# EIGE-2021 Gender Equality Index 2021 Report: Health

## Health and risk behaviours are clearly gendered

WHO defines health behaviour as ‘any activity undertaken by an individual, regardless of actual or perceived health status, for the purpose of promoting, protecting or maintaining health, whether or not such behaviour is objectively effective towards that end’ (Nutbeam, 1998). Health behaviour and health status are interlinked, since the activities shaping the first influence the outcomes of the second. Health behaviours have different characteristics and aims. While health-promoting behaviours are purposefully espoused to protect and maintain health status, risk behaviours are adopted despite their harmful consequences (Nutbeam, 1998). The Gender Equality Index monitors both types of health behaviour. Indicators for health-protecting behaviour include diet and exercise, while health risk behaviour covers activities such as heavy drinking and smoking[1].

Gender is an important social determinant of health, shaping and reproducing how women and men engage in health behaviour. Research often frames women as as engaging in health-promoting behaviour, whereas men are portrayed as taking more risks (Courtenay, 2000), a pattern visible in the EU. However, **on average, the EU population does too little physical activity and consumes insufficient fruit and vegetables regardless of gender**, despite WHO recommendations.

## Women are less physically active but eat more healthily

Physical activity is an important component of healthy behaviour recommended for all ages and in stages of the life cycle, including during pregnancy and post partum. The health benefits of exercise range from better cognitive and mental health to improved cardiovascular activity and, ultimately, lower all-cause mortality rates. The WHO recommends that all adults aged between 18 and 64 years engage in at least 150–300 minutes of moderate-intensity aerobic activity or between 75 and –150  minutes of vigorous-intensity aerobic exercise every week (WHO, 2020h).

On average, approximately more than half the EU adult population is missing the target of 3 hours a week (Figure 33). The gender gap in physical activity across the EU is 5 p.p. in men's favour. Estonia is the only Member State where slightly more women than men engage in physical activity, and it is also the country with the highest proportion (85 %) of people exercising[2]. Belgium has the largest gap (11.7 p.p.) in weekly exercise between women and men, while Denmark is the only Member State without a gender gap. Throughout life (16–75+ years), gender gaps in physical activity remain the lowest, at 1 p.p., between the ages of 50 and 64 years. The biggest gender gaps are among young adults (16–24 years) and elderly people (75+ years). In both cases, the gender gap is 10 p.p. to women's detriment[3].

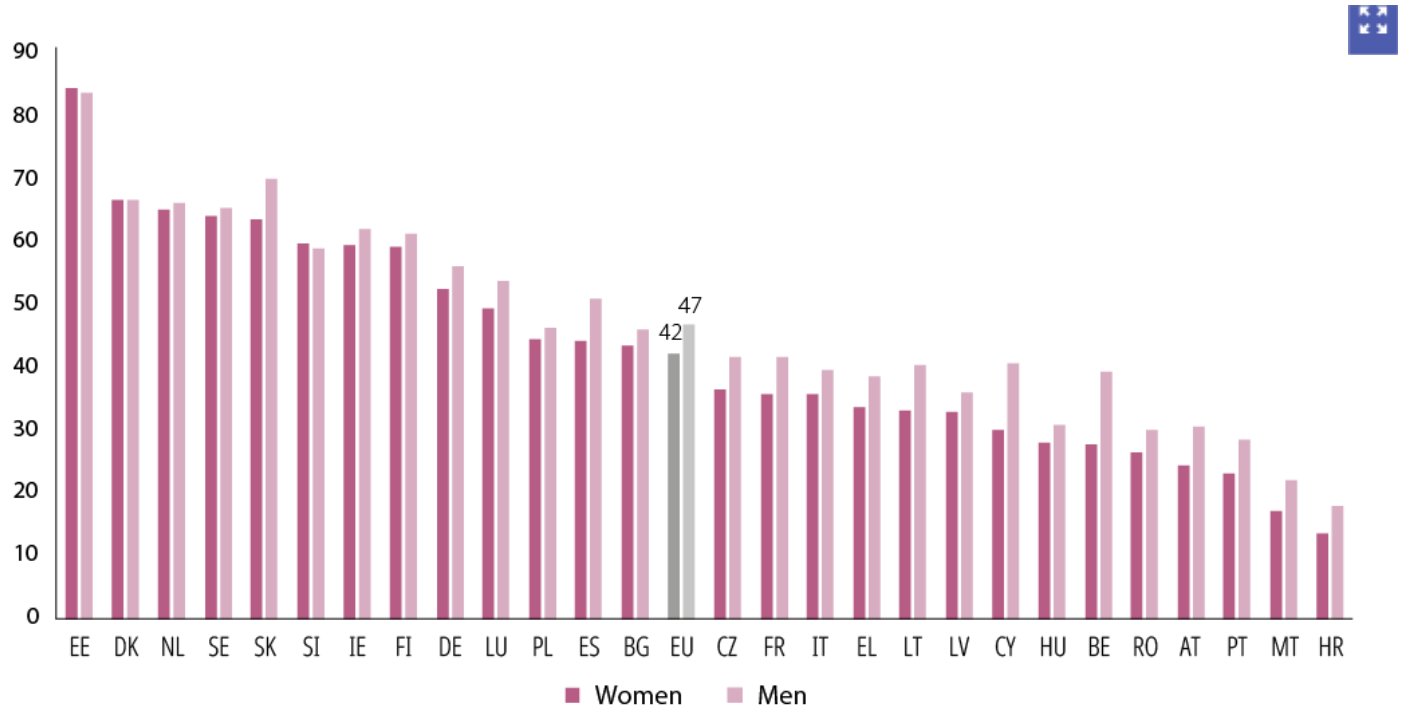


Figure 33. Women and men performing physical activity outside working time for at least 180 minutes per week, by sex and EU Member State (% 16+ years, 2017)
Source: Eurostat, https://ec.europa.eu/eurostat/web/products-datasets/-/ilc_hch07.
EU: Eurostat estimation, EE, LT, SK: low reliability

In the EU, gender gaps in physical activity emerge before adulthood. WHO underlines the importance of exercise for children and adolescents, recommending even higher amounts of daily activity because of ongoing physical and cognitive development during this life stage (WHO Regional Office for Europe, 2020a). HBSC survey data shows that children's level of activity tends to decline between the ages of 11 and 15 years, especially among girls (WHO, 2016a, WHO Regional Office for Europe, 2017), with parental income key to determining children's access to sports (Richter et al., 2009). Among 11-, 13- and 15-year-olds, boys more often than girls report daily moderate to vigorous physical activity of at least 60 minutes. The EU gender gap in this instance is 7 p.p. The largest gender gaps are noted in Spain, at 14 p.p., and Austria, Finland and Ireland – all at 11 p.p.

Skaityti daugiau

## Men are more likely to smoke and drink

Sociocultural norms and gendered attitudes shape willingness to engage in health-promoting or risky behaviours. Harmful perceptions of masculinity limit boys and men in their self-care and create barriers to healthy living and well-being. Acceptable norms for women and men, in terms of health behaviour, structure men's health in two ways. First, societal gender norms discourage men from participating in health-promoting behaviour, usually seen as feminine, including using sunscreen (Courtenay, 2000), being a vegetarian (Bogueva et al., 2020) or getting psychological counselling (Seidler et al., 2016). Second, social acceptance of certain risky health behaviours. including unprotected sex, excessive use of harmful substances, extreme sports, violence, smoking and excessive alcohol consumption, is greater when such practices are carried out by men (Baker, 2019; Courtenay, 2000).

Between 2003 and 2005, smoking and hazardous drinking were responsible for substantial proportions of the mortality gender gap in 30 European countries. Smoking-related deaths accounted for 40–60 % of this gender gap in all surveyed countries; alcohol-related mortality accounted for 20–30 % of the gap in eastern Europe and 10–20 % elsewhere in Europe (G. McCartney et al., 2011). Although 15-year-old girls are slightly more likely to smoke than boys of the same age – 19 % compared with 17 % – the trend among adult is reversed (OECD/European Union, 2020).

In 2014, more men than women smoked daily in 26 Member States, with Sweden the only exception (Eurostat, 2020). Nationally, daily smoking figures ranged from 7.5 % in Sweden to 37.3 % in Cyprus for men, and from 8.3 % in Romania to 22 % in Austria for women. Several studies have identified factors linked to smoking and adverse health outcomes for women, including biological, genetic and hormonal factors, socioeconomic determinants, occupational exposure, job stress, personal lifestyle and passive smoking, or a combination of these factors (Syamlal et al., 2014). In addition, women find it harder to stop smoking than men. This is especially true for younger women with lower income and education levels, who are also more likely to continue smoking during pregnancy (WHO Regional Office for Europe, 2021a). The same report found that only 11 % of warning images on tobacco packaging feature women, implying a gender gap in female representation in health prevention measures.

## Skaityti daugiau

### Footnotes

[1] It is important to note that the Index consults the share of the population that is not engaging in risk-taking health behaviour to have consistent measurements reflecting health-promoting behaviour. Therefore, a higher Index score for health behaviour indicates that a higher share of the population engages in physical activity and healthy diets, and drinks and smokes less.

[2] Values for Estonia are estimates. The reliability of the data is limited.

[3] EIGE calculations based on Eurostat, https://ec.europa.eu/eurostat/web/products-datasets/-/ilc_hch07.

[4] HBSC survey 2017/2018, authors' calculations. NB: EU: unweighted average.

[5] As highlighted in EIGE (2020g), data from the time domain shows that, among working adults, rates of regular participation in sport, cultural and leisure activities outside the home are extremely low in some countries, especially among women. The share of working women engaging in regular social activities outside the home varies widely, being lowest in in Romania (6 %), Portugal and Cyprus (10 % each) and Bulgaria and Greece (11 % each) and highest in Denmark (53 %), the Netherlands (56 %) and Finland (60 %).

[6] EU-SILC, https://ec.europa.eu/eurostat/web/products-datasets/-/ilc_hch11, 2017.

[7] Heavy episodic drinking is defined as 60 g or more of pure alcohol on at least once per month (WHO, 2019d).

[8] The gender empowerment measure has since been integrated into the United Nations Development Programme's Gender Inequality Index, http://hdr.undp.org/en/content/gender-inequality-index-gii.