



European Institute for
Gender Equality



Sharing care,
closing gender gaps:

CARE Survey 2024



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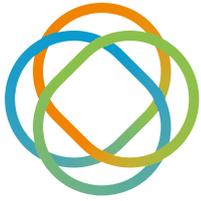


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CARE Survey **2024**





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Gender Equality

Contributors

The European Institute for Gender Equality (EIGE) commissioned PPMI (part of the Verian Group) to carry out the second wave of the CARE Survey. The following PPMI study team contributed to the presentation of findings in this report: Luka Klimavičiūtė, Hedvika Janečková, Simon Carpentier, Marco Schito, Jamie Burnett, Paula Barcenilla Cantero, Sofia Jamal, Yuliia Shevchenko and Alexandra Cronberg.

EIGE produces independent research and shares best practice to promote gender equality and eliminate discrimination based on gender. As the EU agency for gender equality, we help people achieve equal opportunities so everyone can thrive, independent of their gender and background.

We combine research, data and tools to help policymakers design measures that are inclusive and transformative and promote gender equality in all areas of life. We communicate our expertise and research effectively. We work closely with partners to raise awareness. We do this at the EU and national levels, as well as with EU candidate and potential candidate countries.

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Abbreviations

CARE Survey	survey on gender gaps in unpaid care, individual and social activities
CAWI	computer-assisted web interview
ECEC	early childhood education and care
EIGE	European Institute for Gender Equality
EU	European Union
SDG	sustainable development goal

EU Member State codes

BE	Belgium
BG	Bulgaria
CZ	Czechia
DK	Denmark
DE	Germany
EE	Estonia
IE	Ireland
EL	Greece
ES	Spain
FR	France
HR	Croatia
IT	Italy
CY	Cyprus
LV	Latvia
LT	Lithuania
LU	Luxembourg
HU	Hungary
MT	Malta
NL	Netherlands
AT	Austria
PL	Poland
PT	Portugal
RO	Romania
SI	Slovenia
SK	Slovakia
FI	Finland
SE	Sweden
EU-27	27 EU Member States

Executive summary

The second wave of EIGE's EU-wide survey on gender gaps in unpaid care and individual and social activities (CARE Survey) provides updated and comparable data on how women and men across the EU organise and experience unpaid care, housework, the use of informal and formal care services, and their leisure time. Conducted in 2024 across all 27 EU Member States, the survey captures the impact of unpaid care responsibilities on people's daily lives, employment and well-being. The survey targeted the general population of working age (16–74 years), with a final sample of over 65 000 respondents. It builds on the first wave (2022), which directly informed the European care strategy, and it contributes to the monitoring and implementation of several key EU commitments, including the EU's 2020–2025 gender equality strategy, the Council of the European Union recommendation on access to affordable high-quality long-term care (8 December 2022), the Council recommendation on the revision of the Barcelona targets for early childhood education and care (8 December 2022) and the European Pillar of Social Rights. Rooted in the EU's commitment to gender equality, the CARE Survey aims to strengthen the EU's evidence base on gender inequalities in care and time use.

Unpaid care and household responsibilities continue to fall disproportionately on women

Women continue to carry the main burden of unpaid care across the EU, particularly in terms of intensity. They are more likely to perform physically and emotionally demanding tasks and more often take on the mental load of organising and coordinating care and household responsibilities. Men tend to be involved in a narrower range of tasks, and less frequent or less demanding tasks, such as home maintenance or financial management, while women are more often responsible for daily care and household routines. Care is often perceived as unequally divided within households.

Informal support is not enough, and formal care services are unavailable or out of reach for many

Individuals rely on informal networks, primarily family members, to manage their care responsibilities. However, this support is often insufficient to meet care needs. The use of formal care services varies across Member States, and many people report unmet needs for childcare or long-term care services. Carers frequently report financial barriers to accessing care services, highlighting persistent gaps in affordability, availability and accessibility. These findings underscore the need for affordable, high-quality, gender-responsive care services, in line with the European care strategy and the Council recommendations on long-term care and the revision of the Barcelona targets for early childhood education and care.

Caring for others limits women's ability to participate fully in paid work

While both women and men face challenges in balancing work and care responsibilities, the impact remains more pronounced for women. The unequal distribution of care also affects work–life balance and employment. One in five women providing care report daily difficulties

balancing paid work and caregiving. Women are more likely than men to reduce their working hours to accommodate care responsibilities. Men's employment patterns are less affected. These differences reinforce gender gaps in labour market participation, income and career progression. While only a small share of carers exit the workforce entirely, the unequal care burden limits women's time, career opportunities and earning potential.

Care responsibilities have consequences for carers' health, well-being and access to leisure

Beyond the labour market, unpaid care responsibilities also impact carers' physical and mental health and their ability to participate in leisure and social activities. Both women and men providing care report high levels of loneliness, indicating that the emotional toll of caregiving affects carers regardless of gender. Daily housework is also associated with reduced engagement in leisure activities, particularly among women. Overall, there is a significant gender gap in engagement in health-enhancing physical activities. Moreover, men also devote more time to voluntary, charitable and political activities, highlighting persistent gender gaps in time for social participation.

Time use is shaped by transport, digital access and sustainability choices

The experience of care and time use are further shaped by access to infrastructure and technology. The availability of transport options, digital tools and sustainable living choices has implications for how individuals manage their time and achieve economic independence. Women rely more on sustainable modes of transport than men, often opting for walking or public transport. A digital gender divide persists, with women less likely than men to use digital tools for managing household and caregiving tasks.

Attitudes and gender norms regarding unpaid care and housework are changing, but slowly and unevenly

Social norms continue to shape how unpaid care and housework are divided. Generational shifts are visible: young women are more likely to reject traditional expectations and support equal sharing of care responsibilities, while many young men still express more traditional views, particularly regarding women's roles in childcare and household management. Although fathers' caregiving abilities are widely accepted, expectations around women's primary role in care persist. For example, nearly half of young men agree that mothers should stay at home if childcare is unavailable and that fathers should prioritise their jobs, compared with less than a third of young women.

The CARE Survey supports the EU's policy agendas on care and gender equality

From its inception, the CARE Survey has reinforced the EU's commitment to gender equality, high-quality care services, and improved well-being and work–life balance for all. It has supported the EU's strategic priorities to enhance access to care and promote gender equality in unpaid and paid work. Building on the foundation of the 2022 first wave, this new round delivers

essential data to help turn EU commitments into practice. Persistent gender imbalances in care intensity, unmet needs for formal services, the ongoing impact of care responsibilities on women's employment and well-being, and the slow pace of change in gender norms around care and household roles point to the need for further action to fully implement these policy commitments across Member States.

1. Why the EU needs a comprehensive CARE Survey

The second wave of the EU-wide survey on gender gaps in unpaid care, individual and social activities (CARE Survey) was carried out by the European Institute for Gender Equality (EIGE) between October and December 2024 ⁽¹⁾. It responds to the growing recognition across the EU that addressing gender gaps in unpaid care work is essential for achieving gender equality in the labour market, in public life and at home. Rooted in the EU's commitment to promoting gender equality, the CARE Survey directly supports EU policy priorities.

EU policy context

- **The European Pillar of Social Rights**, proclaimed in 2017, marked a turning point for the EU in working towards a strong social European Union that is fair and inclusive and ensures better living and working conditions. The pillar advocates high-quality early childhood education, adequate healthcare and support services that allow people to live independently.
- **The Work–Life Balance Directive (Directive 2019/1158)** is a key component of the pillar. It introduced new rights related to parental, paternity and carers' leave and flexible work arrangements, enabling better work–life balance for parents and carers and more equitable sharing of unpaid care responsibilities.
- **The 2020–2025 gender equality strategy** underscores the importance of closing the gender care gap by expanding access to high-quality, affordable formal care services and promoting work–life balance.
- Driven by rising demand from an ageing population and by the COVID-19 pandemic, which exposed weaknesses in care systems, **the European care strategy (2022)** aims to improve working conditions for care workers, strengthen gender equality by reducing the care burden on women and increase investment in and access to care services to support work–life balance and economic resilience. The strategy was released alongside **two Council of the European Union recommendations**, on early childhood education and care and on access to affordable high-quality long-term care.
- Most recently, **the European Commission's roadmap for women's rights (2025)** reaffirmed these goals, emphasising work–life balance and the equal sharing of care responsibilities as core principles for advancing gender equality in the EU.

⁽¹⁾ EIGE commissioned PPMI (part of the Verian Group, ppmi.it) to conduct the survey.

One of the core pillars of the European care strategy is strengthening the evidence base for policy development and monitoring. It calls on EIGE to lead the way in care-related data collection and analysis. This includes developing new indicators and examining the gender care gap; the use of time in paid and unpaid work and individual and social activities by women and men with care responsibilities; and work arrangements throughout their working lives.

In this context, the CARE Survey is essential. It fills in data gaps on informal care, access to care services and work–life balance, and provides the evidence base needed to shape stronger EU and national policies. The first wave in 2022 informed the development of the European care strategy. The second wave goes further, delivering updated, more detailed data that will help monitor the implementation of the strategy and the two Council recommendations. It also feeds directly into the EU gender equality strategy and future editions of EIGE’s Gender Equality Index. Ultimately, the CARE Survey can also support EU-wide monitoring tools, including the social scoreboard that underpins the European Pillar of Social Rights and the social dimension of the European semester. Globally, the findings reinforce EU commitments to the UN sustainable development goals (SDGs), particularly SDG 5 on gender equality and SDG 8 on decent work, and support the International Labour Organization’s call to recognise, reduce and redistribute unpaid care work.

The second wave of the CARE Survey builds on the first wave, with a broader scope and stronger methodology (see Annex 1). The questionnaire was designed in close collaboration with the European Commission’s Directorates-General for Justice and Consumers and for Employment, Social Affairs and Inclusion, to ensure policy relevance. Conducted across all 27 EU Member States, the survey reached more than 65 000 respondents aged 16–74 years, making it one of the most comprehensive surveys of care and time use in Europe.

The second wave raised the bar in several ways.

- **Broader scope.** Twelve new questions were introduced, addressing emerging policy priorities.
- **Single data collection mode.** Data was collected exclusively through computer-assisted web interviews, ensuring greater comparability.
- **Bigger reach.** Sample sizes were expanded in smaller Member States for more reliable results.
- **More voices included.** Special efforts were made to target under-represented groups, such as parents of young children, informal long-term carers and migrants.

This report presents the findings from the second wave of the CARE Survey, offering a comparative look across Member States and unpacking differences by sex and other sociodemographic characteristics. In doing so, it seeks to illuminate persistent and emerging

gender and intersecting inequalities in the division of care and social activities, and to contribute to evidence-based policymaking at both the national and EU levels.

The report presents the main survey results, exploring a wide range of topics: informal childcare, informal long-term care, housework, work–life balance, well-being and mental health, leisure, volunteering and political participation, transport and digitalisation, and gender attitudes towards unpaid care and housework.

2. Comparative analysis of the survey results

2.1. Informal childcare

Informal childcare is a vital part of family and societal well-being, providing essential support for children's development and enabling parents and guardians to manage daily responsibilities. Looking at it through a gender lens is critical: who provides care and how intensive it is directly shapes carers' opportunities in the labour market and their personal and family life. These realities tie into broader goals – advancing gender equality, ensuring fair opportunities for all and promoting true work–life balance – that are at the heart of the European Pillar of Social Rights and the EU's 2020–2025 gender equality strategy.

Box 1. Childcare: definition and scope

'Childcare' refers to the unpaid care of children under the age of 25, including childcare for one's own children as well as for other children. This encompasses parental care, grandparenting and other forms of informal childcare provided outside professional or institutional settings. Childcare activities include personal care, assistance with school tasks, managing children's activities, leisure, supervision and emotional support. The care of children with long-standing health problems or disabilities is covered under long-term care ([Section 2.2](#)). The analysis primarily focuses on respondents providing informal childcare for children under 12 years old as the main target group.

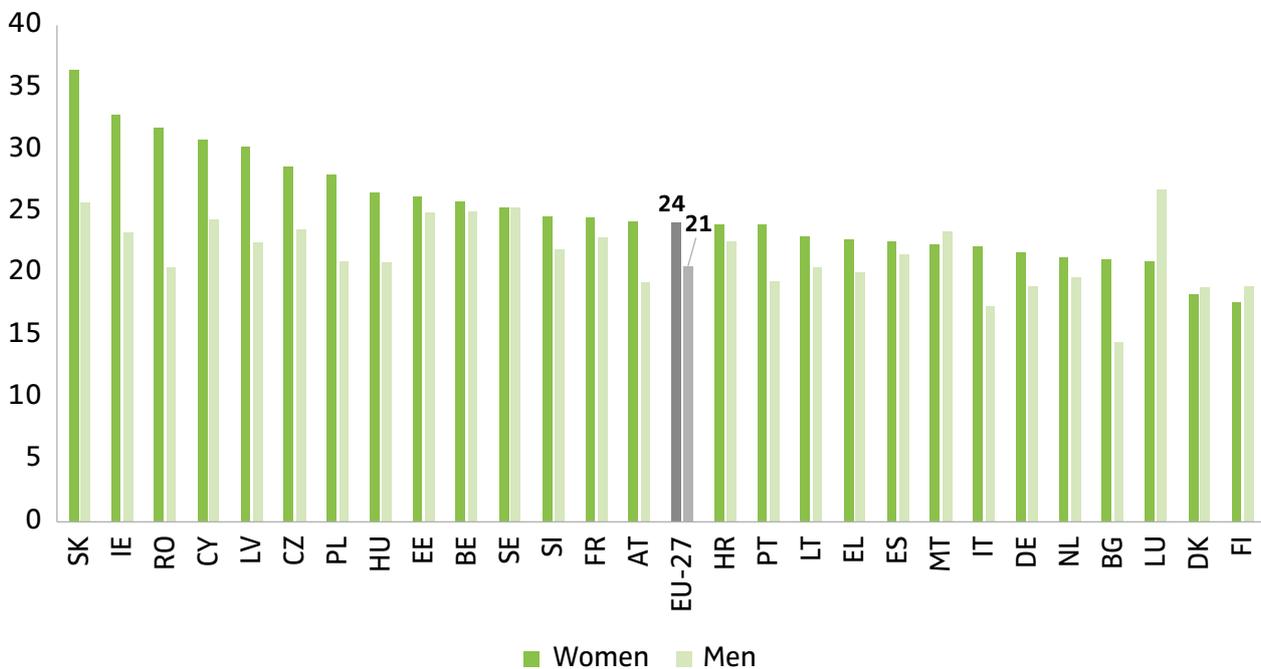
Key findings

- **Women shoulder the heaviest childcare load.** While women and men provide childcare at similar rates overall, women are more than twice as likely to dedicate over 35 hours to childcare per week. Gender disparities are most evident in daily personal and physical care, supervision and emotional support.
- **Men benefit more from informal support.** Men are more likely to receive regular help from relatives, friends or neighbours, whereas women more often report needing such support but not receiving it.
- **Cost is a key barrier to accessing childcare services, particularly for women.** Affordability limits access to formal childcare, with women more likely than men to cite financial constraints as a reason for unmet childcare needs.

2.1.1. Prevalence of childcare

Looking at who takes on childcare offers valuable insight into how families share caregiving. In the EU, among people aged 16–74, slightly more women (24 %) than men (21 %) provide care for their own children under 12 (Figure 1). While the gender gap at the EU level is low – 3 percentage points – the picture looks different when we zoom in on individual Member States. Both the extent of childcare involvement and the size of the gender gap vary notably across Member States. A clear pattern stands out – Member States where more women have to take on childcare also tend to have larger gender gaps, as seen in Member States such as Slovakia and Romania.

Figure 1. Provision of childcare for own children (aged 0–11) (% , 16- to 74-year-olds, 2024)

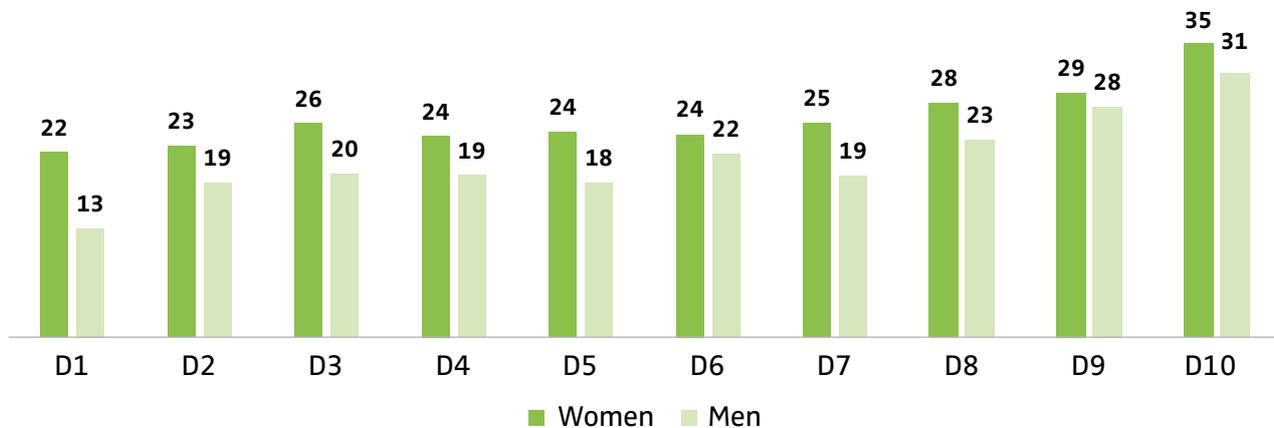


NB: Sample includes all survey respondents. Weighted results.

Source: Q37. Do you currently provide childcare to your children (including stepchildren and adopted children)?

Childcare is not evenly spread across income groups – the provision of childcare rises as income level increases (Figure 2). In the lowest income decile, 17 % report looking after their young children, compared with 33 % in the top decile. Women and men follow the same upward trend but start from different baselines: 22 % of women and 13 % of men in the bottom income group provide care. Yet by the highest income levels the gap narrows, with mothers and fathers showing similar rates of involvement. This suggests that greater economic resources enable people to have children and allow both parents to take a more active role in childcare.

Figure 2. Provision of childcare for own children (aged 0–11) by income decile (% , 16- to 74-year-olds, 2024)



NB: Sample includes all survey respondents. Weighted results. D1 (the first decile) represents the lowest income group, the 10 % of the population earning least; D10 (the tenth decile) represents the highest income group, the 10 % of the population earning most.

Source: Q37. Do you currently provide childcare to your children (including stepchildren and adopted children)?

Across the EU, about 19 % of adults provide care for children other than their own – such as grandchildren, siblings, cousins, other relatives, friends or neighbours. Women are slightly more involved than men (20 % and 18 %, respectively). The highest rates are seen in Cyprus, followed by Greece and France ([Figure 3](#)).

In most Member States, women and men show similar levels of engagement in caring for children other than their own. A few exceptions are Cyprus, Slovenia, Spain and Portugal, where women are 5–8 pp more likely than men to care for other people’s children. In a few Member States, such as Denmark and Sweden, slightly more men than women report engaging in care for others’ children.

Figure 3. Provision of childcare for other children (e.g. grandchildren, siblings, cousins) (% , 16- to 74-year-olds, 2024)



NB: Sample includes all survey respondents. Weighted results.

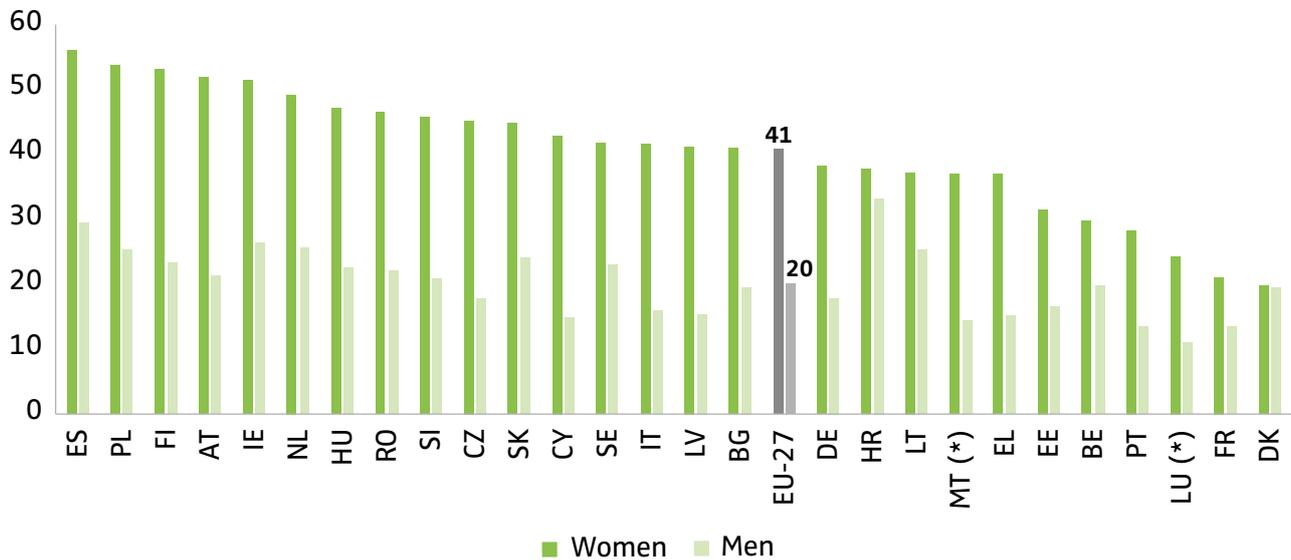
Source: Q37. Do you currently provide childcare to other children (e.g. grandchildren, siblings, cousins, other relatives, friends, neighbours)?

2.1.2. Intensity of childcare

The intensity of childcare is important for capturing how much time and energy caregiving demands and how it varies across families and contexts. It highlights the pressures carers face and how these responsibilities shape their daily routines and life choices.

Across the EU, a notable gender divide exists in the most intensive caregiving (Figure 4). Women spend far more time on childcare, with 41 % spending more than 35 hours a week on it – more than double the share of men doing likewise (20 %). The gap differs widely across Member States. In Spain, for example, 56 % of women provide high-intensity care compared with 29 % of men. In Poland, the figures are 54 % and 25 %, respectively. Conversely, Denmark shows a much more balanced picture, with women and men almost equally involved in highly demanding childcare – 20 % and 19 %, respectively.

Figure 4. Provision of childcare for own children (aged 0–11) exceeding 35 hours per week (% , 16- to 74-year-olds, 2024)



(*) Low reliability.

NB: Sample – respondents providing childcare for their own children aged 0–11. Weighted results.

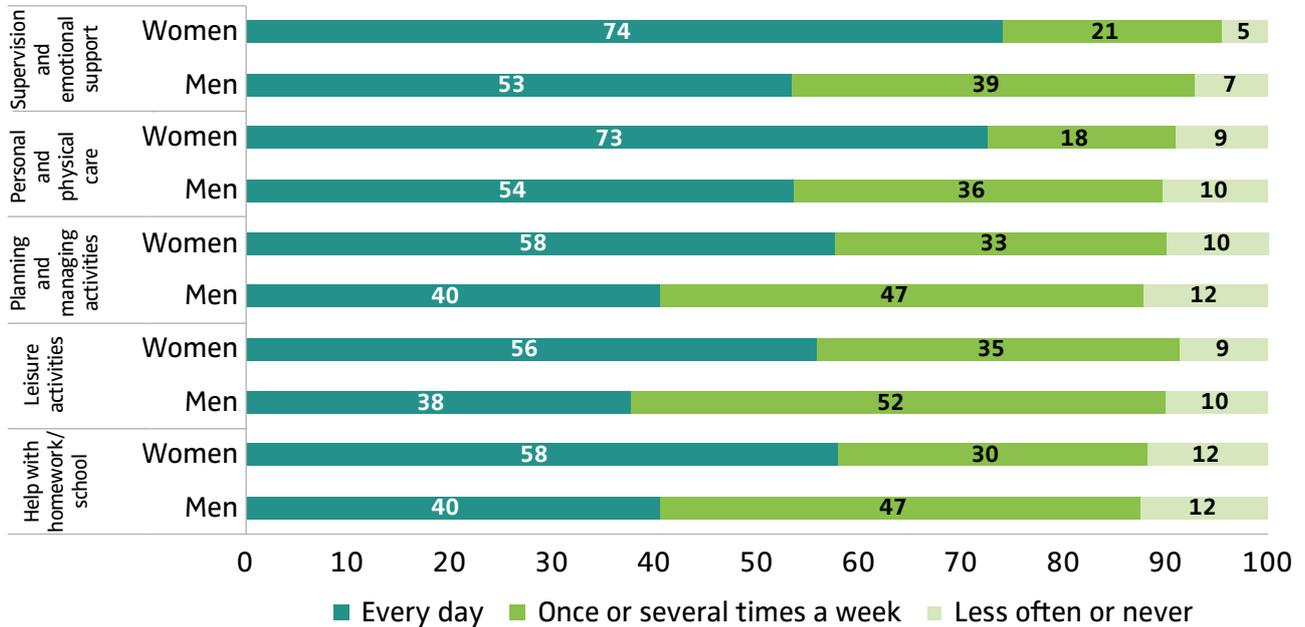
Source: Q41. How many hours in a typical week are you involved in providing childcare for your children?

2.1.3. Involvement in specific childcare tasks

Specific childcare tasks, such as physical care, supervision or emotional support, carry varying demands and social expectations. Analysing who does what aids understanding of how caregiving is organised and experienced in daily life.

Across the EU, women are more likely than men to be involved in every type of daily childcare, showing that care responsibilities remain far from equally shared (Figure 5). The gender gap is most pronounced in personal and physical care – feeding, dressing or bathing children – where 73 % of women perform these duties daily, compared with 54 % of men. The same imbalance shows up in supervision and emotional support, the most common daily task for both parents. Here too, women’s daily involvement (74 %) far exceeds men’s (53 %). The pattern continues across other crucial parenting duties: helping with homework, organising activities or engaging in play and leisure. Women consistently report higher daily involvement than men.

Figure 5. Frequency of childcare activities (for own children aged 0–11) (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample – respondents providing childcare for their own children aged 0–11. Weighted results. ‘Once or several times a week’ includes ‘1–3 days a week’ and ‘4–6 days a week’ responses.

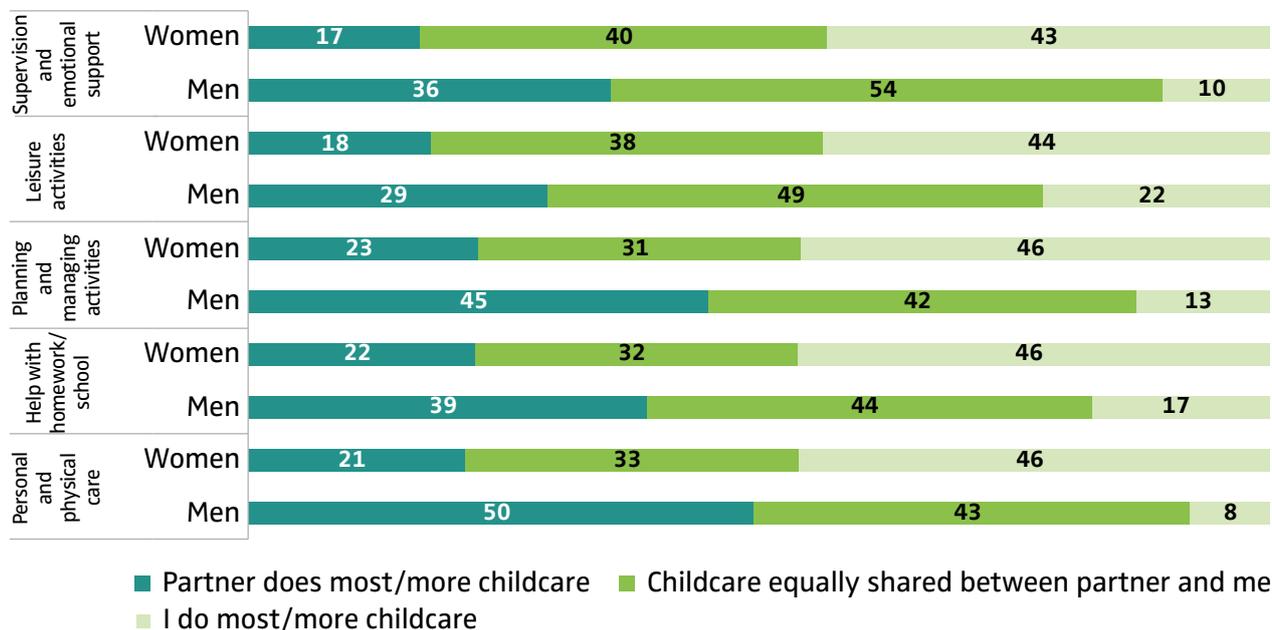
Source: Q40. On average, how often in a typical week do you provide the following types of childcare for your children?

2.1.4. Perceptions of division of childcare in households

Perceptions of the division of childcare at home matter, as they shape feelings of fairness, relationship dynamics and even the willingness to renegotiate roles. They also offer insight into the social norms and expectations that shape caregiving.

Women are markedly more likely than men to view themselves as the main caregiver, whereas men tend either to perceive that childcare is shared equally or to credit their partner with doing most of the work (Figure 6). This perception gap shows up across a wide range of tasks: helping with homework, planning children’s activities and supervising leisure time. In all these areas, women consistently report bearing the main responsibility, while men are more likely to see engagement as balanced or their partners as carrying most of the load.

Figure 6. Perceived distribution of childcare duties (for own children aged 0–11) (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample – respondents providing childcare for their own children aged 0–11. Weighted results. ‘Partner does most/more childcare’ includes ‘almost completely my partner’ and ‘more my partner than me’ responses; ‘I do most/more childcare’ includes ‘more me than my partner’ and ‘almost completely me’ responses.

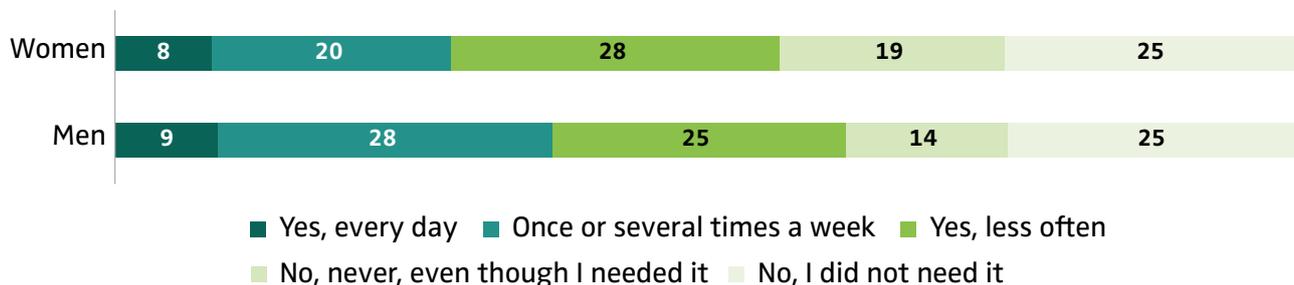
Source: Q42. Who in your household generally performs the following childcare tasks?

2.1.5. Unpaid childcare help received from relatives, friends or neighbours

Looking at how families draw on support from relatives, friends or neighbours offers valuable insight into support networks beyond the household. It shows how care is shared within communities, the strength of social ties and where gaps in formal childcare may leave families relying on informal support.

The use of support networks reveals some distinct gender patterns. About a quarter of both women and men say that they do not need any help with childcare (Figure 7). Among those who need it, 19 % of women report never receiving the help they needed in the 12 months before the survey, compared with 14 % of men. When informal help is available, men receive it more frequently than women. This shows that, while informal networks play an important role for both parents, women face a greater risk of unmet needs and have less access to regular, consistent support.

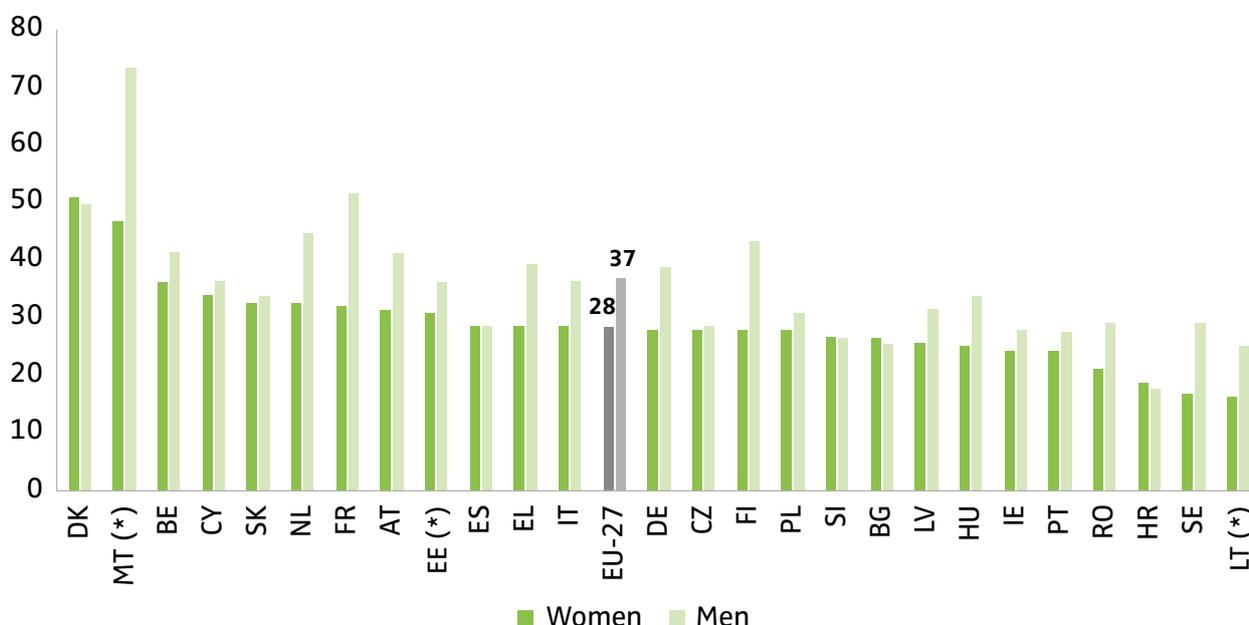
Figure 7. Frequency of receiving weekly unpaid help (from relatives, friends or neighbours) with childcare activities (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample – respondents providing childcare for their own children aged 0–11. Weighted results. ‘Once or several times a week’ includes ‘yes, 4–6 days a week’ and ‘yes, 1–3 days a week’ responses.
 Source: Q43. Over the last 12 months, have you received unpaid help with caring for children aged less than 18 from relatives, friends or neighbours?

Across the EU, men are more likely than women to benefit from weekly unpaid childcare support. On average, 37 % of men receive such help weekly compared with 28 % of women (Figure 8). This pattern is observed in most Member States, but gender differences vary widely. In Member States like France and Finland, the difference between women and men is notable, while in others, such as Spain, it is barely noticeable. These differences show the variation in availability and access to informal childcare support across Member States.

Figure 8. Share of carers receiving weekly unpaid help (from relatives, friends or neighbours) with childcare activities by Member State (% , 16- to 74-year-olds, EU-27, 2024)



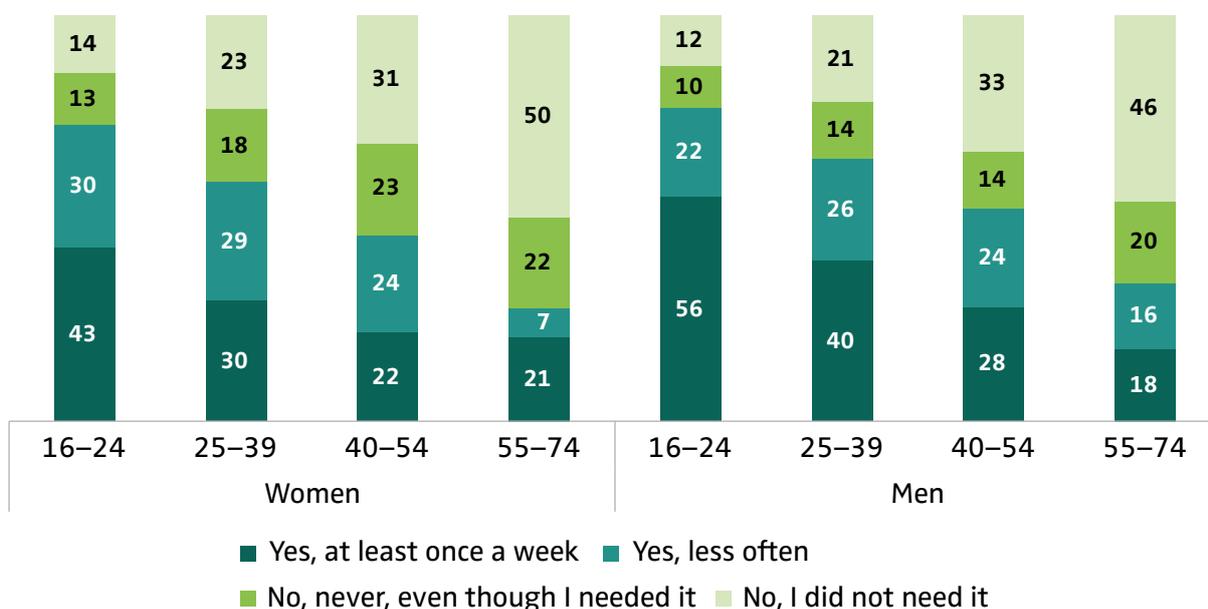
(*) Low reliability.

NB: Data for Luxembourg is not presented due to the low number of observations. Sample – respondents providing childcare for their own children aged 0–11. Weighted results.

Source: Q43. Over the last 12 months, have you received unpaid help with caring for children aged less than 18 from relatives, friends or neighbours?

Help received from informal support networks also varies by age group (Figure 9). Younger adults are much more likely to receive regular informal help with childcare. In the 16- to 24-year-old age group, 43 % of women and 56 % of men report receiving help at least several times a week. The reliance on frequent informal help with childcare tends to decline with age for both women and men. At the same time, the share of individuals who needed help but never received it rises with age, with women consistently reporting higher unmet needs across most age groups.

Figure 9. Weekly unpaid help (from relatives, friends or neighbours) with childcare activities by age group (years) (% , 16- to 74-year-olds, EU-27, 2024)



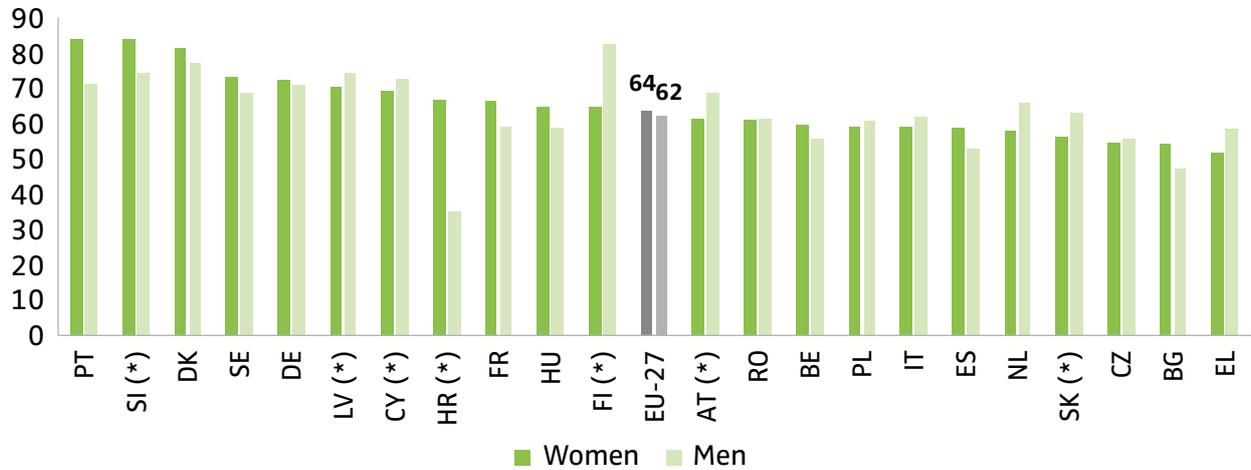
NB: Sample – respondents providing childcare for their own children aged 0–11. Weighted results. ‘Yes, at least once a week’ includes ‘yes, every day’, ‘yes, 4–6 days a week’ and ‘yes, 1–3 days a week’ responses.
 Source: Q43. Over the last 12 months, have you received unpaid help with caring for children aged less than 18 from relatives, friends or neighbours?

2.1.6. Use of formal childcare services

Examining the use of formal childcare services helps us to understand how structured support fits into everyday caregiving. It provides insight into care arrangements, the availability and accessibility of services and how parents balance work, life and caregiving.

Overall, in the EU, 63 % of parents with children aged 0–5 report that their children attend formal early childhood education and care (ECEC) services (Figure 10). Gender differences in the use of services are generally small – usually under 5 pp between mothers and fathers. This is likely because the decision to enrol a child in formal care is typically made jointly at the household level. While a few Member States show slightly larger differences, the prevailing pattern across the EU is one of shared decision-making between parents on formal childcare.

Figure 10. Use of formal early childhood education and care services for children aged 0–5 (% , 16- to 74-year-olds, 2024)



(*) Low reliability.

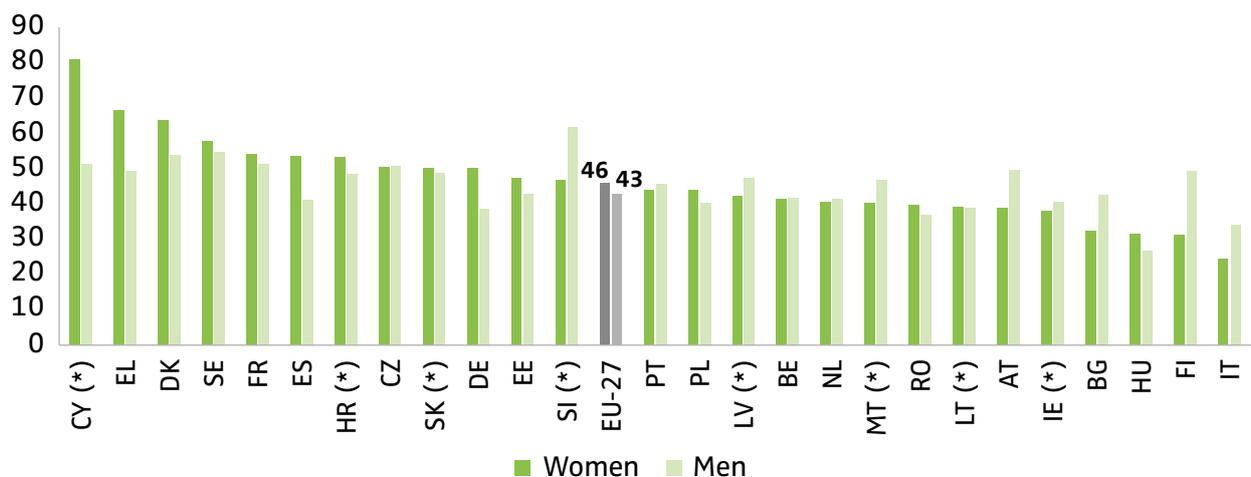
NB: Data for Estonia, Ireland, Lithuania, Luxembourg and Malta is not presented due to the low number of observations.

Sample – respondents with at least one child aged 0–5 in their household. Weighted results.

Source: Q44. Do you currently use formal early childhood education and care services (e.g. kindergarten, daycare centre, family daycare, crèche, professional certified childminders) for your children aged 0–5 years?

In the EU, almost half of parents (46 % of mothers and 43 % of fathers) use formal out-of-school-hours care for children aged 6–11 (Figure 11). While the overall gender gap is small, disparities are observed at the national level. For instance, in Greece, Germany and Spain, women are far more likely to use out-of-school-hours care for their children, whereas in Finland and Austria these services are used more by men than by women.

Figure 11. Use of formal out-of-school-hours care services for children aged 6–11 (% , 16- to 74-year-olds, 2024)



(*) Low reliability.

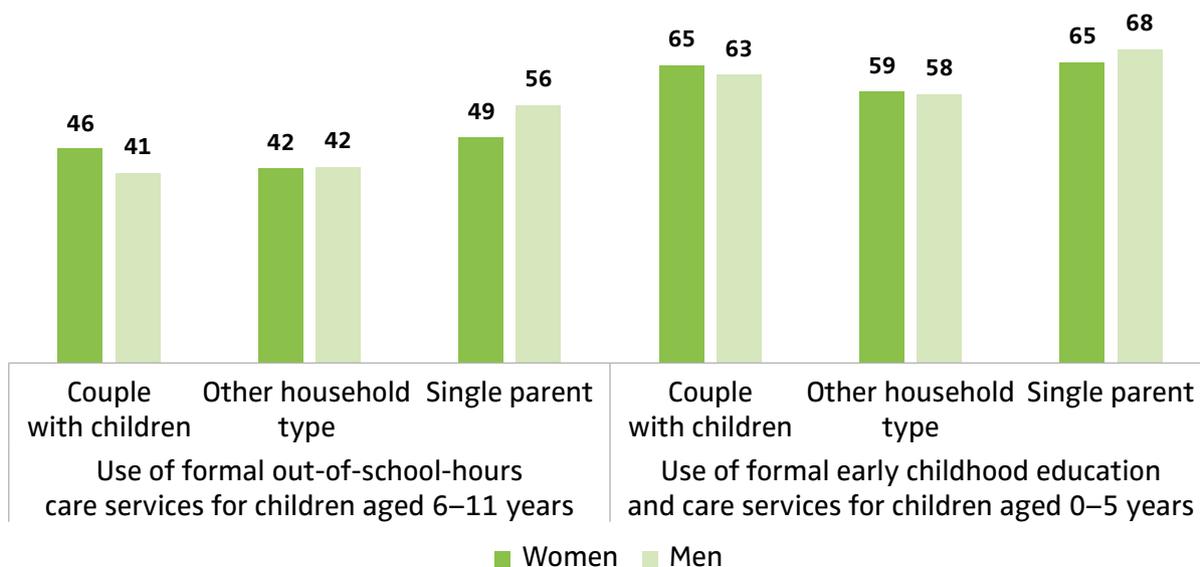
NB: Data for Luxembourg is not presented due to the low number of observations. Sample – respondents with at least one child aged 6–11 in their household. Weighted results.

Source: Q48. Do you currently use formal out-of-school-hours care services (e.g. supervised learning, recreation and leisure activities) for your children aged 6–11 years?

When examining the patterns of formal childcare service use, household composition becomes a moderating factor. Across all household types, the use of ECEC is reported at a higher rate for both women and men than the use of out-of-school-hours services (Figure 12). For example, in couples with children, 65 % of women and 63 % of men report ECEC use, while for out-of-school-hours services this drops to 46 % and 41 %, respectively, with the trend holding in other and single-parent households as well.

As the decision to place a child in care is typically made at the household level, gender gaps remain minimal for couples with children and other households. For instance, the gender gaps in reported out-of-school-hours and ECEC services use are 5 pp and 2 pp in couples with children, and they almost completely disappear in other household types. Single-parent households – who depend on these services the most – show slightly higher gender differences, with men using out-of-school-hours services 7 pp and ECEC 3 pp more frequently than women.

Figure 12. Use of formal early childhood and out-of-school-hours care services by household composition (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample – respondents with at least one child aged 0–5 or 6–11 in their household. Weighted results.

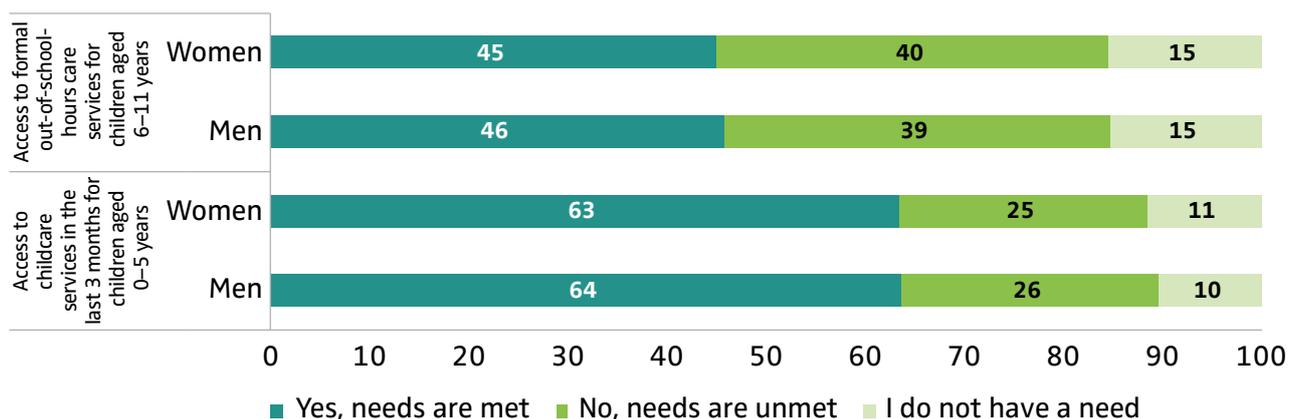
Source: Q44. Do you currently use formal early childhood education and care services (e.g. kindergarten, daycare centre, family daycare, crèche, professional certified childminders) for your children aged 0–5 years? Q48. Do you currently use formal out-of-school-hours care services (e.g. supervised learning, recreation and leisure activities) for your children aged 6–11 years?

2.1.7. Unmet needs for formal childcare services

Looking at unmet needs for formal childcare helps us to understand if families’ caregiving needs line up with the support available to them. It highlights the challenges many parents face – such as the cost of services, limited availability or finding care that truly fits their situation – and shows how these limitations affect daily life and care arrangements.

The majority of parents, around 64 % of both women and men, say that they could access all the ECEC services they needed for children aged 0–5 over the previous three months (Figure 13). For out-of-school-hours care, however, access was much more limited. Only about 45 % of both women and men say that they could secure the services they needed.

Figure 13. Share of parents with unmet needs for formal early childhood education and out-of-school-hours care services (% , 16- to 74-year-olds, 2024)



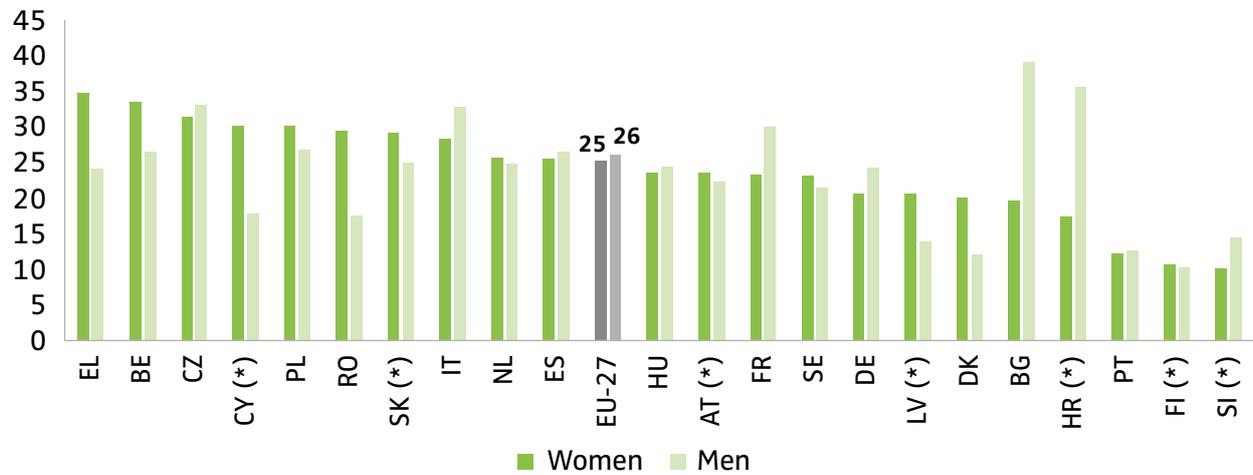
NB: Sample – respondents with at least one child aged 0–5 or 6–11 in their household. Weighted results.

Source: Q46. During the last 3 months, were you able to access the formal early childhood education and care services (e.g. kindergarten, daycare centre, family daycare, crèche, professional certified childminders) that you needed for your children aged 0–5 years? Q49. During the last 3 months, were you able to access the formal out-of-school-hours care services (e.g. supervised learning, recreation and leisure activities) that you needed for your children aged 6–11 years?

At the EU level, around a quarter of parents (25 % of women and 26 % of men) say that they are not able to access the childcare services for children aged 0–5 they need (Figure 14). However, this EU average conceals wide variations among Member States. In Greece, every third woman (35 %) reports being unable to get the childcare they needed. Access to services looks much better in Slovenia (10 %) and Finland (11 %), where far fewer women report unmet needs.

While the overall gender gap is small, some Member States show striking differences. In Romania, for example, women are markedly more likely than men to report they lack access to services. In Bulgaria, men report far greater difficulties than women in securing formal childcare.

Figure 14. Share of parents with unmet needs for early childhood education and care services for children aged 0–5 by Member State (% , 16- to 74-year-olds, 2024)



(*) Low reliability.

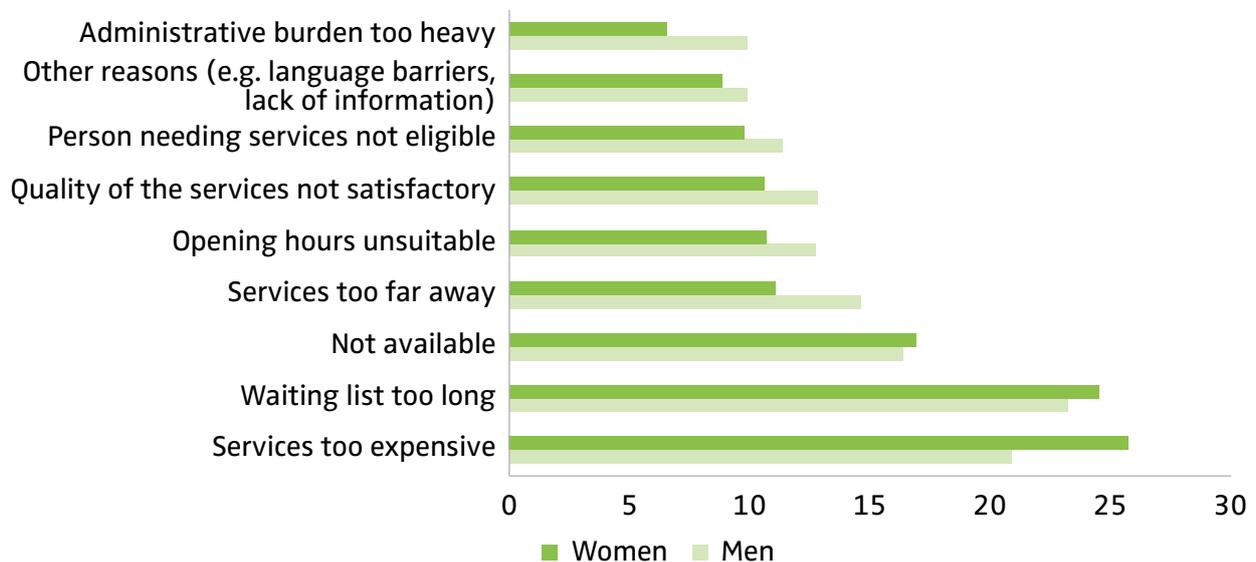
NB: Data for Estonia, Ireland, Lithuania, Luxembourg and Malta is not presented due to the low number of observations.

Sample – respondents with at least one child aged 0–5 in their household. Weighted results.

Source: Q46. During the last 3 months, were you able to access the formal early childhood education and care services (e.g. kindergarten, daycare centre, family daycare, crèche, professional certified childminders) that you needed for your children aged 0–5 years?

Cost is the biggest barrier to accessing formal ECEC, especially for women (Figure 15). Around 26 % of women say that they cannot afford the services, compared with 21 % of men. Other major hurdles for both women and men are long waiting lists and the limited availability of services. Men, however, are somewhat more likely than women to point to practical obstacles, such as services being too far away or the administrative process being overly complicated.

Figure 15. Reasons for unmet needs for early childhood education and care services for children aged 0–5 (% , 16- to 74-year-olds, EU-27, 2024)

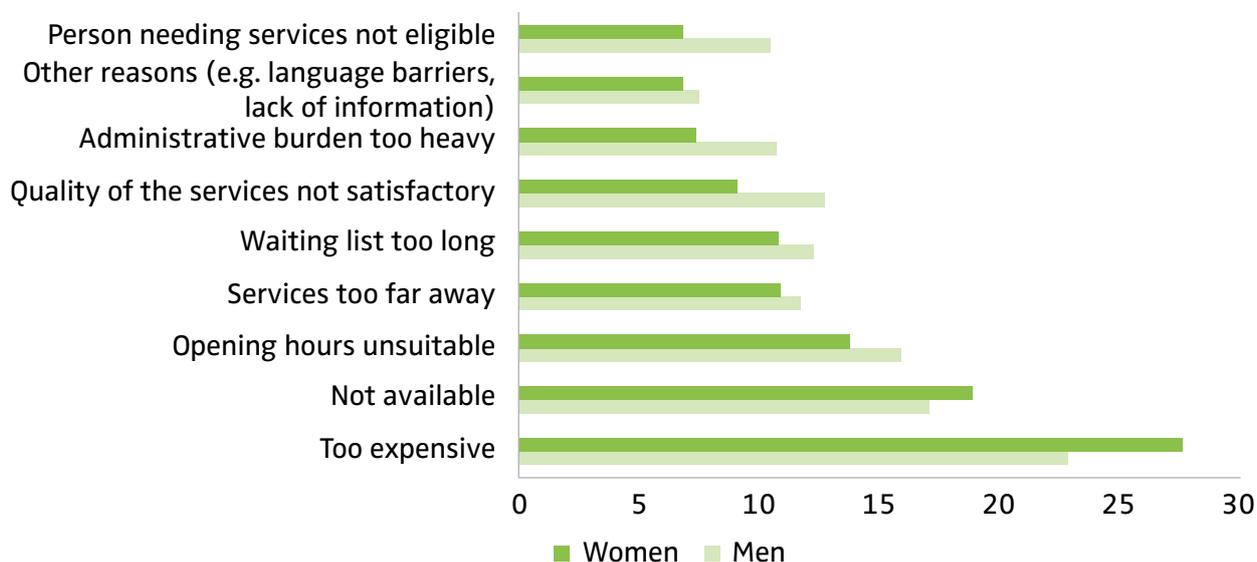


NB: Sample – respondents with at least one child aged 0–5 in their household who have an unmet need for early childhood and education services. Weighted results.

Source: Q47. Why were you unable to access the formal early childhood education and care services (e.g. kindergarten, daycare centre, family daycare, crèche, professional certified childminders) for your children aged 0–5 years that you needed? Please report up to 3 most important reasons.

Similar patterns appear when looking at reasons behind unmet needs for formal out-of-school-hours care (Figure 16). Affordability stands out as a major hurdle, especially for women – 28 % cite cost as a barrier, compared with 23 % of men. Other common challenges for both women and men include limited availability and opening hours that do not match family needs. Men, however, are somewhat more likely than women to report dissatisfaction with service quality or excessive administrative burden as reasons they cannot access the care they need.

Figure 16. Reasons for unmet needs for formal out-of-school-hours care services for children aged 6–11 (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample – respondents with at least one child aged 6–11 in their household who have an unmet need for out-of-school-hours care services. Weighted results.

Source: Q50. Why were you unable to access the formal out-of-school-hours care services (e.g. supervised learning, recreation and leisure activities) for your children aged 6–11 years that you needed? Please report up to 3 most important reasons.

2.2. Informal long-term care

Long-term care is a gendered challenge, shaped by long-standing social expectations. These expectations affect not only who provides care but also how it is organised and at what personal cost – impacting time, income, career progression and overall well-being. Recognising these gender dynamics is essential for tackling broader inequalities and building care systems that truly support everyone.

This perspective ties directly into the EU’s wider policy goals. It underpins the 2020–2025 gender equality strategy; the Work–Life Balance Directive, with its provisions for carers’ leave and flexible working; and the European care strategy, along with the Council recommendation on access to affordable high-quality long-term care.

Box 2. Long-term care: definition and scope

Long-term care consists of a range of services and assistance for people, including children, who, as a result of mental and/or physical frailty and/or disability over an extended period of time, need help with their daily living activities and/or some form of permanent nursing care. Informal care concerns daily living activities (e.g. bathing, dressing, eating, getting in and out of bed or a chair, moving around, using the toilet) and instrumental activities of daily living (e.g. grocery shopping, preparing meals, managing money and managing housework).



Key findings

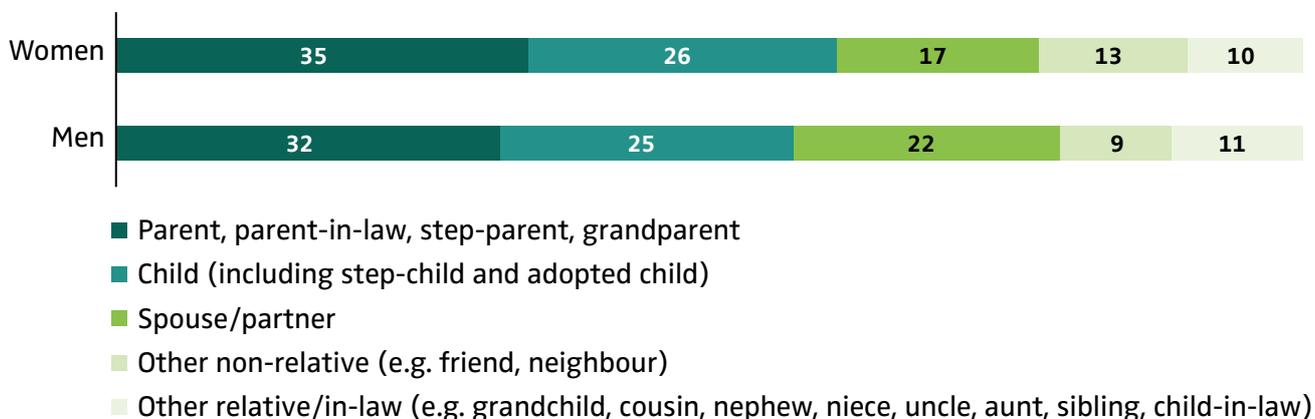
- **Women and men provide long-term care at similar rates, but the patterns differ.** Across the EU, about one in five adults (21 %) provide informal long-term care, with little difference between women and men. Yet their roles are not the same. Women more often than men care for older people (those aged over 75): 27 % of women and 20 % of men. Men are somewhat more likely to look after a spouse or partner, whereas women more often care for parents and children.
- **Women shoulder more intensive care.** They are more likely to provide daily household help, like shopping or cooking (39 % compared with 32 % of men), and take on more personal and emotional care for their main long-term care recipient.
- **Perceptions of engagement in care are different inside households.** Over a third of women (34 %) say that they do most or all the household care for their main long-term care recipient, compared with 19 % of men, who in turn are more likely to acknowledge that their partner does the bulk of the care work. Similar perception gaps appear in relation to personal and emotional care.
- **Men receive more informal support.** Over half of men carers (51 %) receive weekly unpaid help from relatives, friends or neighbours, compared with 42 % of women carers. Women are more likely to care alone.

2.2.1. Demographic profile of long-term care recipients

Understanding who receives informal care helps reveal the bigger picture of caregiving patterns. The survey shows that most long-term care revolves around close family ties, and who provides that care often varies by gender. The most common recipients are parents, parents-in-law, step-parents or grandparents. While men are somewhat more likely to provide care for spouses or partners, care for parents and children ⁽²⁾ (including step- and adopted children) is slightly more common among women ([Figure 17](#)). For instance, 61 % of women, compared with 57 % of men, provide long-term care for children and parents or other older relatives.

⁽²⁾ This differs from the childcare discussed previously in the chapter. This refers exclusively to long-term care for children with mental and/or physical frailty and/or disability.

Figure 17. Relationship between long-term carers and their main care recipient by sex of caregiver (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample includes respondents who provide long-term care. Weighted results.
 Source: Q25. What is your main care recipient’s relationship to you?

In nearly all Member States, women make up the majority of care recipients (57 % compared with 40 % for men and 3 % for non-binary individuals) (Figure 18). This disparity is probably related to the higher overall life expectancy of women. For example, in Slovenia, Croatia and Greece women represent approximately 65 % of care recipients.

Figure 18. Long-term care recipients, distribution by gender (% , 16- to 74-year-olds, EU-27, 2024)

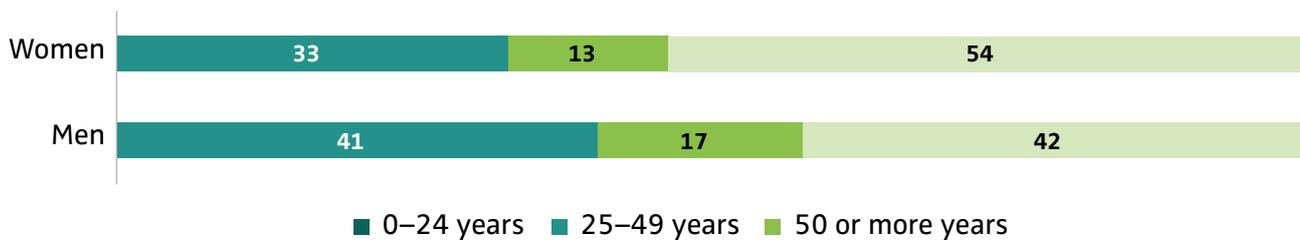


(*) Low reliability.
 NB: Sample includes respondents who provide long-term care. Weighted results.
 Source: Q26. How would you describe your main care recipient?

Caregiving patterns vary depending on the age of the person receiving care (Figure 19). Men are somewhat more likely to support younger adults aged 25–49 (17 % of men compared with 13 %

of women). The pattern reverses for older recipients: 54 % of women and 42 % of men care for someone aged 50 or above. Overall, the oldest age group receives the largest share of long-term care, and it is women who carry more of that responsibility.

Figure 19. Long-term care recipient age distribution by sex of the caregiver (% , 16- to 74-year-olds, EU-27, 2024)

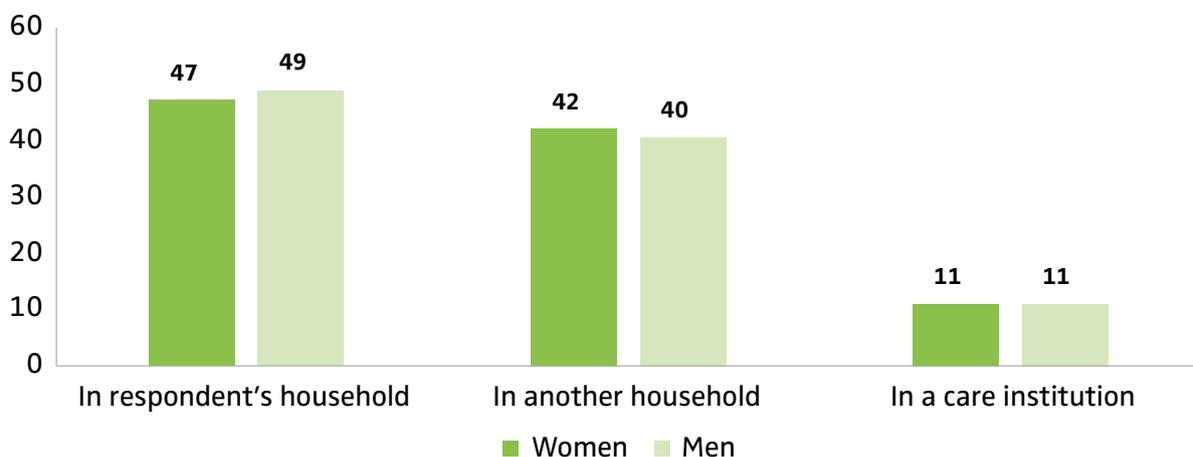


NB: Sample includes respondents who provide long-term care. Weighted results.

Source: Q27. How old is your main care recipient?

There is little difference between women and men in where they provide long-term care. Most of it takes place in private homes (Figure 20). For both women and men, nearly half of the people they care for live in the same household as them (47 % for women, 49 % for men). Many also provide care to relatives or friends in other households. The least common setting is care institutions, an option chosen only rarely by both women and men.

Figure 20. Care recipient living arrangement distribution by sex of the caregiver (% , 16- to 74-year-olds, EU-27, 2024)



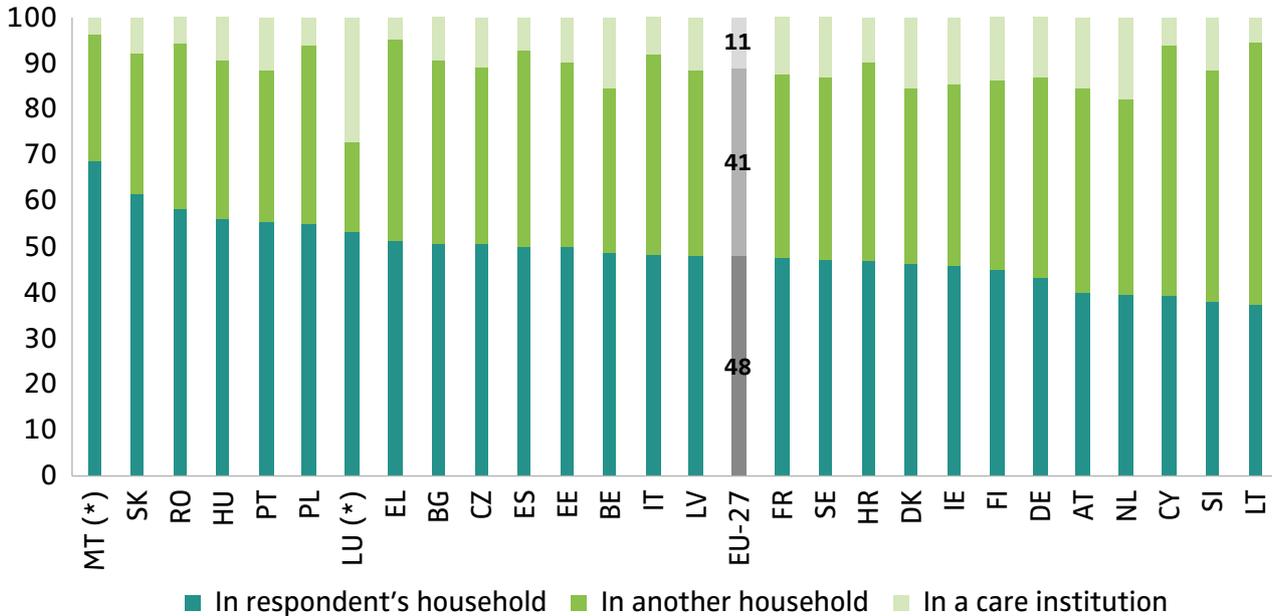
NB: Sample includes respondents who provide long-term care. Weighted results.

Source: Q28. Where does your main care recipient live during the period you take care of him/her?

The living arrangements of people receiving care look very different across the EU, shaped by diverse national contexts and care systems. In several Member States, over half of care recipients live in the same household as their caregiver (Figure 21). Malta stands out; there nearly 7 in 10 (69 %) live with their caregiver. Conversely, in Member States like Lithuania and Slovenia, it is far more common for carers and care recipients to live in separate households. The

share of people receiving care in institutions also varies widely, reflecting the diversity of long-term care models in the EU.

Figure 21. Care recipient living arrangement distribution by sex of the caregiver and Member State (% , 16- to 74-year-olds, 2024)



(*) Low reliability.

NB: Sample includes respondents who provide long-term care. Weighted results.

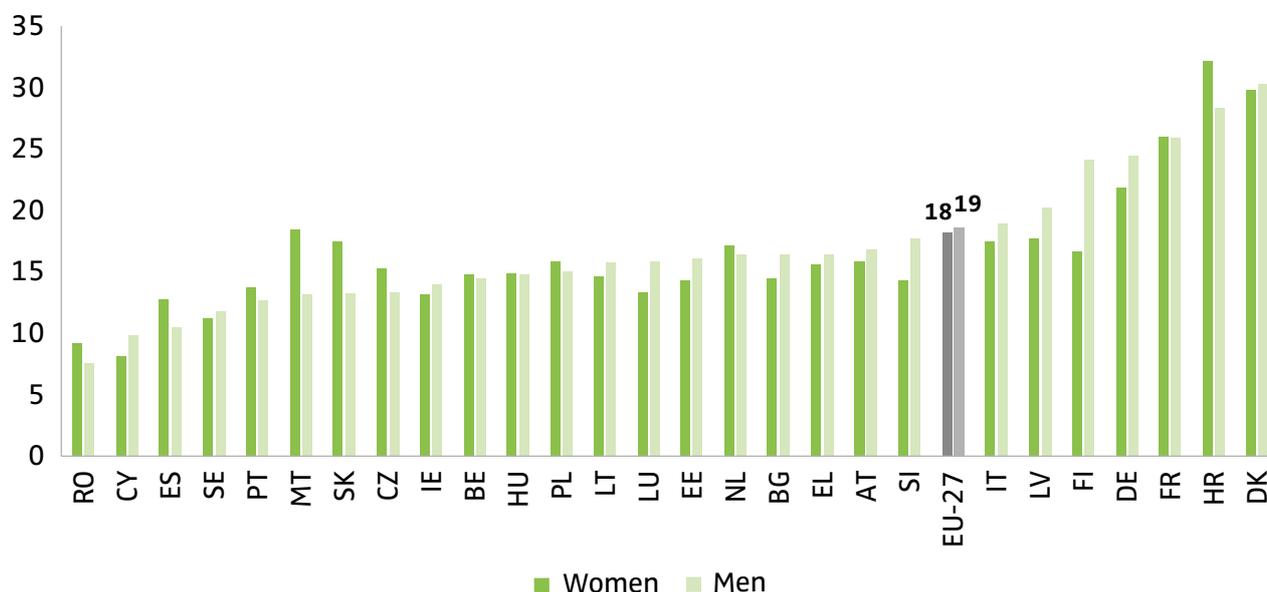
Source: Q28. Where does your main care recipient live during the period you take care of him/her?

2.2.2. Prevalence of long-term care

Understanding how widespread informal caring is gives valuable insight into how families and communities step in to support people with long-term care needs. It highlights just how much unpaid support is being given, the extent to which people rely on informal networks and the everyday realities of carers, which often go unrecognised.

In the EU, about one in five people provide informal long-term care at least once a week (Figure 22). Gender differences vary across Member States. In Member States like Denmark and France, women and men are engaged in caregiving fairly equally. In others, such as Croatia and Slovakia, women’s engagement is higher. In Germany, Latvia, Slovenia and Finland, slightly more men report providing informal care.

Figure 22. Share of respondents providing informal long-term care at least once a week (% , 16- to 74-year-olds, 2024)



NB: Sample – all respondents. Weighted results.

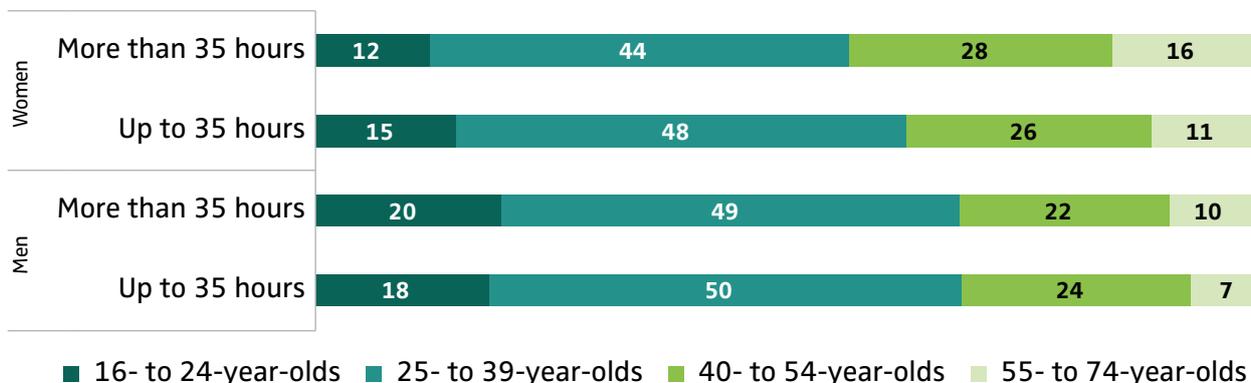
Source: Q21. Do you provide care for people who, as a result of mental or physical frailty, disability or old age, need help with daily living activities and instrumental activities of daily living?

2.2.3. Intensity of long-term care

Intensity of informal long-term care helps to capture how much time, effort and personal commitment providing long-term care demands. It also shows how caregiving can affect carers' job opportunities, health and daily life, while highlighting the level of support required by people receiving care.

Most carers (88 % of women and 90 % of men) provide up to 35 hours of long-term care a week, while 1 in 10 take on high-intensity care of over 35 hours a week. The data reveals distinct patterns in high-intensity caregiving across different life stages ([Figure 23](#)). People aged 25–54 are the most likely to provide high-intensity care. This is the so-called sandwich generation – people caught between raising their own children and also caring for older parents or relatives. Among younger adults (16- to 24-year-olds), men are more likely to provide intensive care (20 % of men and 12 % of women). Later in life, between the ages of 55 and 74, the pattern flips, and the responsibility for the most demanding care shifts to women (16 % versus 10 % of men).

Figure 23. Provision of long-term care by number of hours per week (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample includes respondents who provide long-term care. Weighted results.

Source: Q30. How many hours in a typical week do you spend on caring for your main care recipient?

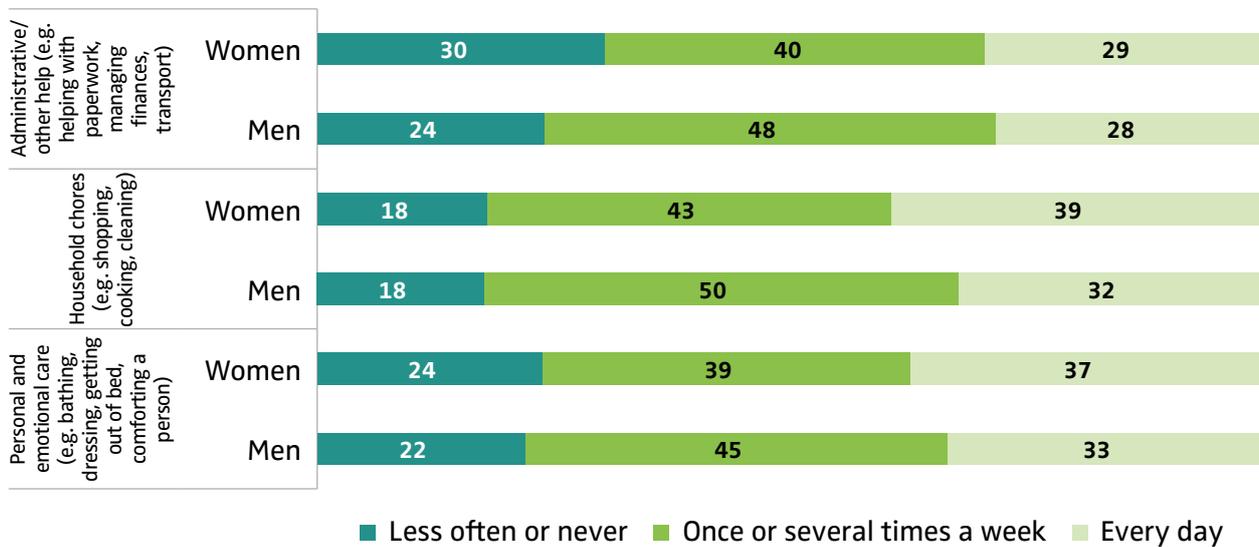
2.2.4. Involvement in specific long-term care tasks

The specific tasks undertaken by caregivers vary significantly in their demands and intensity. Looking at these differences is therefore essential to understand the contributions of caregivers and the burdens they face.

The data shows gender variations in caregiving tasks ([Figure 24](#)). Women are more likely than men to provide daily assistance, especially with household chores like shopping or cooking (39 % of women compared with 32 % of men). Women also have to take on more of the daily personal and emotional care. Daily support with administrative and other types of help is quite equally shared between women and men.

Men are slightly more likely to provide care four to six days per week across all task categories. If this group is added to daily caregivers, the gender differences shrink, showing that women are more likely to give care daily, while men tend to spread their efforts over fewer days.

Figure 24. Involvement in informal long-term tasks (% , 16- to 74-year-olds, EU-27, 2024)

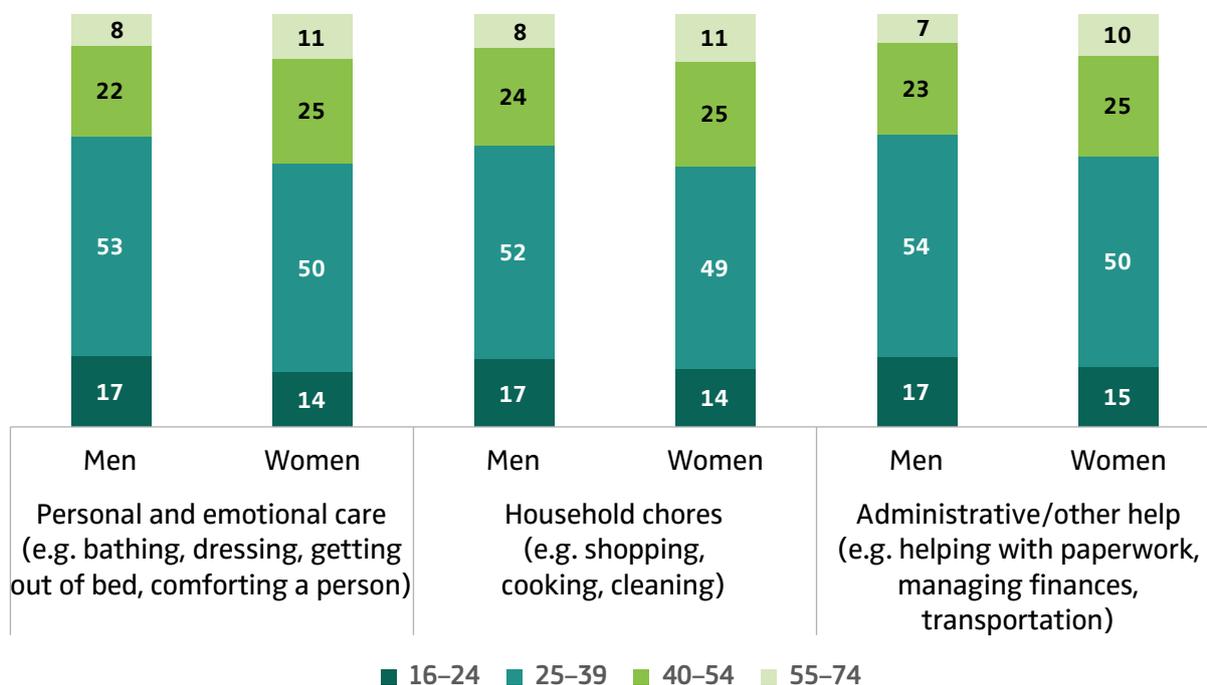


NB: Sample includes respondents who provide long-term care. 'Once or several times a week' includes '1–3 days a week' and '4–6 days a week'. Weighted results.

Source: Q29. How often in a typical week do you provide the following types of help to your main care recipient?

Daily involvement in long-term care activities varies significantly by age and task (Figure 25). Caregiving generally peaks for both women and men in the 25–39 age group across all types of tasks. A noticeable difference emerges in how daily tasks are shared at different life stages. Women are more involved in daily care as they get older, whereas men are more engaged in their younger years. This pattern, consistent across personal, household and administrative tasks, shows how the balance of daily care responsibilities changes between women and men over a lifetime.

Figure 25. Daily involvement in informal long-term tasks by age (years) (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample includes respondents who provide informal long-term care tasks (i.e. personal and emotional care or household help or administrative/other help) every day. Weighted results.

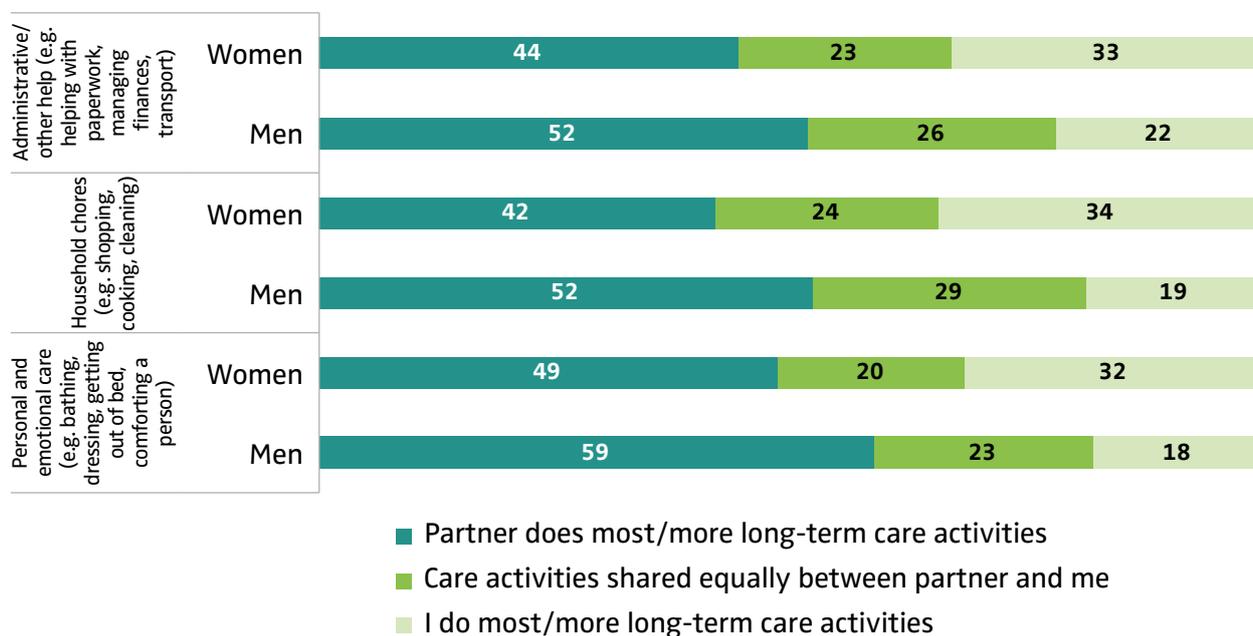
Source: Q29. How often in a typical week do you provide the following types of help to your main care recipient?

2.2.5. Perceptions of division of long-term care in households

Perceptions about the division of long-term care responsibilities offer insight into how fair or balanced individuals feel their caregiving roles are within families or support networks. These views reflect deeper expectations, social norms and the emotional dynamics that shape how care is shared and sustained over time.

Across all types of care tasks, women are far more likely to feel they do most or more of the work (Figure 26). Men are more likely to perceive that their partner takes on the majority of tasks. For example, regarding household chores, 34 % of women say that they do most or more of the work, compared with only 19 % of men who see themselves as doing most of it. This gap highlights a clear and persistent imbalance in how sharing long-term care duties is perceived across the EU.

Figure 26. Perceptions of the division of informal long-term care tasks between household partners (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample includes respondents who provide informal long-term care and have a cohabiting spouse/partner. Weighted results.

Source: Q31. Who in your household generally performs the following care tasks for your main care recipient?

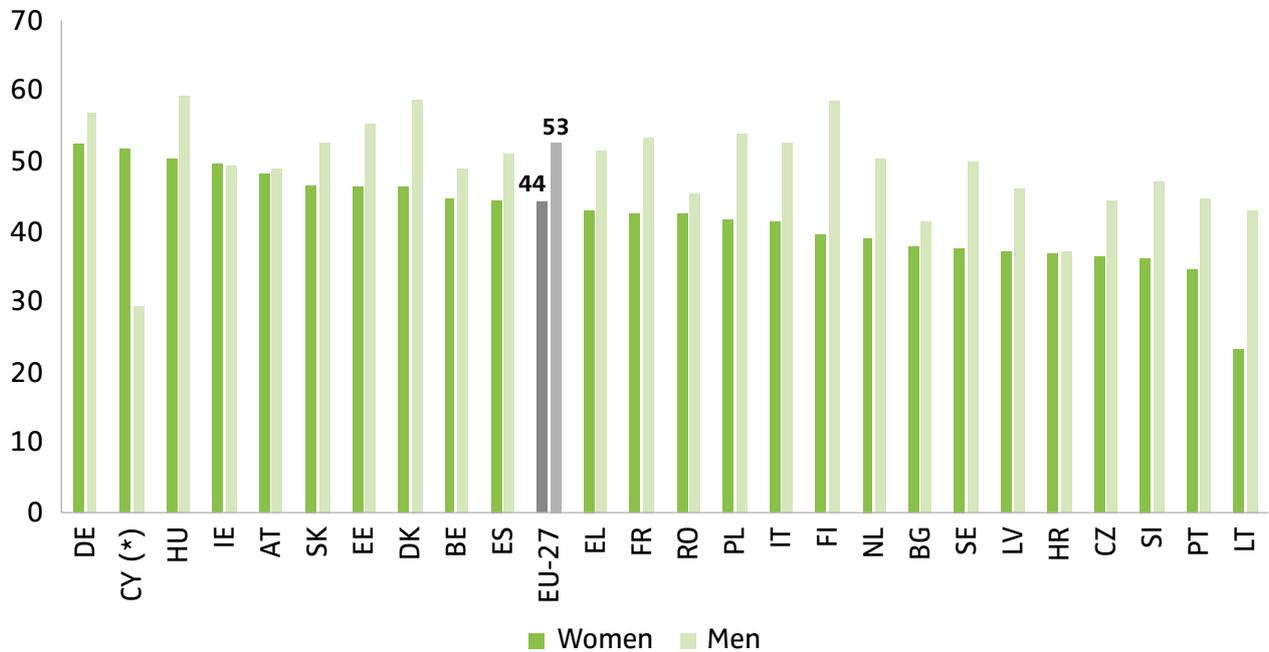
2.2.6. Unpaid long-term care help received from relatives, friends or neighbours

Looking at how families and communities step in to provide informal care is key to understanding how people cope when formal services fall short. Relatives, friends and neighbours often act as vital safety nets, helping to ease the strain of caregiving and enabling families to reconcile care with other responsibilities.

There is a gender divide in who gets access to informal help. Across the EU, 53 % of men carers say that they receive unpaid weekly support for their main care recipient, compared with 44 % of women carers (Figure 27). This trend holds in nearly every Member State, with particularly large gender gaps in Lithuania (20 pp), Finland (19 pp) and Denmark (13 pp). The findings suggest that women carers are more likely to handle most of the duties themselves, while men are more likely to seek informal support.

Overall, Germany, Denmark and Hungary stand out for strong informal support networks. Carers in Bulgaria, Croatia and Lithuania report the lowest levels of informal help.

Figure 27. Share of long-term carers receiving weekly unpaid help (from relatives, friends or neighbours) with care activities for main care recipient (% , 16- to 74-year-olds, 2024)



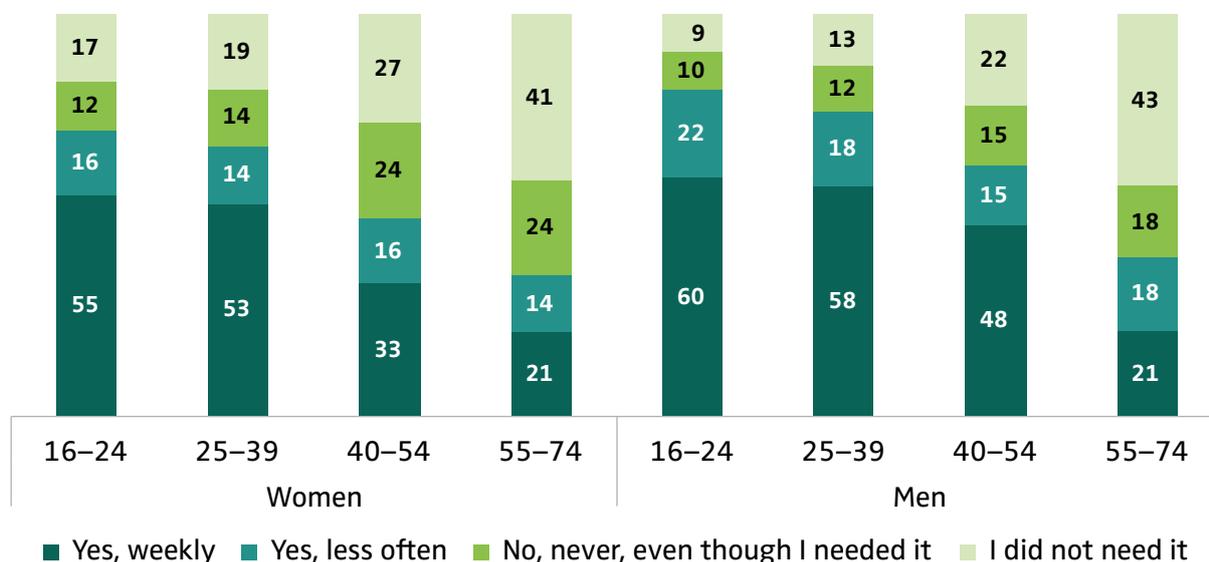
(*) Low reliability.

NB: Data for Luxembourg and Malta is not presented due to the low number of observations. Sample includes respondents who provide informal long-term care. Weighted results.

Source: Q32. Over the last 12 months, have you received unpaid help with care activities for your main care recipient from relatives, friends or neighbours?

Weekly support for carers declines with age for both women and men, but the need for help only grows (Figure 28). Among 40- to 54-year-olds, a third of women carers (33 %) receive weekly help, compared with nearly half of men carers (48 %). Women consistently report greater unmet needs for informal help, especially at ages 40–54 and 55–74. Younger generations are more inclined to share long-term care responsibilities, whereas older individuals often provide care alone and lack external support.

Figure 28. Distribution of weekly unpaid help (from relatives, friends or neighbours) received with long-term care activities by age group (years) (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample includes respondents who provide informal long-term care. 'Yes, weekly' includes 'yes, every day', 'yes, 4-6 days a week' and 'yes, 1-3 days a week'. Weighted results.

Source: Q32. Over the last 12 months, have you received unpaid help with care activities for your main care recipient from relatives, friends or neighbours?

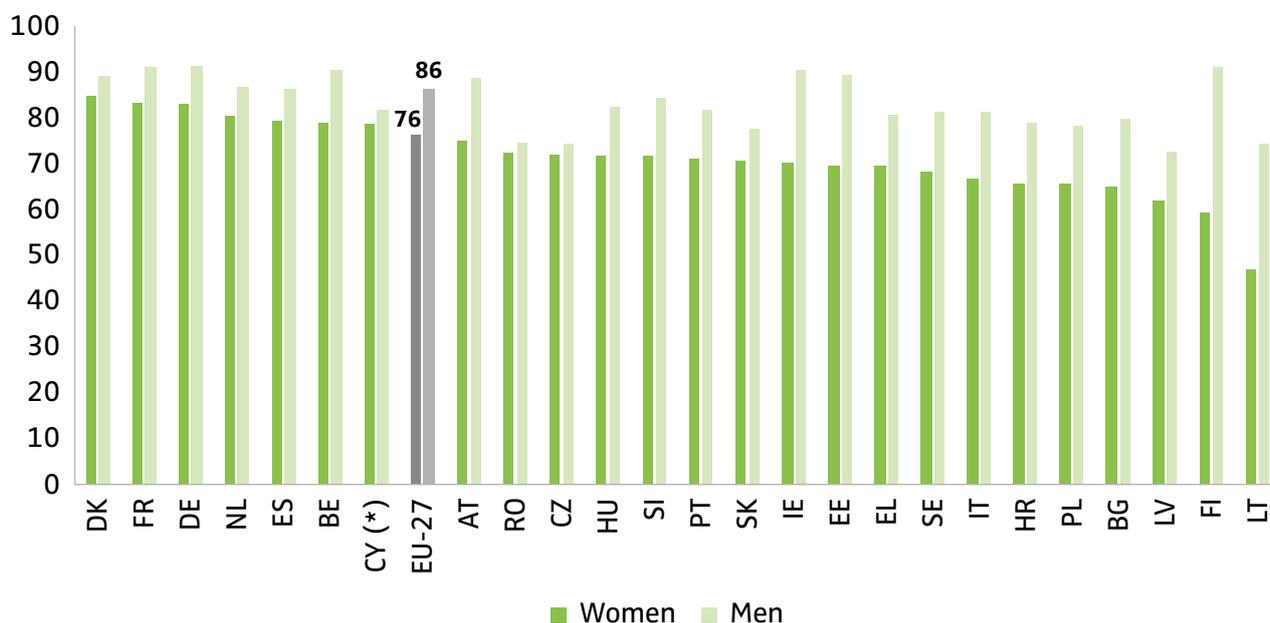
2.2.7. Use of formal long-term care services

Formal long-term care services are a cornerstone of support. By working alongside informal care, they help to balance the heavy load of caregiving, make it easier to share responsibilities more fairly and to combine care with other aspects of life.

Yet the data reveals notable gender differences in how support services are used. For example, while 71 % of people cared for by men use residential facilities, the share of those cared for by women using such facilities is 56 %. Conversely, 44 % of women caregivers have long-term care recipients who never use these facilities, compared with 29 % of men caregivers.

The extent to which informal care is combined with formal services varies widely across the EU (Figure 29). In some Member States, like Denmark and France, the majority of people receiving informal care also use other weekly support services. In Lithuania, the use of care services when informal care is available is much lower. Alongside this wide national variation, the gender differences remain consistent. People cared for by men are consistently more likely to use some kind of formal support service than those receiving care from women.

Figure 29. Share of informal long-term carers whose main care recipient uses formal care services at least weekly (% , 16- to 74-year-olds, 2024)



(*) Low reliability.

NB: Data for Luxembourg and Malta is not presented due to the low number of observations. Sample includes respondents who provide long-term care. The figure displays the percentage of care recipients who use at least one of nine specified formal care services at least once per week. Weighted results.

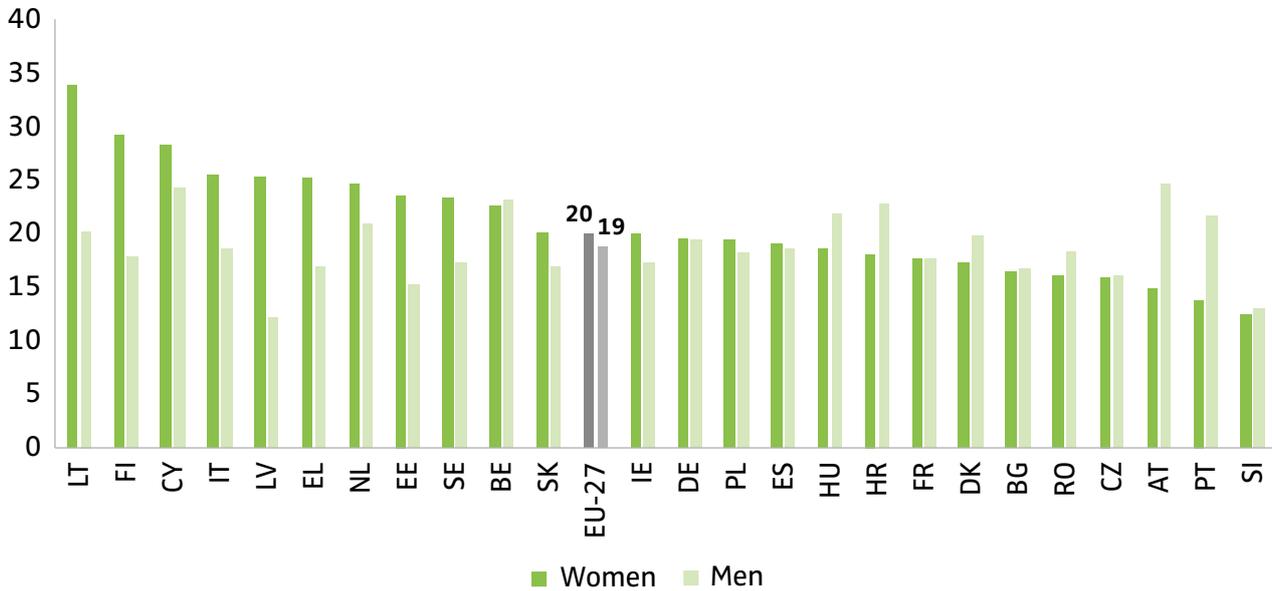
Source: Q33. How frequently does your main care recipient currently use the following care services?

2.2.8. Unmet needs for formal long-term care services

Unmet needs for care services reveal the gap between the support people require and what is available to them. Looking through a gender lens shows how this gap can shape who takes on care responsibilities and influence everyday choices around work, health and family life.

Across the EU, about one in five informal carers say that their main care recipient is not getting the services they need (Figure 30). The picture varies widely between Member States, from 12 % in Slovenia to 27 % in Lithuania. Low numbers can indicate better service coverage, but they can also hide other barriers, such as limited information or cultural expectations that care should stay within the family.

Figure 30. Share of informal carers whose main care recipient had unmet needs for long-term care services (% , 16- to 74-year-olds, 2024)

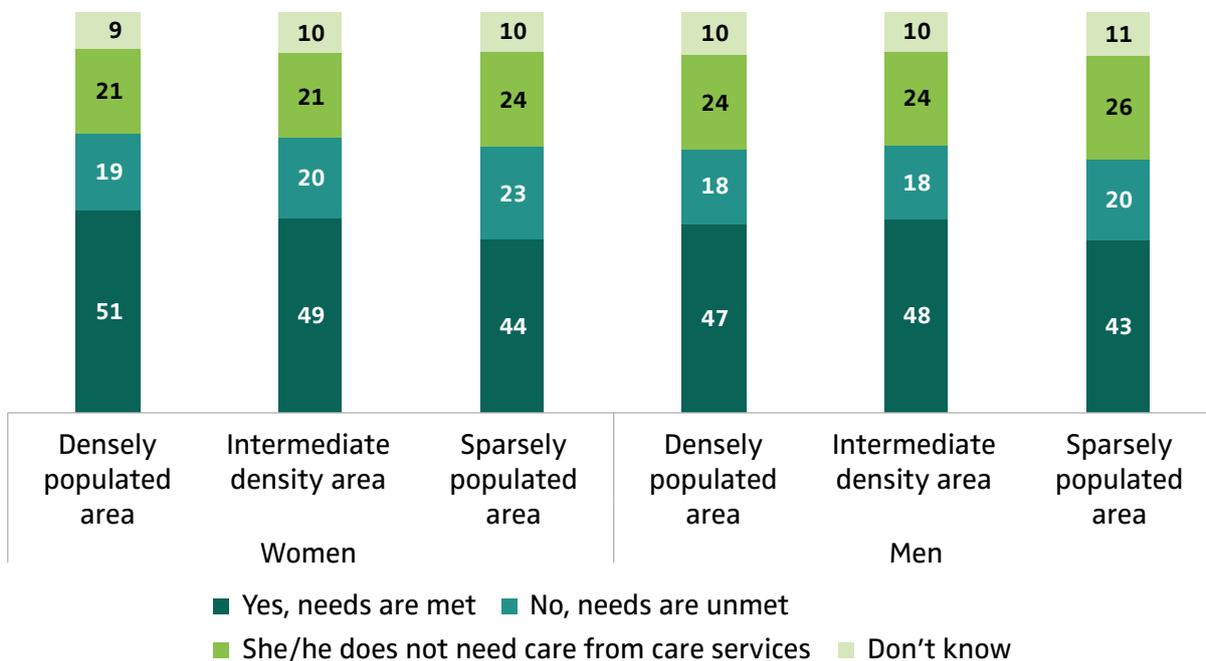


NB: Data for Luxembourg and Malta is not presented due to the low number of observations. Sample includes respondents who provide long-term care. Weighted results.

Source: Q35. In your opinion, during the last 3 months was your main care recipient able to get the care that she or he needed from care services?

Access to formal long-term care also depends on where people live. Carers in densely populated areas are more likely to find the services they require. Around 5 out of 10 (49 %) say that the service needs of the person they care for are met, compared with 44 % of carers in sparsely populated areas (Figure 31). This urban–rural divide is consistent for both women and men. Unmet needs grow as services become more spread out in rural settings.

Figure 31. Share of informal carers whose main care recipient had unmet needs for long-term care services by degree of urbanisation (% , 16- to 74-year-olds, EU-27, 2024)

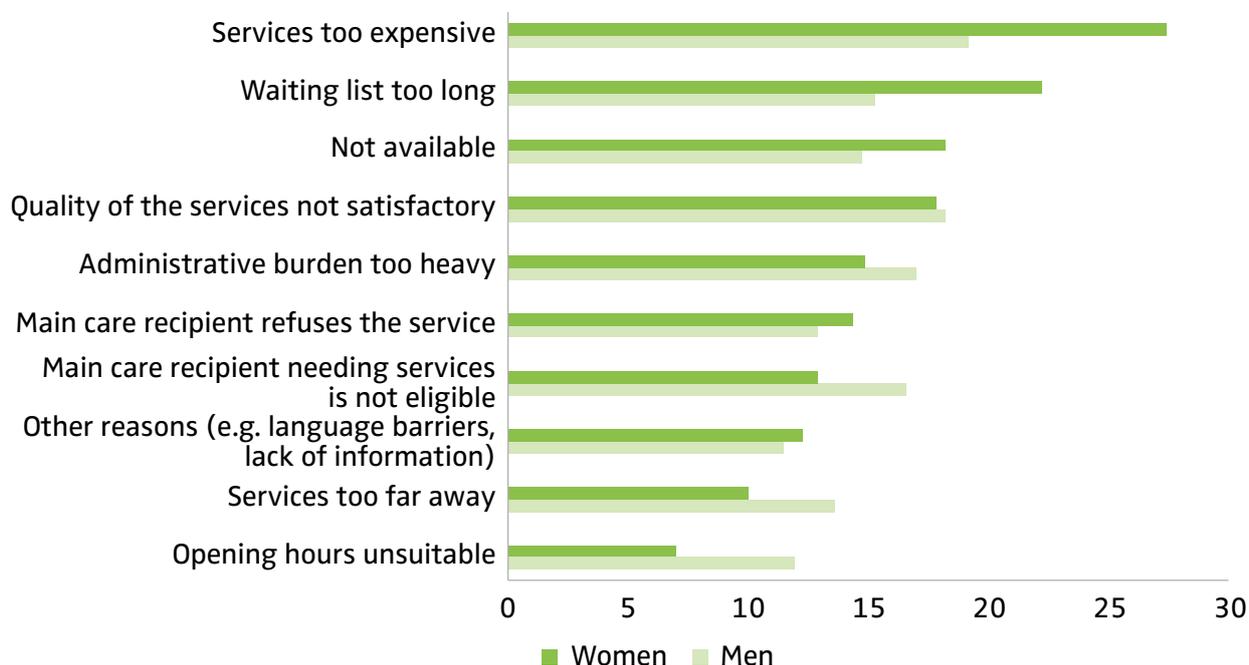


NB: Sample includes respondents who provide long-term care. Weighted results.

Source: Q35. In your opinion, during the last 3 months was your main care recipient able to get the care that she or he needed from care services?

When carers are asked in what ways access to services falls short, cost comes out on top (Figure 32). Other common challenges include the quality of the services, long waiting lists and administrative hurdles. Women tend to highlight long waiting times and gaps in service availability, whereas men are more likely to flag eligibility rules, the administrative burden or the location of services as obstacles.

Figure 32. Reasons for main care recipient's unmet needs for long-term care services by sex of the informal carer (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample includes long-term care providers whose main care recipient could not get the necessary care from care services. Weighted results.

Source: Q36. Why did your main care recipient not get the care that she or he needed from care services? Please report up to 3 most important reasons.

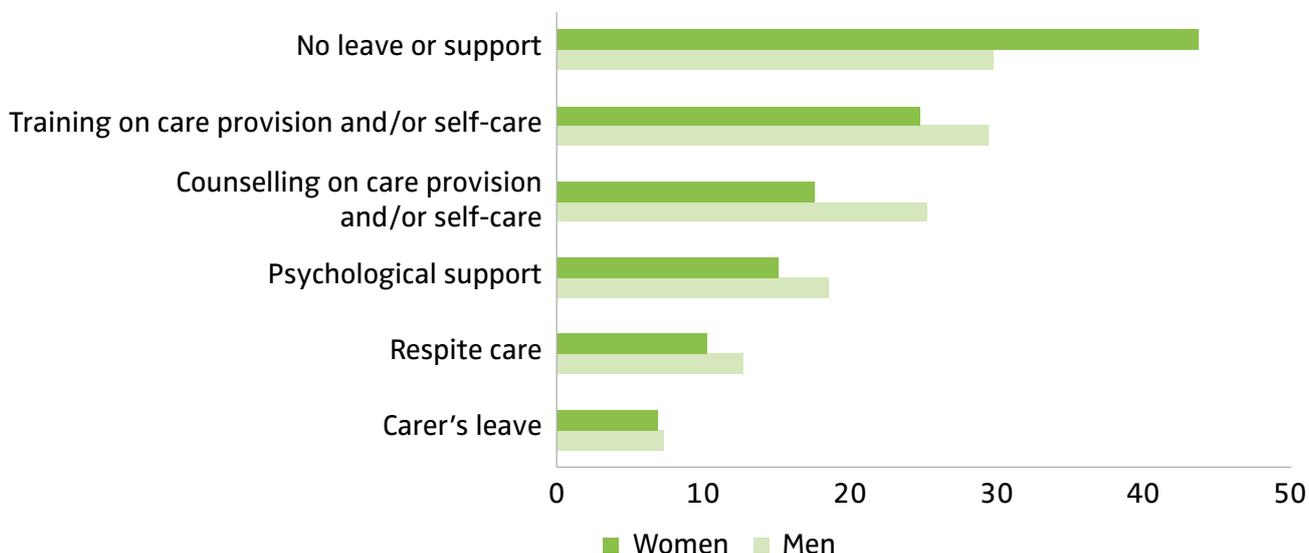
2.2.9. Professional support and special leave for all informal care activities

Access to professional support and special leave is essential for informal carers' well-being and work–life balance. In line with the European care strategy, which calls for stronger measures to support informal carers, this section looks at how services such as training, counselling or respite care are actually used.

Survey data shows that, generally, a low share of informal carers, but slightly more men than women, received professional support over the last 12 months ([Figure 33](#)). For example, 29 % of men carers took part in care training, compared with 25 % of women carers. Similar gaps appear in counselling, psychological support and respite care. Very rarely do carers take carers' leave.

Overall, too many carers have not received any leave or professional support. These gaps highlight the shortcomings of available services and the barriers carers face in accessing services. The findings call for more accessible and stronger care support systems that can meet the diverse realities of women and men carers and their families.

Figure 33. Professional support and special leave received for care activities over the last 12 months (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample includes respondents who provide long-term care. 'None of the above' responses excluded. Weighted results.
 Source: Q24. Over the last 12 months, have you received the following types of professional support or special leave with your care activities?

2.3. Housework

Unpaid housework keeps daily lives running, yet it is rarely given the recognition it deserves in economic and social debates. Carried out mostly by women, when combined with care responsibilities, unpaid housework creates a heavy load. It affects individuals' work–life balance, frequently leading to time poverty, whereby women have less discretionary time owing to their care responsibilities. The option to outsource chores through paid services is not available to everyone, deepening both gender and socioeconomic inequalities. Sharing unpaid work more equally is essential to support fair access to employment and leisure and full participation in society for both women and men.

Box 3. Housework: definition and scope

'Housework' refers to activities that people do without being paid, such as grocery shopping, household chores (cooking, cleaning, doing laundry, etc.), financial and administrative matters (paying bills etc.), planning, scheduling and organising (organising daily life and activities, planning health appointments and leisure time, etc.) and house and general maintenance tasks (gardening etc.).



Key findings

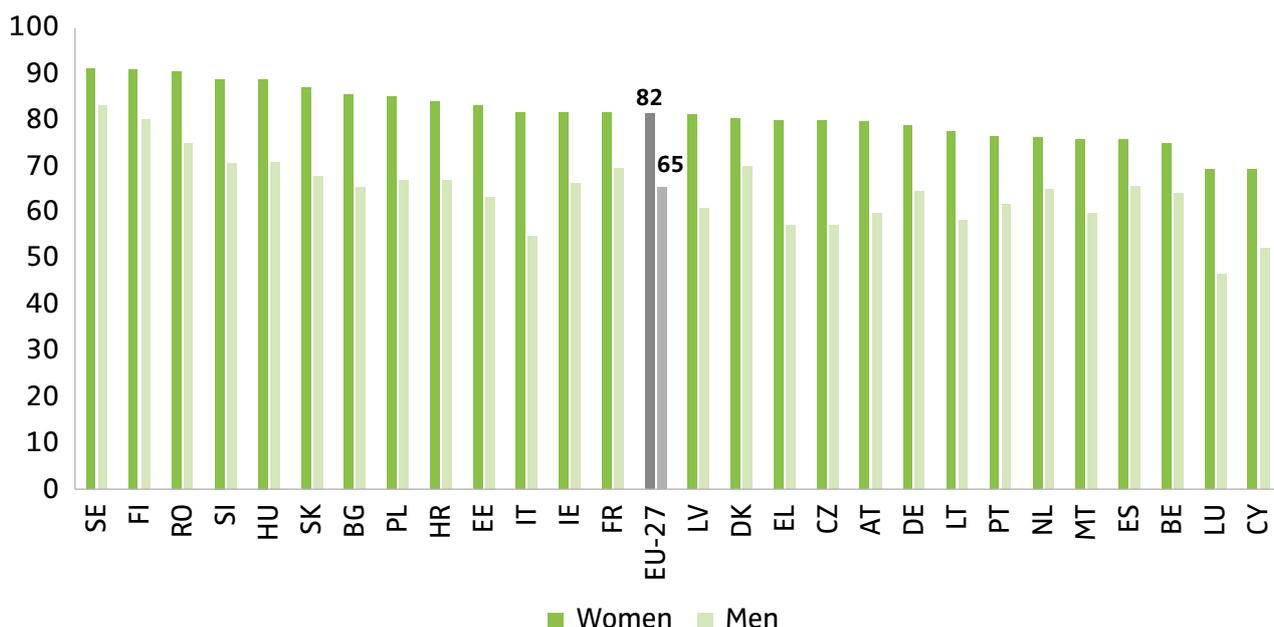
- **A larger share of housework falls to women than to men.** Across the EU, 82 % of women say that they do housework at least four days a week, compared with 65 % of men. Yet men are more likely to believe the work is shared equally with their partners.
- **Caring for children and older people makes housework far more intensive for both women and men.** Women and men with care responsibilities spend more time on housework than those without, with many reporting dedicating over 8 hours a week to housework.
- **Men are more likely to turn to paid help, especially men at higher income levels.** Overall, 34 % of men use external services, compared with 23 % of women.

2.3.1. Participation in housework

Both women and men take part in housework, but looking at how often they do it reveals just how heavy the daily load can be. These patterns show the persistence of traditional gender roles and the unequal division of time and effort at home.

Across the EU, women (82 %) are consistently more likely than men (65 %) to do housework at least four days a week ([Figure 34](#)). The gap is largest in Italy (82 % of women and 55 % of men), Greece and Czechia (80 % of women and 57 % of men for both). In Sweden and Finland, the engagement of both women and men in housework is relatively high and mostly balanced.

Figure 34. Engagement in housework at least four days a week (% , 16- to 74-year-olds, 2024)

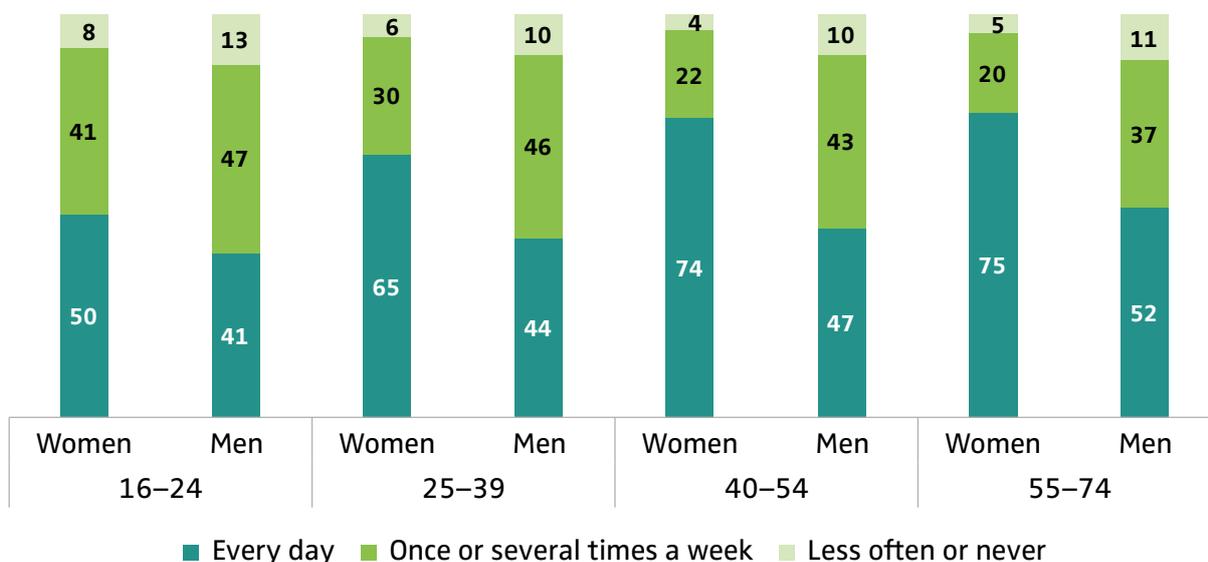


NB: Sample – all respondents. Weighted results.

Source: Q55. How often are you involved in housework?

The amount of time spent on housework tends to increase with age for both women and men, yet large gender differences exist across all age groups (Figure 35). For example, among 40- to 54-year-olds, 74 % of women report doing housework every day, compared with 47 % of men. Among 55- to 74-year-olds, the gap is wide, at 23 pp. Young women (aged 16–24) do less housework than their older counterparts (50 % report performing daily chores), but this figure is still 9 pp higher than the proportion of men who do housework daily. Across all ages, men are more likely to do housework less frequently: several times a week or less often.

Figure 35. Engagement in housework by age group (years) (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample – all respondents. ‘Once or several times a week’ includes responses ‘4–6 days a week’ and ‘1–3 days a week’. Weighted results.

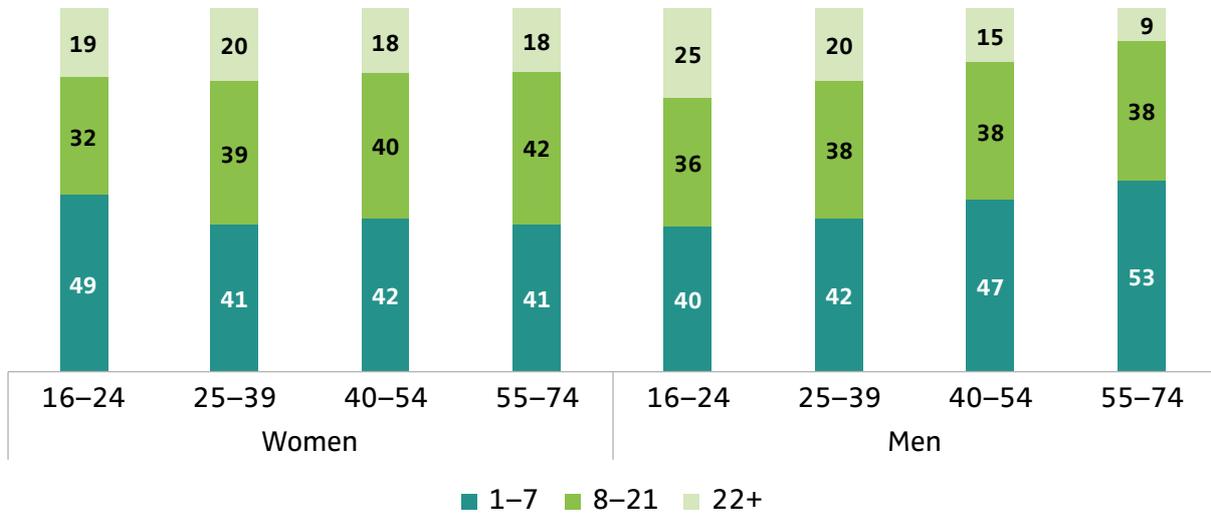
Source: Q55. How often are you involved in housework?

2.3.2. Intensity of housework

Looking at how intensely people do housework reveals just how much time women and men spend on unpaid domestic tasks each week and how caregiving duties, like childcare or long-term care, add to the load.

Across the EU, 19 % of women and 17 % of men report spending at least 22 hours per week on housework. Women, across different age groups, generally show a more even distribution of housework hours, with nearly 60 % doing over eight hours per week – except young women, half of whom report fewer than eight hours (Figure 36). Younger men (aged 16–24) stand out for their relatively higher share of those contributing over 22 hours a week of housework, contrasting with older men for whom intensive engagement drops sharply.

Figure 36. Engagement in housework by hours per week (% , 16- to 74-year-olds, EU-27, 2024)

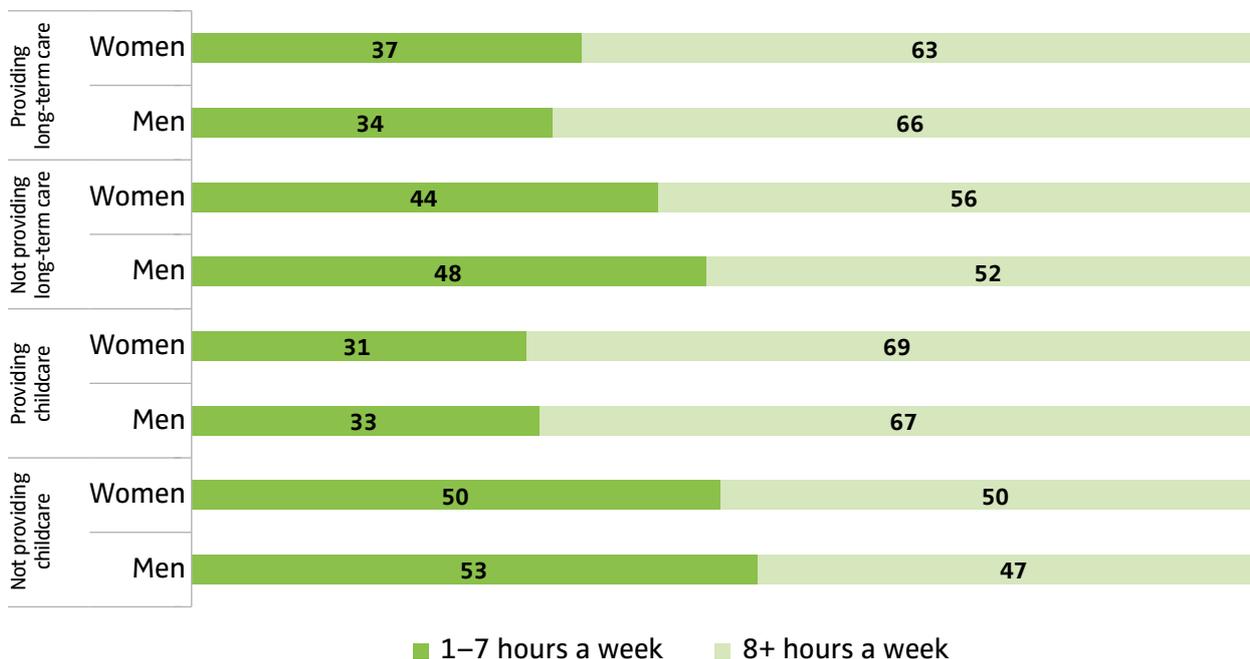


NB: Sample includes respondents who are involved in housework. Weighted results.
 Source: Q59. How many hours in a typical week are you involved in housework?

Care duties, whether for children or other family members, add to the housework load for both women and men (Figure 37). Among carers with regular childcare duties, 69 % of women and 67 % of men spend more than eight hours a week on housework compared with around half of women (50 %) and men (47 %) not involved in childcare.

A similar pattern appears for informal long-term care. Around 63 % of women and 66 % of men who provide long-term care spend over eight hours a week on housework, compared with 56 % of women and 52 % of men who do not have such duties.

Figure 37. Intensity of engagement in housework by type of informal care (% , 16- to 74-year-olds, EU-27, 2024)



NB: For childcare activities, the sample includes respondents who are involved in housework and provide childcare for their own or others' children. For long-term care activities, the sample includes respondents who are involved in housework and provide long-term care. Weighted results.

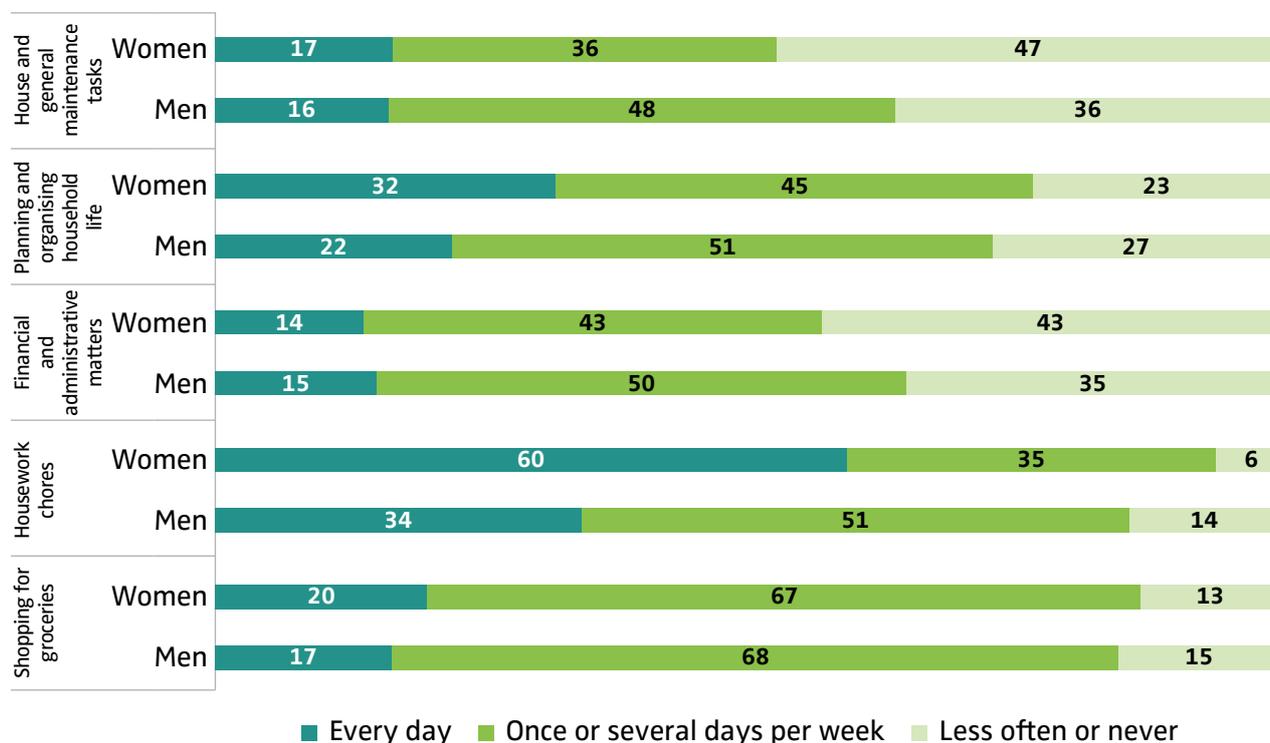
Source: Q59. How many hours in a typical week are you involved in housework?

2.3.3. Involvement in specific housework activities

Looking at who does what around the house shows that gender norms shape not just how much housework gets done but also the kind of work people take on. This dimension reveals deeper patterns of routine, planning and responsibility within the home.

Women are far more likely than men to take on daily chores (Figure 38). Six in ten women say that they do general housework like cooking, cleaning or laundry every day, compared with about a third of men. Women are also more involved in the daily planning and organisation of household life, while men take on more financial and administrative matters.

Some tasks are shared more evenly. Grocery shopping, for instance, is something both women (67 %) and men (68 %) say they do at least once a week. They also handle daily household maintenance tasks relatively equally.

Figure 38. Frequency of housework tasks (% , 16- to 74-year-olds, EU-27, 2024)

NB: Sample includes respondents who are involved in housework. 'Once or several days per week' includes responses '4–6 days a week' and '1–3 days a week'. Weighted results.

Source: Q58. How often in a typical week do you carry out the following housework activities?

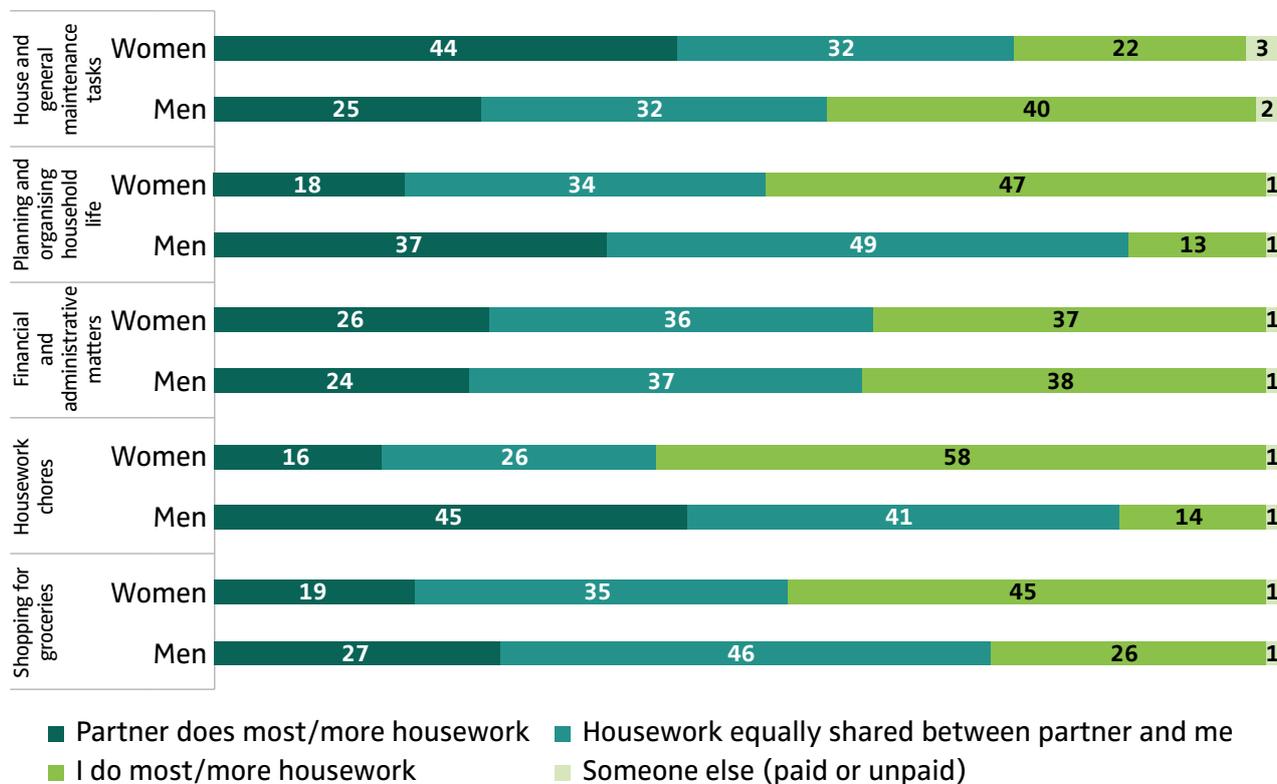
2.3.4. Perceptions of division of housework in households

How women and men think household responsibilities are shared often looks quite different from how they are actually experienced. Analysing gender differences in views helps reveal how recognition of effort, perception of fairness and social norms shape the idea of sharing responsibilities at home.

Women are more likely to feel they do most of the housework, while men are more likely to believe chores are shared equally (Figure 39). For example, 41 % of men say they share housework chores equally with their partners, but only 26 % of women think the same. This pattern appears across all types of tasks, echoing broader research suggesting that men often overestimate their contribution at home.

The perception gap becomes more evident when compared with reported behaviour, as shown in Figure 41. Both women and men say they shop for groceries once or several days per week, but only around half of men (46 %) and a third of women (35 %) think the task is shared equally.

Figure 39. Perception of division of housework activities between partners within the household (% , 16- to 74-year-olds, EU-27, 2024)



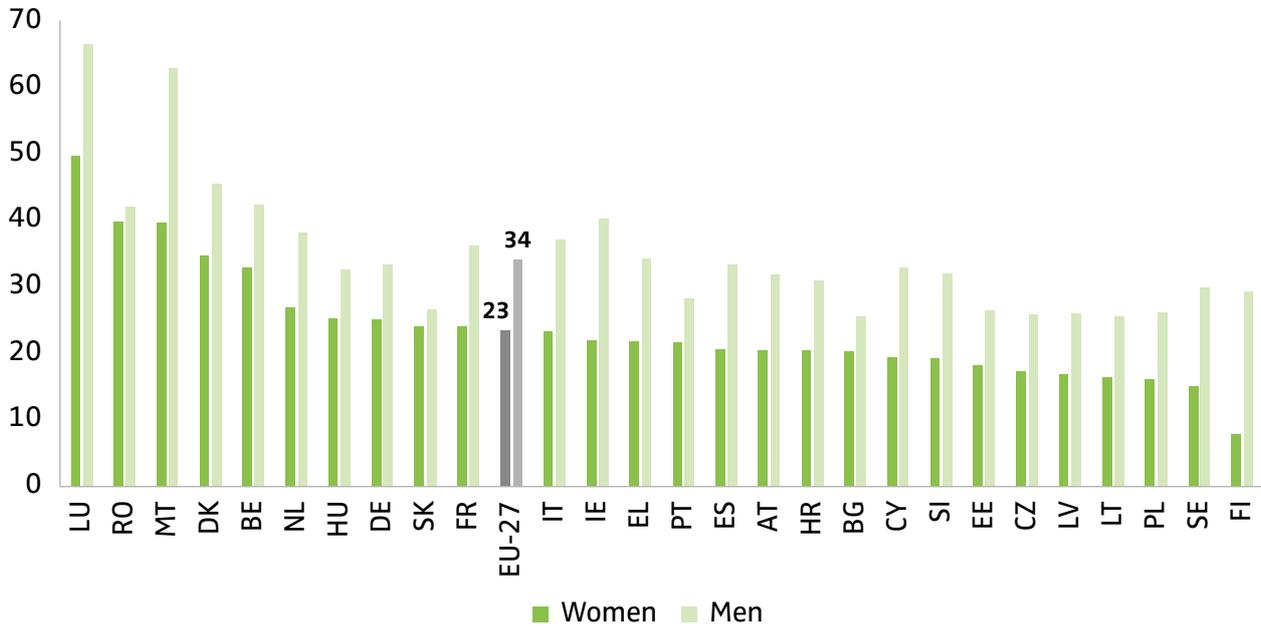
NB: Sample includes respondents who are involved in housework and have a cohabiting spouse/partner. ‘Partner does most/more housework’ includes ‘almost completely my partner’ and ‘more my partner than me’ responses; ‘I do most/more housework’ includes ‘more me than my partner’ and ‘almost completely me’ responses. Weighted results.
 Source: Q60. Who in your household generally does the following housework activities?

2.3.5. Use of external services for housework

The use of paid housework services, like hiring cleaners, gardeners or helpers, informs how much housework is done at home or outsourced to others across different social groups. This dimension highlights how economic resources and gender norms intersect and shape housework management strategies.

Across the EU, men are more likely than women to hire outside help several times a month or more often (Figure 40). In Luxembourg, 67 % of men rely on paid help, compared with 50 % of women. In Finland, the overall use of paid household services is low, but the gender gap is 21 pp. Similar gender gaps are observed in Malta (23 pp) and Ireland (18 pp).

Figure 40. Reliance on external services for housework (% , 16- to 74-year-olds, 2024)

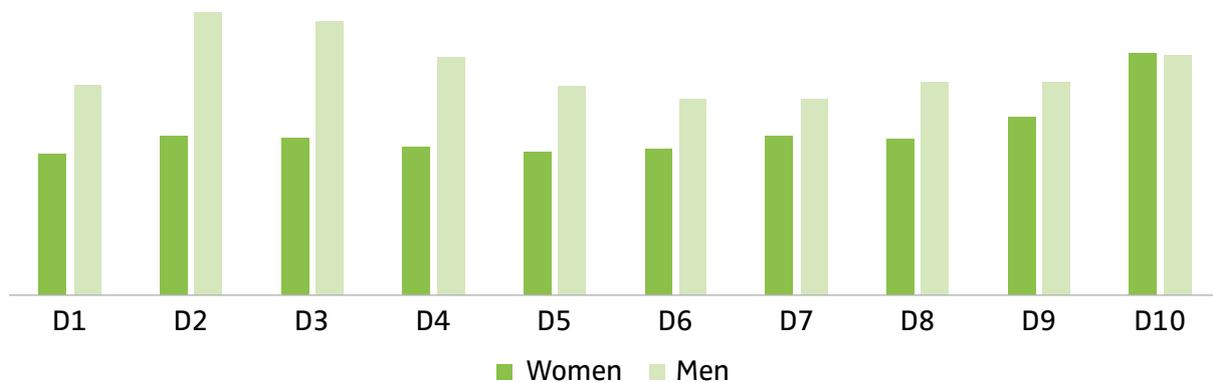


NB: Sample includes respondents who rely on external services for housework at least several times a month. Weighted results.

Source: Q56. How frequently do you currently rely on external services for housework (e.g. domestic cleaners, helpers, gardeners, etc.)?

The use of external services for housework generally increases with income, but the pattern looks different for women and men (Figure 41). Men outsource housework more than women in nearly all income groups. Even in low income brackets, many men turn to paid help, and this trend stays strong through the middle-range income bracket. Women hold steady across most income levels, except for a noticeable jump in the highest income group, where 37 % report using such services. These trends suggest that men consistently outsource housework, with little variation by income, while women are much more likely to turn to paid help at the highest income levels.

Figure 41. Reliance on external services for housework by income decile (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample includes respondents who rely on external services for housework at least several times a month. Weighted results. D1 (the first decile) represents the lowest income group, the 10 % of the population earning least; D10 (the tenth decile) represents the highest income group, the 10 % of the population earning most.

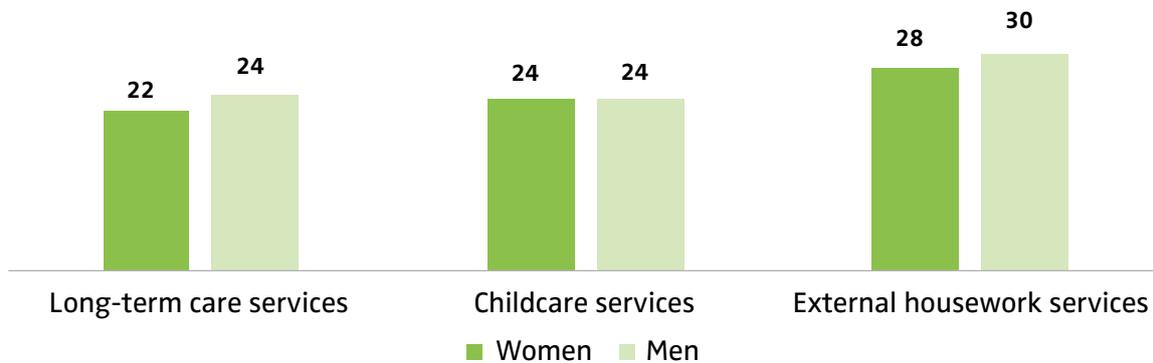
Source: Q56. How frequently do you currently rely on external services for housework (e.g. domestic cleaners, helpers, gardeners, etc.)?

2.3.6. Undeclared income in external services

Analysing undeclared income from housework through a gender lens reveals how domestic work is often outsourced to other women, typically from a lower-income or migrant background, thereby perpetuating gender and social inequalities. This type of informal work remains largely unregulated and undervalued, distorting economic data and restricting access to rights and protections for those who perform it.

This section explores respondents' awareness of undeclared income in care services, focusing on gender disparities and variations across countries. Around one in three women and men report being aware of undeclared income in external housework services (Figure 42). About one in four respondents know about undeclared income in childcare services. Gender differences are minimal across all three service categories.

Figure 42. Respondents' awareness of undeclared income among service providers (% , 16- to 74-year-olds, EU-27, 2024)

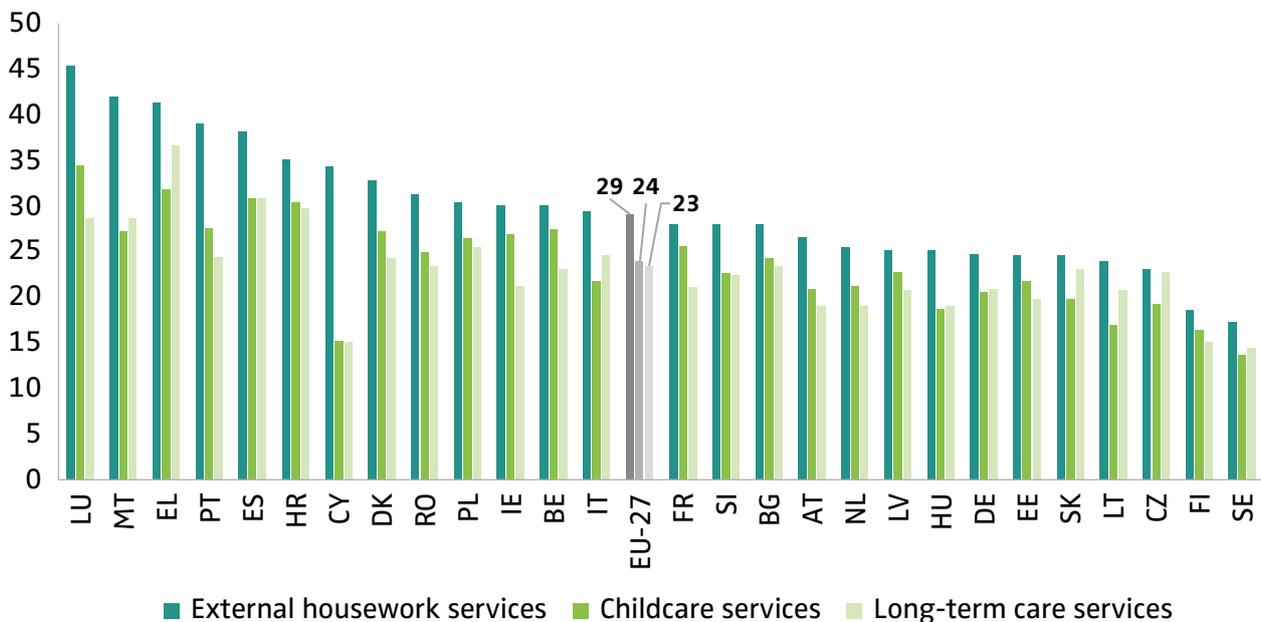


NB: Sample – all respondents. Weighted results.

Source: Q57. Do you personally know any people who provide the following types of services without declaring all or part of their income to tax or social security authorities?

Awareness of undeclared income in care services varies widely across Member States (Figure 43). For housework services, awareness is highest in Luxembourg at 45 % and lowest in Sweden and Finland, at 17 % and 19 %, respectively. A similar pattern exists for childcare services. In Greece, one in three people (32 %) are aware of undeclared work, while the share is much lower in Sweden (14 %), Cyprus (15 %) and Finland (15 %).

Figure 43. Respondents' awareness of undeclared income among service providers by Member State (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample – all respondents. Weighted results.

Source: Q57. Do you personally know any people who provide the following types of services without declaring all or part of their income to tax or social security authorities?

2.4. Work–life balance

Work–life balance is often seen as a personal challenge. In reality it is shaped by broader social and economic structures, especially how paid and unpaid work are divided between women and men. Women are more likely to juggle a ‘double shift’ – holding down a job while also doing the bulk of housework and care, which can reduce their time and energy for rest, career progression or participation in public life. Men, meanwhile, may want to be more involved at home but face workplace pressure or cultural expectations that discourage them from taking on caregiving roles. These imbalances do not just affect individual well-being; they ripple outwards, reinforcing inequalities in income, career opportunities and family life. Viewing work–life balance through a gender lens helps to reveal these dynamics.

Box 4. Work–life balance: definition and scope

Work–life balance is understood as the ability to effectively manage and allocate time and energy to paid work, domestic tasks, caregiving for dependent relatives, extracurricular responsibilities and other important life priorities.



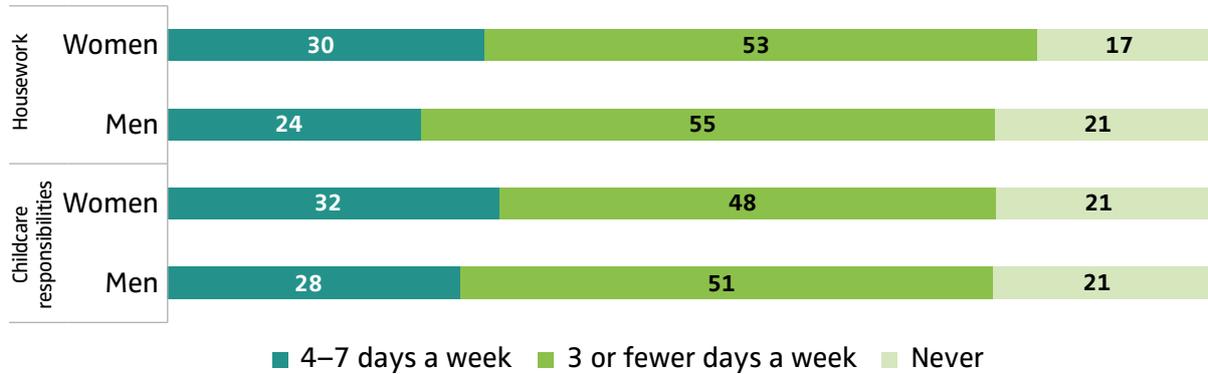
Key findings

- **Women feel the greater strain when balancing work and childcare.** For many, maintaining work–life balance is a daily struggle. About one in three carers say they face difficulties at least four days a week, with young adults (aged 16–24) feeling the pressure most intensely.
- **Care duties do not just affect one’s private life – they reshape careers.** To cope, many carers cut back on working hours, change schedules or ask for flexible work arrangements. But the impact is not the same for everyone: nearly one in five women reduce their working hours due to care duties, compared with one in eight men.

2.4.1. Balancing work with care and housework responsibilities

Difficulties combining paid work with care and housework are common for everyone, but caregiving tends to be slightly more challenging in this regard than housework ([Figure 44](#)). While both women and men feel the strain, women report facing these difficulties on a regular basis. For example, 32 % of women say that they regularly struggle to balance childcare duties with work, compared with 28 % of men. Similarly, 30 % of women report difficulty managing housework alongside paid work four to seven days a week, compared with 24 % of men.

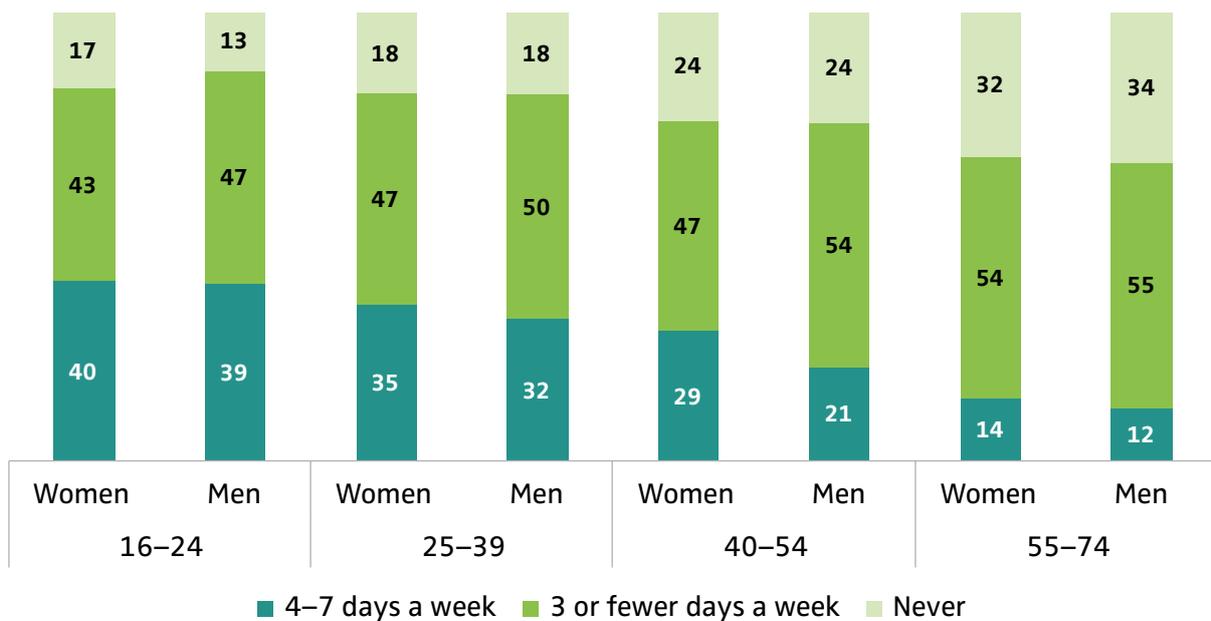
Figure 44. Difficulties combining paid work with childcare responsibilities and housework (% , 16- to 74-year-olds, EU-27, 2024)



NB: For childcare activities, the sample includes respondents who are employed or self-employed and providing childcare for their own or others’ children. For housework activities, the sample includes respondents who are employed or self-employed and are involved in housework. Weighted results.
 Source: Q53. In a typical week, how often do you experience difficulties in combining paid work with your care responsibilities? Q61. In a typical week, how often do you experience difficulties in combining paid work with housework?

Difficulties in balancing paid work with childcare responsibilities vary by age (Figure 45). Among the youngest respondents (aged 16–24), the struggle is especially common: 40 % of women and 39 % of men say that they face these challenges regularly, on more than four days a week. Among 40- to 54-year-olds, gender differences are more pronounced: 29 % of women experience regular difficulties each week, compared with 21 % of men.

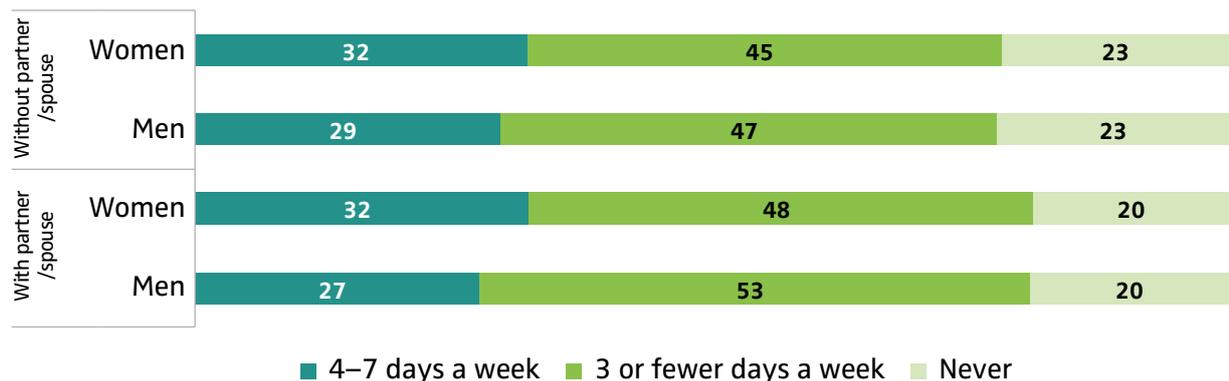
Figure 45. Difficulties combining work with childcare responsibilities by age (years) (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample includes respondents who are employed or self-employed and providing childcare for their own or others’ children. ‘4-7 days a week’ includes responses ‘Every day’ and ‘4-6 days a week’; ‘3 or less days a week’ includes responses ‘1-3 days a week’ and ‘Less often’. Weighted results.
 Source: Q53. In a typical week, how often do you experience difficulties in combining paid work with your care responsibilities?

Having a partner or spouse does not make achieving work–life balance much easier. In both single-adult households and couple households, women consistently report more frequent difficulties than men. Whether single or in a relationship, 32 % of women say that they regularly find striking the balance difficult (Figure 46). That is slightly higher than 29 % of single men and 27 % of men in a partnership who report the same.

Figure 46. Difficulties combining work with childcare responsibilities by household type (% , 16- to 74-year-olds, EU-27, 2024)

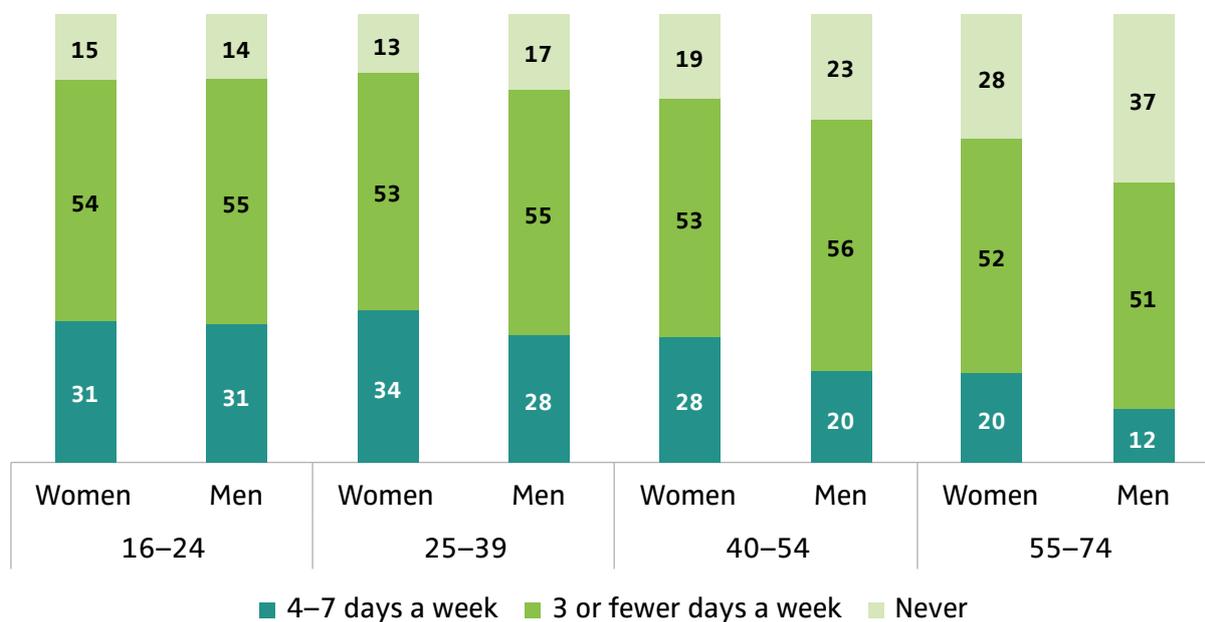


NB: Sample includes respondents who are employed or self-employed and providing childcare for their own or others' children. '4–7 days a week' includes responses 'Every day' and '4–6 days a week'; '3 or less days a week' includes responses '1–3 days a week' and 'Less often'. Weighted results.

Source: Q53. In a typical week, how often do you experience difficulties in combining paid work with your care responsibilities?

Balancing paid work with housework is a common challenge, although it occurs less often than difficulties with childcare. Women and men aged 25–39 are especially likely to feel the strain on a regular basis: 34 % of women and 28 % of men say that they struggle with housework multiple days a week (Figure 47). Gender differences are more evident among older adults aged 55–74. Men in this cohort are notably more likely to say that they never experience such difficulties (37 % compared with 28 % of women), highlighting how gender divides in housework continue well into later life.

Figure 47. Difficulties combining paid work with housework by age (years) (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample includes respondents who are employed or self-employed and are involved in housework. '4-7 days a week' includes responses 'Every day' and '4-6 days a week'; '3 or less days a week' includes responses '1-3 days a week' and 'Less often'. Weighted results.

Source: Q61. In a typical week, how often do you experience difficulties in combining paid work with housework?

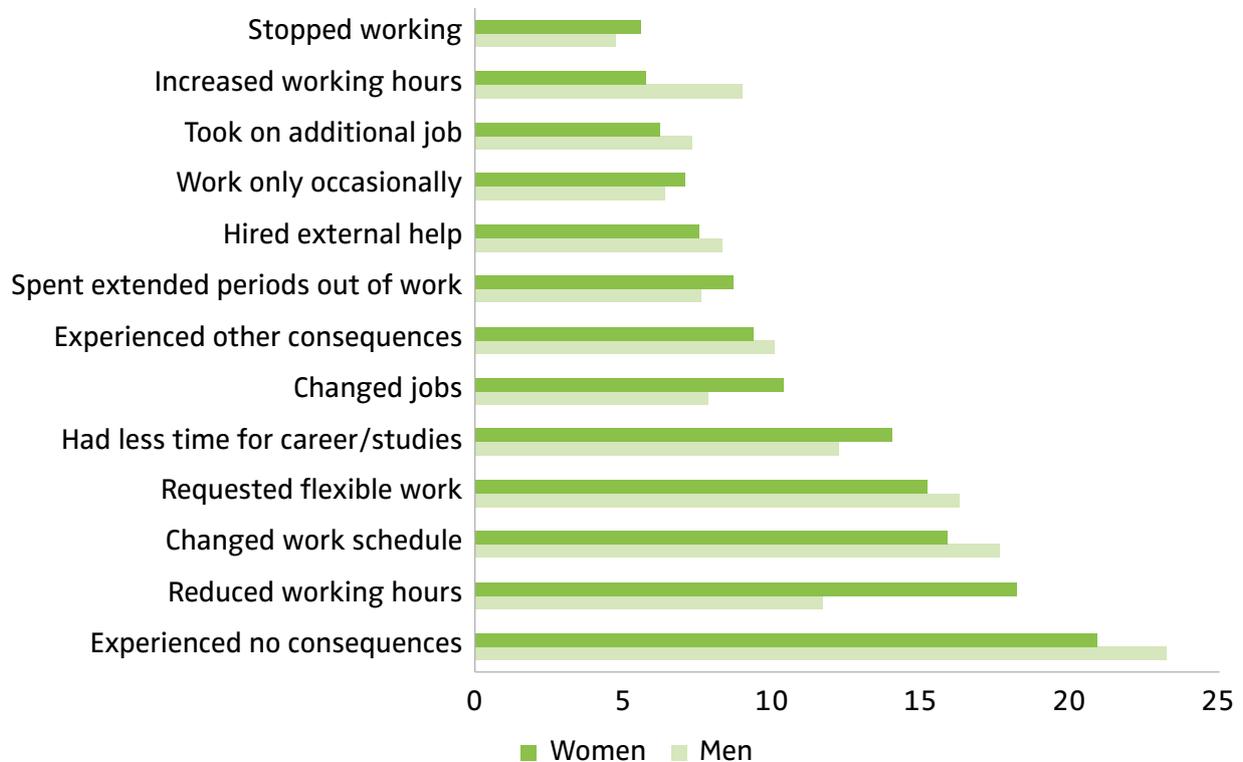
2.4.2. Impact of care and housework on working life and career

Caring and domestic responsibilities play a major role in shaping not just how women and men work and progress in their careers but whether they can work at all. Analysing these effects is key to tackling challenges around working time, flexibility and professional growth.

For many working respondents, caregiving leads to reduced working hours, changes in work schedules and requests for flexible working arrangements. Women are especially affected: 18 % say that they have reduced their working hours, compared with 12 % of men (Figure 48). Men are more likely to report increasing their working hours. This pattern echoes broader labour market trends: after having children, women often shift to part-time work, while men tend to increase their working time.

Other common impacts include having less time for one's career and studies or changing job, though these effects show little gender difference. Still, not everyone feels the strain: 21 % of women and 23 % of men say that their work and career have not been affected by their caring responsibilities.

Figure 48. Implications of caring responsibilities for working life or career (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample includes respondents who are employed or self-employed and providing childcare for their own or others' children. Weighted results.

Source: Q54. Have your caring responsibilities ever had any of the following implications for your working life or career? Please select all categories that apply.

2.5. Well-being and mental health

Well-being and mental health are increasingly important concerns across the EU. For many women, experiences of anxiety are often linked to the emotional strain of carrying a disproportionate share of care and domestic responsibilities. Men, on the other hand, are more likely to have their distress go undiagnosed due to gender norms that discourage emotional expression, vulnerability and help seeking. These gendered patterns also influence how symptoms are perceived and responded to, both by individuals themselves and by support systems. Without accounting for these differences, mental health responses risk overlooking key drivers of distress and failing to reach those most in need.

Box 5. Well-being and mental health: definition and scope

Well-being means an individual's overall perception of their health and quality of life, commonly assessed through self-reported health. Mental health, as a key component of well-being, involves the capacity to manage stress, maintain relationships and function in

daily life, and it is shaped by personal, social and structural factors. In this survey, mental health is measured through self-reported emotional well-being, life satisfaction and feelings of psychological distress.



Key findings

- **Emotional well-being is uneven across the population.** While 49 % of women and 56 % of men say that they felt cheerful and in good spirits all or most of the time over the previous two weeks, far fewer felt fresh and rested – just 31 % of women and 41 % of men.
- **Both women and men, especially long-term carers, regularly feel tense, downhearted or distressed.** Nearly 4 out of 10 long-term carers felt tense all or most of the time over the previous two weeks, compared with 1 in 4 non-carers.

2.5.1. General health status

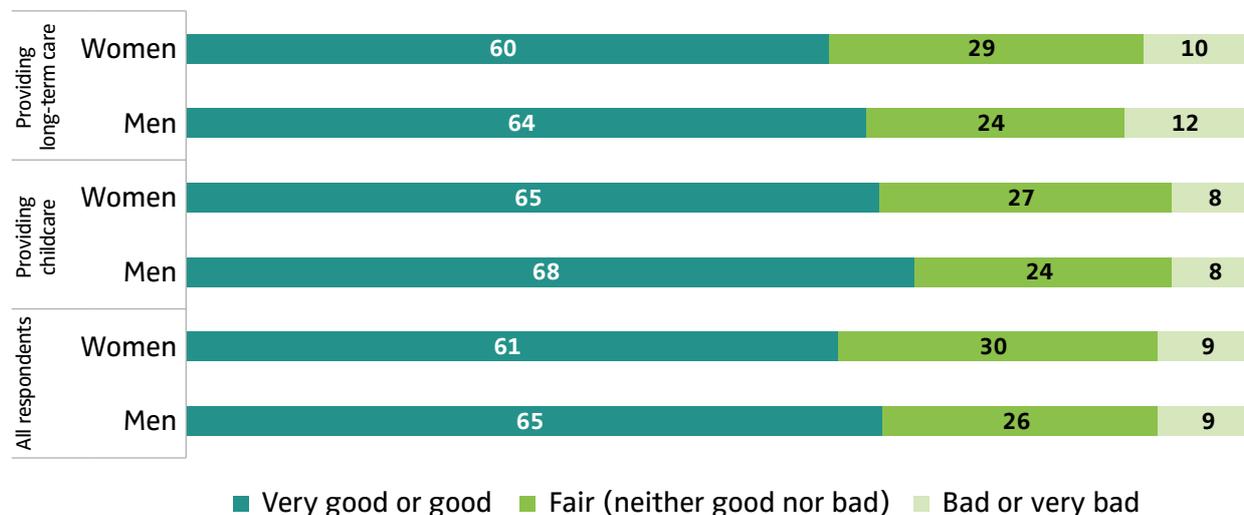
General health status provides a key lens for understanding how different forms of unpaid work impact quality of life. This metric sheds light on the potential toll of caregiving and housework and helps to explore how these responsibilities are shared.

Across the EU, most people (63 %) rate their health as very good or good, while 9 % describe it as bad or very bad. These results are similar to data collected from the overall population by Eurostat ⁽³⁾.

Gender gaps in self-perceived health are small overall, but caregiving responsibilities reveal subtle differences. Among those caring for children, men (68 %) are slightly more likely than women (65 %) to rate their health as good or very good ([Figure 49](#)). Among long-term carers, the gender gap is similar, but overall health status is rated lower: 64 % of men and 60 % of women consider their health to be good or very good.

⁽³⁾ Data from Eurostat's European Union Statistics on Income and Living Conditions (hlth_silc_01) shows that, in 2024, 66 % of women and 71 % of men in the EU reported having good or very good health.

Figure 49. Self-perceived general health (%), 16- to 74-year-olds, EU-27, 2024)



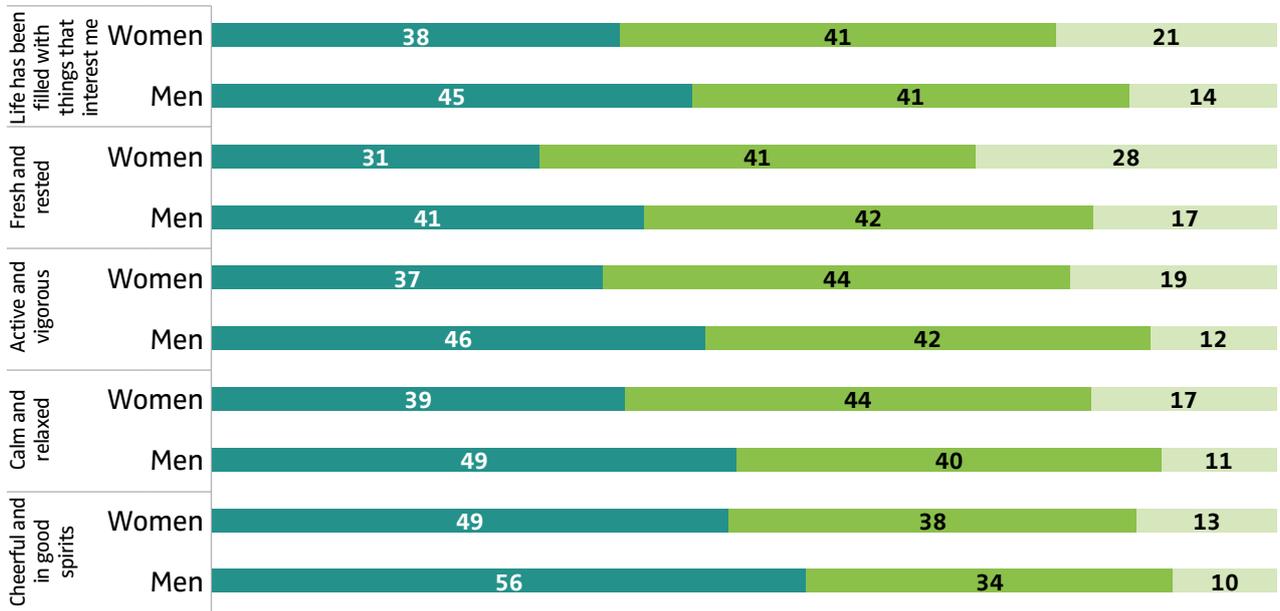
NB: For childcare activities, the sample includes respondents providing childcare for their own or others’ children. For long-term care activities, the sample includes respondents providing long-term care. Weighted results.
 Source: Q74. How is your health in general?

2.5.2. Emotional well-being and life satisfaction

Feelings like calmness, vitality or a sense of purpose in life can offer valuable insights into how women and men cope with life’s demands. When viewed through the lens of unpaid care and housework, carers’ emotional state provides a deeper understanding of the personal costs and occasional benefits of balancing childcare or long-term care with their own mental and emotional well-being.

Across the EU, emotional well-being is mixed. Many people say that they feel cheerful or calm most of the time, yet few feel fresh, rested, active or vigorous on a regular basis. For a notable share of respondents, these positive feelings are rare, suggesting a wider pattern of stress and emotional fatigue. Men consistently rate their emotional well-being higher than women across all dimensions. For example, almost half of men (49 %) say they felt calm and relaxed all or most of the time over the previous two weeks, compared with 39 % of women (Figure 50).

Figure 50. Emotional well-being and life satisfaction over the past two weeks (% , 16- to 74-year-olds, EU-27, 2024)



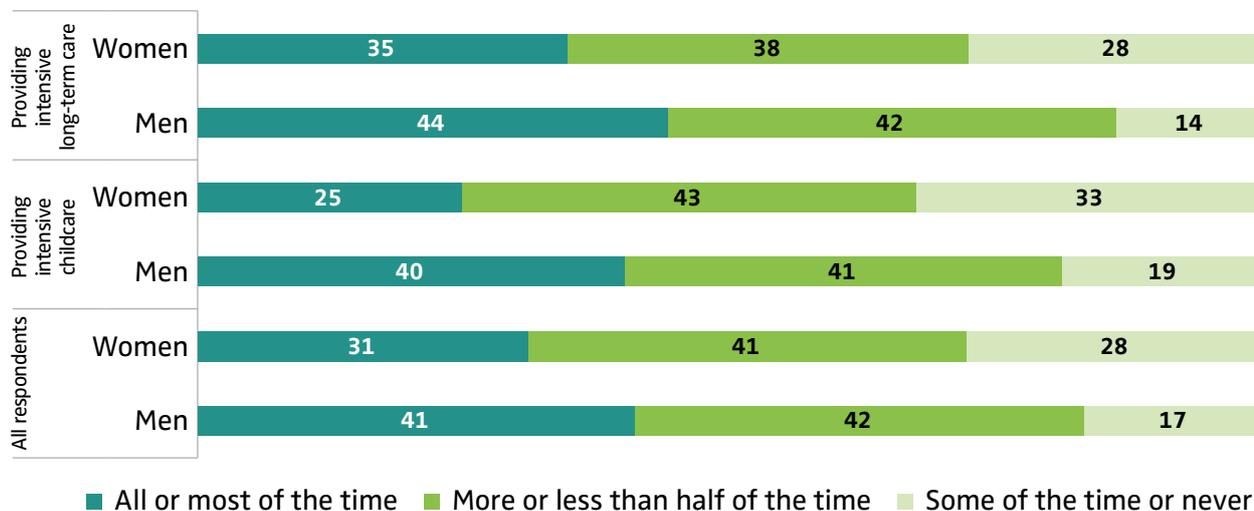
■ All or most of the time ■ More or less than half of the time ■ Some of the time or never

NB: Sample – all respondents. Weighted results. ‘All or most of the time’ includes responses ‘all of the time’ and ‘most of the time’; ‘More or less than half of the time’ includes answer categories ‘more than half of the time’ and ‘less than half of the time’; ‘Some of the time or never’ includes answer categories ‘some of the time’ and ‘at no time’.

Source: Q75. Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks.

Provision of intensive long-term care (more than 21 hours per week) or childcare (more than 35 hours per week) has varying effects on self-reported emotional well-being and life satisfaction (Figure 51). Both women and men who provide intensive long-term care report slightly higher levels of feeling fresh and rested all or most of the time than the overall average. However, the emotional load of intensive childcare is more evident: while 40 % of men providing intensive childcare feel fresh and rested all or most of the time – just 1 pp below the average for all men – 25 % of women report the same, revealing a substantial gender gap.

Figure 51. Emotional well-being (feeling fresh and rested) over the past two weeks by type of informal care (% , 16- to 74-year-olds, EU-27, 2024)



NB: For intensive childcare activities, the sample includes respondents caring over 35 hours per week for their own child. For intensive long-term care activities, the sample includes respondents caring over 21 hours per week for their main care recipient. Weighted results. 'All or most of the time' includes responses 'all of the time' and 'most of the time'; 'More or less than half of the time' includes answer categories 'more than half of the time' and 'less than half of the time'; 'Some of the time or never' includes answer categories 'some of the time' and 'at no time'.

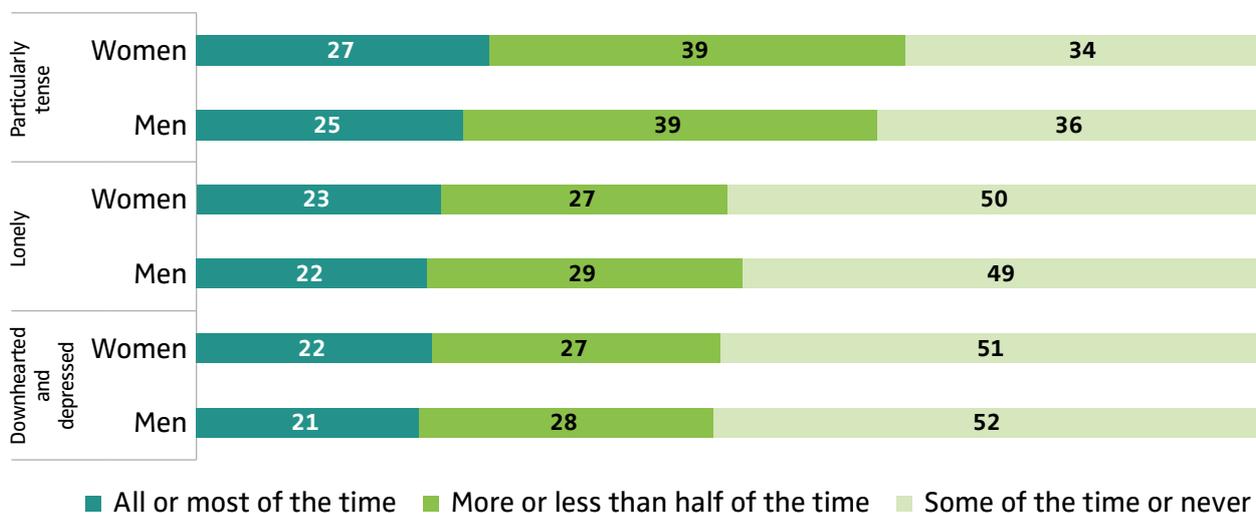
Source: Q75. Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Responses for I woke up feeling 'fresh and rested'.

2.5.3. Psychological distress and challenges

While emotional well-being can capture positive states of mind, it is equally important to examine indicators of psychological strain. Feelings of loneliness, constant tension or low mood reveal the pressures of caregiving and daily domestic demands, offering a fuller picture of how caregiving impacts the mental health of women and men in the EU.

A substantial share of both women and men live with psychological distress (Figure 52). One in five women (22 %) and men (21 %) felt downhearted and depressed more than half of the time in the previous two weeks. Loneliness was just as common, reported by 23 % of women and 22 % of men.

Figure 52. Feelings of psychological distress and challenges over the past two weeks (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample – all respondents. Weighted results. ‘All or most of the time’ includes responses ‘all of the time’ and ‘most of the time’; ‘More or less than half of the time’ includes answer categories ‘more than half of the time’ and ‘less than half of the time’; ‘Some of the time or never’ includes answer categories ‘some of the time’ and ‘at no time’.
 Source: Q76. Please indicate for each of the three statements which is closest to how you have been feeling over the last two weeks.

The intensity of caregiving increases psychological distress for women and men providing long-term care. While psychological distress among respondents providing intensive childcare is on par with all respondents, it is much higher among those providing intensive long-term care, especially among men (Figure 53). About 36 % of women and 40 % of men providing intensive long-term care report feeling particularly tense all or most of the time in the two weeks preceding the survey.

Figure 53. Respondents feeling particularly tense all or most of the time over the past two weeks by type of informal care (% , 16- to 74-year-olds, EU-27, 2024)



NB: For intensive childcare activities, the sample includes respondents caring over 35 hours per week for their own child. For intensive long-term care activities, the sample includes respondents caring over 21 hours per week for their main care recipient. Weighted results.
 Source: Q76. Please indicate for each of the three statements which is closest to how you have been feeling over the last two weeks. Responses for I have felt ‘particularly tense’.

2.6. Leisure time activities

The ability to pursue personal interests, relax and participate in social activities is essential to overall quality of life. An analysis of leisure time reveals how traditional gender roles shape leisure activities for women and men. The disproportionate impact of care responsibilities on women limits their time and leisure opportunities far more than men's.

Box 6. Leisure: definition and scope

Leisure is understood as time spent outside paid and unpaid work. Leisure activities include sports, religious and cultural activities, relaxing, meeting family and friends, sightseeing, holidays, watching TV, listening to the radio and hobbies. Leisure excludes volunteering and life-sustaining activities (e.g. personal care, eating, sleeping and visiting the doctor).



Key findings

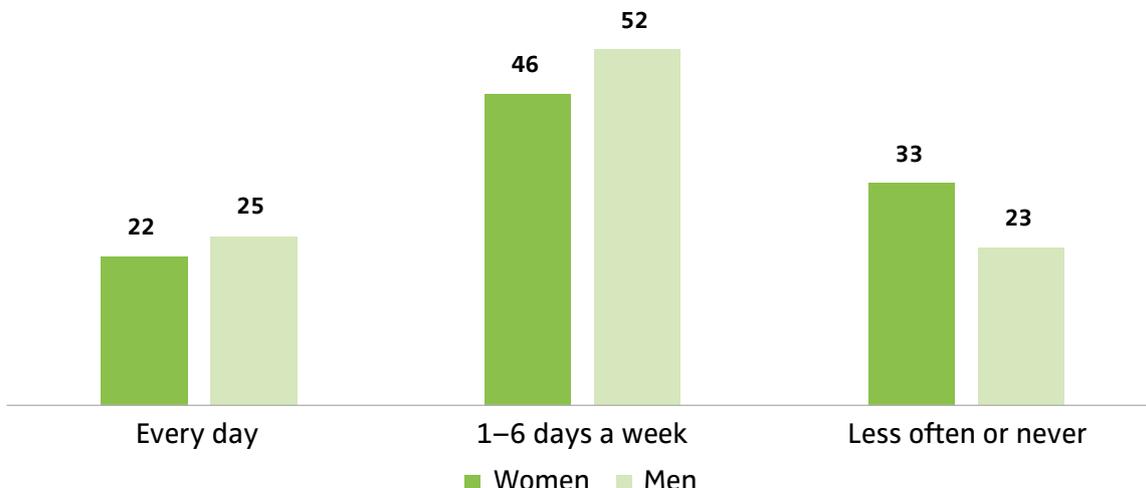
- **Women can make less time for leisure activities.** Among people aged 40–54, nearly 40 % of women take part in leisure activities less than once a week, compared with 26 % of men.
- **The gender gaps extend to health-enhancing physical activities.** Among those who make time for leisure, 21 % of women say they are not engaged in health-enhancing activities, compared with 12 % of men.

2.6.1. Prevalence of leisure activities

Time for leisure, its frequency and its regularity reveal how women and men navigate their responsibilities and create space for themselves. Looking at this dimension helps uncover whose time is more protected and whose is more constrained by care and domestic demands.

Women are less likely than men to take part regularly in leisure activities ([Figure 54](#)). For example, 68 % of women enjoy leisure activities at least once a week, compared with 77 % of men. One in three women (33 %) make time for leisure only very rarely or never, compared with 23 % of men.

Figure 54. Frequency of involvement in leisure activities (% , 16- to 74-year-olds, EU-27, 2024)

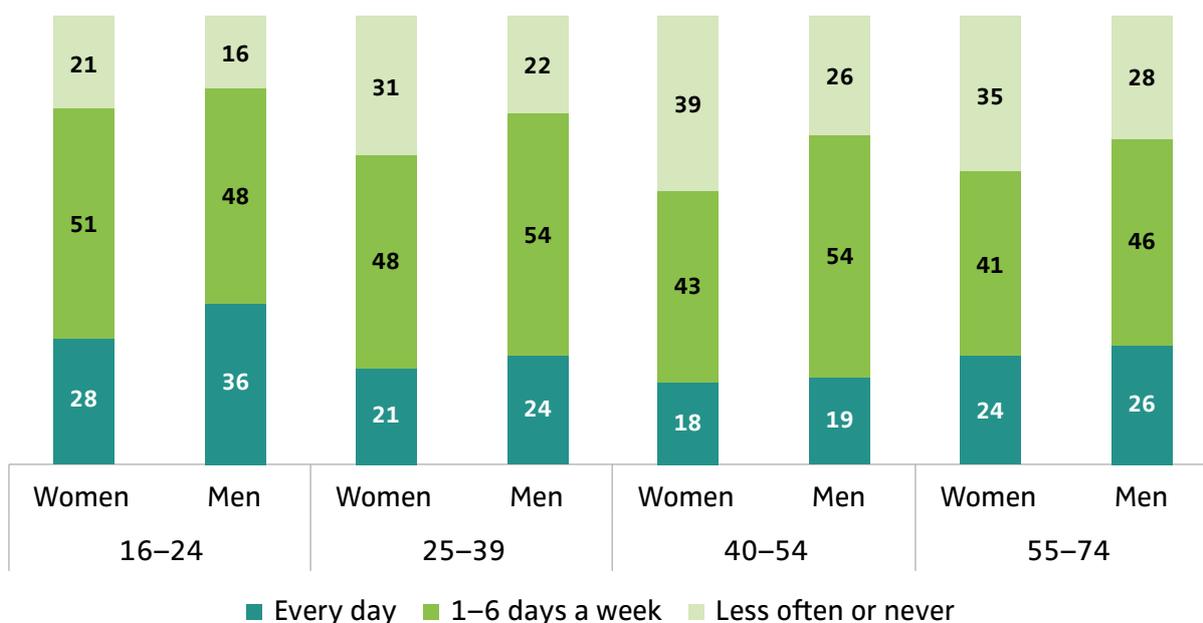


NB: Sample – all respondents. ‘1-6 days a week’ includes ‘4-6 days a week’ and ‘1-3 days a week’ responses. Weighted results.

Source: Q62. In a typical week, how often are you involved in leisure activities?

Participation in leisure activities at least once a week is highest among 16- to 24-year-olds (79 % of women, 84 % of men) (Figure 55). However, fewer women than men make time for daily leisure activities across all age groups. The gap is widest among the youngest: 28 % of women aged 16-24 enjoy leisure every day, compared with 36 % of young men.

Figure 55. Frequency of involvement in leisure activities by age group (years) (% , 16- to 74-year-olds, EU-27, 2024)

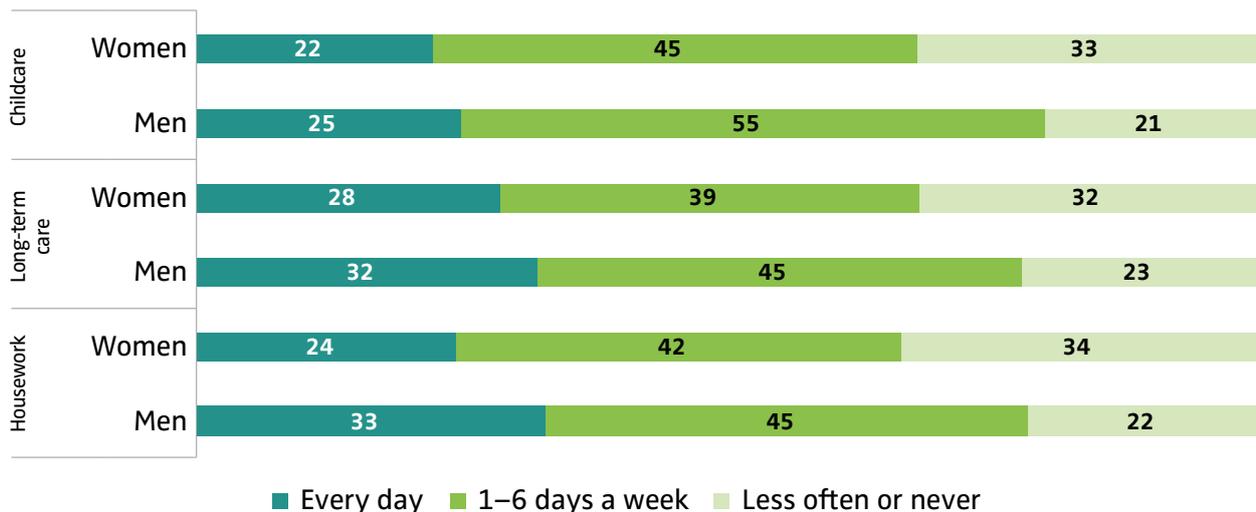


NB: Sample – all respondents. ‘1-6 days a week’ includes ‘4-6 days a week’ and ‘1-3 days a week’ responses. Weighted results.

Source: Q62. In a typical week, how often are you involved in leisure activities?

Care responsibilities reveal notable gender gaps in leisure time. Across all types of care, men consistently make more time for leisure than women (Figure 56). For example, a third of women caring for children (33 %) enjoy leisure less than once a week or never, compared with 21 % of men in the same role.

Figure 56. Frequency of involvement in leisure activities by type of informal care (% , 16- to 74-year-olds, EU-27, 2024)



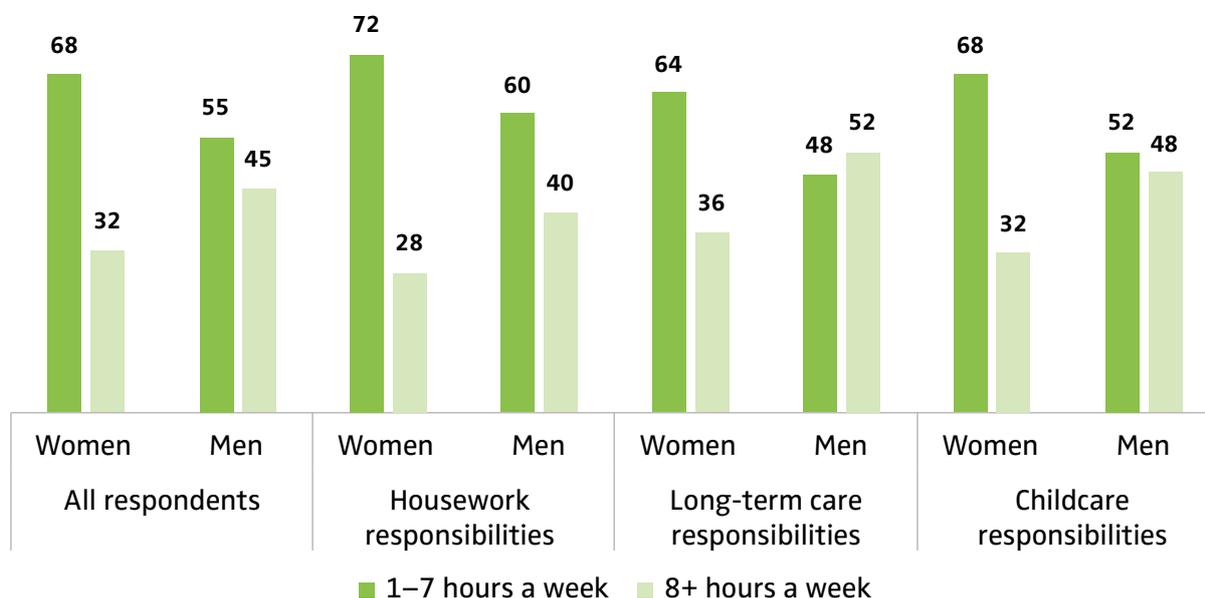
NB: For childcare activities, the sample includes respondents caring for their own or others’ children. For long-term care activities, the sample includes respondents providing long-term care. For housework activities, the sample includes respondents who are involved in housework. ‘1–6 days a week’ includes ‘4–6 days a week’ and ‘1–3 days a week’ responses. Weighted results.

Source: Q62. In a typical week, how often are you involved in leisure activities?

2.6.2. Frequency of engagement in leisure activities, such as cultural activities, holidays and hobbies

Time spent on cultural and recreational activities plays a vital role in enriching personal development, strengthening social connections and supporting mental well-being. Most people spend relatively little time (1–7 hours a week) on leisure activities like cultural activities, holidays and hobbies (Figure 57). Overall, women spend less time on leisure than men. For example, 68 % of women who engage in leisure usually spend one to seven hours a week on leisure, compared with 55 % of men. About one in two men (45 %) dedicate eight or more hours every week to leisure compared with 32 % of women.

Figure 57. Time spent on leisure activities (e.g. cultural activities, holidays, hobbies) by type of informal care (% , 16- to 74-year-olds, EU-27, 2024)



NB: For childcare activities, the sample includes respondents caring for their own or others' children. For long-term care activities, the sample includes respondents providing long-term care. For housework activities, the sample includes respondents who are involved in housework. Weighted results.

Source: Q63. How many hours in a typical week do you spend on leisure activities (e.g. cultural activities, holidays, hobbies), excluding sports?

A clear gender gap in leisure time persists among people with care responsibilities. The majority of women (72 %) with daily housework duties spend one to seven hours a week on leisure compared with 60 % of men in the same situation. Overall, both women and men who have daily housework duties tend to spend less time on leisure than the general population.

Men with childcare responsibilities spend slightly more time on leisure than men in the general population: 48 % report eight or more hours per week compared with 45 %. For women, the share remains the same, at 32 %. Overall, a large gender gap of 16 pp shows that men with childcare duties are far more likely than women to enjoy at least eight hours of leisure per week. This highlights how unequal childcare limits women's access to free time.

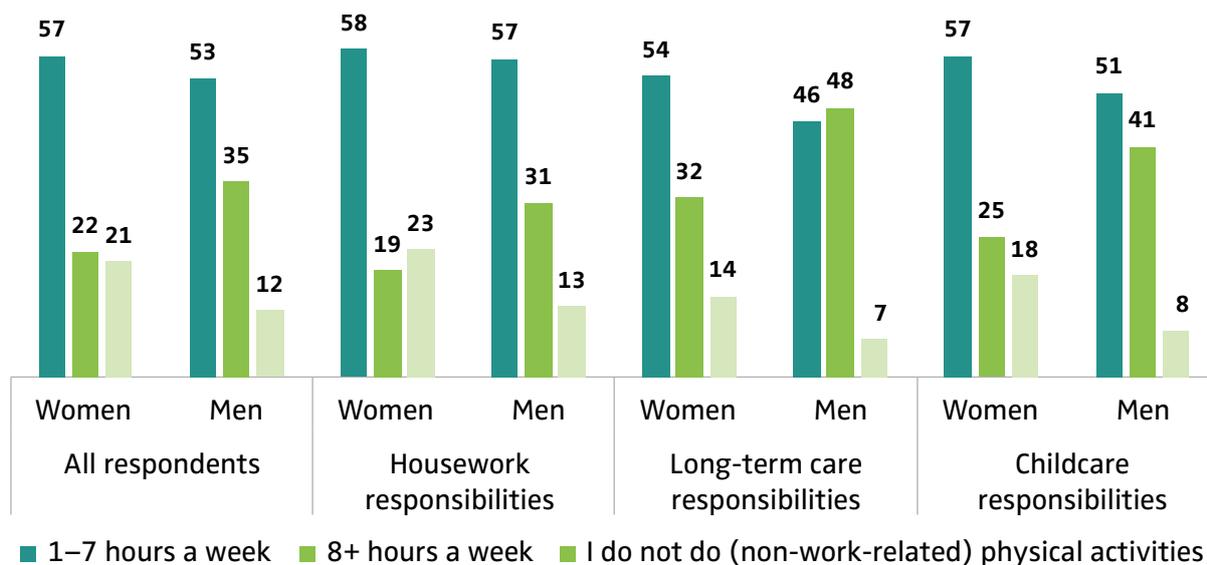
2.6.3. Frequency of engagement in health-enhancing physical activities, such as sports, jogging or cycling

Health-enhancing physical activity is a form of leisure that also contributes directly to long-term well-being and illness prevention. Looking at how women and men spend their time on such activities offers insight into both health behaviour habits and broader patterns of time use.

Most people who engage in health-enhancing physical activities do so for one to seven hours per week (Figure 58). Noticeable gender differences appear as the hours of activity increase. Among those who can make time for leisure, 35 % of men spend eight or more hours a week on

health-enhancing physical activities, compared with 22 % of women. A difference also exists between women and men who do not take part in any sports, jog or cycle (21 % and 12 %, respectively).

Figure 58. Time spent on health-enhancing physical activities by type of informal care and sex (% , 16- to 74-year-olds, EU-27, 2024)



NB: For childcare activities, the sample includes respondents caring for their own or others’ children. For long-term care activities, the sample includes respondents providing long-term care. For housework activities, the sample includes respondents who are involved in housework. Weighted results.

Source: Q64. How many hours in a typical week do you spend on health-enhancing (non-work-related) physical activities (e.g. sports, jogging, cycling)?

For people who do housework every day, time for health-enhancing physical activities tends to shrink. Fewer women and men with daily housework duties are able to participate in sports, jog or cycle for eight or more hours a week than the general population.

The gaps grow wider among women and men with care responsibilities. Men consistently enjoy more hours per week in sports than women. For example, among those who are engaged in long-term care and make some time for leisure, nearly half of men (48 %) stay active for eight or more hours per week, compared with 32 % of women.

2.7. Voluntary, charitable and political activities

Volunteering, charity work and political engagement help to reveal how time and resources are shared beyond paid work. The way women and men take part in these activities often reflects deeper inequalities linked to care duties and work–life balance.

Box 7. Voluntary, charitable and political activities: definition and scope

Volunteering is understood as an unpaid activity in which someone gives their time to help a not-for-profit organisation or an individual they are not related to. Volunteering includes, for example, engaging in cultural, educational, sporting or charitable activities; distributing food; teaching; providing medical support, animal care, art and music; performing environmental work; fundraising; and managing donations. 'Political activities' refers to running or helping a political campaign, distributing campaign material, signing a petition, protesting, contacting officials, etc.



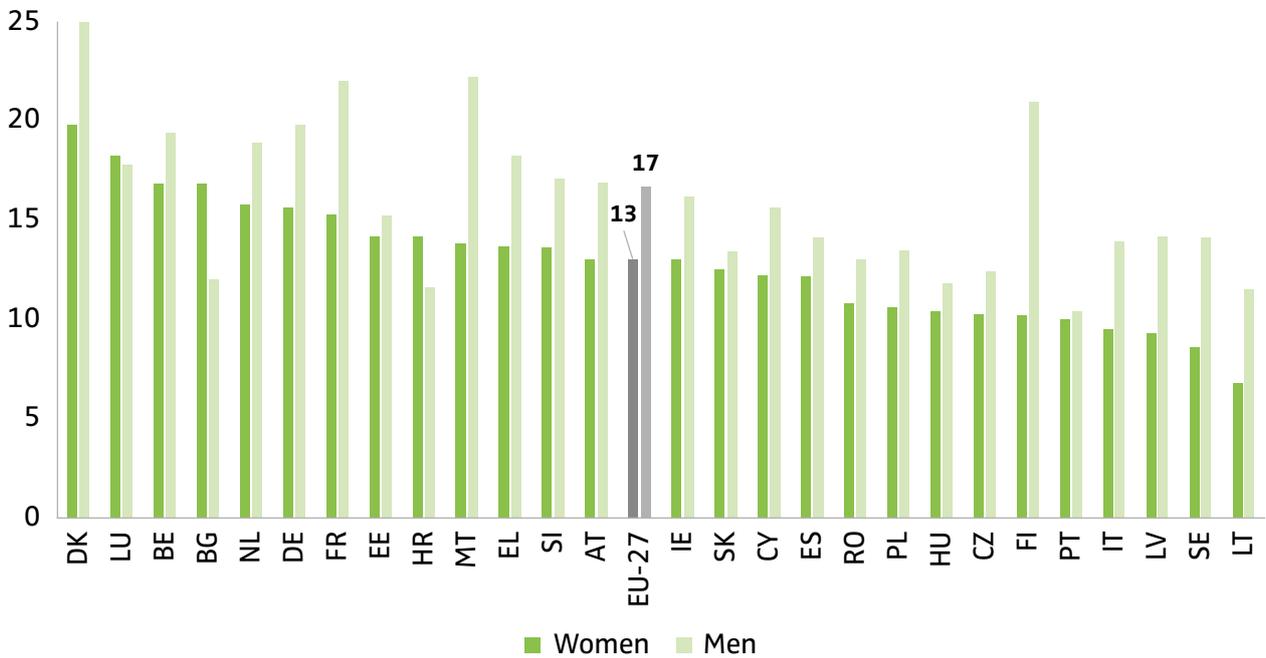
Key findings

- **Men outpace women in the amount of time they dedicate to voluntary, charitable and political activities.** Nearly half of men involved in these activities (47 %) spend eight or more hours a week on them, compared with one in three women (33 %).
- **Even with care or housework duties, men make more time for voluntary, charitable and political activities.** Among people with caring duties, 15 % of men take part in political activities at least once a week, compared with 9 % of women in a similar situation.

2.7.1. Prevalence of voluntary, charitable and political activities

Overall, in the EU, women and men are equally engaged in voluntary, charitable or political activities. However, participation rates vary across Member States ([Figure 59](#)).

Figure 59. Involvement in voluntary, charitable or political activities at least one day per week (% , 16- to 74-year-olds, EU-27, 2024)

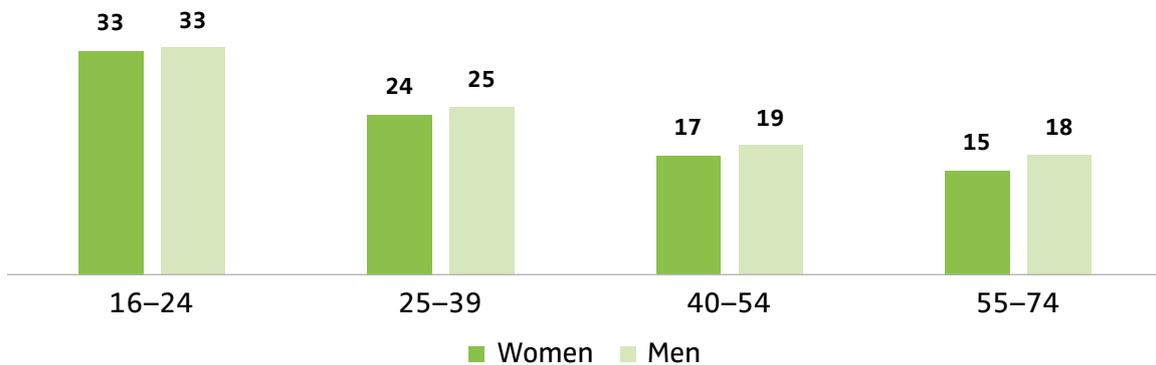


NB: Sample – all respondents. Weighted results.

Source: Q65. In the last 6 months, have you been involved in voluntary, charitable or political activities outside of paid work?

Involvement in voluntary, charitable or political activities declines steadily with age for both women and men (Figure 60). The youngest lead the way. One in three young women and men aged 16–24 are active in civic and political activities, compared with 15 % of women and 18 % of men aged 55–74.

Figure 60. Involvement in voluntary, charitable or political activities by age group (years) (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample – all respondents. Weighted results.

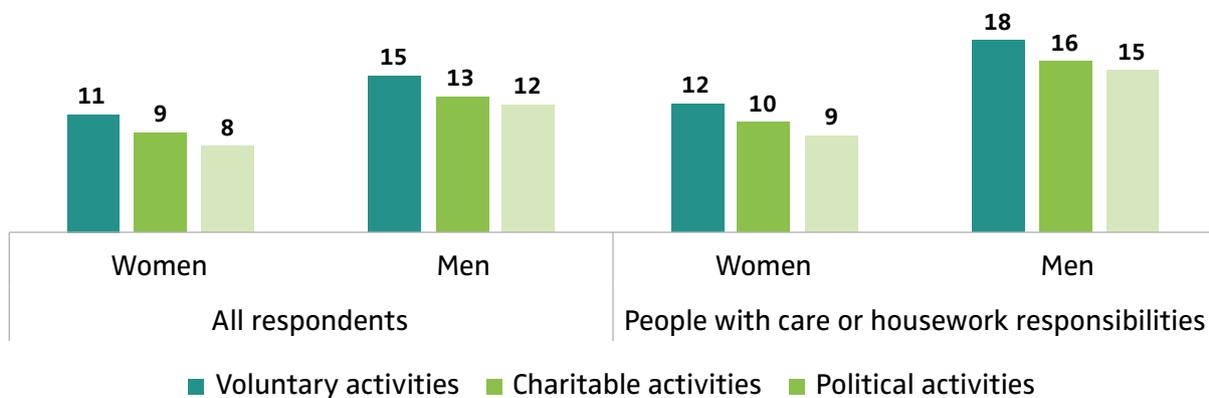
Source: Q65. In the last 6 months, have you been involved in voluntary, charitable or political activities outside of paid work?

2.7.2. Frequency of engagement in voluntary, charitable and political activities

When looking at the frequency of involvement in all three types of civic activities separately, men generally tend to participate more regularly than women. For example, 15 % of men volunteer at least once a week compared with 11 % of women (Figure 61).

The gender gap in participation widens among people with care duties. For example, 12 % of women with such responsibilities volunteer at least once a week, compared with 18 % of men in the same situation. The same trend appears in relation to charitable and political activities. Men with care duties stay more actively engaged in civic and political life than women.

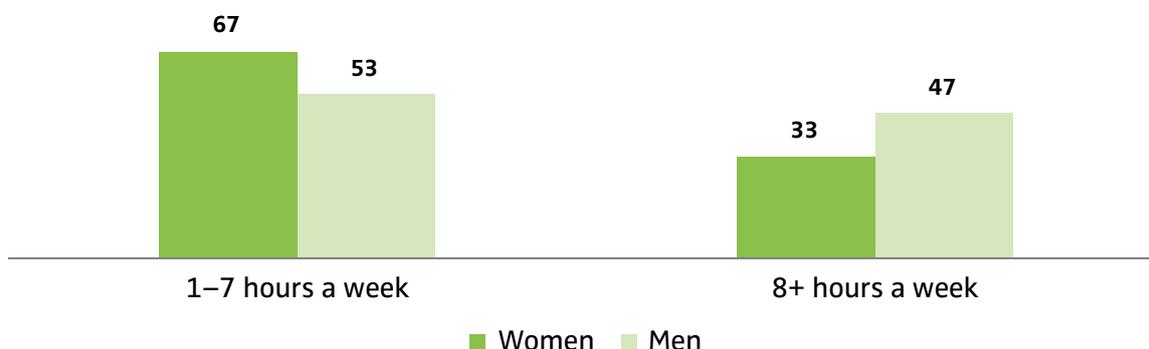
Figure 61. Weekly involvement in voluntary, charitable or political activities by type of informal care (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample includes respondents who care for their own or others’ children, provide long-term care or carry out housework every day. ‘Weekly involvement’ includes ‘every day’, ‘4–6 days a week’ and ‘1–3 days a week’ responses. Weighted results. Source: Q66. How often are you involved in the following voluntary, charitable or political activities outside of paid work?

Most people who take part in voluntary, charitable or political activities dedicate a few hours each week – typically between one and seven (Figure 62). However, men are more likely than women to give more of their time. Nearly half of men involved in these activities (47 %) spend eight hours or more per week engaged in them, compared with one in three women (33 %).

Figure 62. Time spent on voluntary, charitable or political activities outside paid work (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample includes respondents who are involved in voluntary, charitable or political activities outside of paid work. Weighted results.

Source: Q67. How many hours in a typical week do you spend on voluntary, charitable or political activities outside of paid work?

2.8. Transport, digitalisation and environment

Transport, digitalisation and environmental patterns of behaviours are integral to individuals’ daily lives. They have an impact on autonomy, access to opportunities and overall well-being. For those who bear care responsibilities and navigate complex work–life balance challenges, the availability of diverse transport options, the integration of digital tools into daily routines and the ability to make sustainable choices help to determine time use, economic independence and social participation.

Box 8. Transport, digitalisation and environment: definition and scope

This chapter covers the means of transport most used by women and men, including transport to work. It also measures digitalisation, understood as the use of digital tools and resources (apps, web platforms, etc.) in performing childcare, long-term care and housework tasks. It also covers environmental actions motivated by environmental concern, including in informal care, childcare, housework and leisure activities (e.g. avoiding single-use items, recycling, choosing more carbon-neutral activities).

Key findings

- **Women rely more on sustainable modes of transport than men**, often opting for walking and public transport. Use of public transport is especially common among women aged 16–24, with 55 % using public transport regularly, compared with 42 % of men.
- **Digital tool usage for caregiving and housework varies notably by age**, with younger individuals using them more frequently. Among respondents aged 16–24, 45 % of women

and 48 % of men use digital tools for housework weekly, compared with 26 % of women and 24 % of men aged 55–74.

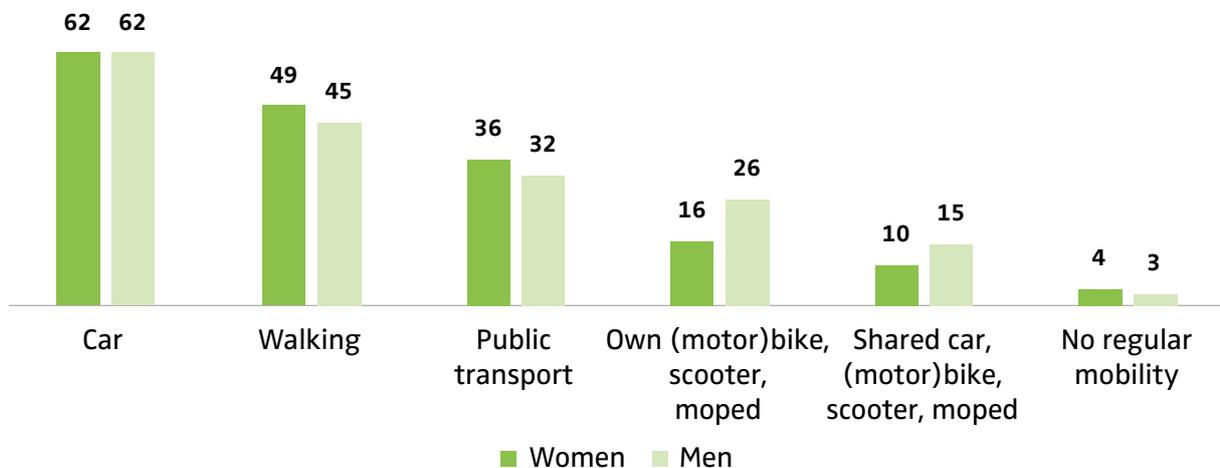
- **Overall, women are slightly more engaged than men in various types of sustainable behaviour.** For example, 71 % of women recycle regularly, compared with 65 % of men.

2.8.1. Main modes of transport

Mobility patterns reflect not only geographic and infrastructural factors, but also daily routines and mobility needs shaped by gender roles and responsibilities. Analysing whether women and men rely on cars, walking or public transport offers insight into broader inequalities in access, autonomy, environmental concerns and time use.

Cars are the main mode of transport for both women and men (Figure 63). Walking is the next most common mode of transport, with women walking slightly more often than men. Public transport follows and is also more regularly used by women. Gender gaps are more evident in the use of one's own or a shared (motor)bike, scooter or moped.

Figure 63. Most frequently used means of transport in a typical week (% , 16- to 74-year-olds, EU-27, 2024)

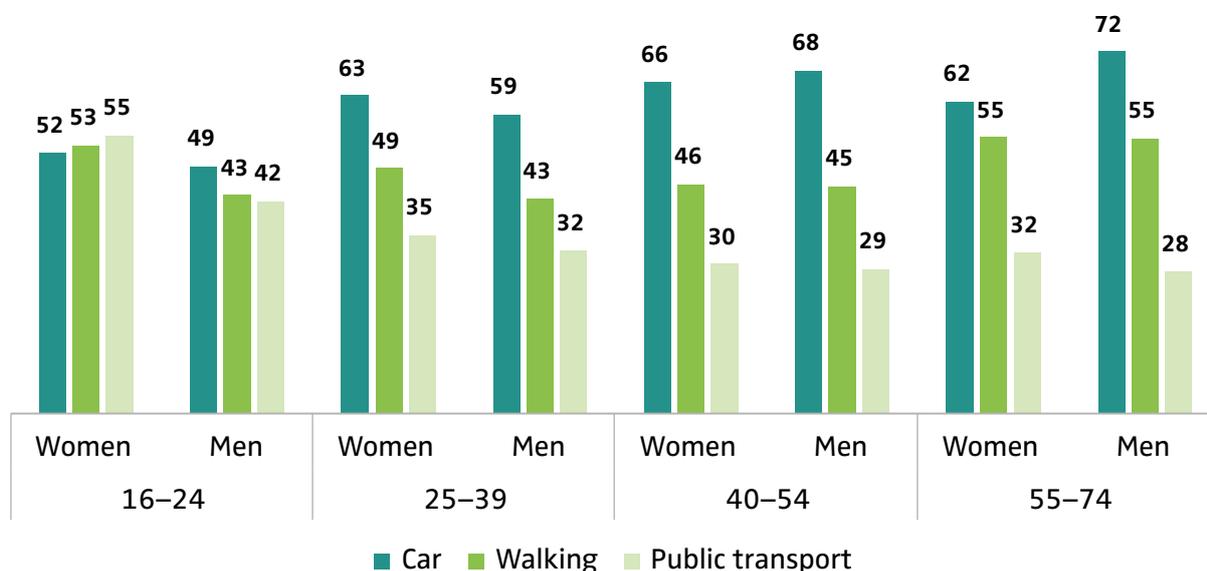


NB: Sample – all respondents. Weighted results.

Source: Q68. What means of transport do you use most often during a typical week? This includes transport to work. Please select up to 3 that you use most often.

Use of public transport is highest among 16- to 24-year-olds (Figure 64). Across all age groups, women consistently use public transport more than men, with the gender gap most visible in the youngest age group (55 % of women compared with 42 % of men). Conversely, car reliance tends to increase with age for both women and men.

Figure 64. Use of car, walking and public transport as the most common means of transport in a typical week by age group (years) (% , 16- to 74-year-olds, EU-27, 2024)



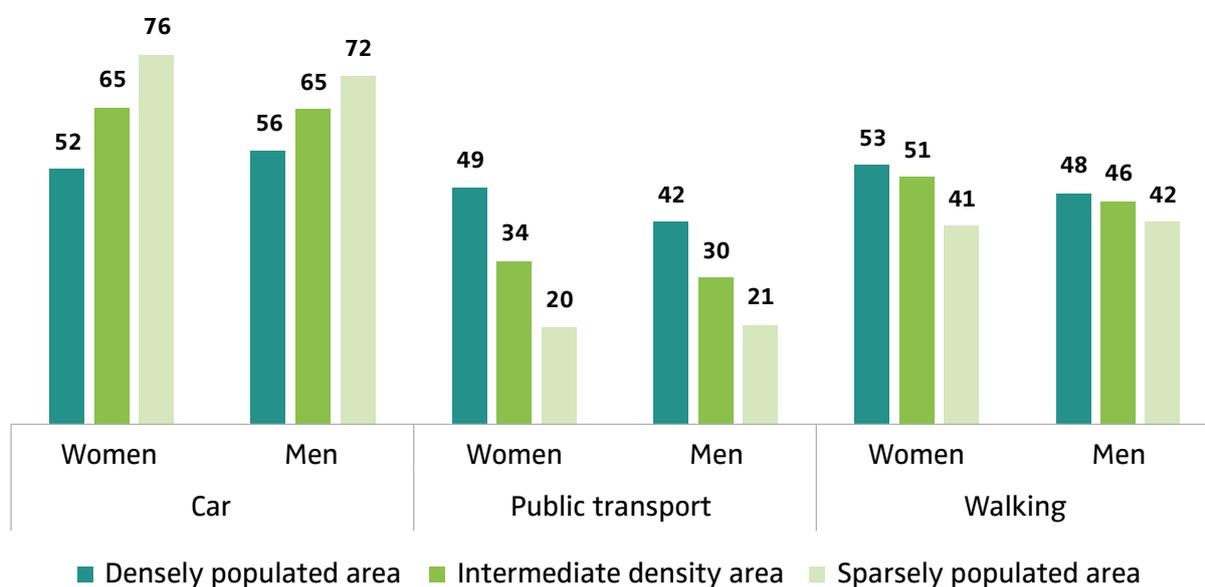
NB: Sample – all respondents. Weighted results.

Source: Q68. What means of transport do you use most often during a typical week? This includes transport to work. Please select up to 3 that you use most often.

In rural areas, both women and men rely more on cars as their most common means of transport than their urban counterparts (Figure 65). In densely populated areas, men use cars slightly more often than women, while, in sparsely populated areas, car use is a little higher among women.

The opposite mobility pattern is observed for public transport and walking, the use of which drops as population density decreases. In cities, nearly half of women (49 %) and 42 % of men use public transport most often, but in rural areas these figures fall to 20 % and 21 %, respectively.

Figure 65. Use of car, public transport and walking as the most common means of transport in a typical week by degree of urbanisation (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample – all respondents. Weighted results.

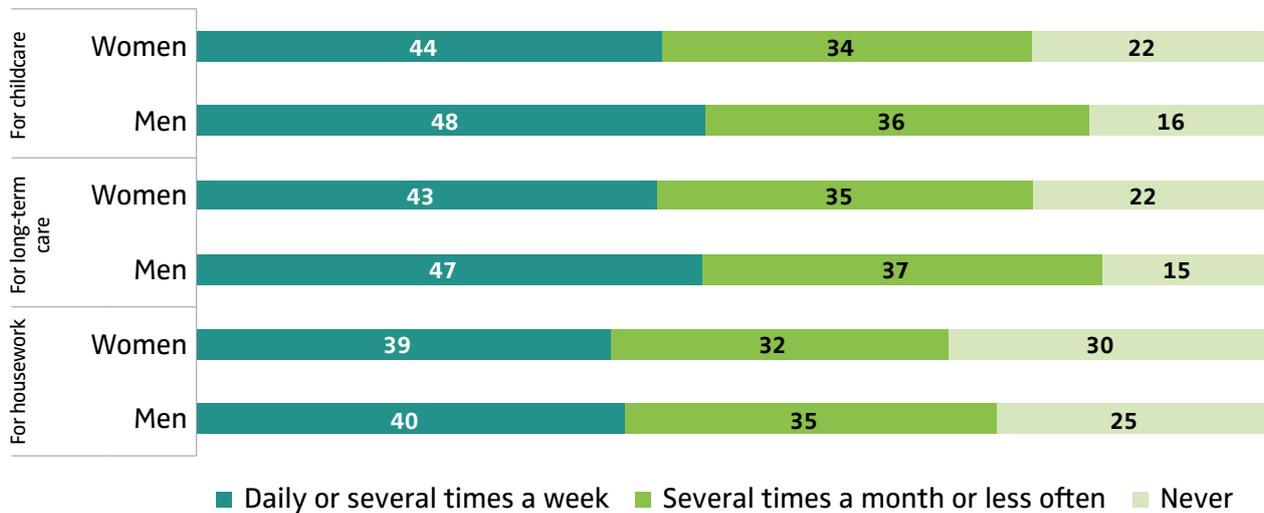
Source: Q68. What means of transport do you use most often during a typical week? This includes transport to work. Please select up to 3 that you use most often.

2.8.2. Use of digital tools in unpaid care and housework activities

Digital technologies increasingly support informal care and domestic work, yet not everyone can access them. Exploring how often and in what contexts women and men use such tools reveals important insight into how usage is shaped by age, caring tasks and broader patterns of digital inclusion and responsibility.

People are generally less likely to use digital tools for housework (e.g. robot vacuums, smart home devices, robotic lawnmowers or grocery delivery apps) than for childcare or long-term care (Figure 66). Around 30 % of women and 25 % of men say that they never use such tools for household chores. More people engage with digital tools that support long-term care (e.g. e-health platforms or medication reminder apps) or childcare (e.g. online learning, childcare management apps and tools or leisure time tools).

Figure 66. Frequency of use of digital tools in childcare, long-term care and housework activities (% , 16- to 74-year-olds, EU-27, 2024)

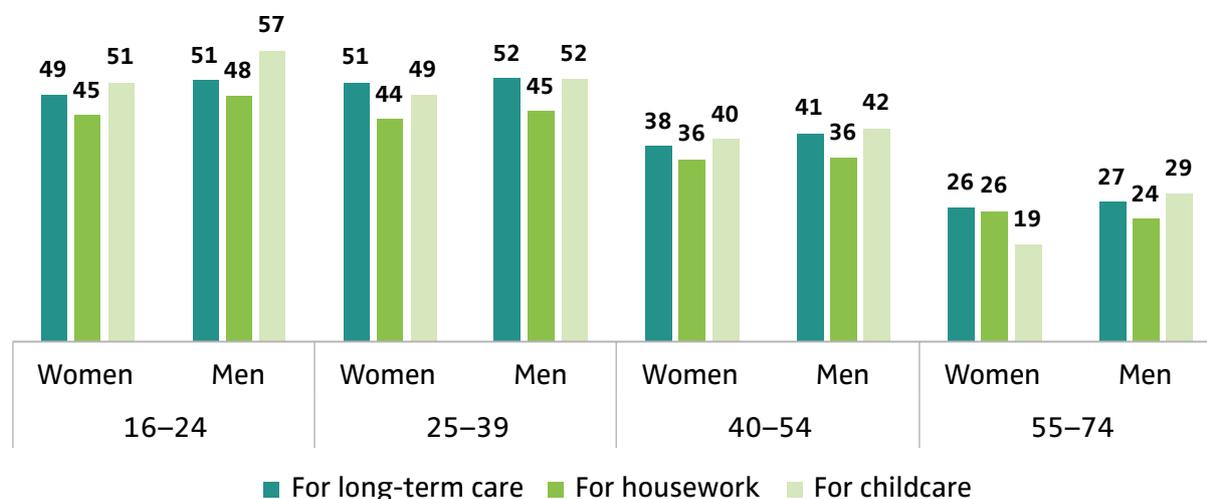


NB: For childcare activities, the sample includes respondents caring for their own or others’ children. For long-term care activities, the sample includes respondents providing long-term care. For housework activities, the sample includes respondents who are involved in housework. Weighted results.

Source: Q69. How often do you use digital tools and resources in any way related to your role as a carer for people who depend on help with daily living activities (e.g. e-health tools, web platforms / apps with reminders about medications), housework tasks you perform (e.g. vacuum robot, smart homes, robotic lawn mowers, ordering grocery delivery) or childcare activities you perform (e.g. online learning, childcare management apps and tools, leisure time tools)?

The use of digital tools in unpaid care differs notably by age ([Figure 67](#)). Younger adults are far more likely to use technology regularly to assist with caregiving than older people. For instance, one in two young women aged 16–24 (51 %) use digital tools regularly to support childcare compared with 19 % of women aged 55–74. Men are a little more likely than women to use digital tools regularly in all types of care. Among older adults (55- to 74-year-olds), nearly a third of men (29 %) use digital tools to support childcare, compared with 19 % of women.

Figure 67. Weekly use of digital tools in childcare, long-term care and housework activities by age group (years) (% , 16- to 74-year-olds, EU-27, 2024)



NB: For childcare activities, the sample includes respondents caring for their own or others' children. For long-term care activities, the sample includes respondents providing long-term care. For housework activities, the sample includes respondents who are involved in housework. Weighted results.

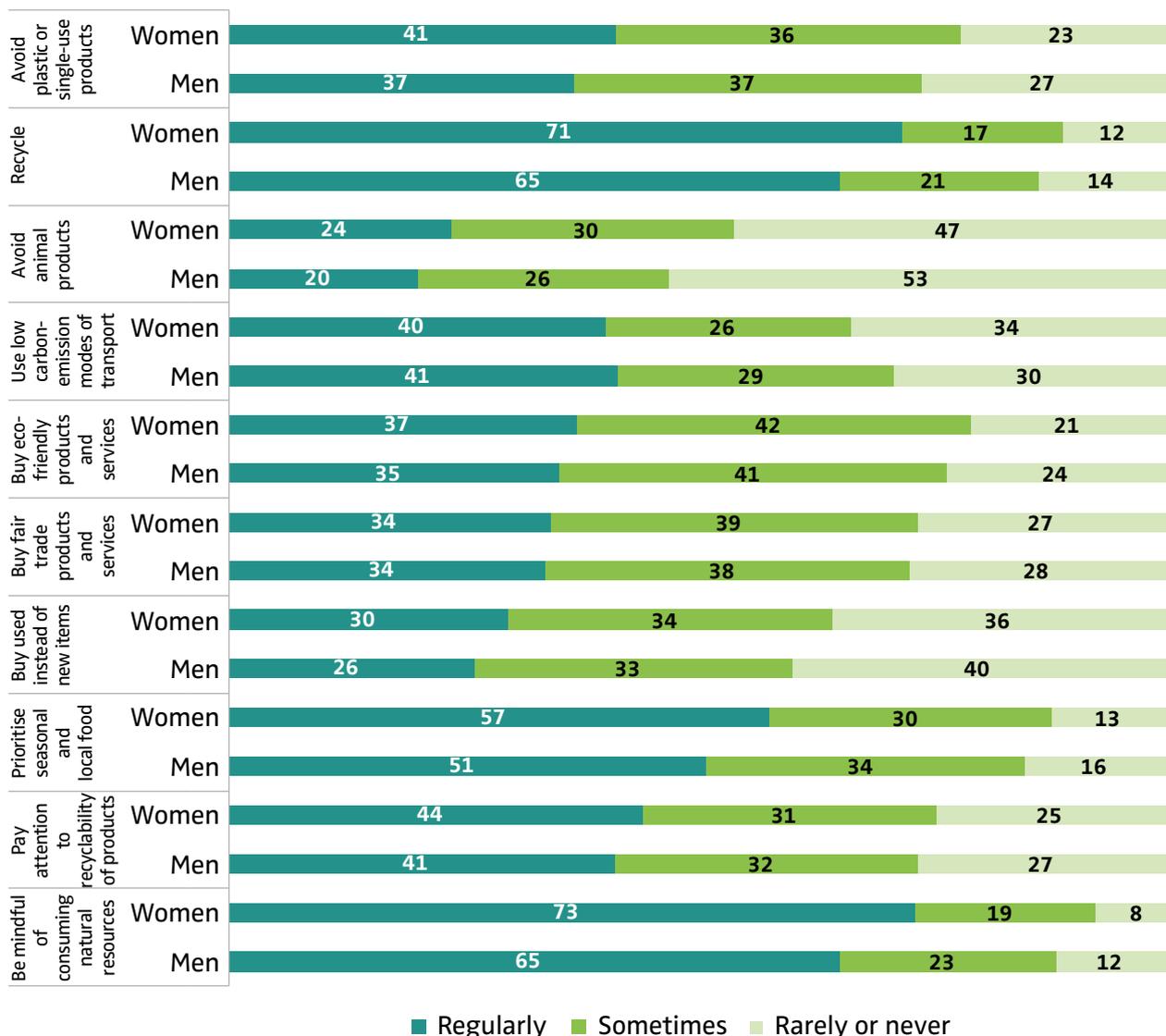
Source: Q69. How often do you use digital tools and resources in any way related to your role as a carer for people who depend on help with daily living activities (e.g. e-health tools, web platforms / apps with reminders about medications), housework tasks you perform (e.g. vacuum robot, smart homes, robotic lawn mowers, ordering grocery delivery) or childcare activities you perform (e.g. online learning, childcare management apps and tools, leisure time tools).

2.8.3. Sustainable consumption and behaviour

Sustainable consumption and environmental actions reflect people's awareness, values and ability to act in environmentally responsible ways. Looking at sustainable behaviours through a gender lens reveals consistent gender patterns in environmental engagement, shaped by daily routines, social roles and caregiving responsibilities.

Not all sustainable practices are equally common. Recycling, for example, is far more common than others, such as avoiding animal products (Figure 68). Women lead the way in sustainable consumption and behaviour. For example, 71 % of women say that they recycle regularly, compared with 65 % of men. A similar gap shows up in mindful use of natural resources (water, electricity, heating): 73 % of women are regularly mindful of their usage, compared with 65 % of men.

Figure 68. Frequency of engagement in sustainable consumption practices (% , 16- to 74-year-olds, EU-27, 2024)



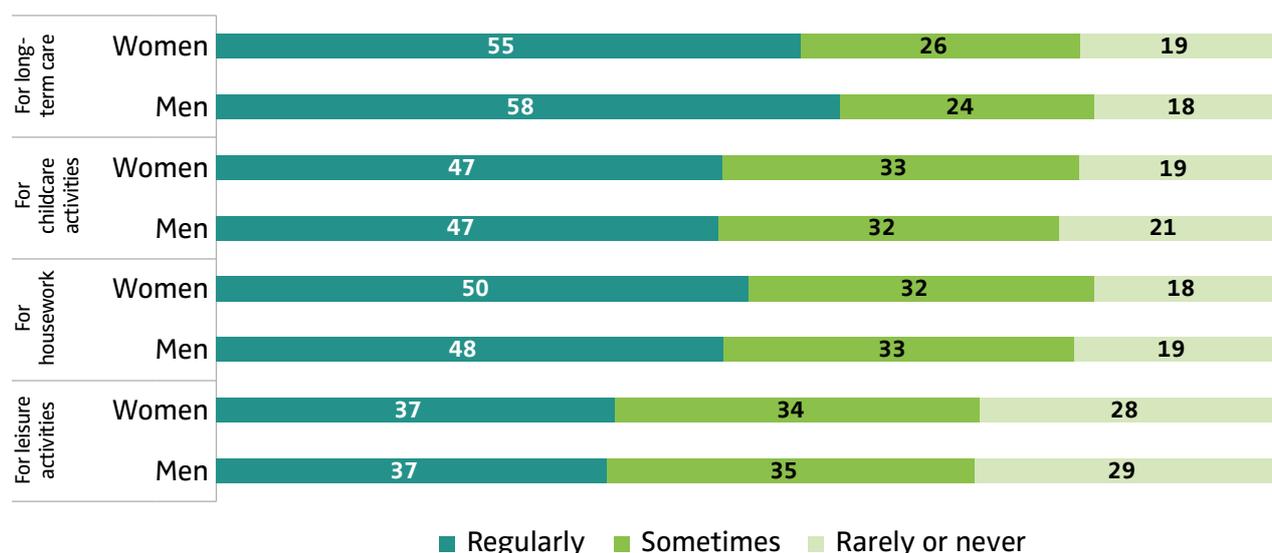
NB: Sample – all respondents. ‘Regularly’ includes ‘always’ and ‘most of the time’ responses. Weighted results. Source: Q70. Generally thinking about your personal consumption and behaviour, how often do you ...?

2.8.4. Use of environmentally friendly options in unpaid work and leisure activities

The use of environmentally friendly options in care and leisure varies depending on the activity (Figure 69). People are more likely to regularly look for sustainable options in their role as carers (e.g. by choosing eco-friendly care products or services) and for housework (e.g. recycling). Sustainable choices are less commonly made as part of leisure activities, like opting for low-carbon activities.

Gender differences are generally small. In long-term care, men tend to seek sustainable solutions more often, whereas women show greater engagement in environmentally friendly practices related to housework.

Figure 69. Frequency of use of environmentally friendly options in childcare, long-term care, housework and leisure activities (% , 16- to 74-year-olds, EU-27, 2024)

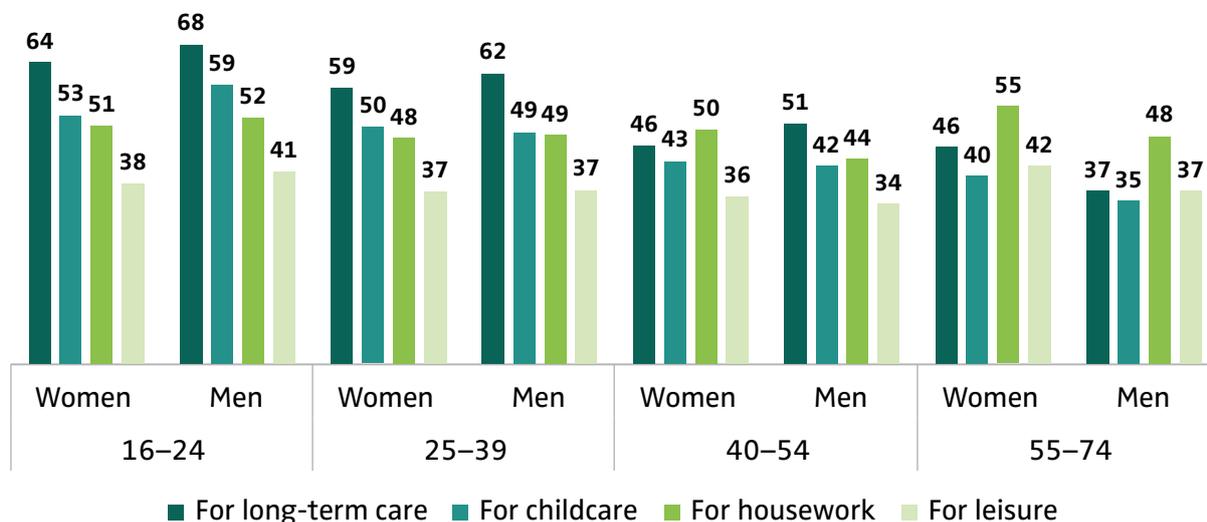


NB: For childcare activities, the sample includes respondents caring for their own or others' children. For long-term care activities, the sample includes respondents providing long-term care. For housework activities, the sample includes respondents who are involved in housework. For leisure activities, the sample includes respondents who reported that they are involved in leisure activities. 'Regularly' includes 'always' and 'most of the time' responses. Weighted results.
 Source: Q71. And now more specifically thinking about your role as a carer or during your housework and leisure activities, how often do you choose environmentally friendly options ...?

The regular use of sustainable options in care and leisure drops steadily with age for both women and men (Figure 70). Younger people are far more likely to make green choices in their daily routines. For example, 53 % of women aged 16–24 regularly choose environmentally friendly options for childcare compared with 40 % of women aged 55–74.

Among young people aged 16–24, more men than women say that they choose environmentally friendly options across all categories. This trend flips among older adults (55- to 74-year-olds), among whom women more often use sustainable options, especially in their role as long-term carers (46 % of women compared with 37 % of men).

Figure 70. Regular use of environmentally friendly options in childcare, long-term care, housework and leisure activities by age group (years) (% , 16- to 74-year-olds, EU-27, 2024)



NB: For childcare activities, the sample includes respondents caring for their own or others’ children. For long-term care activities, the sample includes respondents providing long-term care. For housework activities, the sample includes respondents who are involved in housework. For leisure activities, the sample includes respondents who reported that they are involved in leisure activities. ‘Regular use’ includes ‘always’ and ‘most of the time’ responses. Weighted results.
 Source: Q71. And now more specifically thinking about your role as a carer or during your housework and leisure activities, how often do you choose environmentally friendly options ...?

2.9. Gender attitudes towards unpaid care and housework

Gender norms and attitudes play a powerful role in shaping how unpaid care and housework are shared within families. These beliefs influence not only who takes on care responsibilities but also how policies designed to promote gender equality are perceived and implemented. Gaining insight into public perceptions is, therefore, crucial for uncovering the cultural barriers that stand in the way of more balanced caregiving.

Box 9. Gender attitudes and roles: definition and scope

Gender attitudes are understood as individuals’ views and beliefs about the roles that women and men have in society, which act as both micro-level determinants of the division of tasks within a household and macro-level determinants of changing societal attitudes and norms regarding gender roles. This section looks specifically at attitudes towards and roles in unpaid care and housework.



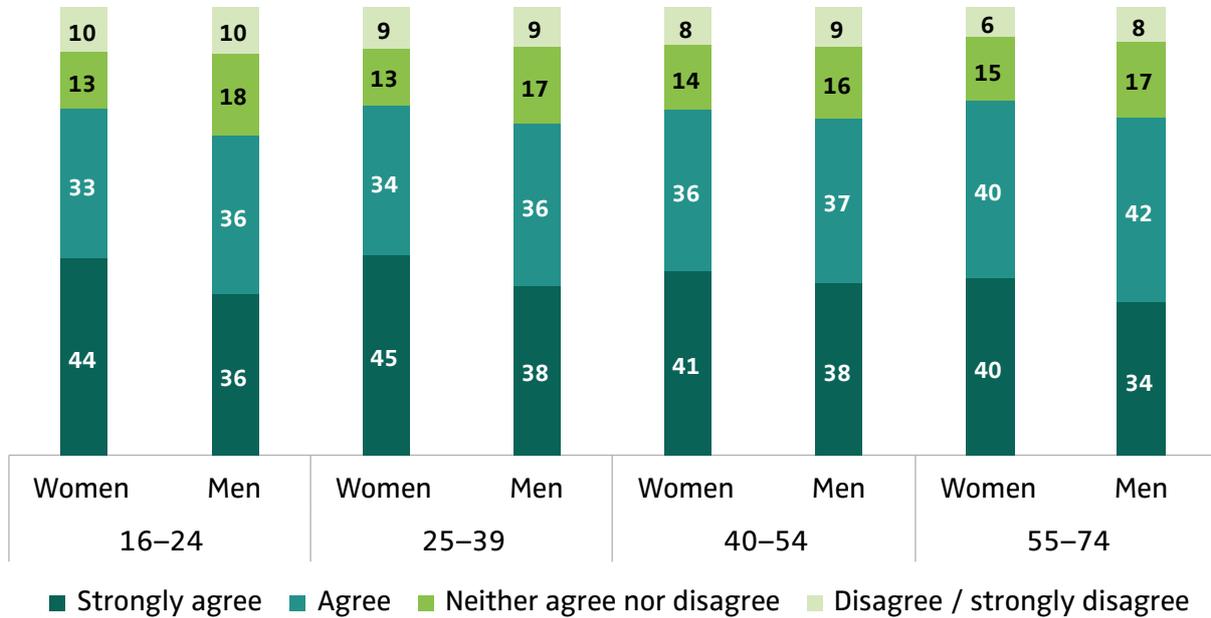
Key findings

- **Gender attitudes among younger generations are the most polarised.** Young women are driving progressive change, while many young men hold on to more traditional views. The gender gap is most striking among 16- to 24-year-olds, where differences appear in multiple areas. For example, 57 % of young women strongly believe that parents should share time off equally when a child is ill, compared with 44 % of men who feel the same.
- Despite the growing acceptance of the role of fathers in childcare, **traditional expectations of women as primary caregivers persist.** Among 16- to 24-year-olds, nearly half of young men (47 %) think that mothers should stay at home with their children if childcare is not available and fathers should prioritise their jobs, while only 30 % of young women share that view.

Across all age groups, most people agree that parenting should be a shared responsibility. However, women consistently show stronger support for equality than men. For example, among 16- to 24-year-olds, 44 % of women strongly believe that fathers are just as capable of caring for their children as mothers, compared with 36 % of men in the same age group ([Figure 71](#)).

Similarly, the data reveals a pronounced gender disparity in attitudes towards the equitable sharing of parental responsibilities when a child is ill. Among 16- to 24-year-olds, 57 % of women strongly support the idea that parents should equally share time off work when a child is ill, compared with 44 % of men ([Figure 72](#)). Similarly, 49 % of young women maintain a strong belief that equally sharing parental leave is good for family well-being, whereas 40 % of young men hold this view ([Figure 73](#)).

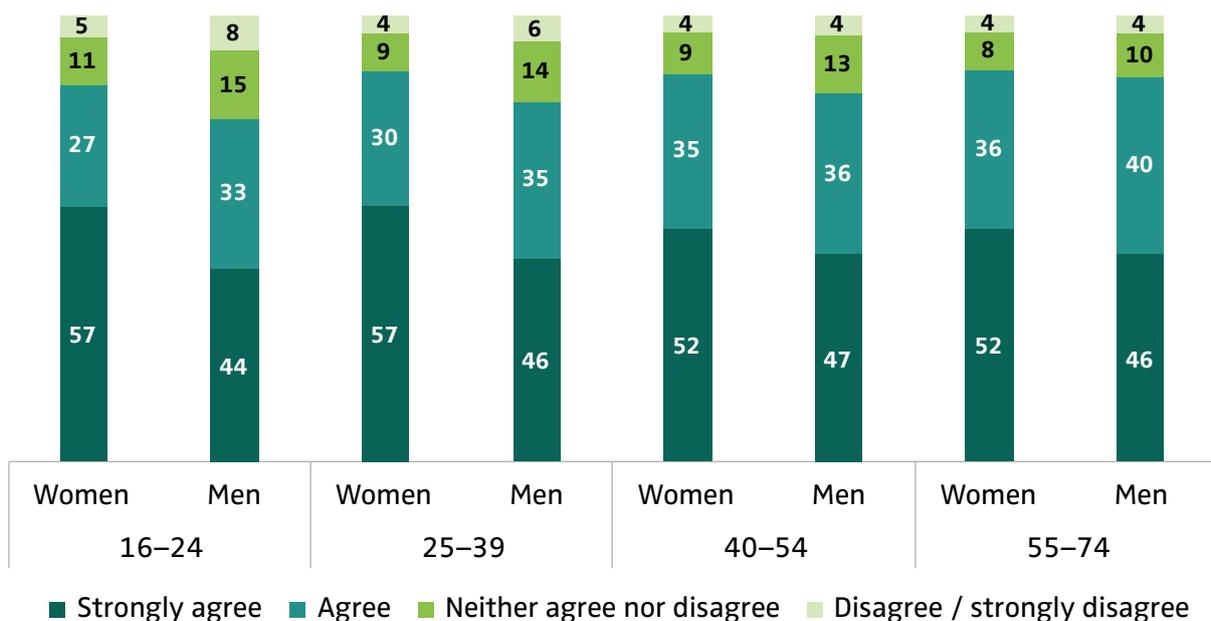
Figure 71. Degree of agreement with the statement ‘in general, fathers are as well suited to look after their children as mothers’ by age group (years) (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample – all respondents. Weighted results.

Source: Q19_1. To what extent do you agree or disagree? In general, fathers are as well suited to look after their children as mothers.

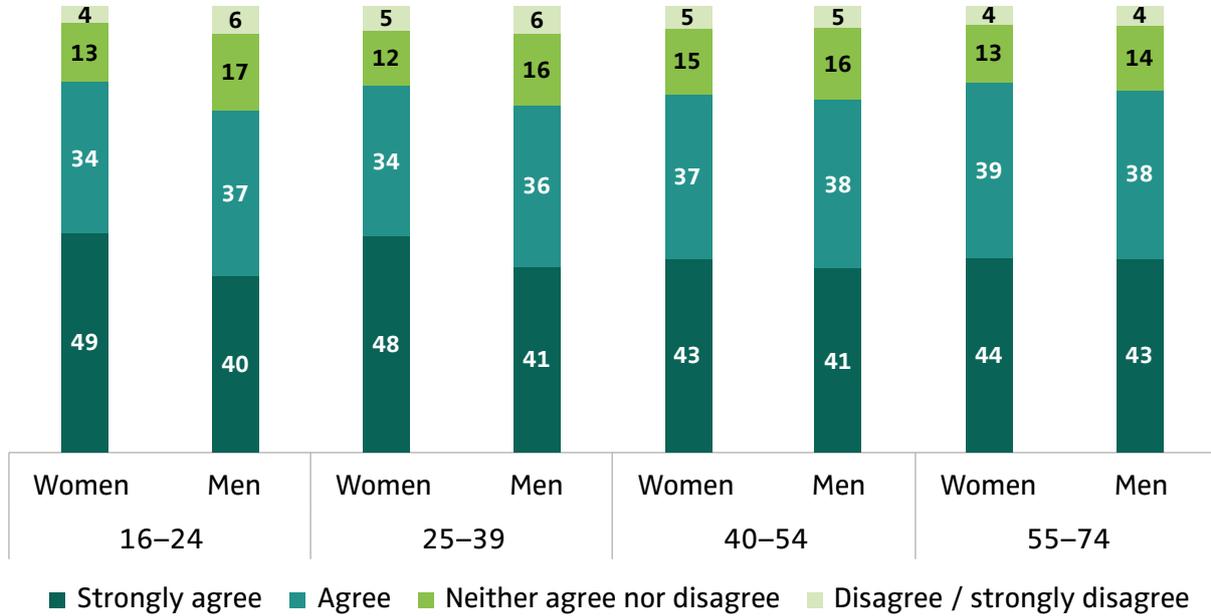
Figure 72. Degree of agreement with the statement ‘when the child is ill, fathers and mothers should equally share the responsibility of taking time off work to care for the child’ by age group (years) (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample – all respondents. Weighted results.

Source: Q19_3. To what extent do you agree or disagree? When the child is ill, fathers and mothers should equally share the responsibility of taking time off work to care for the child.

Figure 73. Degree of agreement with the statement ‘it is good for family well-being when fathers and mothers equally share parental leave’ by age group (years) (%), 16- to 74-year-olds, EU-27, 2024)



NB: Sample – all respondents. Weighted results.

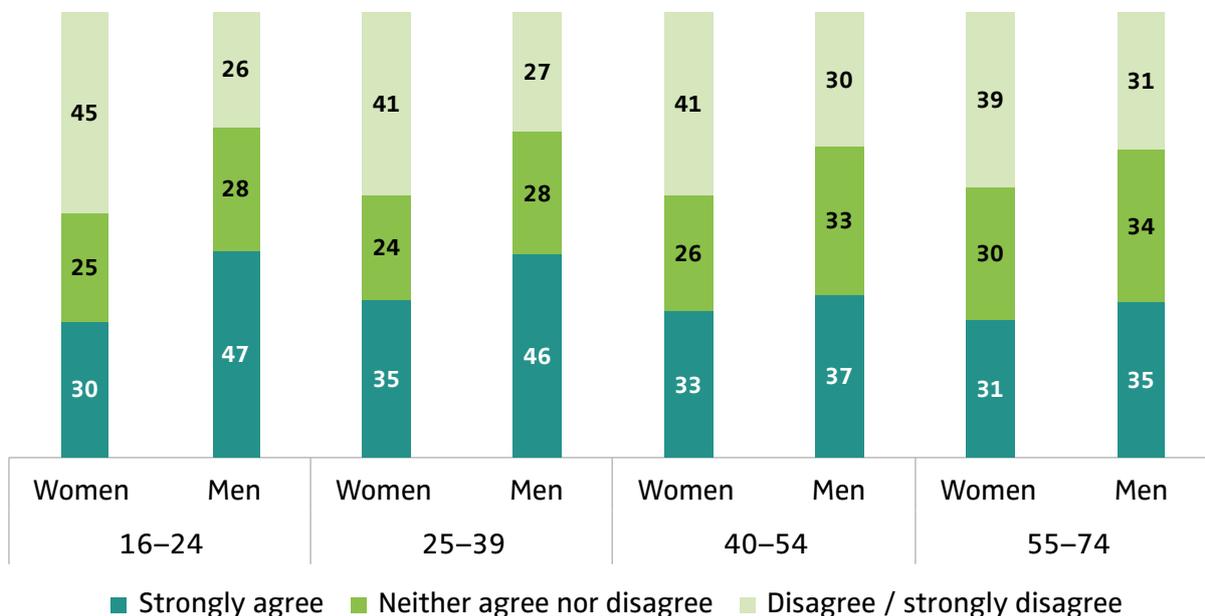
Source: Q19_4. To what extent do you agree or disagree? It is good for family well-being when fathers and mothers equally share parental leave.

The data shows a prevailing tendency among younger men to uphold more traditional perceptions of gender roles. Compared with women, they are more likely to support the traditional division of paid and unpaid work and to see care and housework as primarily women’s responsibilities.

Nearly half of young men (47 %) believe that mothers should stay at home with the child if childcare services are not available and fathers should prioritise their jobs – a view held by 30 % of young women (Figure 74). Similarly, 44 % of young men agree that women should make most of the decisions on how to run a household, while only 33 % of young women share this view (Figure 75).

Finally, traditional views on women’s career choices hold sway among many young people. Over half (51 %) of young men and 44 % of women agree that women more than men should opt for flexible jobs to accommodate family needs (Figure 76). Although the gender gap is moderate, young men are more likely to view work–life balance as primarily a woman’s responsibility.

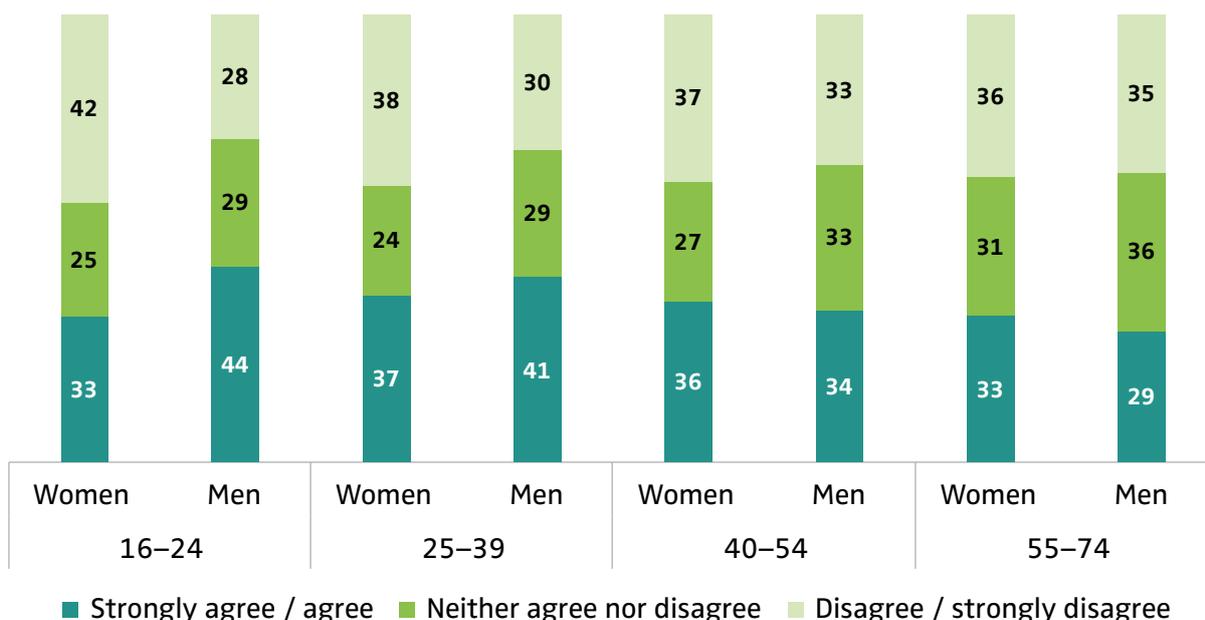
Figure 74. Degree of agreement with the statement ‘if childcare services are not available, mothers should stay at home with the child and fathers should prioritise their job’ by age group (years) (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample – all respondents. Weighted results.

Source: Q19_2. To what extent do you agree or disagree? If childcare services are not available, mothers should stay at home with the child and fathers should prioritise their job.

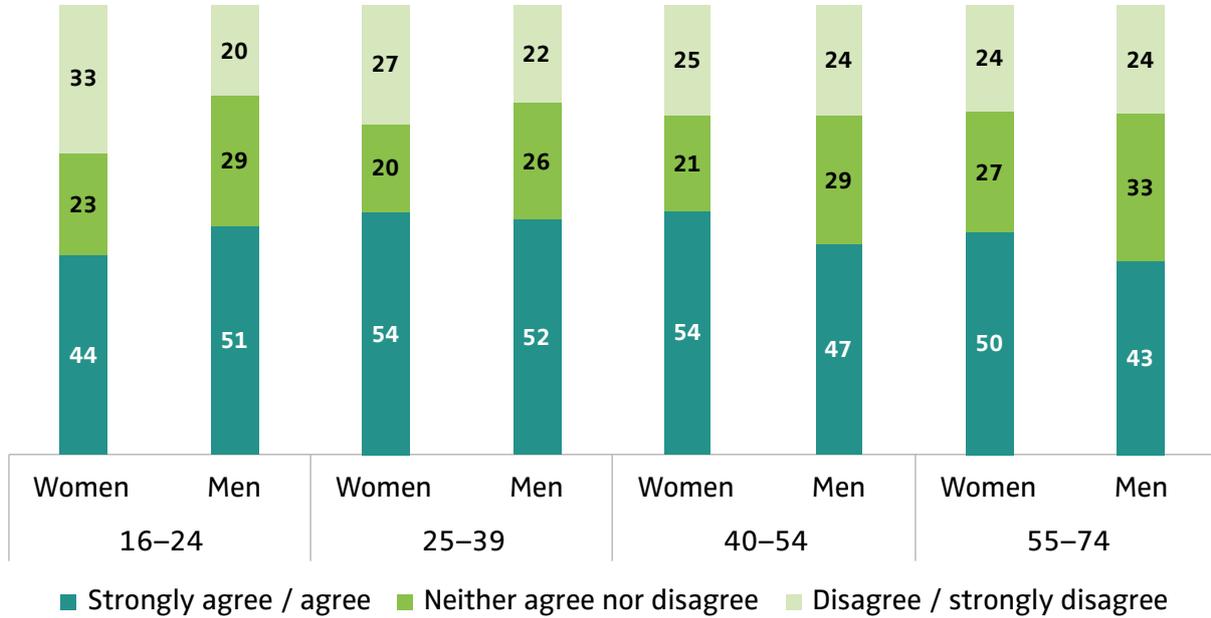
Figure 75. Degree of agreement with the statement ‘women should make most of the decisions on how to run a household (planning and organising meals, doing shopping lists, arranging doctors’ appointments, etc.)’ by age group (years) (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample – all respondents. Weighted results.

Source: Q19_5. To what extent do you agree or disagree? Women should make most of the decisions on how to run a household (planning and organising meals, doing shopping lists, arranging doctors’ appointments, etc.).

Figure 76. Degree of agreement with the statement ‘it is more important for women than for men to choose jobs that are flexible enough to take care of family matters’ by age group (years) (% , 16- to 74-year-olds, EU-27, 2024)



NB: Sample – all respondents. Weighted results.

Source: Q19_6. To what extent do you agree or disagree? It is more important for women than for men to choose jobs that are flexible enough to take care of family matters.

Conclusions

The second wave of EIGE's CARE Survey provides new insights to advance the EU's gender equality and care agendas. Building on the foundation laid by the first wave of the survey in 2022, this new round delivers an evidence base that is vital for turning EU commitments into action. Comprehensive, comparable and policy-relevant CARE data from all 27 Member States gives the EU and its institutions tools to identify gaps, track progress and design more effective, gender-responsive solutions to close gender care gaps, support better work–life balance and enhance the well-being of carers across the EU. This new evidence will support the implementation of the Work–Life Balance Directive and the European care strategy, including the two Council recommendations on ECEC and long-term care and the review of the 2020–2025 gender equality strategy. The survey results can also help advance the broader goals of the European Pillar of Social Rights and strengthen the social dimension of the European semester. Looking ahead, the CARE Survey findings will inform the forthcoming 2026–2030 gender equality strategy, guided by the roadmap for women's rights, offering timely evidence to shape new EU policies under development.

The second wave of the CARE Survey reveals that gender inequalities in unpaid care and housework continue to shape everyday life across the EU. Women shoulder most of the unpaid care work, in terms of both time spent and the intensity of care. They are more likely than men to take on physically and emotionally demanding tasks as well as the mental load of planning and managing childcare and household routines. Day-to-day chores, such as cleaning or cooking, often fall to women, while men tend to take on more home maintenance or financial responsibilities.

Across the EU, many people still rely heavily on informal networks, primarily family members, to manage their care responsibilities. However, this support is often insufficient. Access to formal care services, from childcare to long-term care, varies widely between Member States, leaving many needs unmet. Women, in particular, are more likely to report difficulties, with financial barriers standing in the way of affordable, high-quality, gender-responsive care services across the EU.

Unequal care responsibilities take a toll on work–life balance, particularly for working carers. One in five women providing care say that they have daily difficulties balancing paid work and caregiving, and nearly as many also find it hard to keep up with household tasks alongside their jobs. To cope, women are more likely to cut back their working hours, while men's employment patterns remain less impacted. These disparities have lasting consequences. They limit women's opportunities to engage in employment and secure a stable income and independent livelihood over their lifetimes.

The impact of unequal caregiving goes far beyond the workplace. It also affects people's well-being and mental health, especially among high-intensity carers. Caregivers, particularly women, report feeling more tired and distressed and less able to rest or relax. For both women and men, providing intensive care can also lead to greater feelings of loneliness. These patterns reflect a

form of time poverty that limits leisure, social connection and self-care, reinforcing gender inequalities in subtle but significant ways.

Generational shifts in attitudes towards gender roles reveal a mixed picture. Young women are increasingly challenging traditional expectations and supporting the equal sharing of responsibilities. Yet many young men hold more traditional views about women's roles in childcare and household decision-making. These findings show that, while gender norms are changing, progress remains uneven. Achieving true equality requires continued efforts – through education, positive role models and policies that make the equal sharing of care not just a principle, but a reality.

Annexes

Annex 1: Survey methodology

The survey covered the working-age population (16- to 74-year-olds) in all 27 EU Member States through non-probability online panels. It used computer-assisted web interviews (CAWIs) and resulted in a total sample of 65 202 respondents aged 16–74. The methodology of the second wave of the CARE Survey remained largely consistent with the first wave, with several targeted improvements introduced to enhance data quality, representativeness and comparability across Member States (see [Table 1](#)). More details about the survey methodology can be found in the technical report.

Table 1. Key differences in approach between the first and second waves

Aspect	First wave	Second wave
Survey mode	Mixed-mode: CAWIs in most Member States, computer-assisted telephone interviews in Luxembourg and Malta	Single-mode: CAWIs (online only) in all Member States
Sample size in Cyprus, Luxembourg, Malta	500 respondents	Increased to 1 000 respondents
Age range (years)	Varied: 16–64 in Romania; 16+ in Luxembourg and Malta; some respondents over 74 included	Harmonised: 16–74 across all Member States; no respondents under 16 or over 74 included
Panels used in Luxembourg and Malta	Relied on telephone interviews (random digit dialling sampling)	Used additional online panels to meet quotas
Stratification method	Not specified or limited in small Member States	Used lowest administrative units in Cyprus, Luxembourg and Malta for better representativeness
Targeted recruitment of subgroups	Limited or not systematic	Promoted the survey in social media groups targeting parents, informal long-term caregivers and migrants
Language options	Limited to official languages of the Member State	Available in all EU languages (except Irish) plus Catalan and Russian, regardless of respondent location
Weighting strategy	General weighting according to key sociodemographic variables	Revised to include specific weights for long-term carers and parents of children under 12

The second wave questionnaire was refined in close collaboration with the European Commission’s Directorate-General for Justice and Consumers, the Directorate-General for Employment, Social Affairs and Inclusion and other relevant stakeholders to align with key EU

policy priorities. Seven questions were removed, and 12 new questions were introduced to strengthen the survey's ability to capture key insights into gender inequalities related to caregiving responsibilities, access to services and personal well-being.

Cognitive interviews were conducted to ensure the clarity, accessibility and technical functionality of the questionnaire. Professional translators specialising in survey questionnaires translated the questionnaire into all of the EU's official languages (except Irish) plus Catalan and Russian. The questionnaire underwent technical testing to ensure optimal functionality on the online survey platform. The survey was also tested in all official languages through a pilot phase in all participating Member States.

The research team set hard quotas to guide sample management on gender, age and region within each Member State. Monitoring quotas were also used to evaluate the representativeness of the responding sample during fieldwork. These quotas were set on the following sociodemographic variables: educational level (International Standard Classification of Education), household size and the presence of children in the household.

Additional efforts were made through social media sampling in parallel to sampling through online panels. Here, no quotas were established, except for the total number of interviews by Member State. This aimed to include respondents belonging to population groups of special interest, namely parents caring for children under 12 years old, informal long-term caregivers and migrants. This decision was based on the survey's objective to support monitoring and reporting on the European care strategy, which focuses particularly on childcare and long-term care, and because the population with a migrant background is usually hard to reach.

Appropriate measures were taken to reduce the risk of fraudulent responses in a fast-evolving digital landscape. These included:

- a CAPTCHA test added directly to the survey page to reduce bot entries by verifying human engagement;
- the inclusion of a hidden question (honeypot), invisible to human respondents but detectable by bots, which would allow the identification of some automated responses;
- the inclusion of a mandatory open-ended question, as bots often struggle to generate meaningful or coherent responses.

Fieldwork was carried out between October and December 2024. Data collection was closely monitored throughout the fieldwork stage to track progress and identify potential issues. This included analysing paradata (respondent location, device type, operating system or browser, completion time, response patterns, etc.) to assess response quality and investigate non-response causes and profiles. The sample quotas were also monitored by Member State to ensure targets were met. The final target sample sizes were achieved across all Member States.

The data-processing phase began immediately after completing data collection. The dataset was rigorously cleaned to ensure the quality of its data, which was subject to a series of checks aimed at filtering out low-quality responses and potentially AI-generated responses. These included checks for speeding, patterned answers, logical inconsistencies and outliers, profanities and bot usage.

The data also underwent a rigorous weighting procedure, including the estimations of calibration weights, trimmed weights and population size weights. This ensured representativeness, reduced potential biases and aligned the sample with population benchmarks, enhancing the reliability and accuracy of the survey findings. All weighting calculations were performed twice following the same procedure to minimise the risk of errors in post-field adjustments.

During the data analysis stage, EIGE applied the following minimum effective sample size thresholds when reporting survey results:

- if the effective sample size is below 40, results are not reported;
- if the effective sample size is between 40 and 69, results are marked; they are reported, but a footnote explains that the data point has low reliability;
- if the effective sample size is 70 or higher, results are reported without restrictions.

The study complied with national and EU data protection legislation, in particular the General Data Protection Regulation (Regulation (EU) 2016/679), Regulation (EU) 2018/1725 and Regulation (EC) No 223/2009 on the processing of data for statistical purposes. Data collected in the online panel survey about individuals' personal experiences was processed anonymously, ensuring that individuals could not be identified. A consent clause was embedded within the survey's introductory section. For social media sampling, this clause included a link to a privacy statement.

Annex 2: Presentation of key demographics

Table 2. Gender of the respondents (frequency and %)

Gender	Frequency	%
Woman	32 798	50.3
Man	31 193	47.9
Non-binary	791	1.2
I use a different term	84	0.1
Prefer not to answer	323	0.5
Total	65 189	100.0

Source: Q80. How do you describe yourself? This question refers to your current gender identity, which may be different to sex recorded at birth and may be different to what is indicated on your legal documents.

Table 3. Age distribution of the respondents (frequency and %)

Age group	Frequency	%
16–24	8 187	12.6
25–49	41 716	64.0
50–64	11 763	18.0
65–74	3 536	5.4
Total	65 202	100.0

Source: Q4. How old are you?

Table 4. Educational level of the respondents (frequency and %)

Educational level of the respondent	Frequency	%
Low	11 425	17.5
Medium	27 816	42.7
High	25 961	39.8
Total	65 202	100.0

Source: Q7. What is the highest level of education you have successfully completed?

Table 5. Disability status of the respondents (frequency and %)

Whether the respondent is limited because of a health problem	Frequency	%
Not limited	38 163	58.5
Limited or severely limited	24 061	36.9
Prefer not to answer	2 978	4.6
Total	65 202	100.0

Source: Q72. Are you limited because of a health problem in activities people usually do? Would you say you are ...?

Table 6. Country of birth of the respondents (frequency and %)

Country	Frequency	%
Do not know	5	0.01
Prefer not to answer	15	0.02
Afghanistan	30	0.05
Albania	60	0.09
Algeria	41	0.06
Andorra	14	0.02
Angola	67	0.10
Antigua and Barbuda	14	0.02
Argentina	60	0.09
Armenia	25	0.04
Australia	39	0.06
Austria	1 799	2.76
Azerbaijan	17	0.03
Bahamas	3	0.00
Bahrain	7	0.01
Bangladesh	16	0.02
Barbados	7	0.01
Belarus	24	0.04
Belgium	2 789	4.28
Belize	13	0.02
Benin	5	0.01
Bhutan	4	0.01
Bolivia	7	0.01
Bosnia and Herzegovina	132	0.20
Botswana	1	0.00
Brazil	213	0.33
Brunei	1	0.00
Bulgaria	2 132	3.27
Burkina Faso	7	0.01
Burundi	6	0.01
Cabo Verde	12	0.02
Cameroon	26	0.04

Country	Frequency	%
Canada	41	0.06
Central African Republic	9	0.01
Chad	1	0.00
Chile	18	0.03
China	28	0.04
Colombia	69	0.11
Comoros	6	0.01
Congo	14	0.02
Costa Rica	4	0.01
Côte d'Ivoire	8	0.01
Croatia	1 012	1.55
Cuba	43	0.07
Cyprus	914	1.40
Czechia	2 980	4.57
Democratic Republic of the Congo	16	0.02
Denmark	1 822	2.79
Djibouti	3	0.00
Dominica	20	0.03
Dominican Republic	31	0.05
Ecuador	21	0.03
Egypt	15	0.02
El Salvador	9	0.01
Equatorial Guinea	2	0.00
Eritrea	6	0.01
Estonia	1 028	1.58
Eswatini	7	0.01
Ethiopia	7	0.01
Fiji	3	0.00
Finland	1 875	2.88
France	4 156	6.37
Gabon	13	0.02
Georgia	17	0.03
Germany	4 021	6.17

Country	Frequency	%
Ghana	12	0.02
Greece	2 580	3.96
Grenada	1	0.00
Guatemala	2	0.00
Guinea	5	0.01
Guinea-Bissau	1	0.00
Guyana	7	0.01
Haiti	4	0.01
Holy See	1	0.00
Honduras	6	0.01
Hungary	2 796	4.29
Iceland	11	0.02
India	56	0.09
Indonesia	18	0.03
Iran	37	0.06
Iraq	39	0.06
Ireland	878	1.35
Israel	10	0.02
Italy	4 345	6.66
Jamaica	2	0.00
Japan	7	0.01
Jordan	4	0.01
Kazakhstan	41	0.06
Kenya	8	0.01
Kiribati	2	0.00
Kosovo (*)	21	0.03
Kuwait	8	0.01
Kyrgyzstan	9	0.01
Latvia	1 027	1.58
Lebanon	15	0.02
Lesotho	1	0.00
Liberia	2	0.00
Libya	5	0.01

Country	Frequency	%
Liechtenstein	1	0.00
Lithuania	1 101	1.69
Luxembourg	1 118	1.71
Madagascar	14	0.02
Malawi	1	0.00
Malaysia	9	0.01
Maldives	3	0.00
Mali	4	0.01
Malta	1 369	2.10
Marshall Islands	3	0.00
Mauritania	2	0.00
Mauritius	4	0.01
Mexico	8	0.01
Micronesia	1	0.00
Moldova	33	0.05
Monaco	2	0.00
Mongolia	4	0.01
Montenegro	7	0.01
Morocco	71	0.11
Mozambique	28	0.04
Namibia	1	0.00
Nauru	4	0.01
Nepal	26	0.04
Netherlands	2 931	4.50
New Zealand	6	0.01
Nicaragua	7	0.01
Nigeria	45	0.07
North Korea	2	0.00
North Macedonia	26	0.04
Norway	21	0.03
Oman	3	0.00
Pakistan	37	0.06
Palau	1	0.00

Country	Frequency	%
Palestine (**)	3	0.00
Panama	2	0.00
Papua New Guinea	2	0.00
Paraguay	12	0.02
Peru	42	0.06
Philippines	49	0.08
Poland	4 386	6.73
Portugal	2 419	3.71
Qatar	2	0.00
Romania	3 263	5.00
Russia	140	0.21
Rwanda	6	0.01
Saint Kitts and Nevis	2	0.00
Saint Lucia	1	0.00
Saint Vincent and the Grenadines	1	0.00
São Tomé and Príncipe	7	0.01
Saudi Arabia	13	0.02
Senegal	5	0.01
Serbia	75	0.12
Seychelles	1	0.00
Sierra Leone	1	0.00
Singapore	2	0.00
Slovakia	1 579	2.42
Slovenia	964	1.48
Solomon Islands	4	0.01
Somalia	8	0.01
South Africa	19	0.03
South Korea	17	0.03
South Sudan	2	0.00
Spain	3 823	5.86
Sri Lanka	16	0.02
Sudan	6	0.01
Suriname	32	0.05

Country	Frequency	%
Sweden	2 774	4.25
Switzerland	45	0.07
Syria	87	0.13
Tajikistan	3	0.00
Tanzania	3	0.00
Thailand	15	0.02
The Gambia	1	0.00
Timor-Leste	2	0.00
Togo	1	0.00
Trinidad and Tobago	3	0.00
Tunisia	27	0.04
Türkiye	85	0.13
Turkmenistan	2	0.00
Uganda	4	0.01
Ukraine	188	0.29
United Arab Emirates	11	0.02
United Kingdom	132	0.20
United States	88	0.13
Uruguay	7	0.01
Uzbekistan	5	0.01
Vanuatu	4	0.01
Venezuela	118	0.18
Viet Nam	8	0.01
Yemen	2	0.00
Zambia	2	0.00
Zimbabwe	17	0.03
Total	65 202	100.00

(*) This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

(**) This designation shall not be construed as recognition of a State of Palestine and is without prejudice to the individual positions of the Member States on this issue.

Source: Q3. In which country were you born?

Table 7. Perceived degree of urbanisation of the area where the respondent lives (frequency and %)

Degree of urbanisation	Frequency	%
Densely populated area	24 055	36.9
Intermediate density area	28 557	43.8
Sparsely populated area	11 003	16.9
Do not know	1 331	2.0
Prefer not to answer	256	0.4
Total	65 202	100.0

Source: Q6. Thinking of your current living area, which of the following describes it best? Is it a ...?

Table 8. Social status of the respondents (frequency and %)

Social category of the respondent	Frequency	%
Employed or self-employed	44 494	68.2
Unemployed	5 412	8.3
Retired	5 055	7.8
Unable to work due to long-standing health problems	1 614	2.5
Student, pupil	4 360	6.7
Fulfilling domestic tasks	2 130	3.3
Compulsory military or civilian service	225	0.4
Other	1 434	2.2
Do not know	125	0.2
Prefer not to answer	353	0.5
Total	65 202	100.0

Source: Q8. Which of these categories best describes your current situation?

Table 9. Employment status of the respondents (frequency and %)

Employment status	Frequency	%
Self-employed person with employees	6 649	14.9
Self-employed person without employees	3 659	8.2
Employee	33 253	74.7
Family worker (unpaid), helping another	351	0.8
Not applicable	370	0.8
Do not know	133	0.3
Prefer not to answer	79	0.2
Total	44 494	100.0

Source: Q9. What is your employment status in your main job?

Table 10. Household composition of the respondents (frequency and %)

Number of people living in household	Frequency	%
One	10 329	15.8
Two	17 628	27.0
Three	16 448	25.2
Four	13 796	21.2
Five	4 508	6.9
Six	1 288	2.0
Seven	437	0.7
Eight	184	0.3
Nine	64	0.1
10	75	0.1
More than 10	445	0.7
Total	65 202	100.0

Source: Q12. How many people usually live in your household? **Please include yourself.**

Table 11. Income distribution of the respondents (frequency and %)

Monthly income (deciles)	Frequency	%
First income decile	8 923	13.7
Second income decile	6 139	9.4
Third income decile	5 724	8.8
Fourth income decile	6 136	9.4
Fifth income decile	5 905	9.1
Sixth income decile	5 638	8.7
Seventh income decile	5 527	8.5
Eighth income decile	5 342	8.2
Ninth income decile	5 385	8.3
Tenth income decile	5 719	8.8
Do not know	1 446	2.2
Prefer not to answer	3 317	5.1
Total	65 201	100.0

Source: Q77. On average, what is **your personal** monthly income **after the deduction of taxes and contributions** to social security and pensions?

Table 12. Sexual orientation of the respondents (frequency and %)

Sexual orientation	Frequency	%
Straight/heterosexual	55 334	84.9
Lesbian/gay/homosexual	2 155	3.3
Bisexual	3 548	5.4
Other sexual orientation (please specify)	503	0.8
Do not know	1 447	2.2
Prefer not to answer	2 209	3.4
Total	65 196	100.0

Source: Q81. Please select the answer that best matches your sexual orientation.

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