

Health

Gender-sensitive infrastructure (1)

Public services such as health centres, transport and care facilities play an essential part in ensuring the well-being of Europeans. We use public service infrastructure every day; it underpins our lives, and is essential for the func-

tioning of a society. Infrastructure is meant to deliver services that address the diverse needs of women and men and contribute to equal opportunities for all.

Health service infrastructure ranks first for helping with everyday life activities

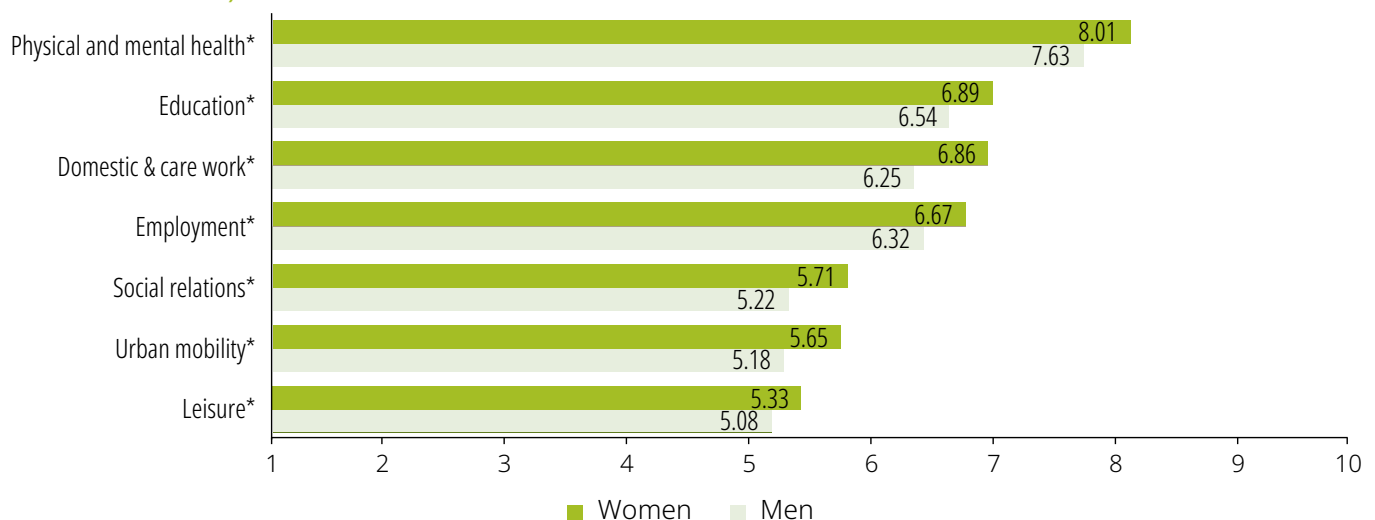
In a survey carried out by the European Institute for Gender Equality (EIGE), respondents ranked nine public services in order of how they helped them to participate in seven different everyday life activities. The respondents ranked health services as the most important type of public service in the EU because they enable people to engage fully in their everyday life activities. Furthermore, both women and men recognised health services as those that have the most transformative potential towards advancing gender equality in society. They create opportunities for people to be involved in education, employment and leisure.

All the respondents, regardless of whether they used the infrastructure services or not, were asked to assess

the importance of the existing services. This signals that health services and medical centres are important not only from the user's perspective but also because they are perceived as important for the community at large. Public transport was ranked as the second most important service for both women and men.

Interests regarding other public infrastructure demonstrated gendered trends. For example, women emphasised the importance of nurseries, because they enable women's participation in paid work, while men highlighted the importance of pavements and footpaths for moving around, and parks and other green areas for leisure time activities that support well-being.

Figure 1. What do health services and medical centres enable you to do? (on an ascending scale of importance from 1 to 10)



(*) Differences in means between women and men reached statistical significance ($p < 0.05$).

(1) EIGE's work in this field is based on the conceptual framework and methodology to assess the benefits of gender equality through the provision of public infrastructure, developed by Dr Gloria Alarcón García and Dr José Colino Sueiras (University of Murcia, Spain). EIGE conducted a restricted survey in the 28 EU Member States (EU-28) on the benefits of gender-sensitive infrastructure. Dr Gloria Alarcón García led the survey design, and the EIGENET framework of contractors was engaged in the survey implementation, involving 23 organisations and consortiums. The later analysis of the survey results was carried out by a research group led by the University of Murcia, Spain. Authors include Dr Gloria Alarcón García (principal researcher and research group leader), Dr Tindara Addabbo, Dr Edgardo Ayala Gaytan, Dr Estela Fernandez Sabiote, Dr María Rubio Aparicio, Dr Andreu Castellet, Dr Angela O'Hagan, Dr José Manuel Mayor. EIGE's Gender Mainstreaming team coordinated the work. Dr Vaida Obelene, Dr Paula Franklin and Dr Irene Riobóo Lestón provided quality assurance and carried out further analysis of the data.

In general, health services were perceived to enable a person's participation in activities such as employment, domestic work, leisure and education. Health services and medical centres enable a variety of activities but to different degrees for women and men.

A majority of women found health services and medical centres very important for participating in education, carrying out domestic and care work, and participating in employment, compared to a smaller number of men.

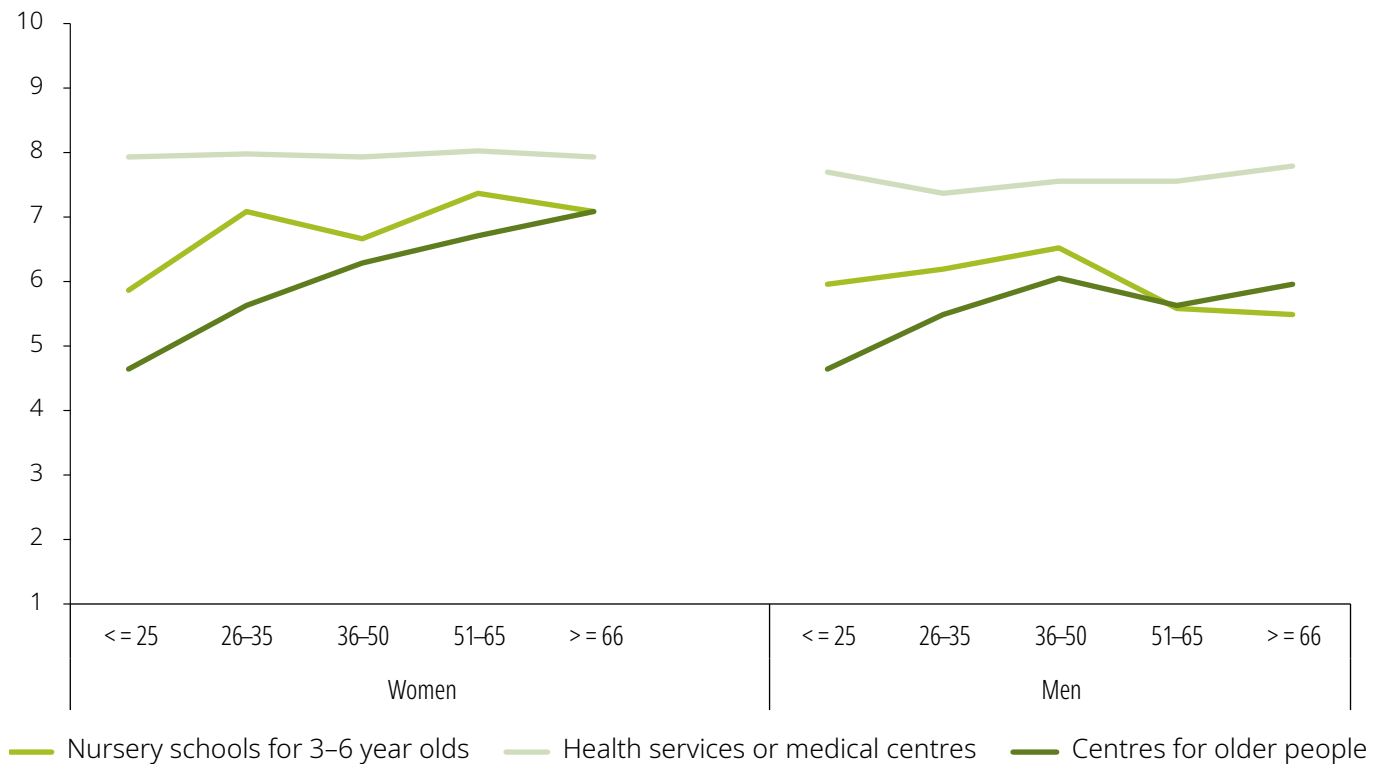
Health service infrastructure and caring roles

The services directly related to care for others and oneself were more important for women than men in the oldest age groups (Figure 2). These include nurseries for children from the age of 3 to the mandatory school age (6 or 7 years), centres for older people, health services and medical centres. This reflects the situation in the EU, where women are still the main carers for children, parents, family members and other dependants ⁽²⁾, and represent a larger proportion of the older population ⁽³⁾.

In the younger age groups, the importance of infrastructure services was more equally distributed by gender. The European Parliament report *Demography and family poli-*

cies from a gender perspective (2016), notes how women's labour market participation has been increasing, as the traditional male breadwinner model has become outdated and replaced by dual-earning or single-headed families. This transformation has supported a gradual change in attitudes towards parenthood, with a growing number of men wanting to be more involved in the care of children or older relatives and wanting to share the burden of work in the private sphere more equally. However, the economic crisis has resulted in a reduction of public services, including health, which makes families more dependent on the traditional model of care, and relies on the unpaid work of female family members ⁽⁴⁾.

Figure 2. The importance of nurseries for children aged between three and the mandatory school age, centres for older people, health services and medical centres, by age group and gender (on an ascending scale from 1 to 10)



⁽²⁾ EIGE, *Review of the implementation of the Beijing Platform for Action: Women and the economy – Reconciliation of work and family life as a condition of equal participation in the labour market*, Publications Office of the European Union, Luxembourg, 2013. Available at: <https://eige.europa.eu/lt/publications/reconciliation-work-and-family-life-condition-equal-participation-labour-market-main-findings?lang=lt>

⁽³⁾ Eurostat, 'Population pyramids, EU-28, 2001 and 2015', 2015. Available at: [http://ec.europa.eu/eurostat/statistics-explained/index.php/File:Population_pyramids_EU-28_2001_and_2015_\(%C2%B9\)\(%25_of_the_total_population\)_YB16.png](http://ec.europa.eu/eurostat/statistics-explained/index.php/File:Population_pyramids_EU-28_2001_and_2015_(%C2%B9)(%25_of_the_total_population)_YB16.png)

⁽⁴⁾ European Parliament, *Demography and family policies from a gender perspective*, 2016. Available at: [http://www.europarl.europa.eu/RegData/etudes/STUD/2016/571394/IPOL_STU\(2016\)571394_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/STUD/2016/571394/IPOL_STU(2016)571394_EN.pdf)

A scarcity of public services means that caregivers are left to take on a greater responsibility for care activities. This can have a negative impact on the participation of women in the labour market, which increases the risk of poverty. It also diminishes the opportunities of women to participate in other activities. Furthermore, there is a concern about the increased psychological distress, strain and overall health deterioration experienced by family carers (5).

There is an increasing need for care, but at the same time formal healthcare systems are limited. This raises the question about how caring activities, as well as care infra-

structure can be balanced from a gender perspective. In 2020, the countries of the EU will have to care for almost 10 million more people than in 2010, of which 8 million will be over 75 and almost 2 million under 15 years of age. In contrast, the working age population (15–64 years) – the carers – will diminish by 5 million (6). The EU is also facing a striking absence of men in the care sector. On average in the EU, men constitute only 21 % of tertiary graduates in health and welfare. This leads to a concentration of women working in healthcare and reinforces the stereotype of women as carers (7).

Health services are more important for women with long working hours outside and inside the home

EIGE's survey showed that for women and men with a high number of paid working hours per week and a low number of unpaid working hours at home, the importance of infrastructure services was similar.

However, women respondents who worked a high number of paid working hours per week, and also had a high

number of working hours at home, tended to perceive public services as more important to take care of their physical and mental health than men. When full-time workers spent 14 hours or more a week on domestic and care work, health infrastructure had a higher impact for women's ability to engage in various activities.

Figure 3. The importance of public services in enabling women and men to take care of their physical and mental health, by workload

Hours worked per week in paid work and at home	Nurseries for children 0–2	Nurseries for children 3–6	Health services and medical centres	Centres for older people	Centres for people with long-term disabilities	Pavements and foot-paths	Parks and green areas	Local public transport	Street lights in residential area
< 30 in paid work and < 14 in domestic and care work	Service more important to women	Service more important to men	Service more important to women	Service similarly important to women and men	Service similarly important to women and men	Service similarly important to women and men	Service similarly important to women and men	Service similarly important to women and men	Service similarly important to women and men
< 30 in paid work and > 14 in domestic and care work	Service similarly important to women and men	Service more important to men	Service similarly important to women and men	Service similarly important to women and men	Service similarly important to women and men	Service more important to men	Service more important to men	Service similarly important to women and men	Service more important to men
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Service more important to women
 Service more important to men
 Service similarly important to women and men

(5) Organisation for Economic Co-operation and Development (OECD), *Help Wanted? Providing and paying for long-term care*, OECD Publishing, Paris, 2011. Available at: <http://www.oecd.org/els/health-systems/47884865.pdf>

(6) Eurostat, 'Labour market and Labour force survey (LFS) statistics', 2011.

(7) EIGE, *Study and work in the EU: set apart by gender – Review of the implementation of the Beijing Platform for Action in the EU Member States*, Publications Office of the European Union, Luxembourg, 2018. Available at: <https://eige.europa.eu/publications/study-and-work-eu-set-apart-gender-report>

The survey did not ask the respondents to disclose the actual use of services, but mapped the perception of the benefits of public service infrastructure.

In general, women placed more importance on public services in supporting their mental and physical health needs.

Health services more important for women on low incomes

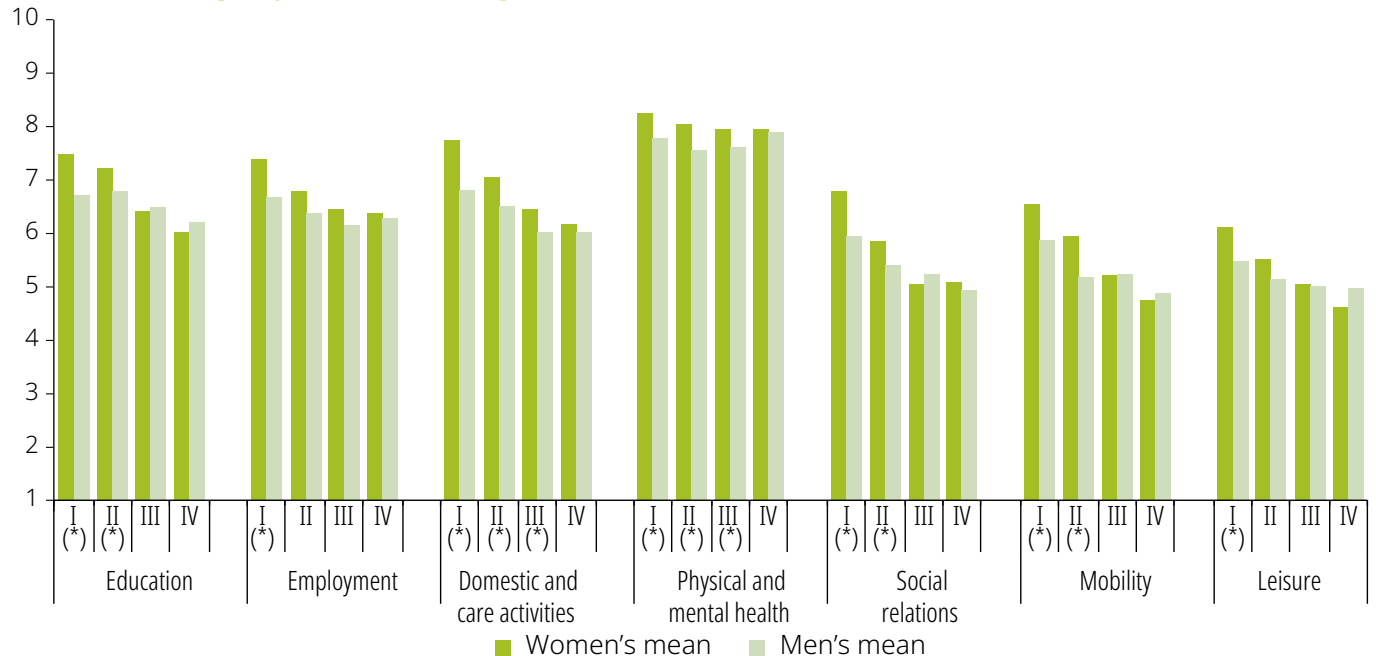
The lower a person's income, the more important health service infrastructure is to their life. For the lowest income group, differences between women and men were observed across all seven activities of daily life, with women reporting health services as more important than men. The average importance of health services diminished in the highest income group, as the importance was similar for both women and men.

Despite near-universal coverage of health insurance or national health systems in the EU, there are still major health inequalities across socioeconomic groups. This is especially the case for people living in areas with overall poor access to public services, people with low education or earnings, disadvantaged ethnic minority groups, including Roma, the homeless and migrants⁽⁸⁾. For example, many migrant

women face particular challenges in relation to their health-care needs because of a lack of information and their insecure economic and social situation⁽⁹⁾. EIGE's Gender Equality Index 2019 finds that lone parents report higher unmet healthcare needs. While just 3 % of the general EU population have unmet needs for medical examination, the percentage is 6 % for lone mothers and 8 % for lone fathers⁽¹⁰⁾.

The findings of EIGE's survey suggest that limitations in access to health services can have broad consequences at the individual level, exacerbating the negative impact of unmet needs for healthcare. As health services were perceived as the number one factor enabling other daily activities, any obstacle to these services could have a negative impact on other areas of life, such as women's participation in employment and education.

Figure 4. Perceived importance of health services and medical centres for activities of everyday life, by gender and income group (on an ascending scale from 1 to 10)



NB: The numbers from I to IV stand for the four income quartiles (I = lowest quartile; II = 2nd quartile; III = 3rd quartile; IV = highest quartile).

(*) Indicates that there is a difference between the means for women and men.

⁽⁸⁾ Available at: http://www.gwi-boell.de/sites/default/files/uploads/2015/11/report_forum_gender_equality_en.pdf

⁽⁹⁾ Forum on the Future of Gender Equality in the European Union. 20-21 April 2015, Brussels, European Commission, DG Justice and Consumers, Unit D.2: 'Gender Equality'. Available at: http://www.gwi-boell.de/sites/default/files/uploads/2015/11/report_forum_gender_equality_en.pdf

⁽¹⁰⁾ EIGE, 'Lone parents and people with disabilities are still without the health support they need', *Gender Equality Index 2019*. Available at: <https://eige.europa.eu/publications/gender-equality-index-2019-report/lone-parents-and-people-disabilities-are-still-without-health-support-they-need>

European health systems under strain

The EU puts value on public health. While health systems in the Member States differ, they are built on these common values, as recognised by the The Council of the European Union's Employment, Social Policy, Health and Consumer Affairs Council:

- universality
- access to good-quality care
- equity
- solidarity.

Health service infrastructure ⁽¹¹⁾ is part of broader health systems that enable women and men to lead healthy, active and independent lives. Timely access to good-quality, affordable healthcare (both preventive and curative) is crucial and included in the 20 principles of the European Pillar of Social Rights. Improving health and reducing inequalities across and within Member States are among the strategic objectives of both the EU's third health programme (2014–2020) (European Commission, 2014) and Health 2020, the WHO-led regional health strategy for Europe adopted in 2012 (WHO, 2013) ⁽¹²⁾. However, over the last decade, EU health systems have faced growing challenges:

- increasing cost of healthcare;
- growing demand for healthcare due to the ageing population and an increase in chronic illnesses;
- shortages and an uneven distribution of health professionals;
- unequal access to healthcare.

In recent years, the economic crisis has limited the financial resources available for health services, making it difficult for Member States to ensure that their systems can adequately respond to these challenges ⁽¹³⁾. Given the

scale of the challenge, all measures that can improve the performance of health systems are crucial, such as including a gender perspective in health services.

The European Parliament's *Report on reducing health inequalities in the EU* (2011) ⁽¹⁴⁾ stresses that health inequalities are rooted in social inequalities. These include living conditions and models of social behaviour linked to gender, ethnicity, educational standards, employment and the unequal distribution not only of income but also of medical assistance, sickness prevention and health promotion services. The report calls on the EU and Member States to include the health status of women and ageing as factors in gender mainstreaming, and to identify key differences between women and men in relation to health.

The European Commission's Directorate-General for Health and Food Safety uses indicators with sex-disaggregated data to support Member States in assessing the performance of their health systems ⁽¹⁵⁾. The European level health services data show some gender differences in service use and accessibility, further highlighting the importance of investigating the specific needs of women and men.

Many factors have an impact on people's health ⁽¹⁶⁾; such as education and employment, access to adequate health and care services. Better access to health services and the adequacy of the available care, can be achieved not only by creating more services, but also by identifying and analysing gender-related inequalities between different groups of women and men, and by addressing their needs in a more targeted way. This approach not only helps to serve different groups of the population more effectively but also proves that addressing gender inequalities is central to good health systems ⁽¹⁷⁾.

⁽¹¹⁾ The development of health infrastructure is supported by the European Fund for Strategic Investments. The main objectives of the investment funds for 2014–2020 are to reduce health inequalities between regions and social groups, and to enable more effective and accessible healthcare of high quality.

⁽¹²⁾ EIGE, 'Domain of health', *Gender Equality Index 2019*. Available at: <https://eige.europa.eu/publications/gender-equality-index-2019-report/7-domain-of-health>

⁽¹³⁾ European Commission, Commission communication – On effective, accessible and resilient health systems, COM(2014) 215 final. Available at: http://ec.europa.eu/health/systems_performance_assessment/docs/com2014_215_final_en.pdf

⁽¹⁴⁾ European Parliament, *Report on reducing health inequalities in the EU*, 2010, (2010/2089(INI)). Available at: <http://www.europarl.europa.eu/sides/getDoc.do?type=REPORT&reference=A7-2011-0032&language=EN#title4>

⁽¹⁵⁾ European Commission, 'European Core Health Indicators'. Available at: http://ec.europa.eu/health/indicators/echi/index_en.htm

⁽¹⁶⁾ World Health Organization, 'Social determinants of health'. Available at: http://www.who.int/social_determinants/en/

⁽¹⁷⁾ Payne, S., *How can gender equity be addressed through health systems?*, European Observatory on Health Systems and Policies, 2009. Available at: http://www.euro.who.int/__data/assets/pdf_file/0006/64941/E92846.pdf

How can gender mainstreaming benefit health service infrastructure?

In order to mainstream gender in public infrastructure services, different and similar priorities and interests of women and men need to be recognised and understood. Careful consideration of how these services enable both women and men to take part in daily life activities is crucial. A more detailed understanding of the priorities of the end users of health services would assist the design and implementation of targeted health policies.

Gender-based inequalities are present in healthcare and long-term care. Women and men are confronted with

gender-specific health risks and diseases that need to be adequately addressed in medical research and health services. Therefore, it is crucial that health services continue to adapt to meet the specific needs of women and men⁽¹⁸⁾.

At an individual level, the pathways to health and well-being are complex and gendered. EIGE's survey showed that health service infrastructure is an important factor in enabling women and men to fully engage in all facets of life.

Conclusions

- Health services are used in different ways by women and men, depending on their life situation.
- Working status, age, income, household type and caring responsibilities all have an impact on the need for these services.
- Health service infrastructure can be both fulfilling and transformative in the benefits it delivers. In addition to

providing care, health services make it easier for people to take part in other activities, such as employment, education and leisure. Planning of health service infrastructure benefits from a gender analysis as it allows for the development of interventions that identify the different needs of women and men and puts forward solutions to address gender gaps and inequalities⁽¹⁹⁾, allowing for a more efficient use of resources.

About EIGE's survey

EIGE conducted a restricted survey on the benefits of gender-sensitive infrastructure. The survey asked 5 378 women and men in the EU about nine infrastructure services, and covered seven activities of daily life.

All respondents, regardless of whether they used the infrastructure services or not, were asked to assess the im-

portance of the existing infrastructure services for everyday activities on a scale from 1 to 10.

This factsheet is part of a series on gender equality and infrastructure. You can find our other factsheets on urban mobility and care infrastructure, as well as the methodological report on EIGE's website: <https://eige.europa.eu/>

⁽¹⁸⁾ European Commission, Gender equality strategy. Available at: https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/gender-equality-strategy_en

⁽¹⁹⁾ EIGE, 'Gender mainstreaming – Gender analysis'. Available at: <https://eige.europa.eu/gender-mainstreaming/methods-tools/gender-analysis>

European Institute for Gender Equality

The European Institute for Gender Equality (EIGE) is the EU knowledge centre on gender equality. EIGE supports policymakers and all relevant institutions in their efforts to make equality between women and men a reality for all Europeans by providing them with specific expertise and comparable and reliable data on gender equality in Europe.
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European Institute for Gender Equality
Gedimino pr. 16
LT-01103 Vilnius
Lithuania

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