

Gender inequalities in health: A matter of policies

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A new study of the European project SOPHIE has evaluated the relationship between the type of family policies and gender inequalities in health in Europe. The results show that countries with traditional family policies (central and southern Europe) and countries with contradictory policies (Eastern Europe), present higher inequalities in self-perceived health, i.e. women reported poorer health than men. Health inequalities are especially remarkable in Southern Europe countries, where women present a 27% higher risk of having poor health compared to men.

The authors of this study, published in the journal *Social Science & Medicine*, have analysed data from 26 European countries, extracted from the European Social Survey 2010. The survey collected data from 28,655 women and 23,782 men that answered the question "How is your health in general? Would you say it is very good, good, fair, bad or very bad", which gives a measure of the self-perceived health. Previous studies have demonstrated that this question reflects overall health status, and has been associated with, for example, chronic diseases and death.

The countries analysed were classified into five categories according to their model of family policy, which influences the situation of women with respect to paid and unpaid work. The Dual-earner model (Denmark, Finland, Norway and Sweden) encourages women's continuous labour force participation and attempts to redistribute caring work within the family. The Traditional family policies model presumes that women have the primary responsibility for care at home, with different nuances

in Central (Belgium, Germany, France and Netherlands) and Southern (Cyprus, Spain, Greece and Portugal) countries. The Market-oriented model (Switzerland, United Kingdom and Ireland) is characterized by a strong male breadwinner model in which the market is the main institution governing individuals' and families' access to resources. Finally, the Contradictory model (Bulgaria, Czech Republic, Estonia, Croatia, Hungary, Lithuania, Poland, Russian Federation, Slovenia, Slovakia and Ukraine) preserves a highly gendered division of labour but also support the dual-earner family.

The results obtained show that there exist gender inequalities in health in countries with Traditional and Contradictory family policies, less oriented to gender equality and assuming that women are mostly responsible of domestic work and family care. Women have a 27% higher probability of having poor health in Traditional Southern countries, 13% in Traditional Central countries and 8% in Contradictory countries. On the opposite situation we can find the Dual-earner and the Market-oriented countries, where the difference in "poor health" drops off to a non-significant 5 and 4%, respectively.

According to the lead author of the study, Laia Palència: "The Southern European countries have developed a family solidarity model where women have a main role as family caregivers and a secondary role in the labour market, while services provision and financial governmental support are limited." At the opposite end are the Nordic countries, "where- Palència said -there is a higher State involvement in the care of children, the elderly and dependents through public services, which means that women have less family burden and a higher work engagement."

"The implementation of policies that promote equality between women and men, including family care policies, the promotion of access to the labour market or political representation by women, may have an effect

in reducing gender inequalities in health," the research team noted.

Previous studies have shown that health depends mainly on the living and working conditions. It has also been widely reported that [women](#) tend to have poorer self-perceived [health](#), despite having a longer life expectancy.

More information: *Social Science & Medicine* Volume 117, September 2014, Pages 25–33 [DOI: 10.1016/j.socscimed.2014.07.018](#)

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