

# Making the link: Gender Equality and Health

POLICY  
PRÉCIS

This issue of Policy Précis analyses gender-based differences in social determinants and related health outcomes and why they persist. It looks at initiatives to redress the balance which are already in place, and how further progress can be made.

## The Situation

Sex refers to the biological differences between men and women, whereas gender refers to the socially constructed characteristics of women and men such as norms, roles, and relationships of and between groups of women and men. These relations influence people's susceptibility to different health conditions and diseases. They affect employment of good mental and physical health, and levels of wellbeing. These relations also have a bearing on people's access to and uptake of health services and on the health outcomes they experience throughout the life-course.<sup>1</sup>

There are gender-based differences in life expectancy, healthy life years, health behaviours, mortality, and morbidity risks.<sup>2</sup> Women live longer but spend fewer years in good health. The root causes of ill health in men and women are different, however, there are specific underlying causes that arise from gender inequality.<sup>3</sup> Gender role conflicts, total workload, and unpaid work have adverse effects on women's wellbeing and long-term health as well as career development.<sup>4</sup> Unemployment and the lower occupational and social status, which results from female labour market exclusion has a wide range of adverse child health and developmental outcomes.<sup>5</sup>

The inactivity rate of women is almost double that of men (♀ 30 % / ♂ 17 %). A fifth of women living in poverty are not active in the labour market due to caring and domestic responsibilities.<sup>6</sup> The pay gap affects pensions, meaning the pay gap persists after the working life and into retirement.<sup>7</sup> The gender gap in pensions is estimated at 38% for the EU27

## The gender pay gap in the EU28 is 16.3%<sup>8</sup>



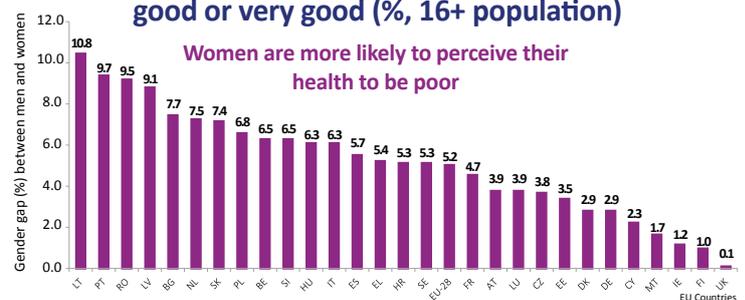
Highest in Estonia: 26.9 % Lowest in Italy: 5.5 %

There are many factors that influence this gap:

- Women hold fewer management positions (fewer than 6 % ♀ CEOs).
- Women undertake more unpaid work, e.g. domestic and caring activities (22h/w ♀ vs. 9h/w ♂).
- Women tend to spend more time out of the labour market.
- Segregation in education and labour market means that female dominated occupations often offer lower wages, even when the same level of experience and education is needed.<sup>9</sup>

(highest in Germany with 45 %).<sup>10</sup> Gender inequalities accumulated over the life-course expose older women in particular to poverty and social exclusion<sup>11</sup>, creating a risk of income barriers to healthcare.

## Gender gap in self-perceived health, good or very good (% , 16+ population)



Source: Data from the European Institute for Gender Equality's Gender Equality Index 2017



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## EU Policies and Programmes

The **European Institute for Gender Equality (EIGE)** is an autonomous body set up by the European Union, established 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.<sup>12</sup>

The **Strategic Engagement for Gender Equality 2016-2019** sets the framework for the European Commission's (EC) future work towards improving gender equality. It focuses on the following five priority areas:

1. Increasing female labour market participation and equal economic independence.
2. Reducing the gender pay, earnings and pension gaps and thus fighting poverty among women.
3. Promoting equality between women and men in decision-making.
4. Combating gender-based violence and protecting and supporting victims.
5. Promoting gender equality and women's rights across the world.<sup>13</sup>

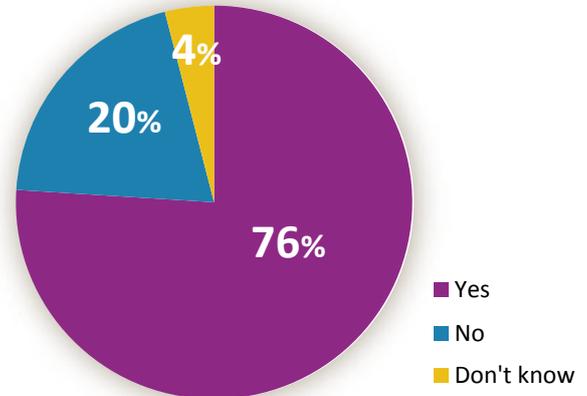
The **Europe 2020 Strategy** emphasises inclusive growth: *"Europe needs to make full use of its labour potential to face the challenges of an ageing population and rising global competition. Policies to promote gender equality will be needed to increase labour force participation thus adding to growth and social cohesion."*<sup>14</sup>

In 2016, the EU took the first concrete step in implementing the 2030 Agenda and the **Sustainable Development Goals (SDGs)**. Goal number 5 addresses Gender Equality.<sup>15</sup>

The **European Pillar of Social Rights** package proposed by the EC in 2017 includes a number of relevant initiatives:

- Gender equality is one of the principles in the Pillar, which states: *"Equality of treatment and opportunities between women and men must be ensured and fostered in all areas, including regarding participation in the labour market, terms and conditions of employment and career progression. Women and men have the right to equal pay for work of equal value."*

### Should tackling inequality between women and men be a priority for the EU?



Source: Eurobarometer 428 (2015) Gender Equality (p. 59)

- In the preamble of the Pillar, the Council of Ministers emphasised the need for *"a Union which promotes equality between women and men as well as rights and equal opportunities for all"*.<sup>16</sup>
- The Pillar's Social Scoreboard measures the gender employment gap in Europe, which feeds into the European Semester.<sup>17</sup>
- Together with Pillar, the Work-Life Balance measures, including the proposal for the Work-Life Balance Directive, were launched.

*The Proposal for a Directive on Work-Life Balance for Parents and Carers include:*

- The right to paternity leave of 10 working days at childbirth;
- The right to non-transferable parental leave of 4 months;
- The right to request leave in a flexible way (part-time or in a piecemeal way) until the child reaches 12 years;
- The right to take 5 days carer's leave per year for workers caring for seriously ill or dependent relatives;
- The right to request flexible working arrangements to all working parents of children up to 12 years and carers with dependent relatives.<sup>18</sup>

The proposal is undergoing the ordinary legislative procedure in the European Parliament in 2017-2018.

## Making It Happen

Members and associate members of EuroHealthNet are taking action on addressing health from a gender and gender equality perspective:

### Austria

With the **Action Plan for Women's Health**, the *Austrian Ministry of Health and the Federal Ministry of Education and Women* launched a joint project in 2015, focusing on women's health promotion and prevention as well as gender-sensitive health care.<sup>19</sup> In the medium term, actions in the areas of mental health, equal opportunities and women's self-image will be promoted in their implementation. The implementation process is supported by an annual Women's Health Dialogue, which takes place between stakeholders from different policy areas and NGOs.<sup>20</sup>

### Finland

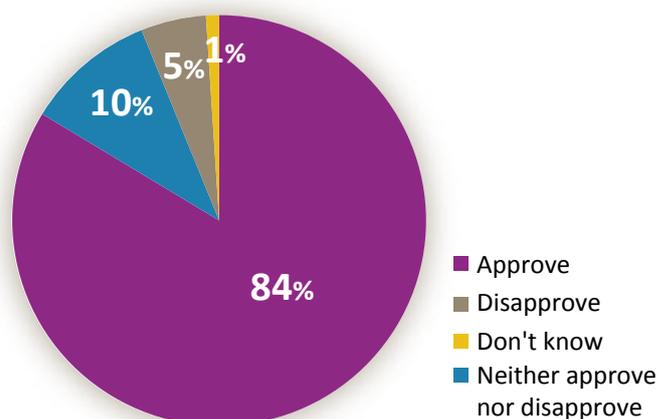
Finland has a high level of **sexual and reproductive health and rights** and the level of infant mortality is among the lowest in the world. This can be explained by Finland's universal and comprehensive primary health care services. NGOs are important service providers, in particular for vulnerable groups, e.g. lone parents, sexual minorities, sex workers, victims of sexual violence, and people with disabilities.<sup>21</sup>

Effective education and family services are beneficial. Finland offers health services in schools; sexuality education is highly prioritised and is a mandatory part of the school curriculum. Furthermore, there are many benefits for families with children in Finland: maternity clinics<sup>22</sup>, a maternity grant (a financial contribution or as a 'maternity package') and fathers can take parental leave.<sup>23</sup> Men are increasingly considered when addressing sexual and reproductive health and uptake of services in this field.<sup>24</sup>

### Ireland

Suicide was a major cause of death among young males in both Northern Ireland and the Republic of Ireland. Suicide has been five times higher among males than in females. Although the rate of male suicide in Ireland is relatively low in the EU, the rate among young males is amongst the highest. The economic downturn and rising levels of unemployment called for

### Do you approve/disapprove of a man taking parental leave to take care of his children



Source: Eurobarometer (2017) Gender Equality (p. 31)

increased focus on prevention efforts. The *Institute for Public Health in Ireland* coordinated the **Young Men & Suicide Project**, which included the 'First Instinct' intervention. The goal was to encourage and foster a first instinct in young men to seek help and support at times of difficulty. There were four main elements to this intervention:

- Training for local practitioners to deliver the 'Mind Yourself' programme in schools (a mental health intervention).
- Support to encourage the development of Young Men's Reference Groups.
- Local practitioners were offered training, workshops and seminars addressing men and boys.
- Reference materials to help practitioners better understand young men and provide suggestions for group work activities with young men.<sup>25</sup>

### WHO Europe Region

The **Strategy on Women's Health and Wellbeing in the WHO European Region (2016)** outlines priority areas for action in accordance with Health 2020, and provides guidance on investing in women's health. This includes improving existing national policies and strategies to ensure consistency with contemporary evidence. It also involves addressing women's health and wellbeing

across the life-course. The WHO Strategy entails actions by ministries of health and in collaboration with other sectors, including departments for women's issues, social protection, social affairs, education, labour and employment.<sup>26</sup>

## Germany

In 2017, the *German Federal Centre for Health Education, BZgA*, co-organised and hosted a Country Exchange Visit for health agencies across Europe to exchange practices and policies within the field of health

equity and public health.<sup>27</sup> Here the Neukölln District project **Neighbourhood Mothers** (Stadtteilmütter) was presented. The project targets citizens with migrant backgrounds who lack German language proficiency and struggle to understand or to make use of the German healthcare system. Mothers undergo a six-month training after which they are given a certificate that allows them to work as Neighbourhood Mothers. They visit other mothers and teach them about different topics, including healthy nutrition, kindergarten, school system, sexual development, and language education.<sup>28</sup>

## Pathways To Progress

The EuroHealthNet Partnership aims to improve health and to tackle health inequalities between and within European countries. Supporting social and economic inclusion, equal access, and health promotion for all. Working across social determinants of health is the way forward to improve and sustain the health of citizens in Europe.

- It is essential to apply an **integrated holistic approach** to health promotion, access to healthcare and labour market integration to ensure health equity across genders. This requires consistency in addressing gender equality across EU policies; this can among others be achieved through the European Semester.
- Promoting **empowerment of all women and girls** through full participation in society, decision-making and ending gender discrimination will improve women's health and wellbeing. Promoting **empowerment of men** in their role as fathers to strengthen the bond with their children is important for the early childhood development and, later life, including health.

- Promote affordable, high-quality pre-natal and early years provision alongside supportive employment policies and parenting and family support services, to **help parents combine work with parental responsibilities**.<sup>29</sup>
- The **European Pillar of Social Rights** could contribute to tackle gender-based health inequalities, through an ambitious Work-Life Balance directive and a more encompassing Social Scoreboard that ensures a gender perspective in all of the remaining indicators.
- The **Social Scoreboard** should go beyond the current headline indicator (Gender Employment Gap) by including additional gender indicators, e.g. the health parameters of the Gender Equality Index, as well as other gender-relevant indicators, e.g. per cent of children in formal childcare.
- The interlinkages between the **Sustainable Development Goals** (SDGs) can offer innovative solutions: SDG 3 "Good health and wellbeing" and SDG 5 "Gender Equality" should be considered together to see where improvement in both could be achieved.

[www.eurohealthnet.eu](http://www.eurohealthnet.eu) for all source information and links to our work in these fields.

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