# Adopt sound policies for the promotion of gender equality and the empowerment of all women and girls (SDG 5) 

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## I. Achieve gender equality and empower all women and girls - SDG 5

"Gender is used to describe the characteristics of women and men that are socially constructed, while sex refers to those that are biologically determined."
(WHO Europe, http://www.euro.who.int/en/health-topics/health-determinants/gender/gender-definitions)

## 5 GENDER mualiiy 0 <br> 5.4 Recognize and value unpaid care and domestic work

Average time spent in unpaid and paid work by gender


Women spend about three times as many hours in unpaid domestic and care work as men


## How much care do men and women provide?

Household-standardized prevalence rates of informal care to older people, by age ( $60+$ ) and sex, latest available data ${ }^{2}$


## Informal carers: lagging behind in recognition and support

|  | Recognition/need assessment | Support |
| :--- | :--- | :--- |
| Denmark | No specific needs assessment <br> Limited awareness of rights of <br> informal carers | End-of-life care leave <br> Counselling, training and information (mostly by NGOs) <br> Respite care |
| Portugal | No specific needs assessment <br> but informal carers are often <br> assessed by care services | Respite care (albeit with limited availability) <br> Limited counselling and training (mostly by NGOs) <br> Legal statute of informal care currently under discussion in <br> Parliament |
| Turkey | No specific assessment of needs | Cash benefits for those below poverty line |
| Romania | No specific assessment of needs | Very limited provisions for respite care <br> Very limited counselling and training (mostly by NGOs) |
| Germany | No specific needs assessment | Several measures of respite care <br> Care leave <br> Pension credits and unemployment/accident insurance <br> Counselling and training |

## Why carer's allowance is not enough

- Supporting carers recognizes gender inequalities
- Stereotypes and gender norms $\rightarrow$ caring roles
- Higher availability of services $\rightarrow$ greater gender equality among siblings (Brandt et al, 2009)
- Intra-household wage gap $\rightarrow$ gendered informal care
- Greater labour market equality $\rightarrow$ greater informal care equality (Henz, 2010, Glauber 2017)

Share of household resources (Albania)


Source: Picolli (2017) based on Albanian
Living Standard Measurement Survey

## Gendering policies in LTC: The example of care leave schemes

Flat-rate care leave
Providing incentives for carers (i.e. women) to... remain carers

## Gender unequal

Perpetuates
inequalities

## Care leave

Allows carers (women) to remain in labour market

## Gender sensitive

Acknowledges but does not address inequalities

## Income dependent

 care leaveRecognizes different incentives due to wage differentials

## Gender specific

Considers women's and men's specific needs

## FUTURE?

Son's/family's month?
Extra benefits (e.g.
length) available to men only or/and if shared

## Gender

transformative
Aims at transforming
harmful gender
norms, roles and relations

[^0]
## II. Achieve gender equality to deliver all SDGs

1 NO
POVERTY
눈
P. GOOD

HEALTH


Achieve universal health coverage, including financial risk protection, access to health-care services and essential medicines for all

4 Quality 4 EDUGATION
... ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources ...
... reduce premature mortality from NCDs through prevention and treatment and promote mental health and well-being
... eliminate gender disparities in education and ensure equal access to all levels of education and vocational training

### 3.4 By 2030, reduce by one third premature mortality from NCDs and promote mental health and wellbeing



Unconditional probability of dying between $30 \& 69$ years from 4 major NCDs (time trends)

Source: The WHO Global Monitoring
Framework on NCDs

Large gender differences in premature mortality rates from NCDs, although absolute number of NCD deaths in women is similar to that of men because women live longer

## Women live longer than men but more years in poor health

Gender difference in life expectancy at 65 (all countries)


Sources: Thorslund et al., 2013; Global Burden of Disease Study, 2017


Extra years lived by females in poor health
Extra years lived by females in good health

## Male disadvantage in (some) NCD rates

Effect of being a woman on probability of reporting


Higher risk for men


Higher risk for women
Source: Crimmins et al., 2019

## Female disadvantage in others

Effect of being a woman on probability of reporting



Higher risk for women
Higher risk for men

## Women at higher risk of functional and cognitive decline



Higher risk for women

## Salient gender issues in addressing NCDs

Different gender-related risk factors for males and females
Differences in access to care (including prevention) and careseeking behavior among men and women

Focus on equity and fairness in order to achieve gender equality

Differences in care quality (provider bias) and treatment effectiveness

Persistent lack of sex-disaggregated data and gender-sensitive indicators

## III. Achieve gender equality through better understanding of intersectionality

"In a world where inequalities of all kinds are on the rise, disaggregation by sex alone is insufficent for monitoring outcomes"
"Other forms of inequality intersect and compound gender-based inequalities, leaving certain groups behind across a range of development indicators"
(UN WOMEN - Turning promises into action: Gender equality in the 2030 Agenda for Sustainable Development)

## From single-issue analyses towards intersectionality: spotlighting the interplay of gender and education in care-giving

|  | Wave 1 <br> (2004) <br> Percentage | Wave 6 <br> (2015) <br> Percentage |  |
| :--- | :---: | :---: | :---: |
| Probability to provide care (women 50-64) | 0.270 | 0.252 | 0.843 |
| Primary education | 0.365 | 0.411 | 0.261 |
| Secondary education | 0.336 | 0.438 | 0.186 |
| Tertiary education |  |  |  |
| Probability of high intensity care (women carers 50-64) | 0.265 | 0.648 | 0.029 |
| Primary education | 0.295 | 0.238 | 0.341 |
| Secondary education | 0.295 | 0.166 | 0.260 |
| Tertiary education |  |  |  |
| Probability to give care (men 50-64) | 0.306 | 0.145 | 0.180 |
| Primary education | 0.357 | 0.331 | 0.574 |
| Secondary education | 0.309 | 0.374 | 0.337 |
| Tertiary education |  |  |  |


"Intersectionality can get used as a blanket term to mean, "Well, it's complicated." Sometimes, "It's complicated" is an excuse not to do anything."

## Research that studies social categories such as gender not in isolation from other factors, but in its complexity...

... can help us to understand how intersecting inequalities impact on access to social rights and opportunities

- Improved data collection and data quality to facilitate intersectional analysis
- Identifying suitable research methods - intersection is more than the sum of its parts

Gender + Social class $\neq$ intersection of gender and social class
... can inform context-specific development strategies and policies that are inclusive of all

- Recognising that inequalities are often mutually constitutive
- Risks of policies - by privileging the treatment of some inequities reinforcing/reproducing power mechanisms/biased social norms and marginalising some groups


## New research project to identify opportunities to achieve SDG5 and SDG3 through improved policies



Website: https://www.euro.centre.org/proiects/detail/3374

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Swedish Research Council
Canadian Institutes of Health Research


[^0]:    Picture: WHO GRASS tool (Gender mainstreaming for health managers: a practical approach, WHO, 2011)

