life and happiness as much as depression and distress), including women's health needs across the lifespan. In fact, contemporary frameworks highlight that wellbeing and mental illness exist on distinct yet related continua, such that individuals may experience wellbeing despite mental or physical health challenges, or conversely, report low wellbeing without diagnosable illness (Keyes, 2005; Westerhof & Keyes, 2010).

However, the emergence of positive psychology and wellbeing science offers an alternative, positioning health as more than the absence of disease, but the presence of psychosocial assets that enable individuals to thrive (Seligman & Csikszentmihalyi, 2000). For women in the UAE, this reframing is especially salient given the region's demographic profile, cultural context, and rapid social transformation. Accordingly, we synthesize evidence from health policy, epidemiology, and positive psychology to examine women's health and wellbeing in the UAE. We posit that integrating wellbeing science into policy frameworks represents a moral imperative as much as an economic strategy for national development. Our analysis encompasses three interconnected dimensions: the demographic and epidemiological landscape shaping women's health needs, the policy and regulatory environment governing healthcare delivery, and the emerging evidence for wellbeing interventions tailored to women's experiences.

### **Demographic Transitions and the Feminization of Aging**

The UAE is experiencing a demographic transition that will reshape healthcare demands in the coming decades. The population aged 60 and above is projected to increase six-fold between 2020 and 2050, from approximately 3.1% of the total population to 19.7% (UNFPA, 2024). The median age has risen to 31 years, while fertility rates have declined to 1.65 births per woman. The feminization of aging is also a policy concern. Women comprise 62% of the population aged 75 and above in Dubai and 68% of long-term care facility residents. This gender asymmetry reflects women's longer life expectancy (84.4 years versus 77-78 years for men), as well as their disproportionate burden of chronic disease and disability in later life. The female population aged 60 and above represented only 2.7% of women in 1980 but is projected to reach 21.6% by 2050 (United Nations, 2017). This rapid demographic compression leaves limited time for health system adaptation.



The UAE's unique population structure, with 88% of the population being expatriates and only 36.1% being women, adds further complexity. Women aged 25 to 44 years constitute approximately 25% of the female population, representing peak reproductive years, workforce participation, and caregiving responsibilities, as much as comprising an educated, empowered consumer capable of making a range of agentic choices. This age concentration creates opportunities for targeted preventive interventions as much as challenges in balancing multiple life roles.

The case for integrating wellbeing into women's health policy extends beyond moral arguments to also include a compelling economic rationale. Poor mental health costs the GCC region at least 37.5 million productive days annually (PwC, 2022). Research across 104 countries demonstrates that a 1-unit increase in national happiness predicts 1% to 3% higher GDP growth (Lee & Goh, 2023). At the organizational level, each 1-point rise in employee happiness correlates with 1% to 1.2% higher return on assets (De Neve et al., 2024). Such economic impacts are drivers of prosperity for the UAE government and women who constitute an increasingly significant proportion of the UAE workforce.

### **The Rising Burden of Non-Communicable Diseases Among Women**

Non-communicable diseases (NCDs) have emerged as the dominant health challenge facing women in the UAE. The five leading causes of death among women per 100,000 in 2021 are: ischemic heart disease (15.9), stroke (9.4), breast cancer (8.5), kidney diseases (5.0), and diabetes mellitus (4.6). These mortality statistics reflect broader patterns of morbidity that significantly impact women's quality of life and functional capacity.

Obesity and diabetes present particular concerns. Studies indicate that Emirati women have substantially higher obesity prevalence (46.5%) relative to men (28.3%) (Baynouna et al., 2008). Further, almost 23% of Emirati women had diabetes in 2017, with an additional 20.6% experiencing pre-diabetes (Malik et al., 2005; Saadi et al., 2007). Risk factors including previous gestational diabetes, sedentary lifestyles, and dietary transitions compound such challenges. Recent data on physical activity across the UAE show that rates of physical activity are approximately 20% to 29% and lowest in the national female population (Alrahma et al., 2023). Women also have higher rates of hypertension and pre-hypertension with awareness and treatment rates remaining suboptimal (Mamdouh et al., 2022). Breast cancer incidence has also risen and is the leading cancer among Emirati women with implications for survival, quality of life, and resource utilization.

Analysis of Global Burden of Disease data from the Middle East/North Africa (MENA) region further shows that women exhibit higher prevalence rates of depressive and anxiety disorders relative to men (Nagi et al., 2025). Women in their early 50s face the highest disability burden from depression. Mental health challenges often coexist with physical health conditions creating complex, interconnected care needs that demand integrated approaches.

### **Barriers to Women's Health and Wellbeing**

Despite healthcare advances, many barriers exist stemming from women's own health-seeking behaviours and outcomes to institutional failures in reaching them. For instance, cultural norms and social expectations shape women's health experiences. Low motivation for preventive care, lack of social support, competing domestic demands and sociocultural norms making outdoor



physical activity less attractive for women have been identified (Ali et al., 2020). Young women particularly face physical and psychosocial challenges with poor nutrition habits, hypertension, obesity, and diabetes compounded by multiple role demands as wives, mothers, and members of the workforce (Winslow & Honein, 2007). Early marriage, repeated childbirth, and consanguineous marriage practices present additional health risks, with some women finding it difficult to challenge familial or social norms despite health awareness.

Knowledge gaps also persist regarding critical health issues. Research on menopause reveals that 75% of Emirati women lack knowledge about age of menopause, 62% have misconceptions about its symptoms and 78% are unaware of treatment options (Shahzad et al., 2021). This knowledge deficit has implications: women who lack understanding of menopausal hormone therapy are less likely to use it, potentially experiencing untreated symptoms that diminish quality of life and workforce participation (Smail et al., 2020). Similar knowledge gaps exist regarding cardiovascular disease prevention, cancer screening, and mental health resources.

Healthcare system factors create further obstacles. Women cite a lack of culturally sensitive exercise facilities, limited availability of female healthcare providers, inadequate workplace accommodations during menopause and poor integration of mental and physical healthcare services. Geographic accessibility challenges affect women in remote areas, while language barriers hinder expatriate women further. Stigma surrounding mental health and certain reproductive health issues delays help-seeking and reduces treatment adherence. More critically is the persistent focus on illbeing in healthcare itself, which presents few early options for the promotion of good health, which would serve to prevent illness in the first place (Schotanus-Dijkstra et al., 2017).

### **Women's Wellbeing in Regional Context: Wellbeing as a Protective Lever**

Understanding women's wellbeing in the UAE requires consideration of broader regional patterns in the region. Mental disorders affect approximately one in five individuals globally, with major depressive disorder representing the second-largest contributor to disease burden in MENA (Solmi et al., 2021; WHO, 2022). While the prevalence of mental health issues in the UAE remains lower than the global average, i.e., prevalence rate of 14% (Albanna et al., 2026), women still exhibit higher prevalence of depressive and anxiety disorders than men across the region (Nagi et al., 2025).

MENA data also reveal a gender paradox observed globally: women report higher life satisfaction and positive affect (enjoyment, feeling well-rested) alongside higher negative affect (worry, sadness, stress) than men (Blanchflower & Bryson, 2024; Caspar et al., 2025). This pattern persists even after controlling for education, employment, income and family status. Not a trivial finding, low wellbeing carries the same risks as mental illness, while high wellbeing minimizes and protects against psychological disorders (Lamers et al., 2015).

The presence of wellbeing in women is protective in other ways: while illness reduces wellbeing, longitudinal evidence posits that wellbeing precedes and causally predicts health outcomes (Diener & Chan, 2011). Higher wellbeing associates with healthier behaviours including physical activity, better diet, lower smoking rates, and reduced incidence of cardiovascular disease and diabetes (Kushlev et al., 2020; Li et al., 2023). Optimism alone predicts an 11 to 15% longer lifespan (Lee et al., 2019). Self-rated health—one's subjective health assessment—predicts mortality and illness more than objective clinical measures, and happiness correlates with better self-rated



health (Diener et al., 2017; Su et al., 2022). Yet, women's wellbeing in areas including negative affect and physical pain has not recently improved (Blanchflower & Bryson, 2024; Caspar et al., 2025).

Quality of family relationships, breadth of social ties, and perceived social support emerge as powerful predictors of both wellbeing and self-rated health in the UAE (Badri et al., 2021, 2022). This finding aligns with global loneliness studies showing that social isolation predicts mortality risks equivalent to smoking 15 cigarettes daily (Holt-Lunstad et al., 2015). Among UAE women, marital status significantly influences wellbeing, with widowed and single women reporting higher happiness than divorced and separated women. Such findings at various points along the life course offer a wealth of research opportunities from which to develop more relevant interventions. This may especially be true for elderly women living alone, expatriate women separated from family networks and women in caregiving roles, where social connectedness may be beneficial.

### **Reproductive Health, Menopause, and Aging**

As women's needs across the reproductive years, menopause transition and later life vary widely, stage-specific interventions are key. For instance, while the UAE has achieved good maternal health outcomes, late childbearing, rising gestational diabetes rates, and postpartum mental health issues have grown. The concentration of women in the 25-to-44-year age range creates opportunities for interventions addressing fertility awareness, preconception health optimization, and perinatal mental health screening. Workplace policies supporting breastfeeding, gradual return to work, and childcare access can also positively impact maternal wellbeing and infant health outcomes.

Menopause represents a neglected area in women's health policy despite affecting all women and spanning multiple years. Emirati women experience significant menopause-related quality of life impacts with vasomotor symptoms, sleep disturbances and psychological symptoms affecting daily functioning (Ali et al., 2020; Smail et al., 2019). A lack of knowledge about menopause symptoms and management options (Shahzad et al., 2021) equates to untreated suffering, workplace productivity losses, and premature workforce exits. Comprehensive approaches require health education campaigns destigmatizing menopause, healthcare provider training in menopause management, workplace policies addressing menopause-related needs and research into culturally appropriate treatment approaches including both pharmacological and lifestyle interventions.

The feminization of aging also creates imperatives for gender-responsive long-term care. Elderly women face triple jeopardy: higher rates of chronic conditions (osteoporosis, dementia, arthritis), greater likelihood of living alone due to widowhood and lower lifetime earnings resulting in reduced savings for care. Long-term care standards must address women's specific needs including fall prevention, osteoporosis screening and treatment, cognitive health preservation, and social isolation reduction. Home-based care models warrant attention given many women's preferences for aging in place.

### **Existing UAE Policy Towards Women's Health**

Many policy documents are being leveraged towards women's health. For instance, the UAE Vision 2031 prioritizes preventive care, reproductive health and chronic disease management with explicit gender equity consideration. In parallel, the National Strategy for Wellbeing 2031 aligns with positive psychology principles, though its implementation specific to women's health requires



strengthening as does explicit attention to wellbeing as a preventive and promotive strategy. Further, the National Policy for the Promotion of Women's Health in the UAE (2025) seeks to improve women's health across the life course through strong governance, integrated health systems, and effective partnerships. It prioritizes maternal, reproductive, sexual, mental, and chronic disease care with a focus on prevention, early detection, and equitable access to services. Likewise, the National Policy for Empowerment of Emirati Women 2023–2031 advances women's quality of life, leadership, and societal participation through a life-course approach to health. It prioritizes the same services, while also addressing healthy ageing, violence against women, and the needs of People of Determination. Through enhanced research, innovation, and evidence-based decision-making, the strategy reinforces women's capacity to contribute effectively to national development.

The UAE has made important progress in advancing Sustainable Development Goal 5 (Gender Equality) through a comprehensive national approach that empowers women and girls across all sectors. Supported by progressive legislation, national strategies and institutional partnerships, Emirati women are increasingly participating in leadership, economic development, and public life. Integrated health, education, and social protection systems further enhance women's well-being and highlight the UAE's commitment to gender equality.

Conversely, the National Artificial Intelligence Strategy (2017) and Fourth Industrial Revolution Strategy (2024) also leverage women's health. For instance, telehealth resources, AI-driven diagnostics and robotic healthcare offer potential to overcome geographic and cultural barriers to care access. These technologies can facilitate health education, enable remote monitoring of chronic conditions and provide culturally sensitive health information at scale. However, realizing this potential requires addressing digital literacy gaps and ensuring equitable technology access across socioeconomic strata. It also requires a dedicated and continued focus on the development of wellbeing versus the development of instruments to merely reduce the disease burden.

Localized organizational policies and initiatives are also underway. For instance, workplace policies now recognize menopause. Research documenting productivity losses, absenteeism, and premature retirement due to untreated menopausal symptoms has prompted organizational attention (Brewis et al., 2017; Hardy et al., 2018). Bold employers are implementing menopause-friendly workplace policies, flexible work arrangements, and employee assistance programs, although such initiatives remain voluntary and unevenly distributed. Further, given the rapid growth of the elderly population, particularly elderly women living alone, initiatives establishing quality standards for long-term care facilities, home-based care models, and integrated care pathways for elderly persons with complex needs, are underway. Gender-responsive approaches are nonetheless underdeveloped, despite women's disproportionate representation among long-term care recipients and their distinct needs related to dementia, osteoporosis, and social isolation.

### **A Framework for Advancing Women's Health and Wellbeing**

Given the breadth of ongoing work and identification of women's needs, systematically integrating wellbeing science into policy and practice offers a sustainable path forward. Thus, we propose a strategic framework encompassing five interconnected pillars:

*Wellbeing-Centred Health Promotion.* While health and wellbeing are pillars of the national vision of the UAE, the integration of wellbeing into healthcare systems remains limited, with the



evidence linking wellbeing to health outcomes, organizational profitability and productivity underutilized. Thus, shifting from disease-focused to asset-building approaches that cultivate positive emotions, life satisfaction, social connections and meaning is key. This includes population-level wellbeing measurement disaggregated by gender, age, and socioeconomic status; integration of wellbeing metrics into health system performance indicators; health education campaigns promoting wellbeing literacy; and community-based interventions targeting social connectedness, particularly for at-risk groups including elderly women, new mothers, and women in caregiving roles (Weise & Hajek Gross, 2024).

*Life-Course Integrated Care Models.* Women's health and wellbeing needs evolve across the lifespan, yet care systems often remain fragmented and episodic. A life-course approach requires the development of integrated care pathways that support women through key transitions, from preconception and fertility awareness to pregnancy and the postpartum period, through menopause, and into later life. This includes comprehensive prenatal and postnatal care with robust mental health screening and follow-up, structured support during the menopause transition embedded within primary care, and geriatric care that prioritizes functional independence, cognitive health, and quality of life. Critically, coordination across these stages is essential to move beyond reactive, siloed interventions and toward prevention, continuity of care, and early identification of emerging risks.

*Culturally Responsive, Evidence-Based Interventions.* Women's health behaviours and outcomes are deeply shaped by cultural context, making it essential that interventions are both evidence-based and culturally responsive. This requires health promotion strategies that strengthen wellbeing and health literacy through multilingual, culturally relevant communication, alongside structural investments such as expanding the female healthcare workforce and ensuring access to culturally appropriate exercise and wellness environments. Also important is the availability of the full spectrum of mental health approaches spanning prevention, early intervention and remediation. To support this, investment in research on culturally adapted positive psychology and wellbeing interventions for women in the UAE and region can ensure relevance, effectiveness, and scalability.

*Workplace Wellbeing Policies.* Given women's increasing workforce participation, workplace policies directly impact health and wellbeing. Components include: menopause-friendly workplace policies (flexible work arrangements, temperature control, access to healthcare resources); maternal health support (adequate maternity leave, gradual return-to-work options, lactation facilities); mental health resources (employee assistance programs, stress management training, psychological safety promotion, and the development of psychosocial assets for greater quality of work life); and work-life balance support (flexible scheduling, family care leave, telehealth access during work hours). These policies benefit not only women's overall health but organizational productivity and retention.

*Technology-Enabled Access and Innovation.* Finally, leveraging the UAE's technological capabilities to overcome traditional barriers to women's healthcare access can offer broad-sweeping reform. Opportunities include telehealth platforms providing confidential access to specialists; AI-driven health education chatbots delivering personalized information; wearable devices for chronic disease monitoring and health behaviour tracking; and digital therapeutics for mental health conditions, as much as towards improving life satisfaction. Technology implementation must prioritize privacy, digital literacy support, and equitable access across socioeconomic groups.



### Conclusion: Flourishing Across the Female Lifespan

Women's health in the UAE stands at a pivotal moment. Demographic transitions, evolving disease patterns, and social transformations create both challenges and opportunities for advancing women's health and wellbeing. The traditional disease management paradigm is insufficient to realize women's full health potential and address the health-survival paradox that sees women living longer but in poorer health.

Integrating as a priority, wellbeing science into women's health policy offers a transformative pathway forward. Evidence demonstrates that wellbeing is not merely an outcome of good health but a determinant of health outcomes, health behaviours, and healthcare utilization. For women in the UAE facing rising NCD burden, navigating multiple life roles, caring for family members while pursuing careers, and living longer with greater disability, cultivating wellbeing represents both a human imperative and economic strategy. Viewing women's health through a positive lens can facilitate the identification of psychological and behavioural strengths that sustain vitality, shifting from disease prevention and management to wellbeing creation instead.

The UAE has considerable advantages in pursuing this transformation: strong healthcare infrastructure, progressive policy frameworks, technological capabilities, and a proven commitment to both wellbeing and gender equity. What remains is systematic integration and operationalization of those wellbeing principles into policy and practice, culturally responsive adaptation of evidence-based interventions, sustained investment in women's health across the lifespan and rigorous evaluation to build the evidence base for women's health. As the UAE advances its ambition to become a global healthcare hub, placing women's health and wellbeing at the centre of policy and practice positions the country for regional leadership and innovation, shifting the focus from longevity alone to lives marked by vitality, connection, purpose, and joy.

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