EIGE-2021 Gender Equality Index 2021 Report: Health

Enduring health inequalities stall progress

With data from 2019, the Gender Equality Index 2021 primarily reflects the pre-pandemic period, and the subdomain of health behaviour has not been updated because of a lack of fresh data. The domain of health has, at 87.8 points, the highest score of all six domains (Figure 20). Yet progress has been negligible since 2010 – an increase of just 1.1 points. Score improvements since 2010 have been similarly marginal for the subdomains of access to health services (+ 2 points) and health status (+ 1.7 points) (Figure 20).

Access to health services achieved the highest score among the health subdomains, at 98.2 points. This is also the subdomain that has seen the most progress since 2010 – 2 points. Nationally, Malta ranks first, although all top five countries scored above 99 points (DE, LU, MT, NL and AT). Section 9.1.3 explores in greater depth some of the gaps in healthcare access affecting key population groups in the EU.

The subdomain of health status is less dynamic, in both scores and ranks. The EU score has risen by 1.1 points since 2010, and has seen no change since 2018.

The largest gender inequalities are found in the health behaviour subdomain, for which the EU score is 74.8 points. As discussed in Section 9.1.2, gender norms and relations affect health behaviours. Men are more likely to smoke and drink excessively, while women face multiple obstacles to physical activity. Such behaviours are major health determinants. Adopting practices that promote health is critical to preventing non-communicable diseases (NCDs) such as cardiovascular diseases, hypertension and cancer – the largest cause of premature mortality in the EU (Table 3 of the thematic focus).

The EU's Beating Cancer Plan emphasises the importance of tackling risk factors, and has the objective of creating a 'tobacco-free generation'. The aim is to reduce the percentage of the population using tobacco to less than 5 % by 2040, compared with around 25 % today (European Commission, 2021c).

Regular physical activity is known to be important for good mental health and well-being (Stubbs et al., 2017); therefore, health behaviours such as physical activity are a key dimension of public health, both physical and mental. This is particularly important at present as the COVID-19 pandemic is known to have caused significant levels of mental distress (see Section 9.1.).

Despite this, the most recent data on this subdomain is from 2014, hampering efforts to monitor progress effectively. A body of evidence shows that legislative and public policies can be effective in changing behaviour (WHO, 2014), but regular data collection and analysis are essential to monitor the effectiveness of national approaches.

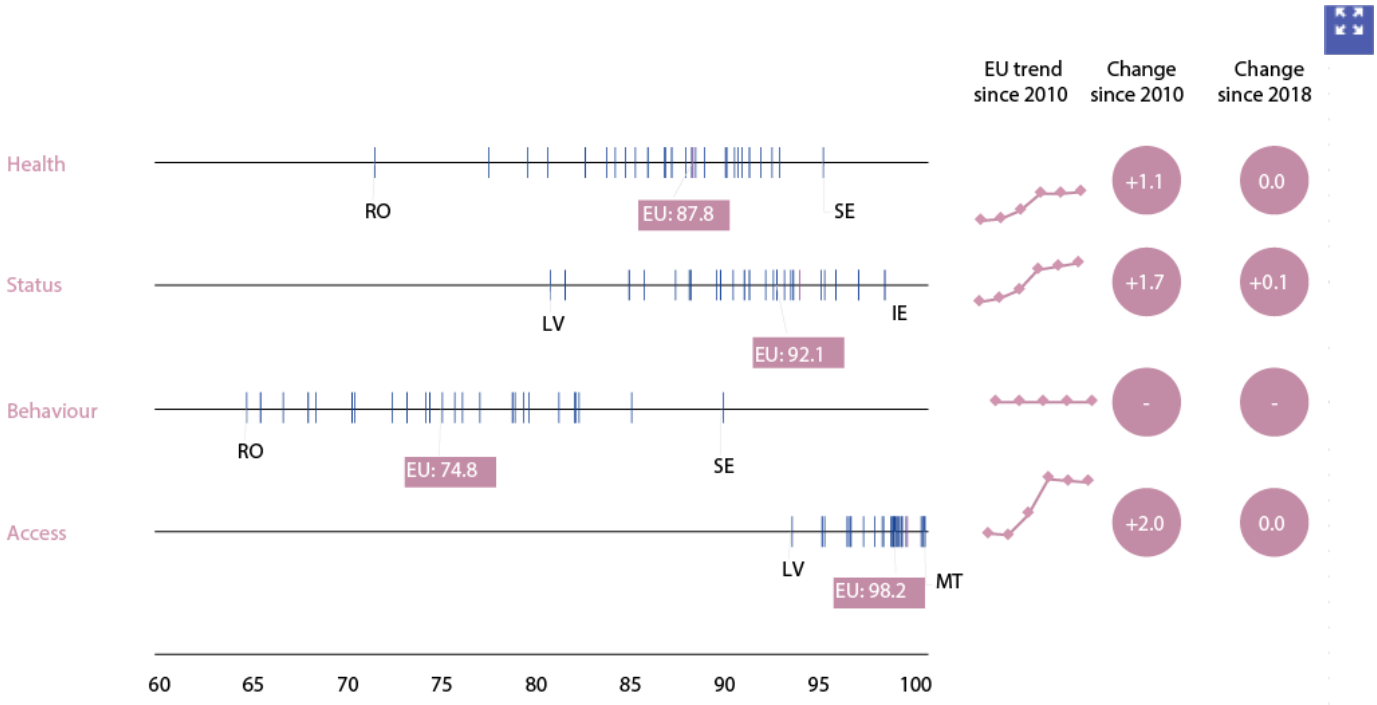


Figure 20. Scores for the domain of health and its subdomains (2019), and changes over time

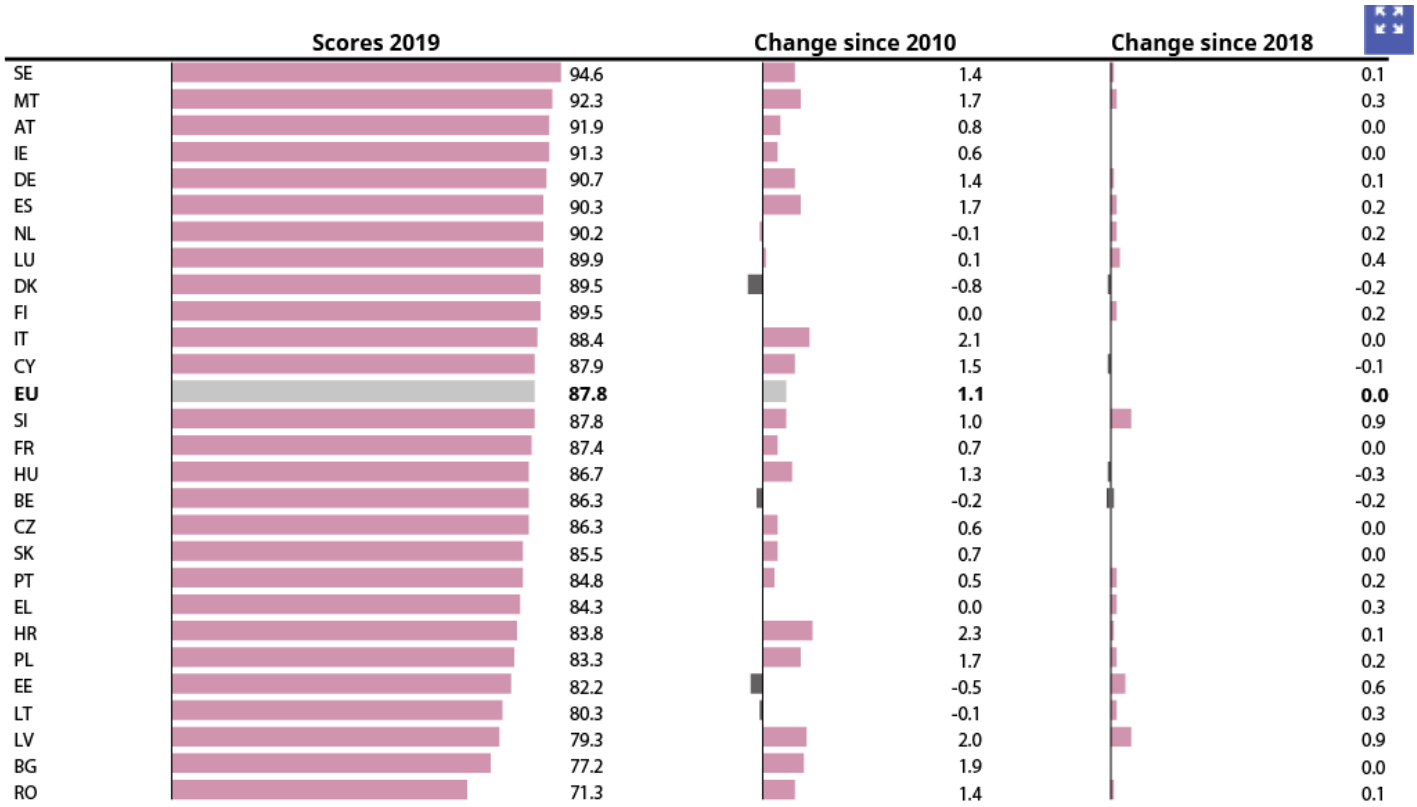


Figure 21. Scores for the domain of health (2019), and changes since 2010 and 2018, by EU Member State

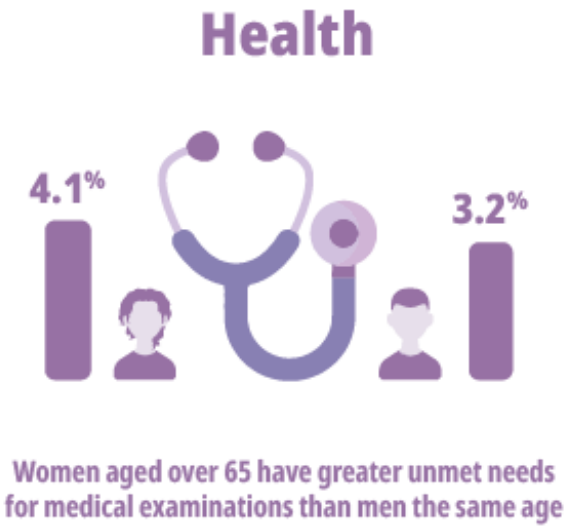
The score for the health domain and its subdomains has remained unchanged since the previous Index edition. The five top-performing countries in this domain in 2019 were Sweden, Malta, Austria, Ireland and Germany, all with scores of above 90 points (Figure 21). At the tail end were Romania, Bulgaria, Latvia, Lithuania and Estonia, with scores ranging from 82.2 points in Estonia to 71.3 points in Romania. Since 2010, 13 countries have improved their health domain score by at least 1 point.

Croatia has the highest overall score increase, 2.3 points, but significant overall gains have also been made in Bulgaria, Italy and Latvia. However, scores in five countries have declined (BE, DK, EE, LT and NL).The score changes in 2019, which range from a from trivial increase of+ 0.9 points in Latvia and Slovenia to a decline of – 0.3 points in Hungary, reveal that short-term progress on health has flatlined.

Cost is a key obstacle to accessing healthcare

Universal access to health services has not been fully achieved in the EU. About 3.3 % of women and 2.8 % of men report unmet needs for medical examinations. Across different population groups, gender clearly intersects with other social factors to hamper access to health. Certain groups are more likely to report unmet medical examination needs: women and men with disabilities (women, 6.6 %; men, 6 %), lone parents (women, 4.7 %; men, 4.6 %), women with a low level of education (4.2 %) and those over 65 years (4.1 %) (Figure 22).

There are important variations among countries on unmet medical examination needs for women and men with disabilities, with Estonia and Romania recording the highest levels (see Figure 36 in par. 9.1.3.).



The most common reason cited for unmet healthcare needs is cost. Women are more likely to mention finances as an obstacle to seeking healthcare, with 33 % of women and 29 % of men saying that they cannot afford it[1]. Women and men with disabilities and women with a low level of education are more likely than others to have little income because they either are not in paid work or are in precarious jobs (EIGE, 2017b).

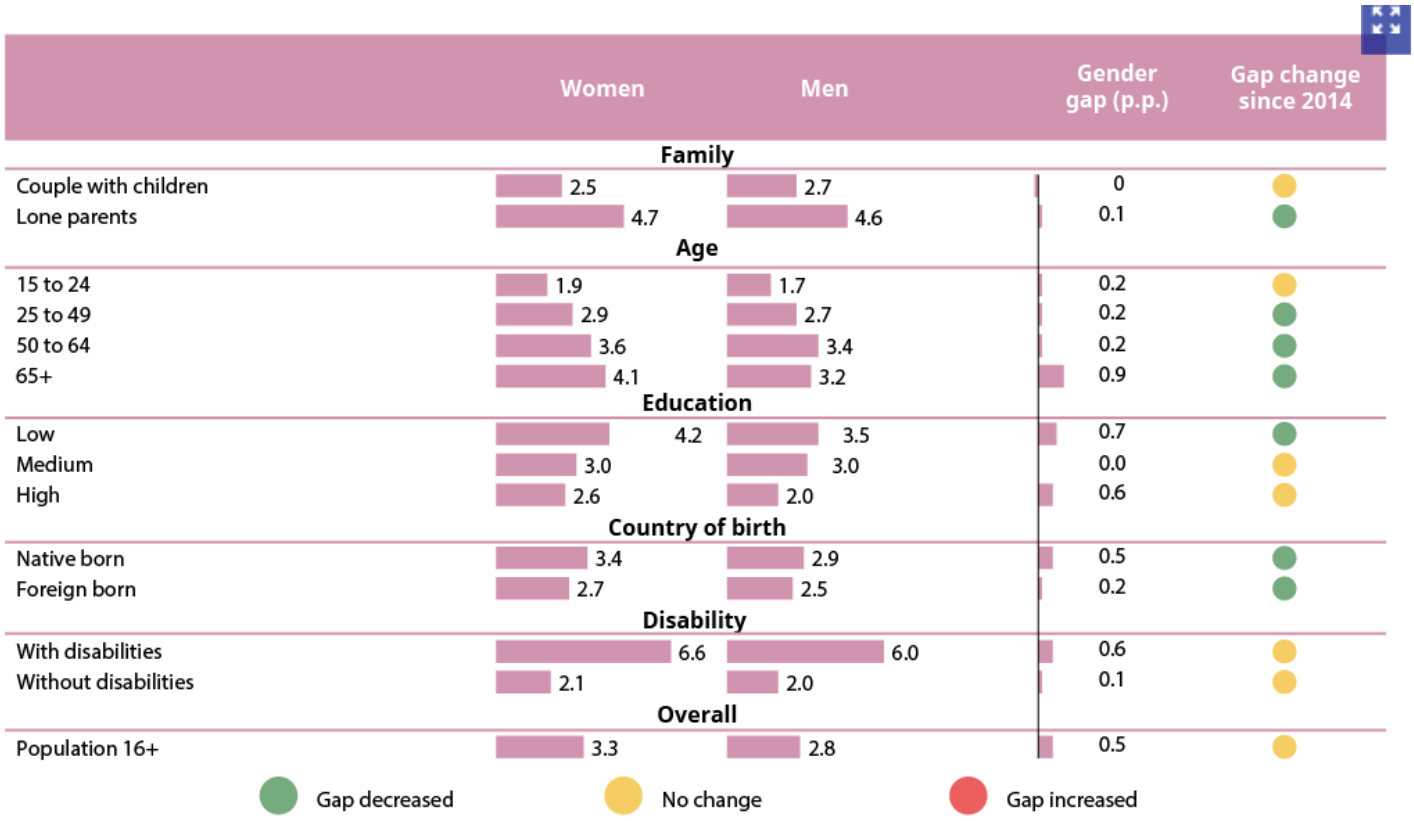


Figure 22. Women and men with unmet needs for medical examination, by family composition, age, education level, country of birth and disability (%, 16+ years, EU, 2019)
Source: Authors' calculation, EU-SILC, 2019 (IE, IT, 2018).

A wealth of evidence documents LGBTQI+ women's and men's disadvantaged health status and healthcare access (Elliott et al., 2015; Fedewa and Ahn, 2011; FRA, 2020a; Rosenkrantz et al., 2017). LGBTI people across Europe still face discrimination when accessing healthcare, with 16 % of survey respondents reporting that they have felt discriminated against by healthcare or social services staff in the preceding 12 months because they are LGBTI (FRA, 2020a). Trans people report especially high levels of insensitive and disrespectful behaviour towards them by healthcare personnel (Edwards, 2012).

Footnotes

[1] Authors' calculations based on Eurostat, 'Unmet needs for medical examinations, by sex, age, and reasons in the EU (%), https://ec.europa.eu/eurostat/web/products-datasets/-/hlth_silc_14, 2019.