

# Gender Equality Index 2019. Work-life balance

## Behavioural change in health is key to tackling gender inequalities

The health domain score of 88.1 points in 2017 had not only barely changed since 2015 (+ 0.7 points), it had also made scant progress since 2005 (+ 2.2 points). Nevertheless, this domain's scores have consistently ranked among the highest of all six core domains measured in the Gender Equality Index.

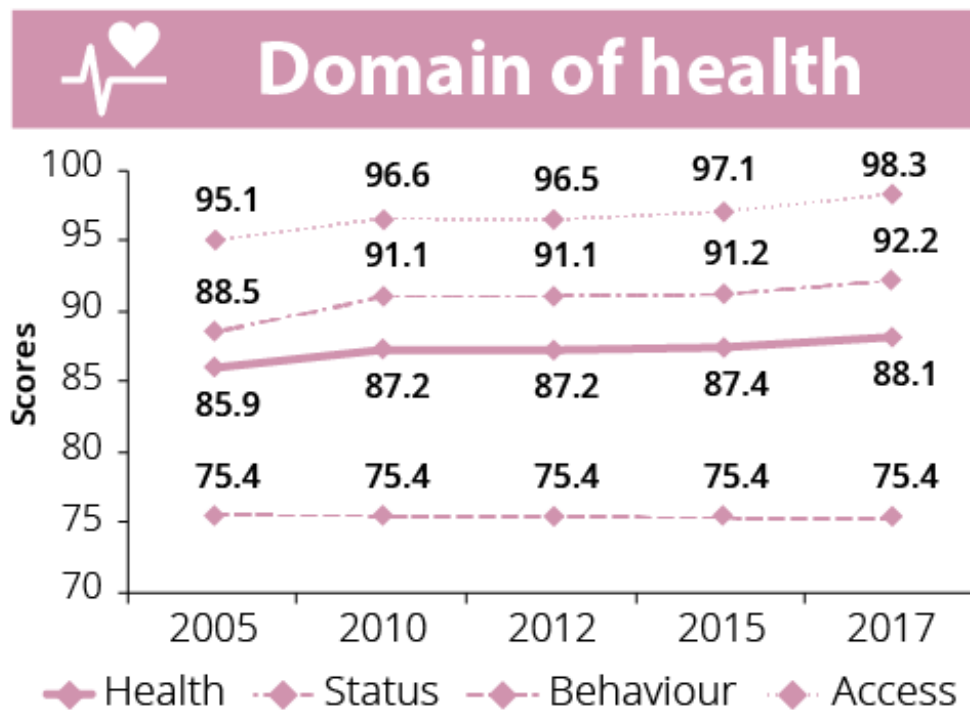


Figure 28: Scores for the domain of health and its sub-domains, EU, since 2005

Overall, Member State scores for the health domain have shown little progress since the last edition of the Index (Figure 28). In 2017, only Italy, Poland and Portugal had a higher rate of progress than the EU average between 2015 and 2017 (+ 2.4 p.p., 1 p.p. and 0.9 p.p. respectively). At the other end, four Member States (BE, DE, AT, FI, SI) flatlined, while only Latvia saw a regression.

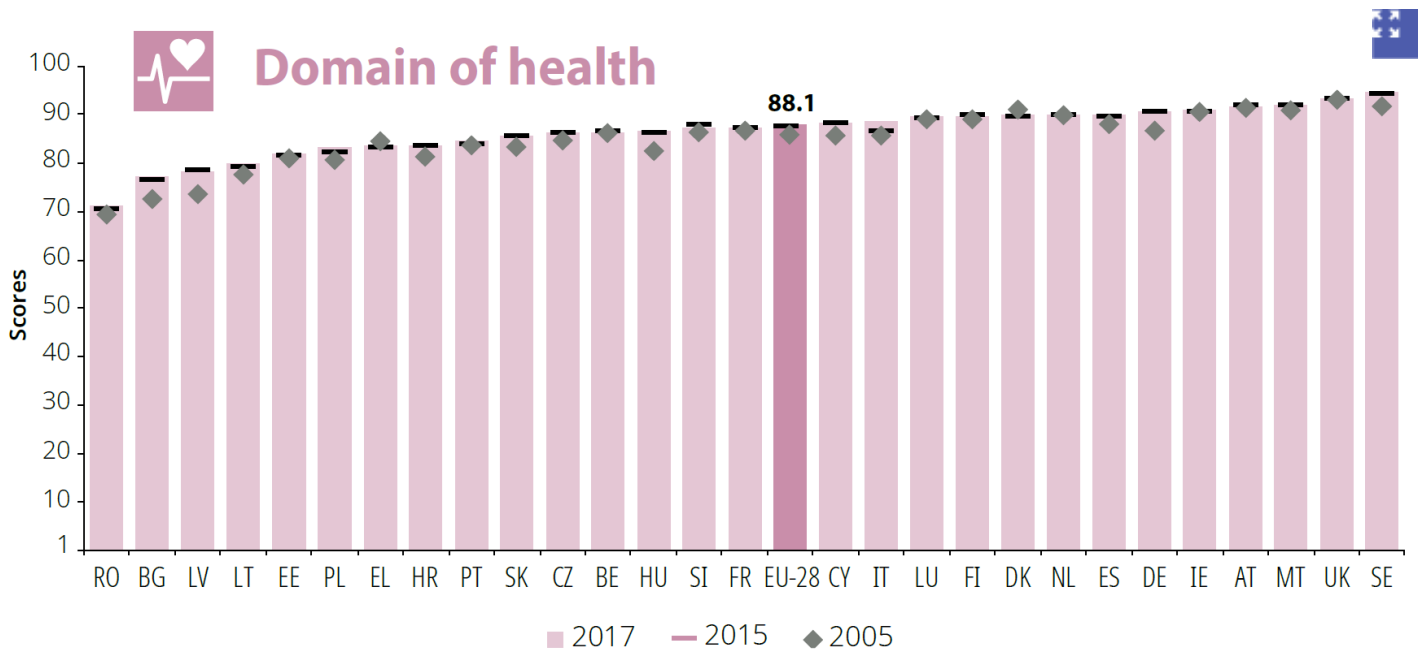


Figure 29: Scores for the domain of health, EU Member States, 2005, 2015 and 2017

A closer look at the sub-domains of status, behaviour and access showed varying levels of progress on indicators selected and on inequalities among different groups of women and men.

In 2017 the score for the sub-domain of access reached 98.3 points, with that of status not too far behind at 92.2 points. The behaviour sub-domain score of 75.4 points revealed the greatest disparity between any of the domain scores and one of its sub-domains (12.7 points). With the overall modest improvement in the domain of health since 2015 due to gains in status (+ 1) and access (+ 1.2 points)<sup>[1]</sup>, the data suggests that much work remains to be done on behaviour. The situation, compounded by irregularly updated data on health behaviour with this Index relying on figures from 2014, also points to the difficulty of challenging norms to induce behavioural change. For example, gender norms on masculinity and attitudes expected of boys and men often deter men from seeking diagnosis and treatment. They also encourage risky behaviours that lead to higher morbidity (Sen et al., 2007; WHO, 2018), including smoking and excessive drinking. This sub-domain's low score, detrimental to men, reflected this challenge and shed light on the diverse health scenarios coexisting across the EU: Member State scores range from 42.5 points in Romania to 89.3 in Sweden.

Since 2005, the sub-domain of status has registered the biggest improvement in the EU (+ 3.7 points) followed by access (+ 3.2 points). This improvement was due to a greater share of women and men (67 % and 72 % respectively) rating their health as being good or very good in 2017 than in 2005 (60 % and 66 %).

Despite progress at the EU level, four Member States (DK, EL, LU, NL) registered lower scores in this sub-domain in 2017 than in 2005. Since 2015, hardly any progress was noted, with the majority of Member States having seen their score stalling (BE, BG, CZ, DK, DE, IE, ES, FR, HR, CY, HU, MT, NL, AT, PL, RO, SI, SK, UK). The biggest improvement was seen in Italy (+ 3.8 points). Six Member States (EE, EL, LV, LU, FI, SE) experienced a small decline (less than 1 p.p.) from the 2015 level.

Meanwhile, Member State-level scores for the access sub-domain from 2015 showed that 10 Member States increased their rating by more than 1 point (BG, EE, EL, IT, LU, HU, PL, PT, RO, SE), with Italy gaining the most ground (+ 4.2 points). Four Member States (CY, DE, NL, FI) did not register any change in score, while another three Member States (BE, AT, SI) saw theirs drop. Although two Member States (BG, LV) reported particularly significant progress (+ 10 points) from 2005 to 2017, seven Member States (BE, DK, EE, IE, EL, SI, FI) had lower scores in 2017 than in 2005.

## Footnotes

[1] The sub-domain of behaviour is populated with most recent data (2014). Thus the calculation of the score for this sub-domain is unchanged since the last edition of the Gender Equality Index.