

Making the link: Gender Equality and Health

POLICY PRÉCIS

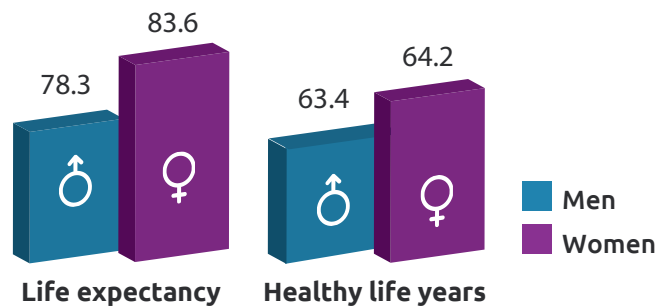
This Policy Précis looks at gender, health and inequalities. It covers differences in health status by gender, why those differences might occur, and what can be done to address gender-related health inequalities.

The Situation

There are gender-based differences in life expectancy, mortality and health outcomes. Men generally have worse health outcomes than women¹ but perceive their health as better.² Women live longer but spend fewer years in good health. **The reasons for this are partly biological, but largely social and behavioural.**³ While women more often report experiencing mental health issues, such issues often go unrecognised in men⁴, who represent 77% of all suicides. Men's poorer health may be associated with male norms of risk-taking and adventure, health behaviour paradigms related to masculinity, and the fact that men are less likely to visit a doctor when they are ill.⁵ When they see a doctor, men are less likely to report on the symptoms of disease or illness.⁶ Women are more likely to engage in health promoting behaviours and have more reliable interpersonal relationships and social support networks than men, which can reduce the risk of many health problems.² At the same time, they are more likely to suffer from interpersonal violence.

Labour, pay and feminised poverty

Labour market conditions have a big impact on health outcomes. Men are more exposed to occupational hazards like work accidents and cancer-inducing substances, leading to higher morbidity and mortality rates.^{7,8} Work-related hazards faced by women are generally under-estimated. Female-dominated occupations are associated with feminine traits such as selflessness and caring which can hide the often physically and emotionally demanding nature of the

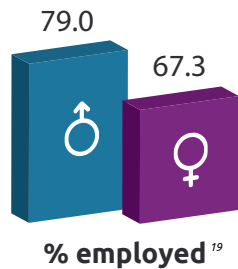


Data from the EU28, 2018^{9,10}

work. These **labour conditions contribute to poor physical and mental health** across the lifespan for both men and women.

In addition, women's roles as the **primary carers** of children and older family members is generally **unpaid**. This can restrict their ability to get and sustain a job, work full time, develop careers, or achieve financial security.¹¹ In fact, such responsibilities prevent 7.7 million women in the EU from participating in the labour market, compared to less than half a million men.¹² While more women have a university degree, they are more likely to work in low-paid jobs and in lower positions.^{13,14} On average, the hourly pay for women in the EU is 14.8% lower than for men¹⁵, and the gender gap in overall earning is 39.6%.¹⁶ In later life, gendered pay gaps become a **pension gap**, as women are less able to pay pension contributions. In the EU, women's pensions are 35.7% lower than men's. 20% of older women are at risk of poverty. The persistent **digital gender divide** is exacerbating these differences: technological developments are increasingly shaping our world and generating a growing demand for digital skills. This realm however, remains male-dominated,

leading to potential biases against women in technology, and deterring them from getting much needed skills and high-paid work opportunities in this influential field.^{17,18}



Differences in income and wealth between men and women due to the pay gap, and lower participation in the labour market lead to 'feminised poverty'.²⁰ This poses a significant barrier to health and social care²¹ and to the ability to live healthily and actively. Single mothers, older women, minority ethnic women, and women with disabilities are particularly vulnerable.

Sex refers to the biological differences between men and women.

Gender refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes.²²

This publication explores health inequalities between cis gender people. Data on health inequalities experienced by LGBTI+ communities is scarce. For more information, see materials and the final report of the EU Health4LGBTI project.²³

COVID-19 and gender equality

Men are more vulnerable to COVID-19 due to higher rates of smoking and underlying health conditions.²⁴ They are 1.3 times as likely to die from COVID-19.²⁵ Yet, as the majority of health(care) and front-line workers, **women are more likely to be exposed to the virus** and more often experience mental health issues due to elevated stress.²⁶ The social and economic fallout of the pandemic also impacts women in a gender-specific way:²⁷

- Under lockdown the burden of informal and domestic labour has become even greater for women, especially due to home-schooling.
- Older women are more likely to rely on (informal) long-term care, to live alone²⁸, and to face poverty and social exclusion.²⁹ They are therefore more likely to experience problems receiving adequate and affordable care.³⁰ As the majority of residents in nursing homes, women have been put at an elevated risk of dying due to outbreaks there.³¹
- Additional strain on health systems has decreased access to sexual and reproductive health services. Domestic violence and (digital) sexual harassment, mostly affecting women, have increased during lockdowns³² while access to care and shelters has decreased. It has been shown that experience of interpersonal violence is linked to female homelessness.³³
- As women are more likely to be in precarious employment than men (26.5% vs 15.1%)³⁴ and to work in sectors that are now facing closure and job losses³⁵, they are more likely to become under- and unemployed, and face in-work and crisis-driven poverty.

EU Policies and Programmes

The **European Institute for Gender Equality (EIGE)** is an autonomous body set up by the European Union to contribute to and strengthen the promotion of gender equality, including gender mainstreaming in all EU policies, and to fight against discrimination based on sex, as well as to raise EU citizens' awareness of gender equality.³⁶ EIGE's **Gender Equality Index** includes a

wide range of indicators that help monitor progress of gender equality across the EU.³⁷



SDGs: Achieve gender equality and empower all women and girls

The **EU Gender Equality Strategy 2020 – 2025** sets the framework for the European Commission's (EC) future work towards improving gender equality.³⁸

Among other things, it focuses on ending gender-based violence, challenging stereotypes and achieving a gender-equal economy.

UN Sustainable Development Goal 5 – Gender Equality (SDG5) commits the EU to achieving gender equality and empowering all women and girls.³⁹

The **European Pillar of Social Rights (EPSR)** and its Action Plan set out the need and concrete actions for equal treatment and opportunities for women and men in all areas, including the labour market, terms and conditions of employment, and equal pay.⁴⁰ The Pillar's Social Scoreboard collects data on gender inequality in employment and the pay gap, which feeds into the European Semester process.⁴¹

The **2019 EU Work-Life Balance Directive** includes a set of legislative actions to better support a work-life balance for parents and carers, encourage more equal sharing of parental leave, address women's underrepresentation in the labour market and protect rights to parental and carers' leave.⁴²

The WHO European Region's **Strategies on Women's Health (2016)**⁴³ and **Men's Health (2018)**⁴⁴ outline priority areas for action and guidance on meeting the specific health needs of men and women. These include making sure national policies and strategies across the life-course reflect contemporary evidence. They recommend action and collaboration across ministries of health, departments for women's issues, social protection, social affairs, education, labour and employment.

Making It Happen

Italy

In Italy, a network of **anti-violence centres**⁴⁵ offers a safe place for people who experience violence where they can receive support, guidance, and information about their rights and options. In the Tuscany Region, the centres work with different actors and services, such as police and education, to signal and prevent violence and help victims.⁴⁶ Local anti-violence networks are gradually being enhanced with centres for perpetrators of violence to help rehabilitate them and prevent future violence.

Finland

Finland has a high level of **sexual and reproductive health and rights** and one of the lowest infant mortality rates in the world. This can be explained by Finland's universal, inclusive, and comprehensive primary health care services. Benefits for families include a maternity grant, 54 days of paternity leave, and 158 days of paternal leave that can be shared between parents.⁴⁷ These rights provide both parents with **equal opportunities to work, educate themselves, and build their careers**. As pension contributions continue during parental leave and mothers can more easily continue to

develop their careers, sharing family leave may also **reduce the pension gap** between men and women⁴⁸.

Austria

The Austrian Health Promotion Fund (FGÖ) developed a knowledge volume to help employees organise **gender-sensitive workplace health promotion** that sets out criteria and questions, as well as models of good practice.^{49,50} For workplace health promotion to meet the different needs of men and women, a gender perspective is needed.

Ireland

The Island of Ireland hosts 450 **Men Sheds** that offer dedicated, friendly, and welcoming meeting places for men to engage in craftwork and social interactions.⁵¹ They provide health information and offer men a place to talk, thereby improving their health and wellbeing, and promoting participation in the community. Men Sheds can now be found in Ireland, the UK, the Netherlands and Finland.

Pathways To Progress

- Norms and socially constructed gender roles need to be addressed at all levels of government. An **integrated holistic approach that addresses gender equality across all policies** will promote health, access to healthcare and labour market integration.
- More efforts should be made to **support women in realising full participation in society, employment and decision-making**. Improvements in tax laws, flexible working arrangements and family leave policies make part-time careers valid options for both women and men and promote an equal division of parenting responsibilities.
- **Data to assess gender equality should go beyond the gender employment gap to include indicators from the health parameters of the Gender Equality Index**, and gendered-segregated data on (pension) poverty, children in formal childcare, and unpaid work. Specific efforts are needed to collect data on inequalities and the intersectionality of disadvantages faced by the LGBTI+ community. This information will facilitate targeted action through the European Pillar of Social Rights, its Action Plan, and the EU Gender Equality strategy to start with.
- **Health systems should better respond to the role of gender in the uptake of (un)healthy behaviour**, exposure to risk factors, and access to and uptake of health and social services. This includes being sensitive to the specific needs of LGBTI+ persons, who more often report mental health issues and experiencing fear when accessing services.⁵²
- Improving health systems' capacity to protect women from violence requires increased investments in anti-violence strategies, better earmarking of financial resources to that end, and **a more prominent role of health systems in the multisectoral response to violence against women**.⁵³
- The **2021 EU Green Paper on Ageing** should consider the role of gender and socioeconomic status in health outcomes, social wellbeing and financial independence in ageing populations.

For more information, visit www.EuroHealthNet.eu

EuroHealthNet is the European Partnership for improving Health, Equity and Wellbeing. We are active in policy, practice and research. Our unique focus is on reducing health inequalities through action on the social determinants of health, integrating sustainable development goals, and contributing to the transformation of health systems. The main members of the partnership are authorities and statutory bodies responsible for public health, health promotion and disease prevention at national, regional and local level. For further information and references visit www.EuroHealthNet.eu.

Published: March 2021



THE PUBLICATION OF EUROHEALTHNET POLICY PRECIS IS SUPPORTED BY THE EUROPEAN COMMISSION, THROUGH THE PROGRAMME FOR EMPLOYMENT AND SOCIAL INNOVATION (EASI 2014-2020). THIS PUBLICATION DOES NOT NECESSARILY REFLECT THE POSITION OR OPINION OF THE EUROPEAN COMMISSION.



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