

Gender Equality Index 2022

The COVID-19 pandemic and care

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European Institute for Gender Equality

The European Institute for Gender Equality (EIGE) is an autonomous body of the European Union established to strengthen gender equality across the EU. Equality between women and men is a fundamental value of the EU and EIGE's task is to make this a reality in Europe and beyond. This includes becoming a European knowledge centre on gender equality issues, supporting gender mainstreaming in all EU and Member State policies, and fighting discrimination based on sex.

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Abbreviations

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 EU Member States

Other country codes

UK	United Kingdom
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Frequently used abbreviations

ADL	activities of daily living
CEO	Chief Executive Officer
COVID-19	coronavirus disease 2019
ECEC	early childhood education and care
EHIS	European Health Interview Survey
EIGE	European Institute for Gender Equality
EIGE Gender Statistics Database, WMID	EIGE Gender Statistics Database, Women and Men in Decision-Making (WMID)
EQLS	European Quality of Life Survey
EU-LFS	European Union Labour Force Survey
Eurofound	European Foundation for the Improvement of Living and Working Conditions
EU-SILC	European Union Statistics on Income and Living Conditions
EWCS	European Working Conditions Survey
FRA	European Union Agency for Fundamental Rights
FTE	full-time equivalent
GBV	gender-based violence
IADL	instrumental activities of daily living
ILO	International Labour Organization
LGBTQI* (!)	lesbian, gay, bisexual, trans, queer, intersex and other non-dominant sexual orientations and gender identities in society
LTC	long-term care
MEPs	Members of the European Parliament
OECD	Organisation for Economic Co-operation and Development
pp	percentage point(s)
PPS	purchasing power standard
PTSD	post-traumatic stress disorder
SES	Structure of Earnings Survey
UN	United Nations
VAW II	survey on violence against women
WHO	World Health Organization

(!) This report uses the initialism LGBTQI* as it represents the most inclusive umbrella term for people whose sexual orientation differs from heteronormativity and whose gender identity falls outside binary categories. The language used to represent this very heterogeneous group is continuously evolving towards greater inclusion, and different actors and institutions have adopted different versions of the abbreviation (LGBT, LGBTI and LGBTQI).

Contents

<i>Gender Equality Index 2022 highlights</i>	11
Introduction	15
1. Gender equality in the EU at a glance	17
1.1. Hard-won gains undermined by the COVID-19 pandemic	17
1.2. Decision-making gains hold off overall setback	20
1.3. EU gender equality disparities narrow – slightly	21
2. Domain of work	24
2.1. Gender segregation blights workforce equality	25
2.2. Women at sharp end of employment gender gaps	26
2.3. COVID-19 crisis impacts genders and sectors differently	27
3. Domain of money	29
3.1. Gender equality on money at a standstill	30
3.2. Earnings gap affects older and highly educated women most	31
3.3. More women out of the labour force, lower access to income support	32
4. Domain of knowledge	34
4.1. Educational segregation a barrier to overall equality	34
4.2. Women overtake men in tertiary education	36
4.3. Pandemic lays bare social inequalities in education	37
5. Domain of time	38
5.1. Lack of data impedes monitoring of gender inequalities in informal care	38
5.2. Enduring housework disparities hinder gender equality	40
5.3. Families and workers struggle with higher care loads	42
6. Domain of power	43
6.1. More women in decision-making drives overall progress in gender equality	43
6.2. Political quotas help, but more action is needed	45
6.3. Women often sidelined in decision-making on COVID-19 response	47
7. Domain of health	49
7.1. Setbacks in health access and status hinder progress	49
7.2. Low educational status and disability impact health	51
7.3. A rising tide of poor mental health	52

8. Domain of violence	54
8.1. Data still falls short of reflecting the true extent of gender-based violence in the EU	55
8.2. Age escalates women’s risk of gender-based violence	58
8.3. A perfect storm: the COVID-19 pandemic exacerbates violence against women	59
9. Thematic focus: sharing of care responsibilities during the pandemic	60
9.1. Introduction	60
9.2. Childcare	61
9.2.1. Gender differences in time spent on childcare increase with the level of intensity, especially with young children	62
9.2.2. Pandemic reinforces gender inequality in childcare	65
9.2.3. What is the profile of families sharing childcare equally?	68
9.2.4. Men rely more on external childcare support	70
9.2.5. Balancing jobs and childcare a hard struggle for many	71
9.2.6. Women with childcare responsibilities far less socially active during the pandemic	74
9.3. Long-term care	78
9.3.1. One in three EU adults is an informal carer	80
9.3.2. Informal long-term care demands intensify	80
9.3.3. Who are informal long-term carers?	82
9.3.4. Men rely more on formal care support	85
9.3.5. Gender inequalities rife in taking up external support	85
9.3.6. Intensive care load undermines individual well-being	87
9.4. Household work	90
9.4.1. Housework has intensified during the pandemic	91
9.4.2. Women continue to be primarily responsible for housework	93
9.4.3. Who shares household tasks equally?	95
9.4.4. Less housework, more social activities for men	96
9.5. Changes in flexible working arrangements during the pandemic	98
9.5.1. Women face more interruptions when teleworking	99
9.5.2. More men use flexitime to provide care	100
Conclusions	102
References	106
Annexes	115

List of figures

Figure 1. Ranges of <i>Gender Equality Index 2022</i> (*) scores for Member States, and changes over time	18
Figure 2. Changes in score by domain and sub-domain since last year's edition	19
Figure 3. <i>Gender Equality Index 2022</i> (*)	20
Figure 4. Patterns of convergence in the Gender Equality Index, by EU Member State, 2010–2020	22
Figure 5. Convergence of the Gender Equality Index, by Member State, scores, 2010–2020	23
Figure 6. Scores of the domain of work and sub-domains, and changes over time	25
Figure 7. Scores for the domain of work, and changes over time, in the EU Member States	26
Figure 8. FTE employment rates by sex, family composition, age, education level, country of birth and disability (% , 15+, EU, 2020)	27
Figure 9. Scores of the domain of money and sub-domains, and changes over time	30
Figure 10. Scores for the domain of money, and changes over time, in the EU Member States	31
Figure 11. Mean monthly earnings by sex, family composition, age, education level, country of birth and disability (PPS, 16+, EU, 2020)	32
Figure 12. Scores of the domain of knowledge and sub-domains, and changes over time	35
Figure 13. Scores for the domain of knowledge, and changes over time, in the EU Member States	35
Figure 14. Graduates of tertiary education by sex, family composition, age, country of birth and disability (% , 15+, EU, 2020)	36
Figure 15. Scores of the domain of time and its sub-domains, and changes over time	39
Figure 16. Scores for the domain of time and changes since 2010 in the EU Member States	40
Figure 17. People cooking and/or doing housework every day, by sex, family composition, age, education level, country of birth and disability (% , 18+, EU, 2016)	41
Figure 18. Scores for the domain of power and its sub-domains, and changes over time	44
Figure 19. Scores for the domain of power, and changes over time, in the EU Member States	45
Figure 20. Share of women in single/lower houses of parliament, (%), March 2022	46
Figure 21. Scores for the domain of health and its sub-domains, and changes over time	50
Figure 22. Scores for the domain of health, and changes over time, by EU Member State	51
Figure 23. Self-perceived health by sex, family composition, age, education level, country of birth and disability (% , 16+, EU, 2020)	52
Figure 24. Women victims of intentional homicide by an intimate partner or family member / relative (by 100 000 female population, 2020)	56
Figure 25. Women having experienced any form of psychological violence by a partner since the age of 15 (% , 18–74, EU, 2014)	57
Figure 26. Women and men caring for their children/grandchildren (aged 0–11) every day for 4 hours or more during the pandemic (% , 20–64, EU, 2021)	63
Figure 27. Women and men caring for their children/grandchildren (aged 12–17) every day for 4 hours or more during the pandemic (% , 20–64, EU, 2021)	64
Figure 28. Women and men having experienced changes in the number of hours spent on childcare (aged 0–11) compared to the pre-pandemic situation (% , 20–64, EU, 2021)	65

Figure 29. Distribution of care and supervision for children/grandchildren (aged 0–11) between women and men within the household before and during the pandemic (% , 20–64, EU, 2021)	66
Figure 30. Distribution of care and supervision for children/grandchildren (aged 12–17) between women and men within the household before and during the pandemic (% , 20–64, EU, 2021)	67
Figure 31. Distribution of different types of tasks of care for children/grandchildren (aged 0–11) between women and men within the household before and during the pandemic (% , 20–64, EU, 2021)	67
Figure 32. Women and men declaring they shared childcare tasks for children/grandchildren (aged 0–11) equally within the household during the pandemic, by Member State (% , 20–64, EU, 2021)	68
Figure 33. Women and men declaring they shared childcare tasks for children (aged 0–11) equally within the household during the pandemic, by different characteristics (% , 20–64, EU, 2021)	69
Figure 34. Contribution to household income of women and men declaring they shared childcare tasks for children (aged 0–11) during the pandemic (% , 20–64, EU, 2021)	70
Figure 35. Women and men with childcare responsibilities (for children aged 0–17) relying on external support during the pandemic, by type of support (% , 20–64, EU, 2021)	71
Figure 36. Change in time spent on care for children/grandchildren (aged 0–11) for women and men in paid work compared to the pre-pandemic situation, by change in paid working hours (% , 20–64, EU, 2021)	72
Figure 37. Change in time spent on care for children/grandchildren (aged 12–17) for women and men in paid work compared to the pre-pandemic situation, by change in paid working hours (% , 20–64, EU, 2021)	73
Figure 38. Opinions about career expressed by women and men facing an increase in childcare for children/grandchildren aged 0–11 during the pandemic (% , 20–64, EU, 2021)	73
Figure 39. Women and men with childcare responsibilities for children/grandchildren aged 0–11 and participating in social and individual activities during the pandemic (% , 20–64, EU, 2021)	74
Figure 40. Women and men with childcare responsibilities for children/grandchildren aged 12–17 and participating in social and individual activities during the pandemic (% , 20–64, EU, 2021)	75
Figure 41. Women and men participating in individual and social activities during the pandemic in relation to working time and intensity of childcare for children/grandchildren aged 0–11 (% , 20–64, EU, 2021)	76
Figure 42. Women and men participating in individual and social activities during the pandemic in relation to working time and intensity of childcare for children/grandchildren aged 12–17 (% , 20–64, EU, 2021)	76
Figure 43. Women and men with childcare responsibilities for children/grandchildren aged 0–11 during the pandemic, by use of childcare services and frequency of participation in individual and social activities (% , 20–64, EU, 2021)	77
Figure 44. Women and men with childcare responsibilities for children/grandchildren aged 12–17 during the pandemic, by use of childcare services and frequency of participation in individual and social activities (% , 20–64, EU, 2021)	77
Figure 45. Women and men providing informal long-term care during the pandemic (% , 20–64, EU, 2021)	80

Figure 46. Time spent by women and men on informal long-term care before and during the pandemic, by hours per typical weekday (% , 20–64, EU, 2021)	81
Figure 47. Distribution of informal long-term care between women and men within the household before and during the pandemic (% , 20–64, EU, 2021)	82
Figure 48. Dual role: time spent by informal LTC carers in caring for children (aged 0–11) during the pandemic, by hours per typical weekday (% , 20–64, EU, 2021)	83
Figure 49. Women and men informal LTC carers during the pandemic, by different characteristics (% , 20–64, EU, 2021)	83
Figure 50. Women and men having experienced change in hours spent on informal long-term care compared to the pre-pandemic situation, by change in paid working hours per week (% , 20–64, EU, 2021)	84
Figure 51. Women and men informal LTC carers who regularly used formal long-term care services during the pandemic (% , 20–64, EU, 2021)	85
Figure 52. Women and men informal LTC carers who regularly used external support during the pandemic and changes compared to the pre-pandemic situation (% , 20–64, EU, 2021 and pp change from 2020)	86
Figure 53. Women and men providing informal long-term care, and participating in individual and social activities during the pandemic (% , 20–64, EU, 2021)	88
Figure 54. Women and men long-term carers participating in individual and social activities during the pandemic in relation to working time and intensity of caring (% , 20–64, EU, 2021)	89
Figure 55. Women and men providing informal long-term care during the pandemic, by use of LTC services and frequency in participating in individual and social activities (% , 20–64, EU, 2021)	90
Figure 56. Time spent by women and men on housework tasks before and during the pandemic, by hours per typical weekday (% , 20–64, EU, 2021)	92
Figure 57. Women and men undertaking housework tasks every day for 4 hours or more during the pandemic (% , 20–64, EU, 2021)	93
Figure 58. Distribution of housework chores between women and men within the household before and during the pandemic (% , 20–64, EU, 2021)	93
Figure 59. Distribution of housework between women and men within the household before and during the pandemic, by type of task (% , 20–64, EU, 2021)	94
Figure 60. Women and men declaring they share housework equally with a partner within the household during the pandemic, by Member State (% , 20–64, EU, 2021)	95
Figure 61. Women and men reporting they share housework equally with a partner during the pandemic, by different characteristics (% , 20–64, EU, 2021)	96
Figure 62. Women and men undertaking housework tasks and participating in social and individual activities during the pandemic (% , 20–64, EU, 2021)	97
Figure 63. Women and men participating in individual and social activities during the pandemic in relation to working time and intensity of housework (% , 20–64, EU, 2021)	97
Figure 64. Interruption during working time from home and causes of interruption (% , 20–64, EU, 2021)	99
Figure 65. Changes in working time arrangements since the start of the pandemic, referring to the main job (% , 20–64, EU, 2021)	100

List of tables

Table 1. Changes in the <i>Gender Equality Index 2022</i> and domain scores since last year's edition (points), and contribution of different domains to Gender Equality Index progress scores (%)	21
Table 2. Gender Equality Index scores, ranks and changes in score by EU Member State	120
Table 3. <i>Gender Equality Index 2022</i> (*) scores and ranks, by domain and EU Member States	121

Gender Equality Index 2022 highlights

- The Gender Equality Index score for the EU is 68.6 points out of 100. This marks an advance, but only just. Progress on gender equality is largely driven by the domain of power, which conversely has the greatest gender inequalities in the EU. Without this domain, the Index score would have fallen due to the impact of the COVID-19 pandemic.
 - The COVID-19 pandemic has negatively affected the fragile gains made since 2010. For the first time in a decade, gender inequalities in employment (full-time equivalent employment rate (FTE) and duration of working life), education (tertiary graduation and participation in formal or informal education and training), health status and access to health services have grown. Gender gaps in the risk of poverty and the distribution of income between women and men have remained constant.
 - Convergence analysis shows that gender equality disparities reduced only marginally between 2010 and 2020 as Member States progressed at different speeds. Despite the different starting points, 14 Member States (CY, EE, HR, IT, LV, MT, PT below the EU average and BE, DE, DK, FI, NL, SE, SI above the EU average) grew in gender equality faster than the EU average and decreased their distance from it. Another eight Member States (BG, CZ, EL, HU, LT, PL, RO, SK) improved their Gender Equality Index scores, but they were consistently and significantly lower than the EU average throughout the period. Ireland, Spain, France, Luxembourg, and Austria started with higher scores than the EU average and grew at a faster rate, increasing their distance from the EU average.
- gender segregation gap is offset by bigger gender gaps in employment and duration of working life.
- While FTE employment rates are consistently disadvantageous for women, gender gaps are particularly high among couples with children (at – 26 percentage points (pp)), single women and men (– 23 pp) and those born abroad (– 21 pp). These gaps are significantly higher than for the overall population (– 15 pp).
 - The sectors most affected by COVID-19 lockdowns are mainly female dominated, as women tend to work more in service sectors and jobs with high levels of social interaction. At the same time, a higher share of women than men in essential sectors (e.g. education and healthcare) and work that can be done remotely may have helped keep many women in jobs during the pandemic.

Domain of money

- The domain of money has the second-highest Index score, of 82.6 points. The sub-domain of economic situation leads, with 88.3 points, while that of financial resources lags behind, at 77.2 points. With overall progress in this domain at a bare minimum of 0.2 point since the 2021 Index, setbacks are feared once the consequences of the pandemic are fully known.
- Gender disparities in monthly earnings are starker in old age. Women over the age of 65 tend to earn 48 % less than men of the same age, which is a result of the accumulated impact of lifelong gender inequalities in working life. Highly educated women are also behind their male peers in earnings. This corroborates findings on educational attainment not yielding the same dividends for women as for men.

Domain of work

- Progress in the domain of work, with the third-highest score (71.7 points) in the Index, has stalled. A small improvement in the

- The pandemic has increased economic vulnerability for many, especially women with a low level of education. Women's income has taken a hit from reduced working hours, being absent from work or taking unpaid leave. More women have been pushed out of the workforce, with a third of out-of-work women mentioning care as the reason. Women are also less likely to receive unemployment or wage support than men.

Domain of knowledge

- The domain of knowledge score of 62.5 points ranks fourth in the Index. Gender equality in the education sub-domain has not made any headway since the 2021 Index, and has improved by only 2.7 points since 2010. Progress has been held back by gender segregation in education. Women students outnumber men in the fields of education, health and welfare, humanities and the arts, with 4.1 million women studying these subjects in 2020 compared to 1.7 million men ^(?).
- 27 % of women and 26 % of men in the EU are university graduates. Women's lead in education is particularly pronounced among graduates of working age (25–49 years). Disability impedes access to tertiary education, especially for women, with only 15 % of women and 18 % of men with disabilities having graduated from university.
- The pandemic has aggravated educational inequalities. Academic performance and time spent on schoolwork are increasingly defined by a person's socioeconomic background. The share of young people neither in education nor in employment has increased, particularly among adolescent boys. The well-being of teachers – mostly women – has been greatly affected during the pandemic. The EU institutions and the Member States are showing strong political will in relation to making digital upskilling an important

part of the post-COVID-19 recovery. The lack of digital skills is especially evident among older women and women with a low level of education.

Domain of time

- The domain of time continues to be one of the lowest scoring, at 64.9 points. It shows an overall negative trend, largely determined by gender inequalities in time spent on social activities.
- Gender equality in care provision is gradually improving as more care responsibilities are shared equally between women and men. The gender gap in engagement in social activities has widened, possibly reflecting the time pressures women and men with care responsibilities have faced due to work and informal caregiving.
- The COVID-19 pandemic has led to a dramatic rise in unpaid care at home, putting immense pressure on people – particularly women – to balance work and life. Women with children under the age of 12, particularly lone mothers, have had the most work-life conflicts and the highest number of childcare hours. The pandemic has also spotlighted the fragile working conditions of long-term care (LTC) workers.

Domain of power

- The domain of power has made the most progress since 2010, propelling change in gender equality. Nevertheless, it still has the lowest of all domain scores, at 57.2 points. Women remain significantly under-represented in political life. They account for 33 % of national parliament members and just over a third of members of regional and local/municipal assemblies (35 % and 34 % respectively).

^(?) Author's calculations from Eurostat data on 'Students enrolled in tertiary education by education level, programme orientation, sex and field of education (educ_uae_enrt03)' for 2020.

- The persistent gender imbalance among key decision-makers in large corporations and financial institutions remains a concern. However, the proportion of women on the boards of the EU's largest listed companies reached an all-time high of 32 % in April 2022. Change has mostly occurred in Member States with binding legislation, although much remains to be done, as women only account for 8 % of all chief executive officers and board chairs in the EU.
- COVID-19 emergency and recovery decisions were mostly taken by men. During the pandemic, and up to March 2022, only 1 in 4 EU health ministers and fewer than 4 in 10 junior/vice-ministers were women. In April 2022, 44 % of scientific advisory committee members in the EU were women. Although their presence on these committees increased in 2021 and 2022, a gender gap persists. Gender inequality in decision-making strengthens unequal power structures and will have weakened COVID-19 responses.

Domain of health

- The domain of health tops the 2022 Index score, with 88.7 points, and shows a slight improvement from 2021.
- Gender inequalities in access to health services have grown during the pandemic. Nevertheless, this sub-domain has the lowest gender gap in health. Gender equality in health behaviour, while still rather low, is improving. However, inequalities in health status persist, and are almost unchanged.
- The pandemic has put unprecedented pressure on the health sector and exposed its frailty. Among healthcare workers, more women than men have post-traumatic stress disorder (PTSD), depression and burnout symptoms. Women, older people and smokers are at greater risk of long COVID. The mental health of young people has also been severely affected by the pandemic, with a rise in suicide attempts among adolescents.

Domain of violence

- In 2020, 775 women were victims of homicide by a family member or intimate partner in 17 EU Member States, according to Eurostat. Data on gender-based violence continues to be scarce and lacks comparability in the EU. Clear, comprehensive and systematic definitions of all forms of violence against girls and women are crucial for informed policy- and decision-making.
- Psychological or digital forms of violence against women may be exacerbated by factors that escalate discriminatory and violent behaviours and hate crimes. Women with disabilities or health conditions experience psychological violence in intimate relationships about 1.5 times more than women without.
- During the COVID-19 pandemic, the prevalence and severity of gender-based violence spiked, particularly in digital forms of violence affecting women. This includes online harassment and image-based sexual abuse. Young women are more exposed to cyberbullying, image-based sexual abuse and psychological violence.

Thematic focus: COVID-19

Childcare

- Childcare remains unequally shared between women and men. This is particularly true for high-intensity childcare, where twice as many women (40 %) as men (21 %) spend at least 4 hours a day looking after young children.
- The COVID-19 pandemic led to an increase in time spent on childcare for nearly one fifth of women (18 %) and men (17 %). About a third of parents of young children who reduced their paid working hours report more time on childcare.
- Simultaneously, clear distinctions between paid work and family tasks are dissolving.

Almost two thirds of working parents with young children (59 % of women and 57 % of men) say they were expected to be reachable outside working hours. However, most single women and women with children under the age of 12 report that family and work responsibilities have become more compatible.

Long-term care

- The share of informal LTC is equally distributed between women (30 %) and men (31 %).
- However, women face more severe consequences. Only two thirds of women (68 %) providing LTC are in paid work, compared to 80 % of men.
- Half of men (52 %) whose paid work intensified spent less time on LTC. This was true for one fifth of women (20 %). Nearly half of women (46 %) spent more time on LTC despite working longer paid hours. Only 29 % of men increased their time providing LTC when their paid hours increased.
- Across the EU, far fewer women (36 %) than men (51 %) informal long-term carers regularly use formal LTC services to help look after someone needing care. The largest gender gap is in the use of residential care, with 26 % of women and 39 % of men carers regularly using these services.

Housework

- Since the start of the pandemic, people have been doing more housework each day. Women continue to do more housework than men, with 20 % of women compared to 12 % of men doing housework for more than 4 hours every day. Overall, gender

equality in housework improved slightly at the EU level.

- Men, especially when they are older, are more satisfied than women with the time they spent on housework chores. Women and men are most satisfied when housework takes up 1 to 2 hours a day.
- More men than women consider the housework in their home to be equally divided with their partner. Women are less satisfied with the distribution of housework in their partnership than men.
- Housework tasks are gendered, with women primarily responsible for grocery shopping, management and planning tasks. Men are predominantly responsible for financial and administrative tasks.

Flexible work

- With the pandemic, home-based telework increased to the same extent for women and men, with an expansion from 31 % to 49 %.
- Women are more exposed to the risk of poor-quality conditions for teleworking than men. Parents in particular face challenges while teleworking. More mothers than fathers report not being able to work for 1 hour without being interrupted by children.
- Men had more opportunities to use flexitime for care reasons, with more women reporting that their working time schedule was set by their employer without any possibility for change.
- Significant gender differences exist in work experience during the pandemic. More women than men were expected to work as much as or more than before the pandemic.

Introduction

'If the pandemic taught us one thing, it is that time is precious. And caring for someone you love is the most precious time of all,' Commission President Ursula von der Leyen noted in her State of the European Union speech in September 2021. It was an indication of COVID-19 bringing formal and informal care to the fore, exposing the frailty of a sector vital to life and well-being.

Social isolation, school closures and movement restrictions keeping people within their homes led to unprecedented informal care needs and work-life tensions for people looking after others. Women and lone parents, mostly mothers, have borne the brunt of the upheaval, including the more acute socioeconomic consequences of the COVID-19 crisis. The service sector, with high female employment rates, was among the hardest hit, and the working conditions of front-line women workers were severely impacted. Coupled with the ongoing war in Europe, with its immense impact on the economy and people's lives, the developments in gender equality over the last several years have now taken a turn for the worse, and the threat to future progress is real.

As part of the response, the European Commission has adopted a new European care strategy ⁽³⁾ in 2022 to address gender care gaps and support women and men in finding the best care and life balance. The European Recovery and Resilience Facility ⁽⁴⁾ also acknowledges that investment in a robust care infrastructure is essential for gender equality and women's economic empowerment. By August 2022, the Member States must have adopted laws, regulations and administrative provisions necessary for compliance with the EU directive on work-life balance (Directive 2019/1158) ⁽⁵⁾. This builds on social developments over the past decade

and aims for a better division of care responsibilities between women and men.

The Gender Equality Index has tracked the painfully slow progress in the EU since 2010, mostly due to advances in decision-making. While equality is more pronounced in some Member States than in others, it is far from a reality for everyone in every area. Gender norms around care, gender segregation in education and the labour market, and gender inequalities in pay remain pertinent.

Before the pandemic, one in three women in the EU was a victim of physical and/or sexual abuse by an intimate partner – a number largely unchanged for years. Lockdowns and social-distancing restrictions led to a surge in domestic violence as countless women and girls were trapped at home with their abusers. The pandemic has also put a spotlight on the most vulnerable women and men, such as older people, women and men with disabilities, those with a low level of education and others.

The Index allows Member States to easily monitor and compare gender equality progress across various groups of women and men in the EU over time and to understand where improvements are most needed. The 2022 Index has a thematic focus on care in the pandemic. Based on the European Institute for Gender Equality's (EIGE) survey on the socioeconomic consequences of the COVID-19 pandemic on gender equality (EIGE's 2021 survey), the focus explores the division of informal childcare, long-term care (LTC) and housework between women and men. Conducted in June and July 2021 with a sample of 42 300 people from across the EU, the survey also looks at the pandemic's impact on working arrangements, access to services, work-life balance and the well-being of carers.

⁽³⁾ https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/women-labour-market-work-life-balance/womens-situation-labour-market_en.

⁽⁴⁾ https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility_en.

⁽⁵⁾ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32019L1158#PP4Contents>.

Section 1 presents the main findings of the *Gender Equality Index 2022*. This provides a broad overview of the main trends in gender equality, including a convergence analysis of periods since 2010. Sections 2–7 summarise the policy context,

main findings and developments in relation to the core Index domains. Section 8 presents the most up-to-date – albeit scarce – data on violence against women. The thematic focus on the COVID-19 pandemic and care is covered in Section 9.

1. Gender equality in the EU at a glance

1.1. Hard-won gains undermined by the COVID-19 pandemic

The Gender Equality Index score for the EU is 68.6 points out of 100 – a 0.6-point increase since the 2021 Index. The score is only 5.5 points higher than in 2010 (Figure 1), pointing to an unbearably slow pace of change, barely averaging a 1-point increase every 2 years (EIGE, 2021e). These hard-won and fragile gains have been undermined in some domains and sub-domains by the COVID-19 pandemic (Figure 2).

The domain of power has the lowest score of all domains (57.2 points), although it has risen at a faster rate than others (+ 2.2 points in 1 year). Much of this progress stems from increased gender balance in economic decision-making (+ 3.3 points).

For the second consecutive year, the score for the domain of knowledge decreased (by 0.2 point since the 2021 Index). Its 62.5 points overall makes it one of the most gender-unequal domains. Gender segregation in different fields of study in tertiary education remains entrenched. For the first time since 2010, the participation in education score fell (– 0.4 point), mainly due to the pandemic's impact on engagement in formal and informal education and training since 2020.

The domain of time remains low scoring, at 64.9 points, mainly due to gender inequalities in time spent on care and social activities. However, a lack of new data means the latest developments are not included here. This reiterates the need for more frequent and regular time-use data to better track progress in this domain, particularly on monitoring unpaid work. EIGE will address this in the near future by

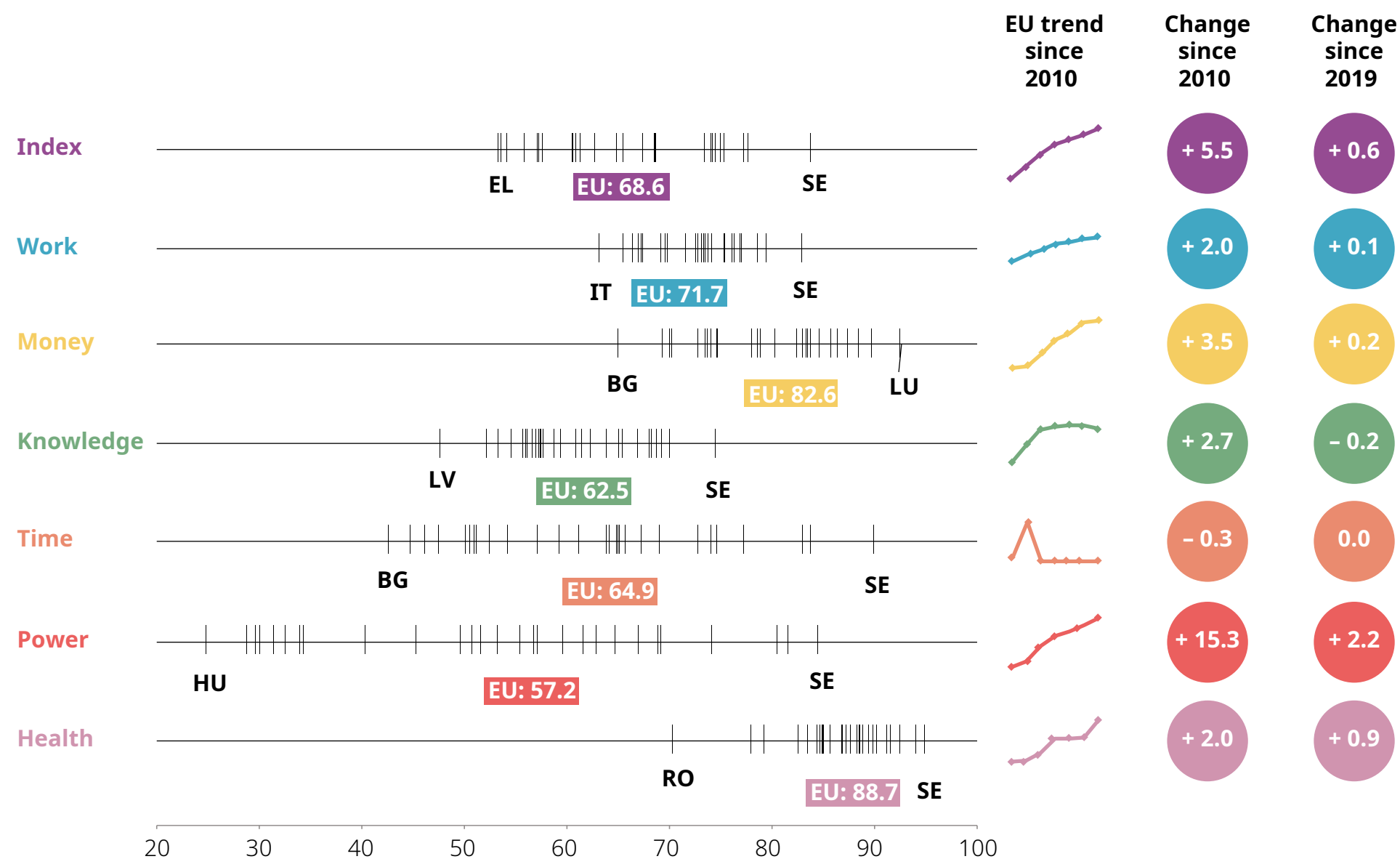
collecting EU-wide data on gender gaps in time spent on unpaid care and on individual and social activities.

Despite having the third-highest score (71.7 points), the domain of work highlights ongoing inequalities in labour market participation and segregation. The domain score increased by just 0.1 point in 1 year. The score for the participation sub-domain decreased (– 0.2 point) for the first time since 2010, largely because of the decrease in the employment rate and in the duration of working life over the pandemic year of 2020. Gender equality in this domain remains a major issue in almost every Member State.

The score for the domain of money (82.6 points) continues to expose lifelong gender inequalities in earnings and income, with a fractional improvement of 0.2 point in 1 year. Gender inequalities in poverty and income distribution between women and men remained pertinent during the pandemic. A marginal improvement in income, slightly bigger for men than for women, was registered (+ 0.3 point).

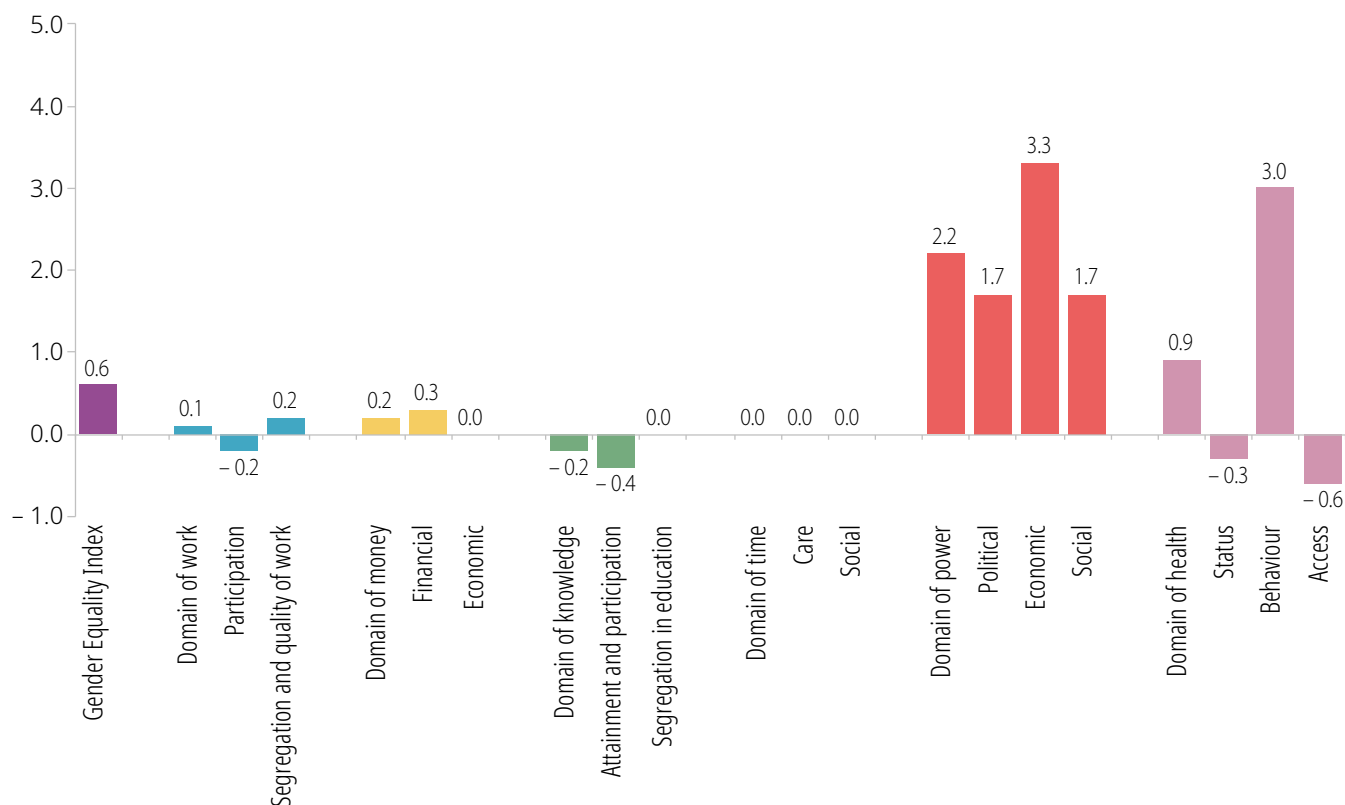
The score for the domain of health (88.7 points) has increased by 0.9 point from the 2021 Index. However, it too shows regression in some sub-domains for the first time since 2010. The score for access to health services has fallen by 0.6 point, and that for health status by 0.3 point. The 2022 Index has benefited from the latest European Health Interview Survey, (EHIS wave 3), which has provided new data on gender differences in health-enhancing and health-risk behaviours (fruit and vegetable consumption, engagement in physical activity, smoking and excessive alcohol consumption) since the first Index edition.

Figure 1. Ranges of Gender Equality Index 2022 (*) scores for Member States, and changes over time



Source: Authors' calculation.

(*) The 2022 Index for the most part uses data from 2020 and traces progress over the shorter term (2019–2020) and the longer term (2010–2020).

Figure 2. Changes in score by domain and sub-domain since last year's edition

Source: Authors' calculation.

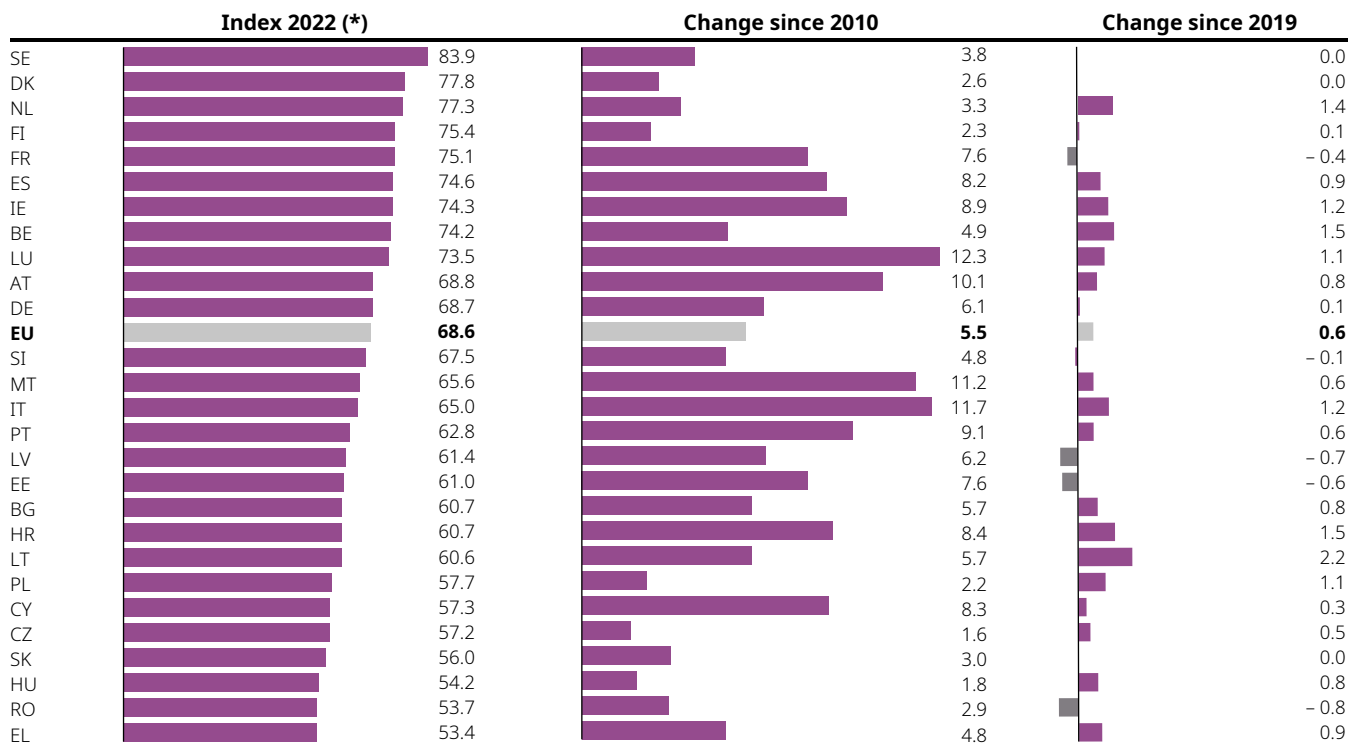
Gender equality levels vary considerably among Member States – from 83.9 points in Sweden to 53.4 points in Greece (Figure 3). Sweden, Denmark and the Netherlands are once again the EU's top performers. Finland is in fourth place after leapfrogging France, which drops to fifth.

Eleven Member States are above the EU average, with nine of them scoring more than 70 points. Seven Member States scored fewer than 60 points, with Greece, Romania and Hungary struggling the most to advance gender equality. While Hungary gained one place to rank 25th, Romania dropped by one to 26th.

Since the 2021 Index, the highest score increases are in Lithuania (+ 2.2 points), Belgium and Croatia (+ 1.5 points), the Netherlands (+ 1.4 points), Ireland and Italy (+ 1.2 points) and Poland and Luxembourg (+ 1.1 p).

Scores for four Member States have dropped. Romania's fell the most (- 0.8 point), followed by Latvia (- 0.7 point), Estonia (- 0.6 point) and France (- 0.4 point). There was no change in score for Denmark, Slovakia and Sweden.

Figure 3. Gender Equality Index 2022 (*)



Source: Authors' calculation.

(*) The 2022 Index for the most part uses data from 2020 and traces progress over the shorter term (2019–2020) and the longer term (2010–2020).

1.2. Decision-making gains hold off overall setback

Progress in gender equality in recent years has largely been driven by greater gender balance in decision-making, as previous editions of the Index highlight (EIGE, 2020d, 2020e, 2021e). The 2022 Index is no exception. It shows gender equality in the EU would have regressed during the pandemic without gains in the power domain.

The EU score for the domain of power rose by 2.2 points, contributing the most – about 78 % – to progress in the overall Gender Equality Index score. In contrast, a 0.2-point drop in the domain of knowledge negatively affected the score by 6 % (Table 1). The impact of the domains of money (3 %) and work (2 %) is positive, but minor.

The domain of power is a driving force for gender equality in almost all Member States. In 15 Member States it has determined more than 60 % of the progress made since the 2021 Index. Luxembourg (+ 6.3 points), Lithuania

(+ 6.1 points) and Belgium (+ 6.0 points) made the most headway on gender balance in decision-making. Only in Estonia and Romania did the scores fall (by 2.6 and 2.1 points respectively), negatively impacting their national Index scores (by 0.6 point and 0.8 point).

As Table 1 shows, the negative input from regressive national scores in the domain of knowledge is particularly high for Latvia (– 79 %), France (– 49 %), Sweden (– 44 %), Slovenia (– 40 %) and Denmark (– 39 %). In the domain of money this applies to Germany (– 35 %), France (– 29 %) and Finland (– 12 %).

While small advances in the domain of knowledge were made by Cyprus (+ 1.8 points), Croatia (+ 1.6 points) and Lithuania (+ 1.5 points), 14 Member States saw knowledge scores fall, particularly Latvia (– 3.2 points), Luxembourg (– 1.9 points), Denmark (– 1.7 points) and France (– 1.5 points).

Although gender equality scores in the domain of work had grown steadily since 2010, progress almost stalled across the EU in 2020. Eleven

Table 1. Changes in the *Gender Equality Index 2022* and domain scores since last year's edition (points), and contribution of different domains to Gender Equality Index progress scores (%)

MS	Changes in score (points)							MS	Contribution to changes (%)					
	Index	Work	Money	Knowledge	Time	Power	Health		Work	Money	Knowledge	Time	Power	Health
EU	0.6	0.1	0.2	-0.2	0.0	2.2	0.9	EU	2	3	-6	-	78	10
BE	1.5	0.6	-0.1	-0.7	0.0	6.0	2.2	BE	7	0	-9	-	74	10
BG	0.8	-0.3	0.5	1.0	0.0	2.8	0.8	BG	-5	8	25	-	55	6
CZ	0.5	-0.3	0.1	0.4	0.0	1.6	-1.5	CZ	-6	1	9	-	72	-12
DK	0.0	0.1	-0.6	-1.7	0.0	2.5	0.0	DK	1	-7	-39	-	52	0
DE	0.1	0.5	-2.5	0.0	0.0	2.0	-0.7	DE	10	-35	-1	-	48	-6
EE	-0.6	0.2	0.4	0.1	0.0	-2.6	2.8	EE	3	5	2	-	-74	17
IE	1.2	0.0	-0.3	0.7	0.0	3.3	3.7	IE	1	-3	12	-	61	23
EL	0.9	0.3	-0.9	0.9	0.0	1.8	1.5	EL	4	-9	17	-	61	8
ES	0.9	-0.1	0.3	0.4	0.0	3.7	1.4	ES	-3	4	11	-	71	12
FR	-0.4	0.0	-1.6	-1.5	0.0	0.3	1.2	FR	1	-29	-49	-	8	13
HR	1.5	-0.4	0.1	1.6	0.0	4.4	1.3	HR	-4	1	24	-	65	6
IT	1.2	-0.5	1.1	0.5	0.0	4.7	0.6	IT	-6	10	8	-	73	3
CY	0.3	-0.7	0.5	1.8	0.0	0.1	-0.9	CY	-17	8	61	-	4	-9
LV	-0.7	-0.1	0.7	-3.2	0.0	0.5	0.0	LV	-1	9	-79	-	10	0
LT	2.2	-0.3	0.5	1.5	0.0	6.1	2.4	LT	-2	3	15	-	72	8
LU	1.1	0.0	0.2	-1.9	0.0	6.3	0.5	LU	0	1	-21	-	76	2
HU	0.8	-0.5	0.5	-0.1	0.0	1.9	0.6	HU	-8	6	-3	-	80	4
MT	0.6	0.2	-0.6	0.0	0.0	2.9	-4.5	MT	2	-6	0	-	68	-24
NL	1.4	0.4	-0.4	-0.4	0.0	4.9	4.0	NL	5	-3	-6	-	65	20
AT	0.8	0.4	-0.2	-0.3	0.0	3.5	-0.6	AT	6	-2	-7	-	81	-4
PL	1.1	0.1	1.4	-0.1	0.0	2.9	0.3	PL	1	13	-2	-	81	2
PT	0.6	0.2	1.1	0.2	0.0	1.9	-0.3	PT	5	22	8	-	62	-4
RO	-0.8	-0.2	1.1	-0.6	0.0	-2.1	-0.9	RO	-4	13	-12	-	-64	-7
SI	-0.1	0.4	0.2	-0.6	0.0	0.3	-0.9	SI	19	5	-40	-	19	-17
SK	0.0	-0.3	-0.3	-0.7	0.0	0.7	-0.3	SK	-10	-7	-30	-	48	-4
FI	0.1	-0.1	-0.4	-0.4	0.0	0.0	3.1	FI	-6	-12	-24	-	2	57
SE	0.0	-0.1	0.5	-0.6	0.0	0.1	0.6	SE	-4	25	-44	-	9	18

Note: In the domain of time, the latest available data is from 2016.

Member States made minor gains – with Belgium the largest at 0.6 point – while another 13 saw their scores fall by between 0.1 and 0.7 point.

1.3. EU gender equality disparities narrow – slightly

While gender inequalities were reduced between 2010 and 2020, this was not universal. Not all Member States made progress, or at the same speed.

Looking at the progress curves of all Member States over time, and their differences, provides clarity on whether they are all converging, heading towards the same goal. Upward social convergence – an EU objective – here means increasing equality between women and men in each Member State in parallel with less gender-equal Member States catching up with the most gender-equal ones, reducing disparities across the EU as a whole (Eurofound/EIGE, 2021).

Convergence analysis of the Gender Equality Index for 2010–2020 shows a mean EU improvement and a reduction in disparities between Member States – a clear upward convergence trend. While this aggregate pattern shows an overall picture of progress during this period, it does not capture different national developments, for example not all Member States registered an improvement.

Comparing each Member State’s trend against the EU average shows patterns of convergence and divergence at the Member State level. For the period between 2010 and 2020, the following patterns are noted (see also [Figure 4](#)).

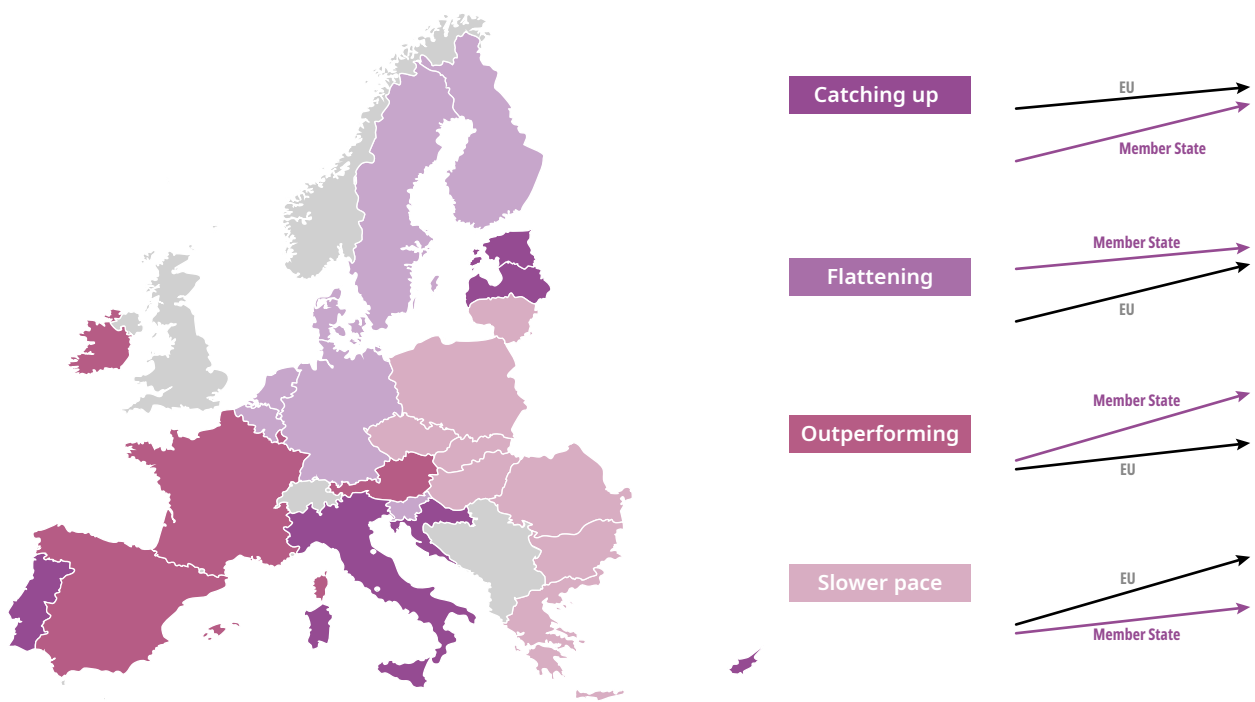
1. **Catching up.** Estonia, Croatia, Italy, Cyprus, Latvia, Malta and Portugal have Index scores lower than the EU average, but their scores improved faster than the EU average, reducing the gap between them over time.
2. **Flattening.** Belgium, Denmark, Germany, the Netherlands, Slovenia, Finland and Sweden improved their Index scores. Their gender equality levels are higher than the EU average, but they progressed slower than the EU average. Therefore, gaps between these

Member States and the EU have narrowed over time.

3. **Outperforming.** Ireland, Spain, France, Luxembourg and Austria performed better than the EU average and progressed in gender equality at a faster rate. Consequently, the gap between them and the EU is widening.
4. **Slower pace.** Bulgaria, Czechia, Greece, Lithuania, Hungary, Poland, Romania and Slovakia improved their Gender Equality Index scores, but they were consistently and significantly lower than the EU average throughout the period. In addition, their progress in gender equality was slower, ensuring growing disparities between them and the EU over time.

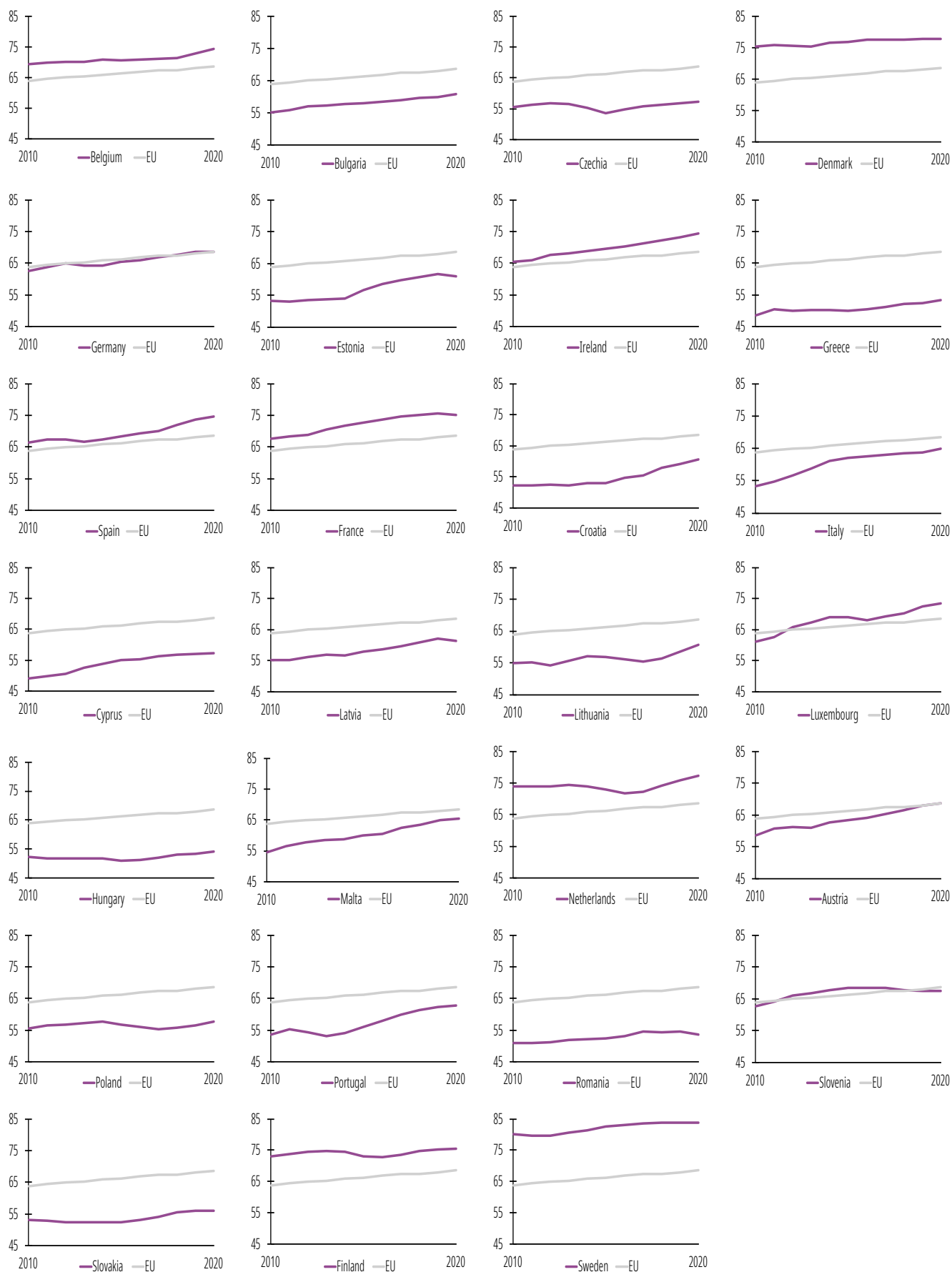
The analysis reveals 14 Member States in patterns of **upward convergence**. The remaining 13 Member States are in patterns of **upward divergence**. Comparing these patterns with developments in 2020, only two Member States have seen change. Despite Germany and Slovenia having above-EU-average Index scores, their improvement rates are no longer faster than the EU’s – they are instead rising more slowly.

Figure 4. Patterns of convergence in the Gender Equality Index, by EU Member State, 2010–2020



Source: Authors’ calculation.

Figure 5. Convergence of the Gender Equality Index, by Member State, scores, 2010–2020



Source: Authors' calculation.

2. Domain of work

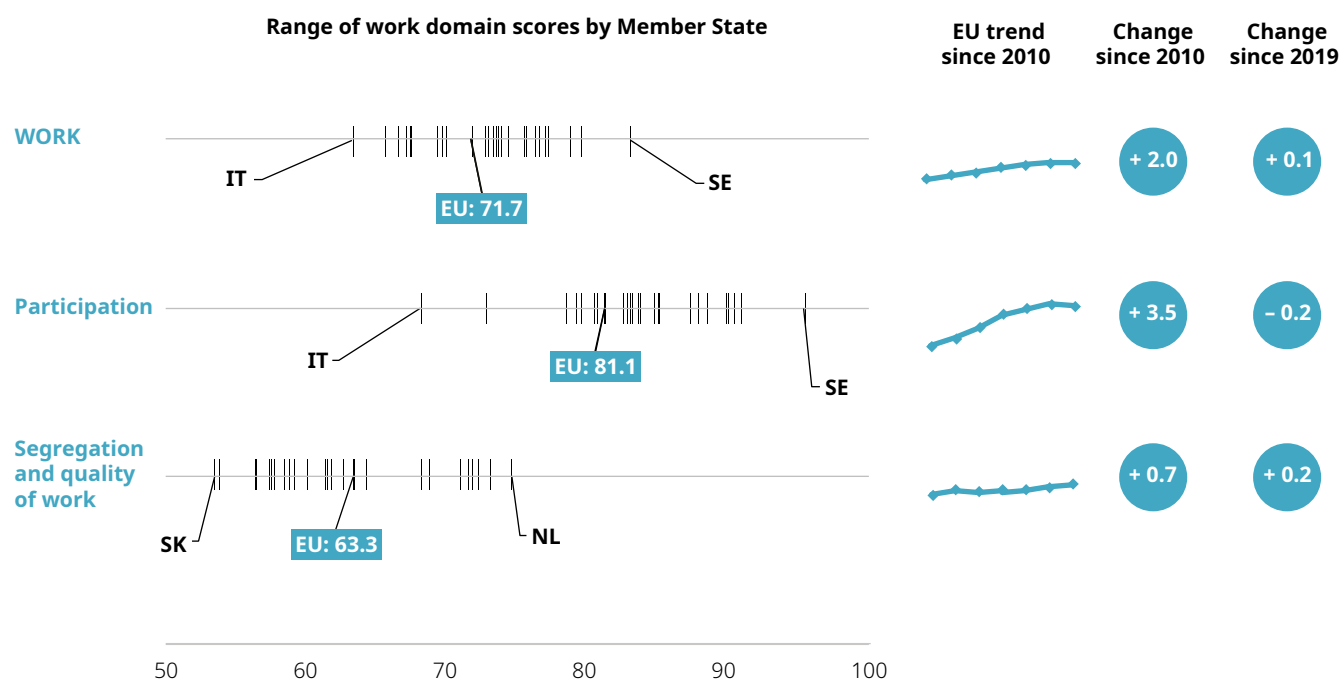
Women in the labour market endure persistent disadvantages in employment and earnings compared to men. There are large gender differences in how much women and men work and what type of jobs and contracts they have. The employment rate of women is still significantly below that of men. FTE employment rates show women are far more likely to work part-time and to have temporary contracts (EIGE, 2014; Eurostat, 2022a). This, together with career interruptions through childbirth, results in lower female earnings over the course of a lifetime (Blau & Kahn, 2017). In addition, the labour market remains heavily gender segregated. Women are more likely than men to work in sectors characterised by lower pay, status and value, and have fewer options for career growth (EIGE, 2017d). Such inequalities have particularly dire consequences for disadvantaged groups of women, such as younger and older women, lone mothers with dependent children and women from migrant communities or minority groups. Inequalities in the labour market are often rooted in the unequal distribution of care and other responsibilities within the household (see Section 5 and Section 9).

The economic shock caused by the pandemic will likely impact these pre-existing gender inequalities in both the short and the long term. Recent studies show that job losses and reduced working hours related to forced closures and social-distancing measures affected women-heavy sectors such as hospitality (Adams-Prassl, Boneva, Golin, & Rauh, 2020; EIGE, 2021d; Fabrizio, Gomes, & Tavares, 2021).

As Section 9 shows, lockdowns also led to a hefty increase in childcare and housework for working women following school closures and the inability to outsource (EIGE, 2021d). However, having more women than men in essential sectors (e.g. education and healthcare) and engaged in occupations where telework is possible may have helped many women to keep their jobs during the pandemic (EIGE, 2021d).

The work domain Index scores capture changes in the first year of the pandemic and show a decline in the employment participation sub-domain. The socioeconomic impact of the pandemic highlights the crucial importance of many work-related aspects of gender equality already included in EU policies. It underscores the need to revamp the world of work by implementing long-term solutions rather than taking stopgap measures in emergencies. In particular, the pandemic has underlined the urgency of the equal take-up of parental leave and/or special care leave set up for both women and men in the pandemic.

The 2020–2025 EU Gender Equality Strategy outlines some key priorities in creating gender-equal economies: close gender gaps in the labour market and across different sectors, and address the gender pay gap. The European Pillar of Social Rights action plan reaffirms the EU's commitment to equal opportunities for women and men in the labour market, in terms and conditions of employment and career progression and in ensuring suitable leave and flexible working arrangements for caregivers.

Figure 6. Scores of the domain of work and sub-domains, and changes over time

Source: Authors' calculation, EU-LFS, EWCS.

Note: The 2022 Index for the most part uses data from 2020 and traces progress over the shorter term (2019–2020) and the longer term (2010–2020).

2.1. Gender segregation blights workforce equality

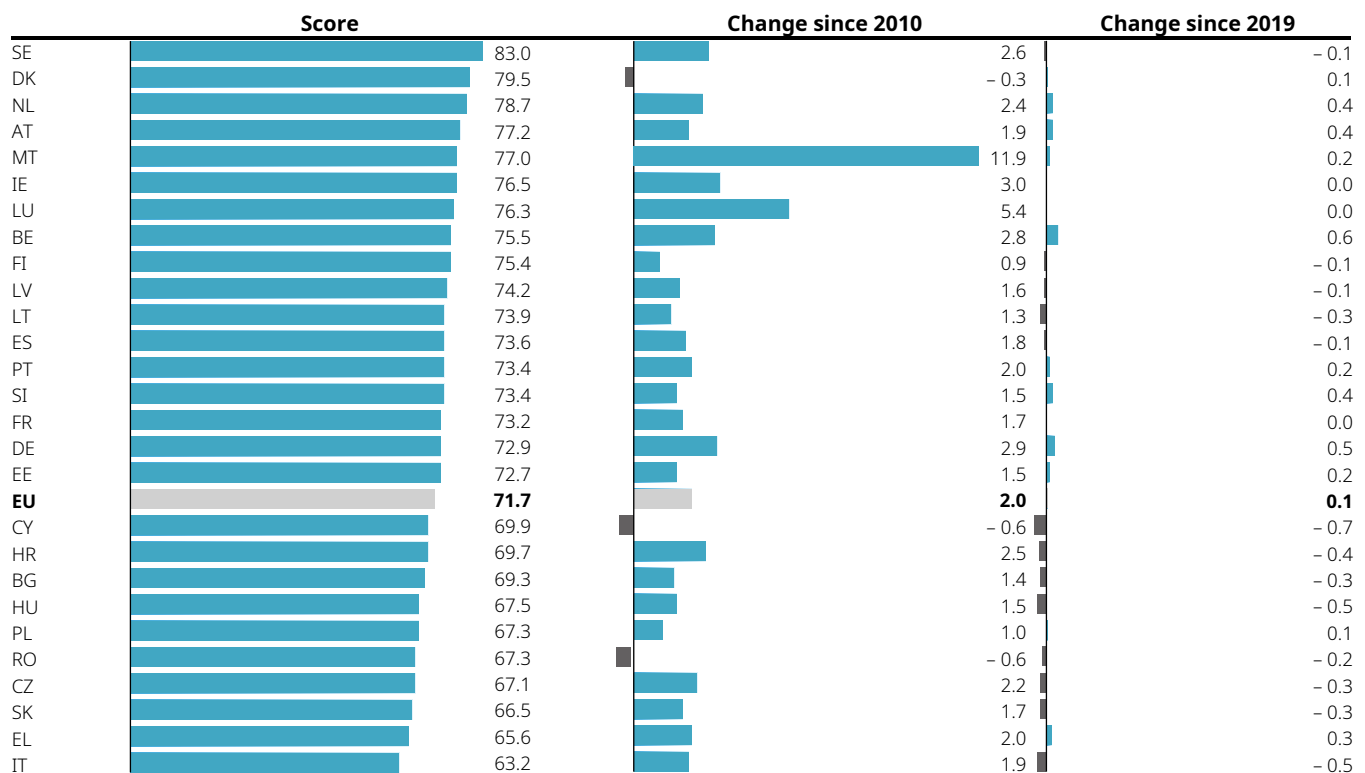
The domain of work ⁽⁶⁾ has 71.7 out of 100 points at the EU level (Figure 6) – the third-highest domain score. It has improved by only 2.0 points since 2010, and has stalled since 2019.

The sub-domain of participation, scoring 81.1 points, regressed for the first time since the first edition of the Index. Its score fell by 0.2 point between 2019 and 2020. Although stable, the score of 63.3 points for segregation and quality of work shows much room for improvement. Since 2010 it has only risen

by 0.7 point. The evolution of this sub-domain reflects changes in segregation only, as the most recent data on quality of work is from 2015.

Figure 7 shows great variability in domain of work scores across Member States. Sweden has the highest score at 83.0 points, and Italy the lowest at 63.2 points. The largest score increases were in Malta (+ 11.9 points), Luxembourg (+ 5.4 points) and Ireland (+ 3.0 points). However, the scores for Romania and Cyprus fell by 0.6 point, and Denmark by 0.3 point. Compared to the 2021 Index, all Member States have stalled, with a pace of change ranging between – 1 and + 1 point.

⁽⁶⁾ The domain of work measures the extent to which women and men can benefit from equal access to employment and good working conditions. The sub-domain of participation combines two indicators: the rate of FTE employment rate and the duration of working life. Gender segregation and quality of work are included in the second sub-domain. Sectoral segregation is measured through women's and men's participation in the education, human health and social work sectors. Quality of work is measured by flexible working time arrangements and Eurofound's Career Prospects Index.

Figure 7. Scores for the domain of work, and changes over time, in the EU Member States

Source: Authors' calculation, EU-LFS, EWCS.

2.2. Women at sharp end of employment gender gaps

People with disabilities, the young, those with a low level of education and migrant women and men were the workers most impacted by the pandemic in 2020. These groups show higher-than-average segregation in non-standard and precarious jobs (EIGE, 2021d) and are generally less protected from lay-offs.

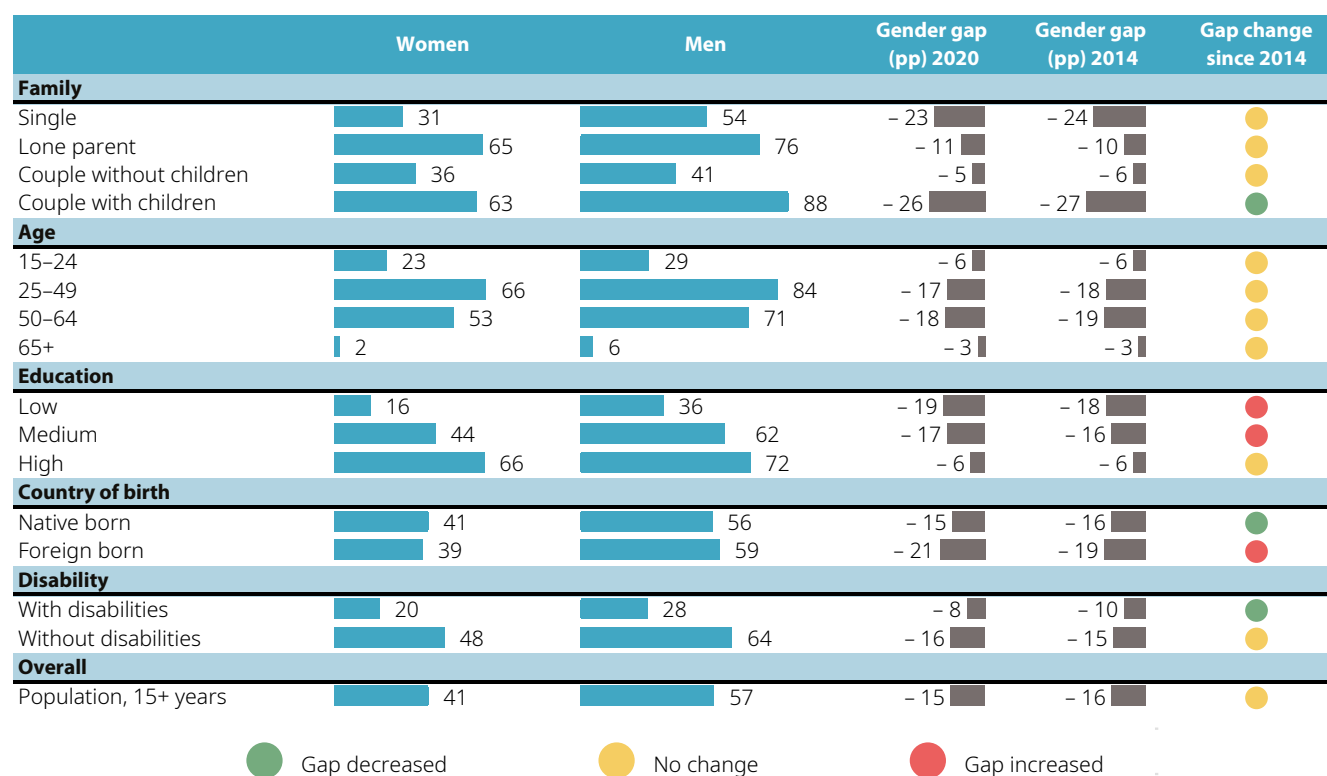
Young women were particularly hard hit. There was a significant concentration of workers aged 15–24, especially women, in the most pandemic-affected sectors. A high share of temporary contracts with limited social security rights among young workers (EIGE, 2021d) made them more vulnerable to job and income losses, with the pandemic threatening long-term negative consequences on the career and economic prospects of young people (Costa Dias, Joyce, & Keiller, 2020; Gould & Kassa, 2020; ILO, 2020b).

The pandemic also adversely impacted women and men with low levels of education. They are

often in low-skilled occupations in which teleworking is not possible, and in temporary jobs in those sectors worst affected by shutdowns (EIGE, 2021d; OECD, 2020). These workers, particularly women with care responsibilities, are likely to suffer long periods of unemployment and economic inactivity after lay-offs. They are less able to move between employers, occupations and sectors than those more educated (Artuç & McLaren, 2015; Autor, Dorn, Hanson, & Song, 2014; Kramer & Kramer, 2020).

Foreign-born workers registered significant job losses in 2020 and a general deterioration in their labour market status. This is due to their more precarious and often informal working conditions (Foley & Piper, 2020) and their high concentration in those sectors worst affected by the pandemic (EIGE, 2021d). Migrants, especially women, are also potentially in a more vulnerable position in the labour market compared to natives. They often have limited access to social protection, including employment and income support measures implemented during the pandemic in Member States where they work (ILO, 2020a).

Figure 8. FTE employment rates by sex, family composition, age, education level, country of birth and disability (% , 15+, EU, 2020)



Source: Authors' calculation using microdata, EU-LFS. EU-SILC 2020 is used for disability (DE, IT, 2019).

Note: Gap changes are presented in three colours: green shows a decrease since 2014 (gender gap ≥ -1), red shows an increase since 2014 (gender gap ≥ 1), yellow shows no change since 2014 (gender gap between -1 and 1).

Figure 8 shows the FTE employment rates for different population groups. The rates for women range from 16 % for those with a low level of education to 66 % for both women with a high level of education and those aged 25–49. Among men, the lowest FTE employment rate is for those with disabilities (28 %) and the highest for those in couples with children (88 %).

While women's FTE employment rates are lower than men's in all groups, the gender gap is particularly high (– 26 pp) among couples with children (Figure 8). This is significantly higher than the FTE employment gap (– 15 pp) for the overall population. Other large gaps are – 23 pp between single women and men and – 21 pp between foreign-born women and men. This latter group have the worst evolution of all population groups considered since 2014. People with a low level of educational qualifications have both a high FTE employment rate gender gap (– 19 pp) and low rates of full-time work (women 16 %, men 36 %).

The only groups for which employment gender gaps narrowed were people with disabilities, native-born women and men, and couples with children.

2.3. COVID-19 crisis impacts genders and sectors differently

The social-distancing measures and stay-at-home orders imposed during the pandemic had a significantly negative impact on employment. According to the literature (Alon et al., 2020), the COVID-19 pandemic is different from other crises. Its impact on employment depends on two factors: whether a sector was affected by stay-at-home orders, and if it has allowed for teleworking.

The sectors most affected by COVID-19 lockdowns were mainly female-dominated ones, given that more women tend to work in service

sectors and jobs with high levels of social interaction. These were also the most affected by physical-distancing measures, such as retail, travel, leisure and hospitality, and personal care services (Alon, Doepke, Olmstead-Rumsey, & Tertilt, 2020; ILO-OECD, 2020).

'Essential' sectors include government, health-care, education, and food production and delivery. Surprisingly, some of these sectors and occupations are at higher risk of lay-offs and reduced working hours, and can be either very female or male dominated. Women in essential jobs are mainly in three front-line occupations: health-care, personal care, and cleaners and helpers. Men are mostly in transport, engineering, and information and communications technology.

The second factor differentiating COVID-19 from other crises – teleworking – has a greater impact on manufacturing than higher education and

business services. The kinds of jobs that can be adapted to remote working depend greatly on the types of tasks workers carry out, and can differ significantly even within the same workplace. Telework introduces both opportunities and risks into working conditions, especially for women who need greater flexibility in work-life balance arrangements. It can allow mothers with small children or women with care responsibilities to remain in work more easily. It can simultaneously toughen the glass ceiling by reducing both women's visibility when working from home and their career prospects (EIGE, 2021d), and aggravate work-family conflicts by consolidating traditional gender roles in the household (Estes, Noonan, & Maume, 2007; Tomei, 2021). National studies (De Sio et al., 2021; Manzo & Minello, 2020) conducted in 2020 find psychological distress and poor well-being were higher among teleworking women than teleworking men.

3. Domain of money

Gender equality in economic situations and financial resources is crucial for women's economic independence. Despite progress in women's employment since 2010, issues such as their disproportionate exposure to the risk of poverty and gender gaps on pay and pensions are still holding women back financially and economically. This is particularly the case for those with a low level of education.

Gender inequalities measured in the domain of money are the visible outcomes of wide-ranging inequalities in other domains of life. These include unequal access to quality full-time employment, training, decision-making positions and social protection, and insufficient access to care services. Gender norms also affect the compensation levels and social status attached to female-dominated jobs, which results in women making up the majority of low-wage earners (Eurofound, 2022b, p. 67).

Women's lower access to financial and economic resources reflects their heavier load of unpaid care within the household (Section 9). EIGE research shows this burden plays a key role in perpetuating the gender pay gap by limiting women's employment and career progression, and pushing them into part-time work and jobs in certain sectors (EIGE, 2021f). Slow and limited progress in the equal sharing of unpaid care ensures sluggish progress towards lower gender pay gaps. In 2020 the gender pay gap was 13 %, compared to 16 % in 2010 ⁽⁷⁾.

Job losses, reduced working hours and deteriorating career prospects due to the COVID-19 pandemic have severely but unevenly affected

the economic well-being of both women and men. Women were hit particularly hard by job losses early in the pandemic, over-represented as they were in the worst-affected sectors such as accommodation, food services and tourism (EIGE, 2021). Women in at-risk groups – including young people, migrants and those with a low level of education – were further exposed, given their higher likelihood of holding temporary jobs. Eurofound (2022b) estimates 11 million temporary workers lost jobs in 2020 despite job-protection schemes in most Member States, accounting for much of the rise in unemployment in the EU.

The European Pillar of Social Rights enshrines equal opportunities to access financial resources, the principle of equal pay for jobs of equal value, rights to adequate minimum-income benefits and equal opportunities for women and men to acquire pension rights.

In April 2022, the European Parliament voted to begin negotiations with Member States on a European Commission proposal for a pay transparency directive. The Parliament is pushing for the directive to apply to companies with at least 50 employees, instead of the 250 initially proposed. If adopted, the directive will be instrumental in banning pay secrecy to help end gender pay gaps.

The adoption of a directive on adequate minimum wages ⁽⁸⁾ in June 2022 provides another important tool for reducing gender gaps in pay and in-work poverty, especially among women with a low level of education. Women make up more than 60 % of minimum wage earners in the EU.

⁽⁷⁾ <https://ec.europa.eu/eurostat/en/web/products-eurostat-news/-/edn-20220307-2>.

⁽⁸⁾ While the directive will not require Member States to introduce statutory minimum wages, or establish a common minimum wage level across the European Union, it will require Member States with statutory minimum wages to implement certain measures in their governance framework for setting and updating minimum wages, namely promoting collective bargaining in terms of minimum wage setting.

3.1. Gender equality on money at a standstill

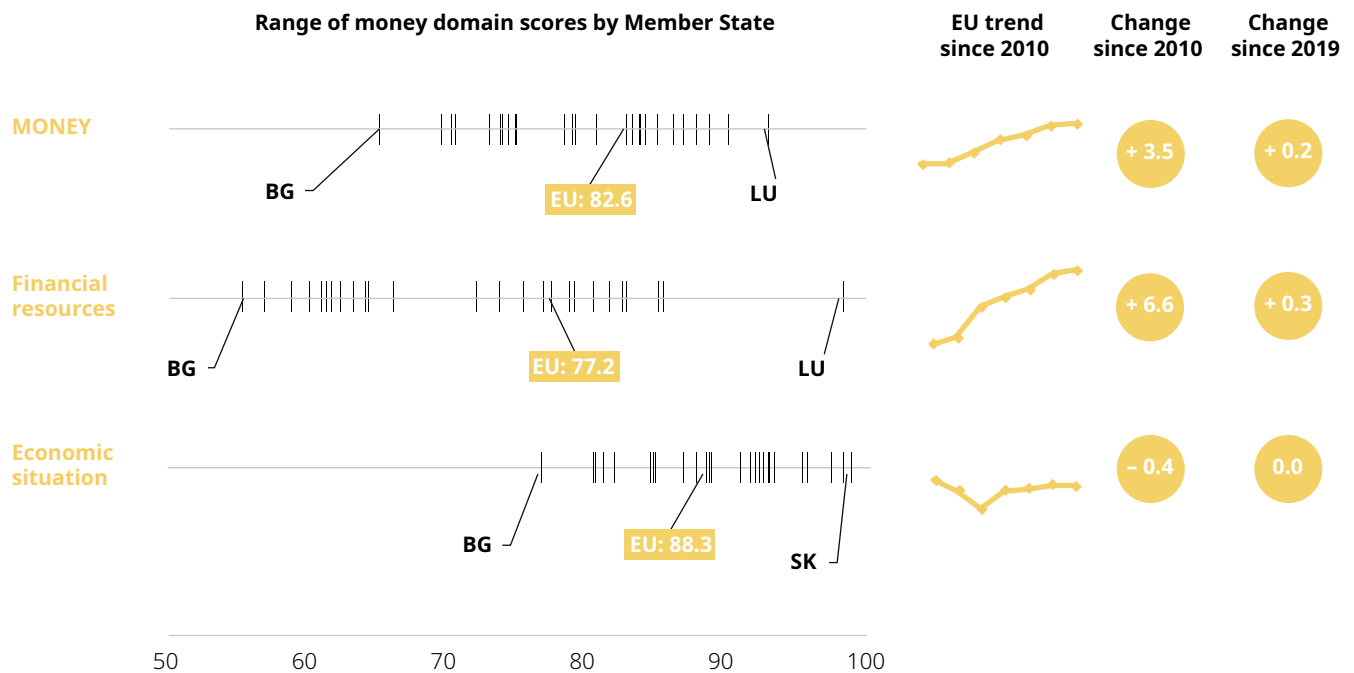
With 82.6 points, the domain of money ⁽⁹⁾ has the second-highest score of all Gender Equality Index domains (Figure 1). However, its score has stalled since 2019, moving by a mere + 0.2 point (Figure 9). The 2022 Index marks an end to the continued, if slow, progress experienced in the past few years, with the domain score rising by 3.5 points since 2010.

Its two sub-domains have registered little to no movement: + 0.3 point for financial resources and no change for economic situation. The score of 77.2 points for financial resources reflects a + 6.6-point increase since 2010, the

most of any sub-domain. Nevertheless, the road to equality is long. Although the economic situation sub-domain scores 88.2 points, its score has fallen slightly, by 0.4 point, since 2010, and progress has stalled completely since 2019.

The static nature of the domain of money is somewhat explained by the share of women and men at risk of poverty. While significant, this remains unchanged since the 2021 Index: 17 % of women and 15 % of men in the EU live below the threshold of 60 % of the median income. However, a broader indicator of risk of poverty and social exclusion shows an increase, especially for women and men outside the labour force and those with a migrant background ⁽¹⁰⁾. According to Eurostat estimates for 2020 ⁽¹¹⁾, in

Figure 9. Scores of the domain of money and sub-domains, and changes over time



Source: Authors' calculation, EU-SILC, SES.

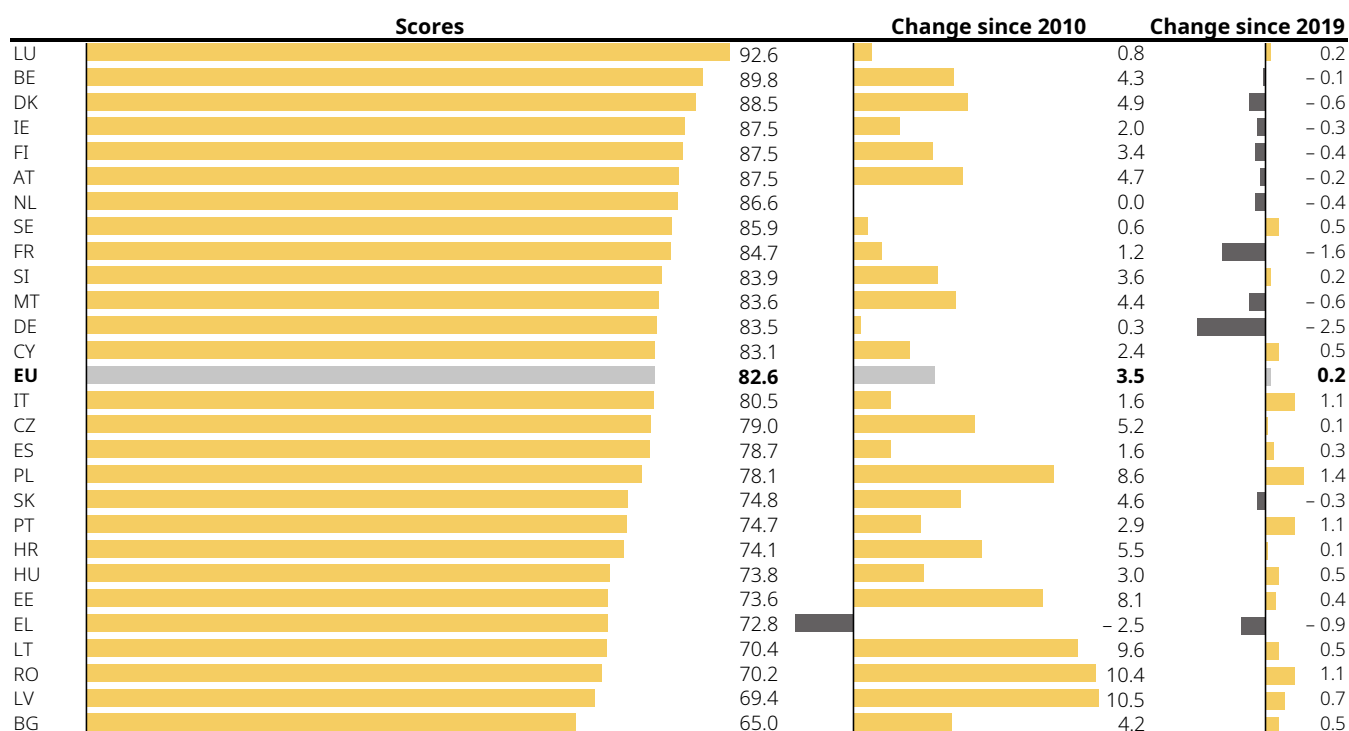
Note: The 2022 Index for the most part uses data from 2020 and traces progress over the shorter term (2019–2020) and the longer term (2010–2020).

⁽⁹⁾ The domain of money measures gender inequalities in access to financial resources and economic situation. The sub-domain of financial resources includes women's and men's mean monthly earnings from work and mean equivalised net income (from pensions, investments, benefits and any other sources, in addition to earnings from paid work). The sub-domain of economic situation captures women's and men's risk of poverty and the distribution of income between women and men.

⁽¹⁰⁾ The risk of poverty and social exclusion is not strictly dependent on a household's level of income as it may also reflect joblessness, low work intensity, working status or a range of other socioeconomic characteristics. It includes people at risk of poverty, people suffering from severe material and social deprivation and people (under the age of 65) living in a household with very low work intensity (Eurostat, 2021).

Eurostat (2021), 'Living conditions in Europe - Poverty and social exclusion', https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Living_conditions_in_Europe_-_poverty_and_social_exclusion#Key_findings.

⁽¹¹⁾ Eurostat (ilc_peps01n).

Figure 10. Scores for the domain of money, and changes over time, in the EU Member States

Source: Authors' calculation, EU-SILC, SES.

the EU there were 42.1 million women (22.7 %) and 34.7 million men (20 %) aged 18+ at risk of poverty or social exclusion. This was an increase of almost 1.6 million women (3.8 %) and 1.6 million men (4.7 %) relative to 2019.

Luxembourg had the highest national score for the money domain in 2020, at 92.6 points. Bulgaria had the lowest, at 65.0 points (Figure 10). Scores for most Member States stalled, with changes ranging from - 1 to + 1 point in 21 Member States. Germany and France lost considerably more ground, as their scores fell by 2.5 and 1.6 points respectively. Since 2019, only four Member States have made progress exceeding 1 point - Italy, Portugal and Romania by + 1.1 points and Poland by + 1.4 points.

3.2. Earnings gap affects older and highly educated women most

Family composition, age, educational attainment, migration status and (dis)ability influence

earning disparities between women and men. Across those population groups for which EU-wide data is available, the lowest mean monthly earnings are seen among women with a low level of education and women aged 15–24 (Figure 11). This age group is often economically dependent on parents or entering the labour market, often in low-paid, precarious and temporary work. As the domain of knowledge analysis shows, a large part of this age group is not in employment, education or training, and this is a youth category at higher risk of social exclusion.

The largest gender disparities in earnings are between women and men aged 65+ (- 1 883 purchasing power standard (PPS), or 48 % to women's detriment), reflecting the impact of lifelong gender inequalities in working life. These include career breaks, part-time work and vertical and horizontal gender segregation. In 2019, the average gender pension gap at the age of 65 in the EU was 29 % in favour of men ⁽¹²⁾.

⁽¹²⁾ <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20210203-1>.

Figure 11. Mean monthly earnings by sex, family composition, age, education level, country of birth and disability (PPS, 16+, EU, 2020)

	Women	Men	Gender gap (PPS) 2020	Gender gap (PPS) 2014	Gap change since 2014
Family					
Single	2 456	2 813	- 357	- 323	●
Lone parent	2 145	3 223	- 1 078	- 1 137	●
Couple without children	2 216	3 207	- 991	- 798	●
Couple with children	2 151	3 169	- 1 018	- 1 015	●
Age					
16–24	1 386	1 443	- 57	- 134	●
25–49	2 073	2 687	- 614	- 631	●
50–64	2 171	3 227	- 1 057	- 918	●
65+	2 000	3 883	- 1 883	- 1 394	●
Education					
Low	1 304	1 863	- 559	- 528	●
Medium	1 764	2 363	- 599	- 568	●
High	2 661	3 917	- 1 256	- 1 101	●
Country of birth					
Native born	2 077	2 779	- 701	- 649	●
Foreign born	1 906	2 699	- 792	- 786	●
Disability					
With disabilities	1 931	2 504	- 573	- 659	●
Without disabilities	2 064	2 784	- 720	- 648	●
Overall					
Population, aged 16+	2 056	2 768	- 712	- 662	●

● Gap decreased ● No change ● Gap increased

Source: Authors' calculation using microdata, EU-SILC 2020 (DE, IT, 2019).

Note: Gap changes are presented in three colours: green shows a decrease since 2014 (gender gap ≥ -1), red shows an increase since 2014 (gender gap ≥ 1), yellow shows no change since 2014 (gender gap between -1 and 1).

Disparities in earnings are also significant between women and men with a high level of education, largely because of women's lower level of access to decision-making positions. EIGE's Gender Statistics Database, Women and Men in Decision-Making (WMID) confirms women's systematic under-representation in decision-making roles: on average, women accounted for only 8 % of chief executive officers, 21 % of executives and 34 % of non-executives in the EU in the first half of 2022.

Such disparities are in line with findings pointing to gender pay gaps being larger among high-paying occupations (EIGE, 2019b). Company size and sector also affect pay disparities between women and men. For example, women managers in companies with 10 or more employees are paid less than men in all Member States,

while women managers in the EU generally earn EUR 10 less than men per hour ⁽¹³⁾.

Since 2014, gender disparities have grown among all groups except lone parents, people with disabilities and those aged 18–49.

3.3. More women out of the labour force, lower access to income support

There is evidence that the economic vulnerability of certain groups has been magnified by the pandemic. While the full extent of the social and economic impact is still unfolding, before and throughout the pandemic women were more likely to be unemployed or to work fewer hours than they wished (EIGE, Forthcoming, 2023).

⁽¹³⁾ <https://eige.europa.eu/gender-statistics/dgs/data-talks/what-lies-behind-gender-pay-gap>.

A large share of lone mothers work part-time and/or hold temporary contracts ⁽¹⁴⁾, which can lead to lower access to social protection and unemployment benefits in the case of job loss. Furthermore, the consequences of unemployment can be more severe for lone parents, especially in the absence of adequate social protection (Nieuwenhuis, 2020).

The severe disruption to childcare provision caused by the pandemic has also meant that women's income has taken a hit, with them being more likely to reduce their hours, be absent from work, take unpaid leave or drop out of the labour force entirely. In particular, significant increases in inactivity rates for both women and men, and in particular for women and men with a low level of education, were registered in the second quarter of 2020 and the first quarter of 2021 (EIGE, Forthcoming, 2023).

Women with a low level of education registered a higher number of employment losses than men in 2020 and in the first 6 months of 2021. These workers, especially those with care responsibilities, are likely to experience long spells of unemployment and inactivity after lay-offs. They are less likely to move between employers, occupations and sectors compared

to workers with higher levels of education (Artuç & McLaren, 2015; Autor et al., 2014; Kramer & Kramer, 2020).

According to Eurofound's COVID-19 e-survey of February 2021, about 46 % of women in the EU replied that they faced some degree of difficulty in making ends meet ⁽¹⁵⁾. Of them, 13 % faced 'great difficulty' in making ends meet. This was slightly more than for men (44 % and 11 % respectively).

EIGE's 2021 survey also shows that the share of women who have benefited from unemployment or wage support during the pandemic is lower than the share of men. Among those who had received income support, women were covered for shorter periods than men. Conversely, women have benefited more than men from paid sick and care leave ⁽¹⁶⁾.

According to Eurostat's report on the sustainable development goals (SDGs), in 2021 30 % of women outside the labour force mentioned caring duties as the reason for inactivity, a situation only 9 % of men experience (Eurostat, 2022b, p. 107). This situation affects more than 70 % of inactive women in Malta (Eurostat, 2022b, p. 107).

⁽¹⁴⁾ Eurostat data shows that, in 2020, 31 % of lone mothers in the EU worked part-time and 12 % held a temporary contract. Author's calculations based on Eurostat ([lfst_hhindws](#); [lfst_hhtemty](#)).

⁽¹⁵⁾ Eurofound, 'Living, working and Covid-19 dataset', <https://www.eurofound.europa.eu/data/covid-19/financial-situation> (third round: February–March 2021). Respondents aged 18+ were asked 'A household may have different sources of income and more than one household member may contribute to it. Thinking of your household's total monthly income: is your household able to make ends meet?' Answers were: 'with great difficulty', 'with difficulty', 'with some difficulty', 'fairly easily', 'easily' and 'very easily'.

⁽¹⁶⁾ Eurofound, 'Living, working and Covid-19 dataset', <http://eurofound.link/covid19data> (third round: February–March 2021). Legend: 'Have you received or requested any of the following forms of support since the outbreak of Covid-19 pandemic? (1) Wage support (supplement or replacement while still in employment or short-time working schemes); (2) Paid sick leave or paid care leave (for example, for those who had to self-isolate or take care of children or dependent adults).'

4. Domain of knowledge

Access to tertiary education is considered essential to promoting access to quality jobs. Women's increased educational attainment is credited with having enabled women to move into formerly male-dominated professions and managerial roles over the past three decades (Eurofound, 2022b, p. 67). Lifelong learning is a key tool for increasing the social mobility and economic independence of women, especially for those with a low level of education. It also supports workers in updating their skills and acquiring new ones, and in adjusting to change in the workplace, such as the digital and green transitions. The domain of knowledge is characterised by women slightly outpacing men in terms of both educational attainment and uptake of adult learning.

Persistent gender segregation in education – for instance students enrolled in academic programmes along gender lines – remains this domain's key challenge. In 2020, women students outnumbered men more than twofold in education, health and welfare, humanities and the arts. This entrenched phenomenon has implications for many aspects of gender equality, including women's access to high-paying jobs (EIGE, 2017d), enduring gender pay gaps (EIGE, 2019b) and the continued cultural assignment of women to care (EIGE, 2021f). Gender segregation in education and in the labour market has also been shown to stifle economic growth (EIGE, 2017b).

The pandemic has led to an unprecedented acceleration in digitalising higher education to maintain teaching continuity during lockdowns. It has also significantly disrupted access to training opportunities for employed and out-of-work adults (Eurostat, 2022b).

Several high-level policy initiatives aim to foster greater access to education and adult learning. The European Pillar of Social Rights action plan emphasises the importance of upskilling and reskilling adults, particularly those from disadvantaged groups. Further education can increase their employability, boost innovation, close the digital skills gap and ensure social fairness. The action plan also sets a target of 60 % of adults undertaking training each year by 2030 ⁽¹⁷⁾. Similarly, the new European skills agenda has a goal of 47 % of people aged 25–64 engaged in learning on a yearly basis. The 2020–2025 EU Gender Equality Strategy, the EU digital education action plan and the new European strategy for universities, adopted in January 2022, specifically seek to address women's under-representation in STEM (science, technology, engineering and mathematics) studies. Comparatively few initiatives are developed to attract male students to female-dominated sectors such as education, early childhood care and social work.

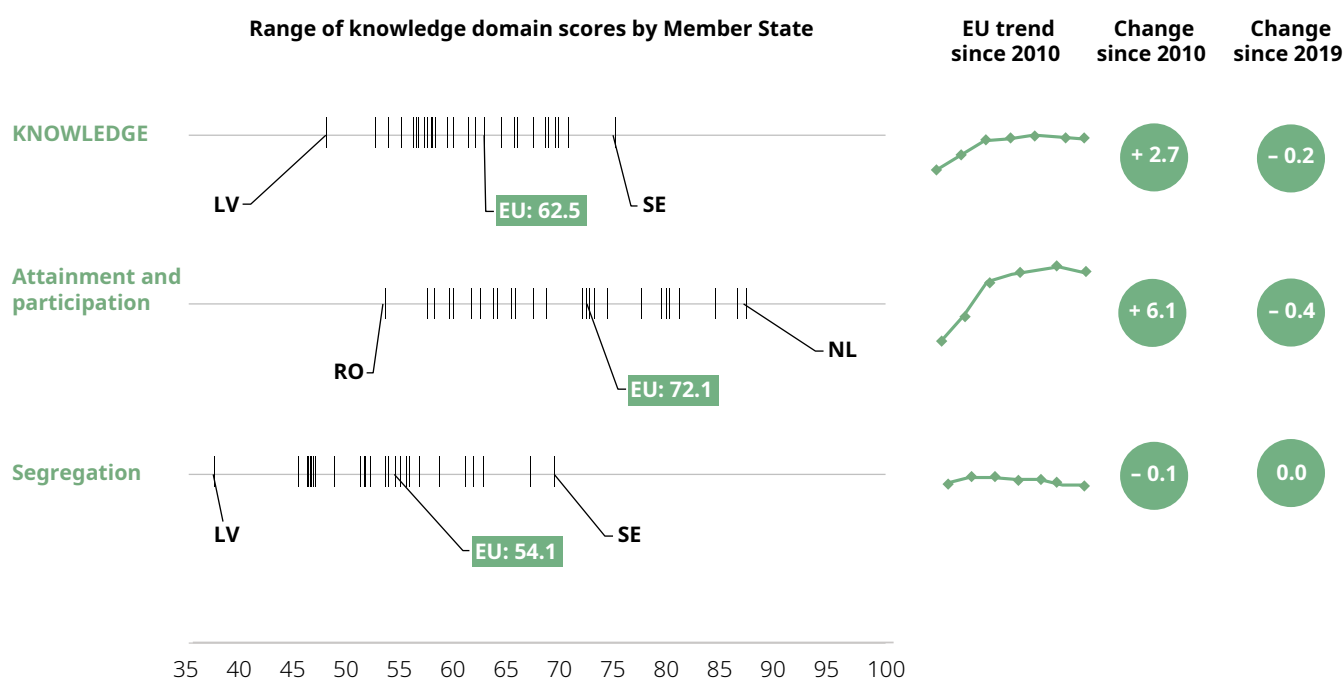
4.1. Educational segregation a barrier to overall equality

With an overall EU score of 62.5 points, the domain of knowledge ⁽¹⁸⁾ has seen almost no change since the 2019 Index. Between 2010 and 2020, the score improved by only 2.7 points, with progress driven by the sub-domain of attainment and participation. Although the latter's score of 72.1 points increased by 6.1 over the same period, there was little change between 2019 and 2020 (Figure 12). With a score of 54.1 points and no advances since 2010, the sub-domain of segregation lags far behind. Unless major progress is made soon, gender segregation in education will remain a barrier to equality in the EU.

⁽¹⁷⁾ The Gender Equality Index indicator on women's and men's participation in education and training measures participation during the previous 4 weeks.

⁽¹⁸⁾ The domain of knowledge measures gender inequalities in educational attainment, lifelong learning and gender segregation in education. The sub-domain of educational attainment is measured by two indicators: the percentages of women and men tertiary graduates and the participation of women and men in formal and non-formal education and training over the course of their life. The second sub-domain targets gender segregation in tertiary education by looking at the percentages of women and men students in the education, health and welfare, humanities and arts fields.

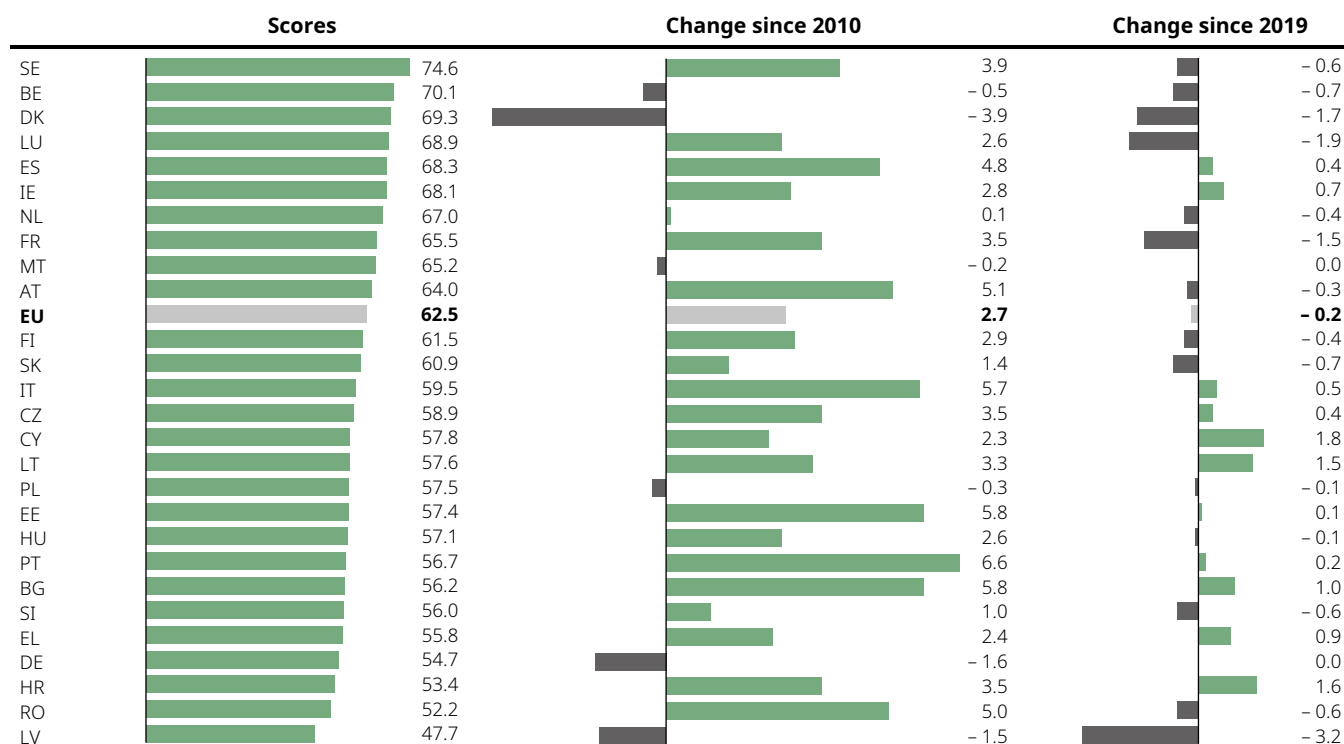
Figure 12. Scores of the domain of knowledge and sub-domains, and changes over time



Source: Authors' calculation, EU-LFS, Eurostat education statistics.

Note: The 2022 Index for the most part uses data from 2020 and traces progress over the shorter term (2019–2020) and the longer term (2010–2020).

Figure 13. Scores for the domain of knowledge, and changes over time, in the EU Member States



Source: Authors' calculation, EU-LFS, Eurostat education statistics.

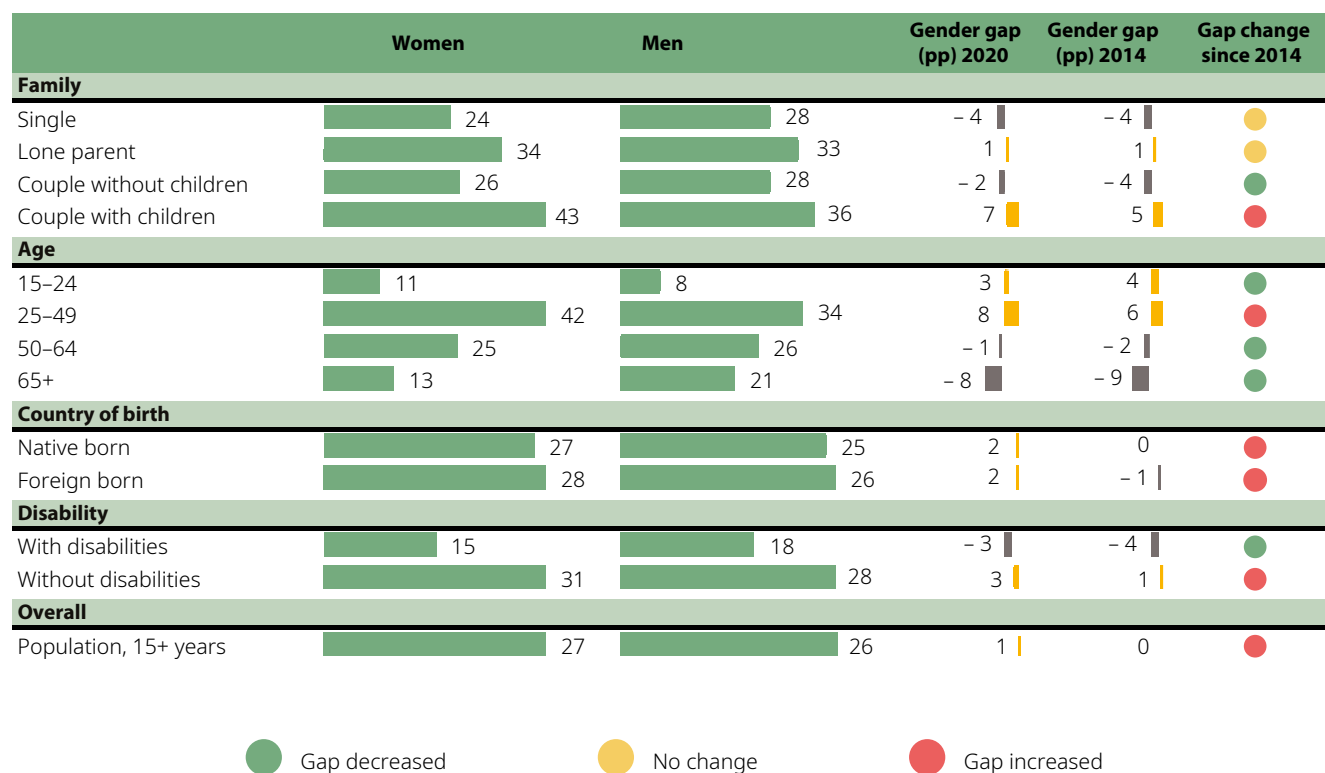
In 2020, the top-six best-performing Member States in the domain of knowledge were Sweden, Belgium, Denmark, Luxembourg, Spain and Ireland, with scores above 68 points (Figure 13). Scores for 21 Member States virtually flatlined, with changes ranging from - 1 to + 1 point compared to 2019. Three Member States lost ground: Latvia, Luxembourg and Denmark dropped by 3.2, 1.9 and 1.7 points respectively. Only three Member States saw their domain score rise by more than 1 point: Cyprus (+ 1.8 points), Croatia (+ 1.6 points) and Lithuania (+ 1.5 points). However, most Member States have progressed by more than 2 points in the knowledge domain since 2010. The greatest long-term improvements are in Portugal (+ 6.6 points), Bulgaria (+ 5.8 points), Estonia (+ 5.8 points) and Italy (+ 5.7 points). The biggest long-term setbacks are in Denmark (- 3.9 points), Germany (- 1.6 points) and Latvia (- 1.5 points).

4.2. Women overtake men in tertiary education

In 2020, 27 % of women and 26 % of men in the EU had graduated from university. This reflects a long-term trend of a steady rise in women and men tertiary graduates, with the overall gender gap reversing to favour women. More women than men aged 15–49 have gained a tertiary education. It is the opposite among those aged 50+. Gender gaps are especially large among those aged 25–49 and 65+, with an 8-pp difference favouring women in the first group and men in the second.

Despite tertiary graduation rates being almost gender equal, an intersectional analysis shows that these overall figures mask significant disparities among different groups in accessing such education (Figure 14). For example, among women and men with disabilities, only 15 % of women and 18 % of men are university graduates. Women and men living in couples with

Figure 14. Graduates of tertiary education by sex, family composition, age, country of birth and disability (% , 15+, EU, 2020)



Source: Authors' calculation using microdata, EU-LFS.

Note: Gap changes are presented in three colours: green shows a decrease since 2014 (gender gap $\geq - 1$), red shows an increase since 2014 (gender gap ≥ 1), yellow shows no change since 2014 (gender gap between - 1 and 1).

children are much more likely to have gained tertiary education (43 % and 36 % respectively) than women and men living in any other family composition and women and men in the overall population.

4.3. Pandemic lays bare social inequalities in education

The COVID-19 pandemic has aggravated social inequalities in the field of education through school closures and the shift to online teaching (Zancajo, Verger, & Bolea, 2022). This can be observed in the performance gap between socially advantaged and disadvantaged students (OECD, 2021c; UNESCO-IEA, 2022) or the time spent online on school work (Bol, 2020; Bonal & González, 2020).

The onset of the pandemic also saw an increase in young people not in education, employment or training (Eurostat, 2022b, p. 152). In 2021, Eurostat reported that the share of 15–19-year-olds in this situation continued to rise, which is possibly an indication of early school leaving. Adolescent boys are more likely than girls to be in this category in all EU Member States except Romania, Bulgaria, the Netherlands, Hungary, Sweden and Poland ⁽¹⁹⁾.

As a result, there is renewed focus on the need for dynamic policy responses to ensure greater inclusion in education and strengthen institutional resilience in the education system, especially in the context of national resilience and recovery plans (Zancajo et al., 2022).

The impact of the pandemic on workers has been felt most strongly by essential workers.

Teachers, 73 % of whom are women ⁽²⁰⁾, have had to adapt to an abrupt shift to remote teaching, often with very few resources or access to technology. They have faced heightened pressure to prevent and mitigate the risk of student burnout and dropout, especially among those from a socioeconomically disadvantaged background (Romano, Angelini, Consiglio, & Fiorilli, 2021). Teachers with care responsibilities have faced enormous tensions when balancing the intensity of remote teaching with caring for their own children out of school (Kraft & Simon, 2020). Research in Italy shows that among professionals ⁽²¹⁾, teachers' well-being was the most affected. They had the highest stress levels and were the most dissatisfied with the shift to remote work (Mari et al., 2021).

The unprecedented shift to digital tools has put the digital skills and competence of learners and teachers front and centre at all learning levels. Unlike other educational indicators, women in the EU lag far behind men in basic digital skills, especially older women and women with a low level of education (EIGE, 2020e; Eurostat, 2022b). Research shows teachers lacking good digital skills experienced great stress when transitioning to remote teaching (Alves, Lopes, & Precioso, 2021). This provides a strong impetus for EU institutions and Member States to further develop and promote digital skills among students and the working population at large. Researchers have highlighted that the digital upskilling of teachers features significantly in the education components of the national resilience and recovery plans of many Member States (Zancajo et al., 2022). However, EIGE's ongoing analysis of such plans has found gender and intersectional perspectives to be largely missing (EIGE, Forthcoming, 2023).

⁽¹⁹⁾ https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Statistics_on_young_people_neither_in_employment_nor_in_education_or_training.

⁽²⁰⁾ Source: Author's calculations from Eurostat data 'Classroom teachers and academic staff by education level, programme orientation, sex and age groups [educ_uoe_perp01]' for 2020, extracted 17 June 2022.

⁽²¹⁾ Four categories of professionals were assessed: practitioners, managers, executive employees and teachers.

5. Domain of time

Over the years, progress in reducing the imbalance between women and men in the provision of care – also known as the gender care gap – has remained remarkably rigid. Although the traditional male-breadwinner and female-carer model is gradually dissolving as most working-age women in the EU are now employed, many women in dual-earner or single households still do most of the unpaid work in and around the house (EIGE, 2020d, 2021f; OECD, 2021a).

The pandemic led to a dramatic rise in the provision of unpaid care at home, accompanied by immense pressure on people's work-life balance. The closure of schools and day-care centres during lockdowns played a major part in increasing women's unpaid workload, despite men helping out more than before. The thematic focus of this Index (Section 9) provides an overview of the pandemic's impact on time spent on informal childcare, LTC and housework across various groups of women and men, and their struggle for work-life balance.

In recent years, several EU policy and legal developments have provided new impetus to promoting the equal sharing of care responsibilities at home. The work-life balance directive, adopted in 2019, introduced flexible working time arrangements and non-transferable rights to paid paternity and parental leave to encourage more parents to be equally involved in care. The 2020–2025 EU Gender Equality Strategy acknowledges that thriving at work while managing care responsibilities at home is a challenge, especially for women. It aims to support Member States in their efforts to achieve gender equality in sharing care responsibilities between men and women, including by improving the availability and affordability of quality formal care services.

The health crisis caused by the pandemic put the work of formal and informal care providers at the forefront of policy debates on working conditions, including the higher burden of informal care on women and its impact on their work-life balance. In 2022, a new European care strategy to support women and men in finding the best care and life balance has been adopted by the European Commission. This will accompany the revision of the Barcelona targets and a proposal for a Council recommendation on LTC.

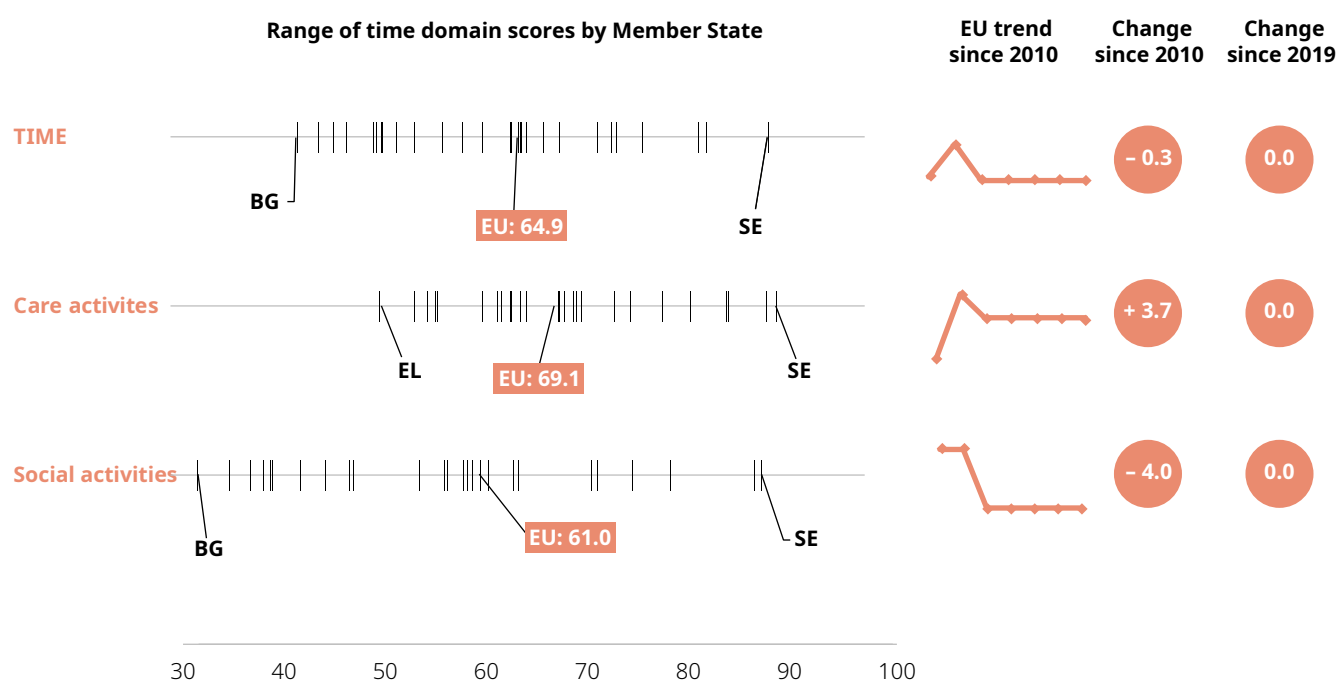
5.1. Lack of data impedes monitoring of gender inequalities in informal care

The domain of time ⁽²²⁾ cannot be updated regularly due to the serious lack of high-quality data on gender inequalities in informal care, housework and individual and social activities in the EU. This Index relies on the most recent data – from 2015 and 2016 – and reviews changes between 2007 and 2016. EIGE's survey on gender gaps in unpaid care, individual and social activities, launched in 2022, will allow the time domain to be updated in the next year's edition of the Index and will ensure the collection of EU-wide and comparable data on a regular basis ⁽²³⁾.

The domain of time scores 64.9 points, the third lowest of any domain, and shows a negative trend since 2007 (– 0.3 points). The low score is largely determined by gender inequalities in social activities (Figure 15). The divergence among Member States in the time domain is very large, with scores ranging from 90.1 points in Sweden to 42.7 points in Bulgaria.

⁽²²⁾ The domain of time measures gender inequalities in the allocation of time for care and domestic work and social activities. The first sub-domain of care activities measures gender gaps in women's and men's everyday involvement in the care and/or education of their children, their grandchildren, older people or people with disabilities. It also measures their involvement in cooking and housework. The second sub-domain of social activities explores gender gaps in women's and men's participation in sport, cultural or leisure activities outside of their home, combined with their engagement in voluntary and charitable activities.

⁽²³⁾ The regularity of data collection will be established after the first (pilot) collection of data is completed.

Figure 15. Scores of the domain of time and its sub-domains, and changes over time

Source: Authors' calculation, EQLS (2007, 2016); EWCS (2010, 2015).

Note: The 2022 Index for the most part uses data from 2020 and traces progress over the shorter term (2019–2020) and the longer term (2010–2020). However, for the domain of time the latest data is from 2015–2016.

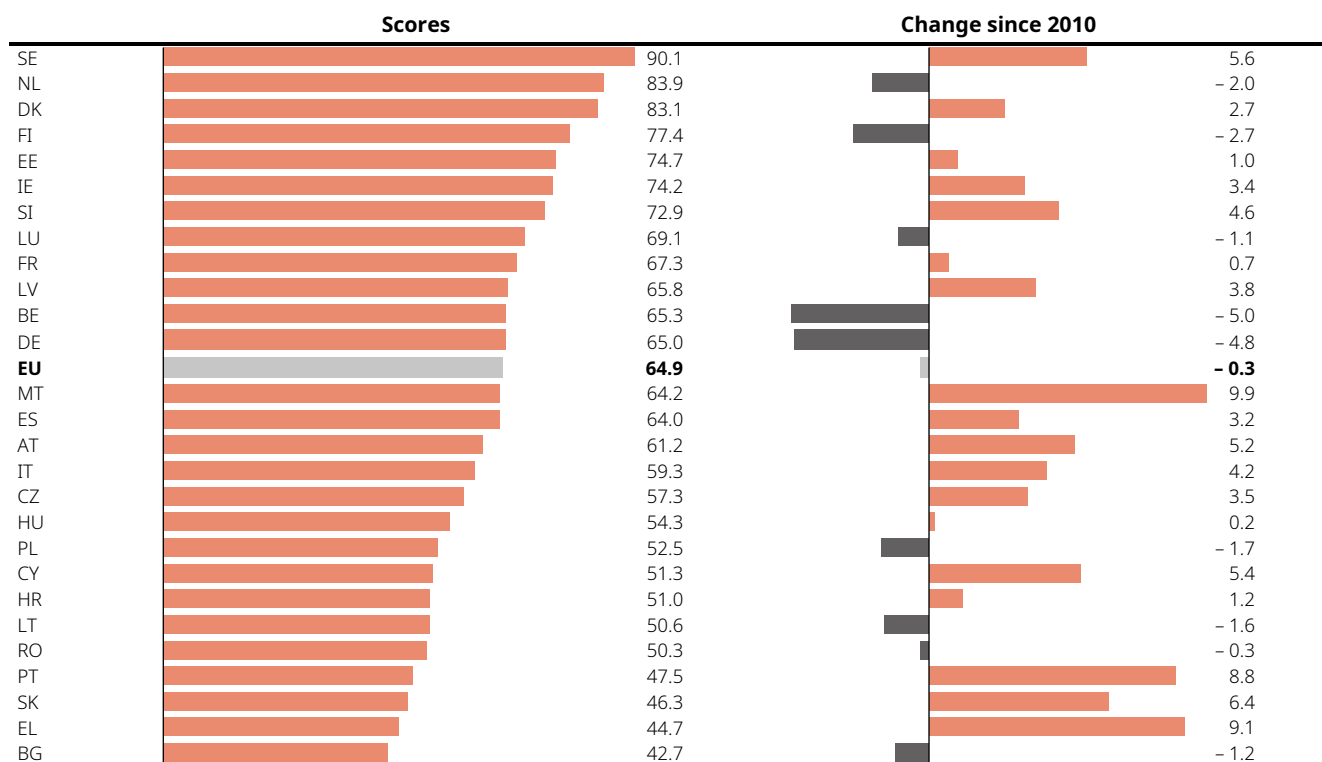
The sub-domain of care activities scores 69.1 points – a slight improvement (+ 3.7 points) since 2007. However, the social activities sub-domain score of 61 points has dropped by 4 points since 2010. This negative trend is indicative of the time pressure faced by women and men with care responsibilities from work commitments and informal care.

Sweden, the Netherlands and Denmark are the best-performing Member States in the domain of time, while Bulgaria, Greece and Slovakia are struggling the most. The majority of EU Member States have narrowed the gender gaps in the time domain (Figure 16), with the fastest progress in the domain made by Malta (+ 9.9 points), Greece (+ 9.1 points) and Portugal (+ 8.8 points). There are substantial score declines in Belgium (– 5 points), Germany (– 4.8 points) and Finland (– 2.7 points).

In the sub-domain of caring activities, the lowest scores in daily housework and everyday care for family members are in Sweden (90.9 points),

Latvia (89.9 points) and Denmark (86.1 points). The Member States with the biggest gender inequalities are Greece (50.9 points), Croatia (54.4 points) and Bulgaria (55.7 points). Since 2007, scores for caring activities have narrowed substantially in Malta (+ 19.3 points), Austria (+ 17.8 points) and Greece (+ 16.7 points), while inequalities have grown in Hungary (– 3.7 points), Belgium (– 3.7 points) and Finland (– 2.0 points).

The highest overall scores for engagement in social activities such as sport, cultural, leisure, voluntary or charitable activities are in Sweden (89.3 points), the Netherlands (88.7 points) and Denmark (80.2 points). In contrast, Bulgaria (32.6 points), Portugal (35.7 points) and Romania (35.8 points) have the lowest scores in social activity engagement. Since 2010, scores for social activity participation have improved most in Slovakia (+ 7.7 points), Czechia (+ 5.8 points) and Portugal (+ 5.3 points). Scores have dropped most significantly in Germany (– 10.3 points), Austria (– 10.1 points) and Luxembourg (– 8.1 points).

Figure 16. Scores for the domain of time and changes since 2010 in the EU Member States

Source: Authors' calculation, EQLS (2007, 2016), EWCS (2010, 2015).

5.2. Enduring housework disparities hinder gender equality

In 2016, almost 37 % of women and 25 % of men took care of children, grandchildren, older people and/or people with disabilities for at least 1 hour every day. The gender gap in housework is nearly four times higher: only 32 % of men compared to 78 % of women are engaged in cooking and housework every day for at least 1 hour (Figure 17). The disparities between Member States in housework responsibilities are also growing, with Sweden pulling away from others on progress performance (Eurofound/EIGE, 2021).

The gender gap in housework varies noticeably between Member States. The substantial progress achieved by the Nordic Member States contrasts with the backsliding and the minimal improvement in Bulgaria, Greece, Italy and others. Despite some important achievements by 2016 – Malta reduced its gap from 64 pp to 43 pp – the gender gaps in housework are still significant, ranging from 18 pp in Sweden to 69 pp in Greece (Eurofound/EIGE, 2021).

Among couples with children, the share of housework is distinctly unequal⁽²⁴⁾. Three times more women (91 %) than men (30 %) with children spend at least 1 hour per day on housework. Data collected early in the pandemic, in April 2020, revealed that women with children spent on average about 2.7 hours daily on housework. Men with children spent 1.7 hours (Eurofound, 2020b).

⁽²⁴⁾ For example, EWCS data from 2015 shows that working women living in couples with children spend more than double the daily time on care work than those living in couples without children (5.3 hours per day compared to 2.4 hours) (Eurofound, 2017).

Figure 17. People cooking and/or doing housework every day, by sex, family composition, age, education level, country of birth and disability (% , 18+, EU, 2016)

	Women	Men	Gender gap (pp) 2020
Family			
Single	74	54	20
Lone parent	86	60	26
Couple without children	81	30	51
Couple with children	91	30	62
Age			
18–24	39	19	20
25–49	81	31	50
50–64	83	33	50
65+	81	37	44
Education			
Low	81	30	51
Medium	78	31	46
High	74	35	39
Country of birth			
Native born	78	32	46
Foreign born	82	31	51
Disability			
With disabilities	78	40	38
Without disabilities	78	30	48
Overall			
Population, 18+ years	78	32	46

Source: Author's calculation using microdata, EQLS (2016).

Women's disproportionate burden of unpaid care work hinders their engagement in paid work. In 2021, nearly every third woman not in paid work said it was because of care responsibilities, compared to 9 % of men (Eurostat, 2022b). In 2020, every fourth woman (26 %) worked part-time due to care duties, in contrast to 6 % of men (EU-LFS, [lfsa_engar](#)). Six out of 10 employed women experienced some change in employment as a result of childcare responsibilities, compared with 17 % of employed men (EIGE, 2021f). The characteristics of women's employment conditioned by informal care responsibilities determine a sizeable part of the gender pay gap (EIGE, 2021f).

Gender gaps in housework and cooking narrow with higher education. Women's engagement in housework for at least 1 hour a day decreases with higher levels of education, but this engagement increases for highly educated men. Highly skilled women have more opportunities and financial resources to outsource housework.

Nevertheless, organising external care also requires time and bears a mental load – e.g. planning, budgeting, scheduling – and is mostly borne by women (EIGE, 2021f).

Age is also a determining factor of the housework gender gap. On average, women aged 25–64 are 50 pp more likely to be engaged in daily housework compared to men. The gender gap closes slightly to 44 pp among older women and men in this group. The smallest disparity in household activities is among 18–24-year-olds, at 39 % of women compared to 19 % of men. However, this gap is decisive, as it indicates that gender roles and the division of household chores are already manifesting at a young age and increase over time. Engaging boys and girls equally in housework is essential to reducing the gender care gap.

Men with disabilities are more engaged in household care than men without disabilities. Generally, women and men with disabilities need care, but they are also daily carers and contribute significantly to informal care and housework. This dual role is seldom recognised (EIGE, 2018).

5.3. Families and workers struggle with higher care loads

The COVID-19 pandemic has caused particular stress for families, with the temporary closures of schools and care facilities, deteriorating work-life balance, potential job and income losses and an elevated mental load (European Commission, 2021d). Mothers with children below the age of 12 have faced the greatest hurdles in combining work and care responsibilities. These women reported more work-life conflicts than fathers of children of the same age and people without children. Lone parents spent longer hours than average on childcare (52 hours for women, 36 hours for men). Single mothers with children under the age of 12 did the most, at 77 hours per week (Eurofound, 2020b). Recent research shows parents, especially mothers and parents of pre-school-age children, are struggling with symptoms of parental burnout as a result of overwhelming and prolonged stress (Action for Children, 2021; Lebert-Charron, 2021). Symptoms of parental burnout include increased anxiety, sleep disruption, feelings of isolation, depression and mental exhaustion.

Many older people provide informal care regularly, and this increased during the pandemic. More older people, mostly aged 50–64, were caring for (grand)children, older family members

or those with disabilities for more than 5 hours a week (Eurofound, 2022a, pp. 25-26). Figures for men caring for grandchildren rose from 16 % to 21 %, and for older relatives or those with disabilities from 8 % to 15 %. Despite these increases, women still continued to provide more informal care than men. Almost a quarter of women aged 50–64 cared for (grand)children during the pandemic. Older people played a key role in mitigating the pandemic's impact on informal care, particularly in multigenerational households.

The pandemic has also called attention to the fragile working conditions of mobile LTC workers from EU Member States and migrant LTC workers from non-EU countries. Although these workers play a critical role in the provision of residential care and home care in many Member States, they often operate under poor working conditions, including low pay, temporary contracts and shift work (Barslund, De Wispelaere, Lenaerts, Schepers, & Fries-Tersch, 2021). During the pandemic, these workers have been exposed to a higher risk of infection, along with job and income losses from travel restrictions, leading to large gaps in the provision of care (Kuhlmann, Falkenbach, Klasa, Pavolini, & Ungureanu, 2020). Plans for reforms in the LTC sector are ongoing, and the European care strategy will be able to support and guide Member States in these efforts.

6. Domain of power

With the election of Roberta Metsola as President of the European Parliament in January 2022, two of the top three EU jobs are now held by women. Nevertheless, this is only the third time a woman has been elected to this role since the first European Parliament elections in 1979 (European Commission, 2022).

Metsola is now leading a Parliament with 39 % women and 61 % men Members of the European Parliament (MEPs). Fewer than half the Member States (11 of 27) have at least 40 % of each gender amongst their MEPs ⁽²⁵⁾. However, in 10 Member States, at least two thirds of MEPs are men. This includes Romania (85 %) and Cyprus, which only has men in its parliament. Overall, the trend since 2004 shows a slow but steady increase in the proportion of women MEPs, from 30 % to 39 %.

The European Commission has made gender balance in decision-making one of five priorities in the 2020–2025 EU Gender Equality Strategy, underlining the importance of having women in leadership positions in politics and the economy.

More women are needed on company boards: EIGE data shows sluggish progress.

The persistent gender imbalance among key decision-makers in large corporations and financial institutions remains a concern. The

proportion of women board members of the largest listed companies in the EU reached an all-time high of 32 % in April 2022, but 7 in 10 of these members are still men ⁽²⁶⁾.

Boardroom progress has largely been driven by legislative action in a small number of Member States ⁽²⁷⁾. In 2022, women made up 37 % of board members in the largest listed companies in Member States with gender quotas. This compares to 31 % in Member States with soft measures, and just 18 % where no action has been taken ⁽²⁸⁾.

In June 2022, after a decade of stalemate, the European Parliament and the Council of the European Union reached an agreement on a proposed directive aimed at improving the gender balance on corporate boards in EU large listed companies. It had been proposed by the Commission in 2012. From 2026, women must make up at least 40 % of non-executive boards and 33 % of all directors of listed companies ⁽²⁹⁾.

6.1. More women in decision-making drives overall progress in gender equality

The EU score in the domain of power ⁽³⁰⁾ increased by 2.2 points between 2019 and 2020, and has improved by 15.3 points since 2010. Nevertheless, the overall score of 57.2 points for this domain is still the lowest of all domains.

⁽²⁵⁾ FI, SE, DK, LV, LU, SI, FR, PT, NL, ES, AT.

⁽²⁶⁾ <https://eige.europa.eu/news/more-women-company-boards-needed-new-eige-data-shows-sluggish-progress>.

⁽²⁷⁾ Currently, seven Member States implement national gender quotas for the boards of listed companies (FR and IT (40 %), BE, NL and PT (33 %), DE and AT (30 %), EL (25 %)).

⁽²⁸⁾ France remains the only Member State with at least 40 % of each gender on the combined boards of the companies covered (46 %), but Italy, the Netherlands and Denmark are close to this mark. Women also account for at least a third of board members in Sweden, Belgium, Germany, Finland, Spain, Austria and Ireland, but still less than a fifth in six Member States (RO, BG, MT, HU, CY, EE).

⁽²⁹⁾ https://ec.europa.eu/commission/presscorner/detail/en/IP_22_3478.

⁽³⁰⁾ The domain of power measures gender equality in the highest decision-making positions across the political, economic and social spheres. The sub-domain of political power looks at the representation of women and men in national parliaments, governments and regional/local assemblies. The sub-domain of economic power examines the proportions of women and men on the corporate boards of the largest nationally registered companies and national central banks. The sub-domain of social power includes data on decision-making in research funding organisations, public broadcasters and the most popular national Olympic sport organisations.

Sweden has topped the rankings since 2010, while Hungary has stayed bottom since 2015.

The political and social decision-making sub-domains continue to lead on progress, with scores of 60.2 points and 59.9 points. However, the pace of change is faster in the economic sphere. (Figure 18). This sub-domain has also advanced the most, its score increasing by 23.1 points overall since 2010 and by 3.3 points since 2019. The trend is underpinned by the push for greater gender equality on the boards of the largest publicly quoted companies, with change triggered by binding legislative measures and other government initiatives in several Member States.

The Netherlands and Belgium increased their economic decision-making scores by more than 10 points between 2019 and 2020. Croatia, Luxembourg and Lithuania did so by just under 10 points. Other Member States have seen score rises of between 4 and 8 points (DK, MT, EL, BG, ES, IE).

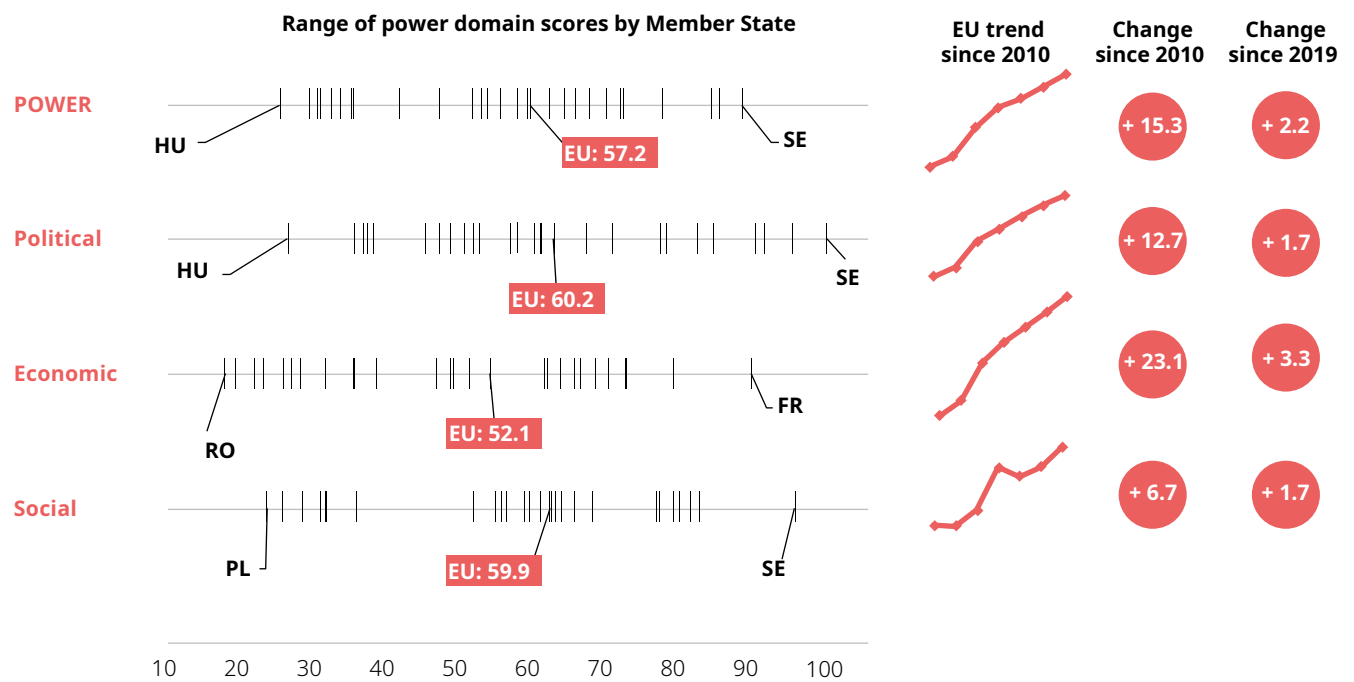
Women’s political participation grew in 2020, with a 1.7-point increase in the political

decision-making sub-domain. Since 2010, its score has risen by 12.7 points. A milestone has been reached, with this sub-domain scoring above 60 points for the first time ever. Sweden, Finland and Spain continue to have the greatest gender balance in this area. Large score rises are seen in Belgium (+ 8.9 points), Lithuania (+ 6.2 points), Italy (+ 6.0 points) and Austria (+ 4.2 points). However, the scores for Romania and Slovenia have dropped by 4.9 points and 3.6 points respectively.

Headway towards more women in research, media and sport decision-making was greater in 2020 than previously. Of the 6.7-point increase for the social sub-domain between 2010 and 2020, 1.7 points came after 2019. While Sweden, Spain and Luxembourg lead the rankings in 2020, the scores for Italy (+ 5.2 points), Portugal (+ 5.2 points) and Slovenia (+ 4.7 points) have increased the most since 2019.

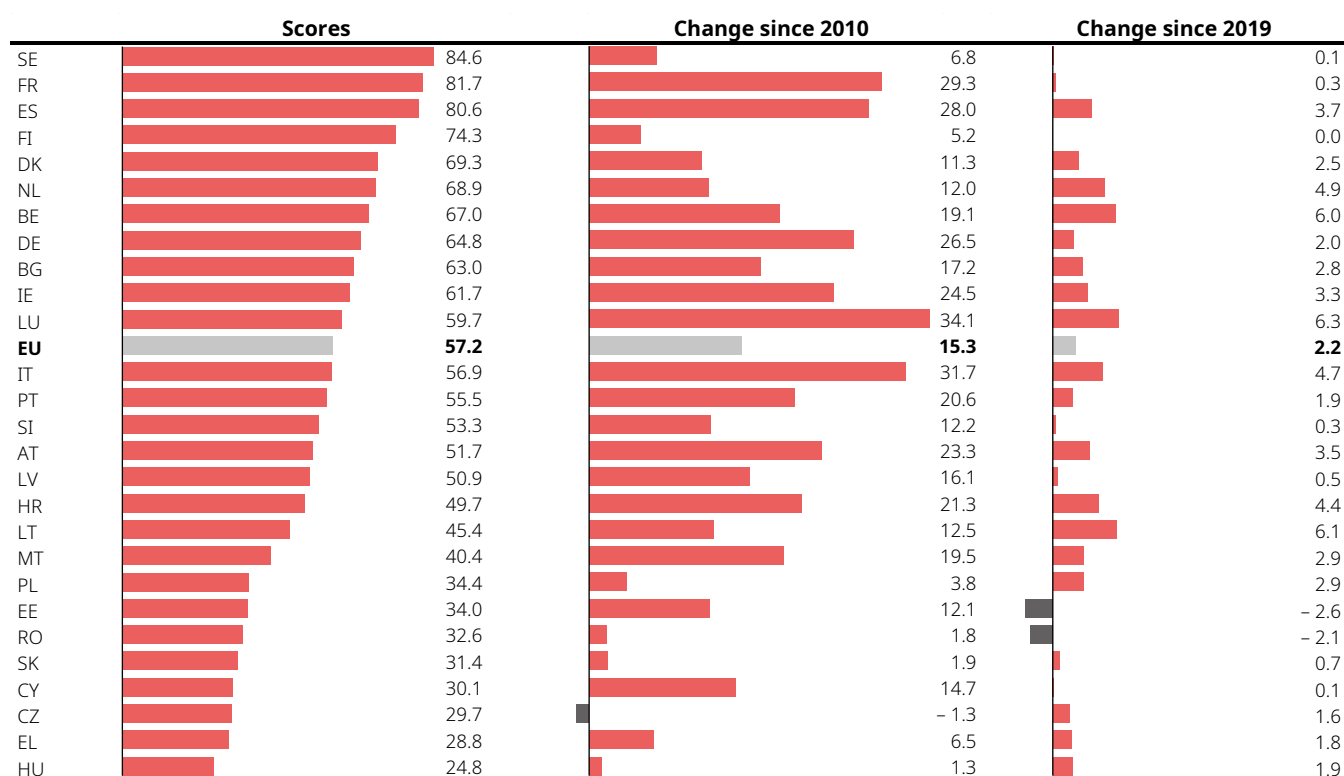
The biggest gender imbalance in decision-making is in sports. Just 20 % of board members of the 10 most popular national Olympic sport organisations are women. At public broadcasters in the EU, women represent 36 % of board

Figure 18. Scores for the domain of power and its sub-domains, and changes over time



Source: Authors’ calculation, EIGE Gender Statistics Database, WMID.

Note: The 2022 Index for the most part uses data from 2020 and traces progress over the shorter term (2019–2020) and the longer term (2010–2020). For the domain of power, the 3-year average for each indicator is used (see Annex 1).

Figure 19. Scores for the domain of power, and changes over time, in the EU Member States

Source: Authors' calculation, EIGE Gender Statistics Database, WMID.

members. Among research funding organisations, the news is better – in 2021, the minimum gender balance milestone of 40 % women board members was reached for the first time ever.

The greatest advances for women in decision-making overall since 2019 have been in Luxembourg (+ 6.3 points), Lithuania (+ 6.1 points) and Belgium (+ 6.0 points). The Member States that have regressed since then are Estonia (- 2.6 points) and Romania (- 2.1 points).

Luxembourg has been leading the yearly score increases since 2010, with an overall jump of 34.1 points. Remarkable progress over the decade has also been seen in Italy (+ 31.7 points), France (+ 29.3 points), Spain (+ 28.0 points) and Germany (+ 26.5 points). For 14 other Member States, significant score gains in the power domain vary from 24.5 points in Ireland to

11.3 points in Denmark ⁽³¹⁾. Gains in all other Member States are below 7 points, while Czechia's score fell by 1.3 points (Figure 19).

6.2. Political quotas help, but more action is needed

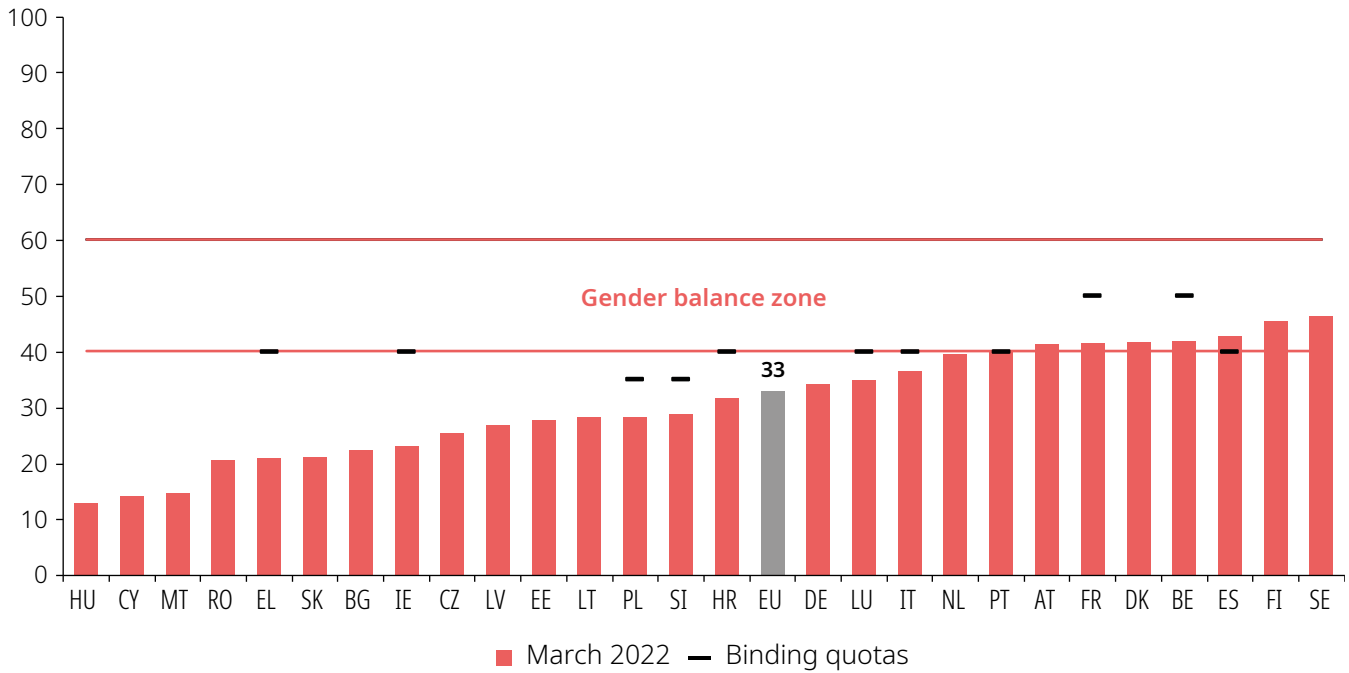
Women's enduring under-representation in politics in the EU is an important issue. Women are significantly under-represented in every aspect of political life and, in most Member States, progress on gender balance in political decision-making is extremely slow.

In March 2022, 33 % of members of the single/lower house of national parliaments in the EU were women. They also accounted for just over a third of members of both regional ⁽³²⁾

⁽³¹⁾ IE, AT, HR, PT, MT, BE, BG, LV, CY, LT, SI, EE, NL, DK.

⁽³²⁾ EIGE's data covers the elected assemblies of regions endowed with powers of self-government and acting between the central government and local authorities. The following Member States do not have any regions conforming to this definition: BG, EE, IE, CY, LT, LU, MT, SI.

Figure 20. Share of women in single/lower houses of parliament, (%), March 2022



Source: EIGE Gender Statistics Database, WMID.
 Note: Quotas: BE, FR (50 %); IE, EL, ES, HR, IT, LU, PT (40 %); PL, SI (35 %).

and local/municipal assemblies: 35 % and 34 % respectively.

Although this marks an all-time high for women in parliaments, it is not balance. Parliaments in Sweden, Finland, Spain, Belgium, Denmark, France, Austria, Portugal and the Netherlands had at least 40 % of each gender. However, in Malta, Cyprus and Hungary women made up fewer than 1 in 7 members (Figure 20).

Women’s representation in EU national parliaments has improved steadily, but very slowly, since 2004. In that year, women accounted for 23 % of all members of parliaments in Member States without quotas and 17 % in two Member States with active quota legislation (Belgium and France).

Analysis of the application of legislated quotas confirms their positive impact on women’s

representation in parliament (EIGE, 2021e) ⁽³³⁾. At the end of 2021, Member States with quotas were in a slightly better position than those without (35 % versus 32 %). Ireland, Luxembourg, Poland, Slovenia and Spain all show accelerated progress after adopting quotas (EIGE, 2021e).

However, quotas do not always lead to significant change. In Greece, the share of women in parliament rose at an average rate of 0.7 pp/year between 2004 and 2012, but progress slowed after the introduction of a 30 % candidate quota in 2012. Despite the quota being increased to 40 % in March 2019, the Hellenic parliament has only 21 % women members. The post-quota rate of change is also lower in Portugal. It saw a significant short-term improvement prior to adopting a quota and a steady improvement over a longer period afterwards.

⁽³³⁾ Eleven Member States (France being the first) have, since 2000, introduced legislation setting minimum gender quotas on candidate lists put forward by political parties in national parliamentary elections. The most recent legislation was adopted in Luxembourg (2016) and Italy (2017). In 2019, both Greece and Portugal raised their quotas from 33 % to 40 %. In 2021, no Member States introduced or modified quotas to access national parliaments.

At the current rate of change, it will take at least another 11 years to achieve gender balance (a minimum 40 % each of women and men) in political decision-making in the EU. This time-scale could be considerably longer for those Member States currently lagging behind and not taking redressive action⁽³⁴⁾.

In 2021 and early 2022, political elections in many EU Member States led to ups and downs on gender equality progress. The Netherlands reached a 40 % share of women in parliament in 2021, followed by Portugal in 2022. These built on previous results after the introduction of legislative quotas. The proportion of women parliamentarians increased slightly to 25 % in Czechia and to 35 % in Germany. On the flip side, women's representation in parliament in Bulgaria fell from 27 % in 2020 to 22 % in late 2021. Cyprus too suffered a setback, with only 14 % of women parliamentarians now compared to 22 % beforehand.

In early 2022, Finland, France, Lithuania, Denmark, Sweden and Estonia were the only EU Member States with a woman prime minister, with the latter two having their first ever woman prime minister. Less than a third of senior ministers in national governments at that time were women. Governments were gender balanced (a minimum 40 % each of women and men) in 11 Member States: Spain, Belgium, Finland, France, Sweden, the Netherlands, Germany, Lithuania, Austria, Portugal and Estonia. Governments were predominantly male in Malta (90 %), Greece and Poland (91 %) and Romania (95 %).

6.3. Women often sidelined in decision-making on COVID-19 response

The COVID-19 pandemic has created unprecedented economic and social circumstances. Governments across the EU and around the world have had to adapt their ways of working and cooperate closely with scientific advisory

bodies and other relevant organisations to establish a political strategy to manage the situation (lockdowns, employment and other support schemes, vaccination programmes, etc.) and a road map back to normality. The key decision-makers (i.e. government officials) and those that influence these decisions (i.e. scientific bodies) have played a pivotal role in the management of the situation.

EIGE has collected data for the bodies set up specifically for COVID-19. These include specific bodies set up at the EU and national levels that are heavily involved in management and decision-making procedures.

Governments across the EU Member States have worked in partnership with national agencies, public health authorities, scientific bodies and other stakeholders to develop and implement scientifically well-informed measures. Scientific advisory bodies in particular are heavily involved in decision-making procedures at the national level. These bodies usually analyse the data on COVID-19 (including number of cases, pressure on the national health system, vaccination strategy, restrictive lockdown measures, etc.) and provide scientific and technical advice to support government decision-makers.

During the pandemic, and until March 2022, only 1 in 4 EU health ministers and fewer than 4 out of 10 junior/vice-ministers were women. Although the presence of women on scientific committees has increased in 2021 and 2022 compared to 2020, women are still under-represented in the majority of Member States. The share of women members of the scientific advisory bodies set up specifically for the COVID-19 response increased from 37 % in 2020 to 43 % in April 2022. While approaching an overall gender balance, there are great variations between Member States in the extent to which women were represented in such instances. Overall, about eight Member States had gender-balanced decision-making instances. On the other hand, in Italy, only 18 % of members were women, while in other Member States, such as Estonia, women

⁽³⁴⁾ <https://eige.europa.eu/news/countries-legislated-quotas-could-achieve-gender-balance-parliaments-2026-those-without-may-take-close-twenty-years>.

were over-represented among members of the response task force (78 %) ⁽³⁵⁾. Gender gaps in decision-making strengthen unequal power structures and weaken COVID-19 responses.

The presence of women at all levels of decision-making would have benefited decision-making relating to tackling COVID-19-related issues and making necessary decisions.

⁽³⁵⁾ Data not available for DK, CY, RO (2020), LV (2020–2021), HR, LT, HU, MT, PT, SK, FI (2020–2022).

7. Domain of health

Gender inequalities in health are shaped by an interaction between political, social, behavioural, environmental and economic factors, which produces certain gender health paradoxes. Even though women have longer life expectancies and lower mortality rates than men, they tend to live in ill health during those extra years (Bambra, Albani, & Franklin, 2021). Men are more likely than women to engage in health-damaging behaviours, such as excessive drinking, smoking and drug use. However, their self-perception of health is higher. While women are generally more willing to report mental health problems, men are often reluctant to seek medical attention. Consequently, significantly more men commit suicide in the EU. These gender disparities in health behaviours and outcomes go beyond individual choices and are influenced by social norms, including normative femininity and masculinity, socioeconomic factors, education and access to resources (European Commission, 2021c; WHO, 2018).

The COVID-19 pandemic has highlighted and exacerbated pre-existing gender differences in health and its social determinants. Higher COVID-19 death rates among men are linked to both biological and social factors, such as a greater likelihood of comorbidities and lower use of health services (GlobalHealth 50/50, 2020). Emerging studies also point to the long-term effects of the pandemic beyond mortality, with social isolation, mental stressors and disruption to healthcare access expected to take a toll on the health of women and men for years to come (Bambra, Riordan, Ford, & Matthews, 2020; Flor et al., 2022).

The 2020–2025 EU Gender Equality Strategy acknowledges gender-specific health risks and urges the inclusion of a gender perspective on health policies (European Commission, 2020b). Access to sexual and reproductive health services is included as one of the goals of the United Nations' (UN) 2030 Agenda for Sustainable Development, while universal access to healthcare is defined as a right in the European Pillar of Social Rights (European Commission, 2019). In addition, a European Parliament resolution acknowledges that violations of sexual and reproductive health and rights constitute a form of gender-based violence⁽³⁶⁾. In March 2022, a manifesto for an important project of common European interest on health was signed by 16 Member States⁽³⁷⁾. Although it did not directly include a gender dimension, it emphasised the importance of fostering modern, green and accessible healthcare⁽³⁸⁾ (French Presidency of the Council of the European Union, 2022).

7.1. Setbacks in health access and status hinder progress

The *Gender Equality Index 2022* captures the initial effects of the COVID-19 pandemic through data from 2020. The health domain⁽³⁹⁾ score of 88.7 points, a rise of 0.9 points since 2019, overrides the stagnation of previous years (Figure 21). This score remains the highest of all six core domains in the Index. The three sub-domains of health status, behaviour and access reveal diverging trends. In comparison to 2019, the score for behaviour improved by 3.0 points,

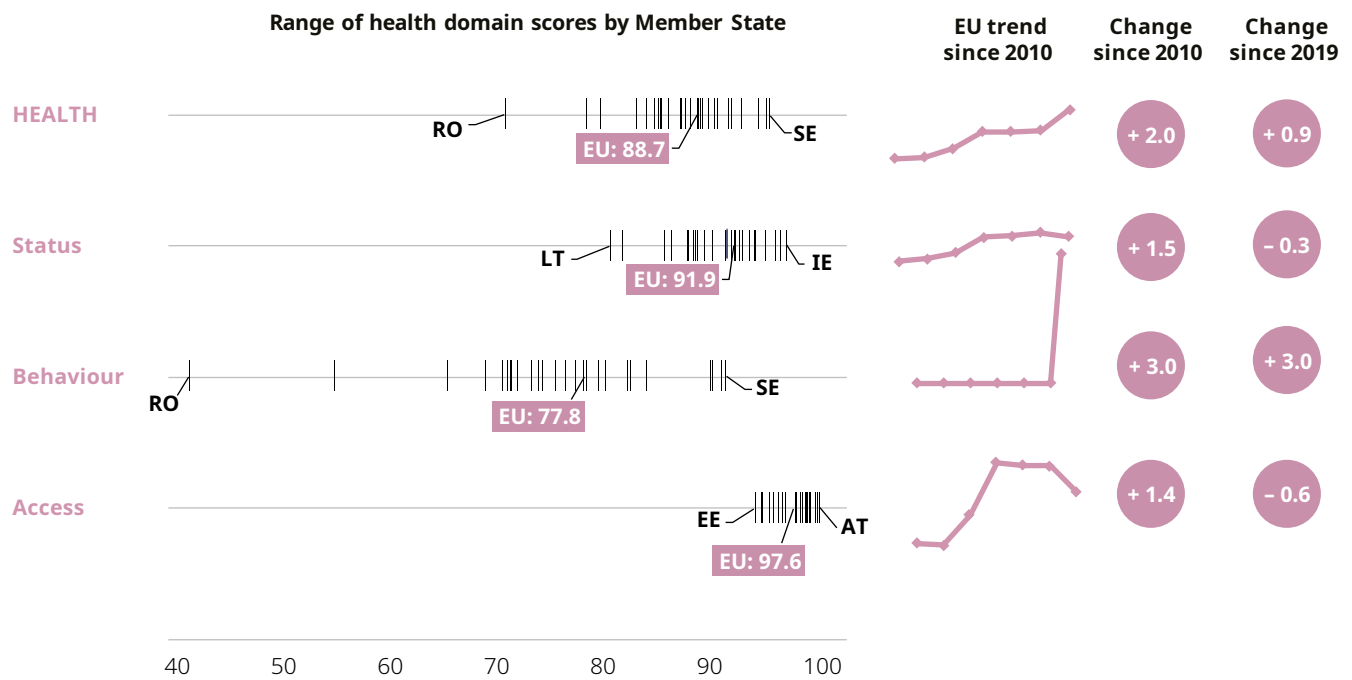
⁽³⁶⁾ <https://www.europarl.europa.eu/news/en/press-room/20210621IPR06637/eu-countries-should-ensure-universal-access-to-sexual-and-reproductive-health>.

⁽³⁷⁾ The Member States that signed the manifesto were Belgium, Denmark, Ireland, Greece, Spain, France, Italy, Latvia, Lithuania, Luxembourg, Hungary, the Netherlands, Austria, Poland, Romania and Slovenia.

⁽³⁸⁾ <https://presidence-francaise.consilium.europa.eu/en/news/press-conference-launch-of-an-ipcei-on-health-announced-during-the-ministerial-conference-towards-an-independent-competitive-and-innovative-european-healthcare-sector/>.

⁽³⁹⁾ The domain of health measures three health-related aspects of gender equality: health status, health behaviour and access to health services. Health status looks at the gender differences in life expectancy, self-perceived health and healthy life years (also called disability-free life expectancy). This is complemented by a set of health behaviour factors based on World Health Organization (WHO) recommendations: fruit and vegetable consumption, engagement in physical activity, smoking and excessive alcohol consumption. Access to health services looks at the percentages of people who report unmet medical and/or dental needs.

Figure 21. Scores for the domain of health and its sub-domains, and changes over time



Source: Authors' calculation, EU-SILC, EHIS, mortality data.

Note: The 2022 Index for the most part uses data from 2020 and traces progress over the shorter term (2019–2020) and the longer term (2010–2020).

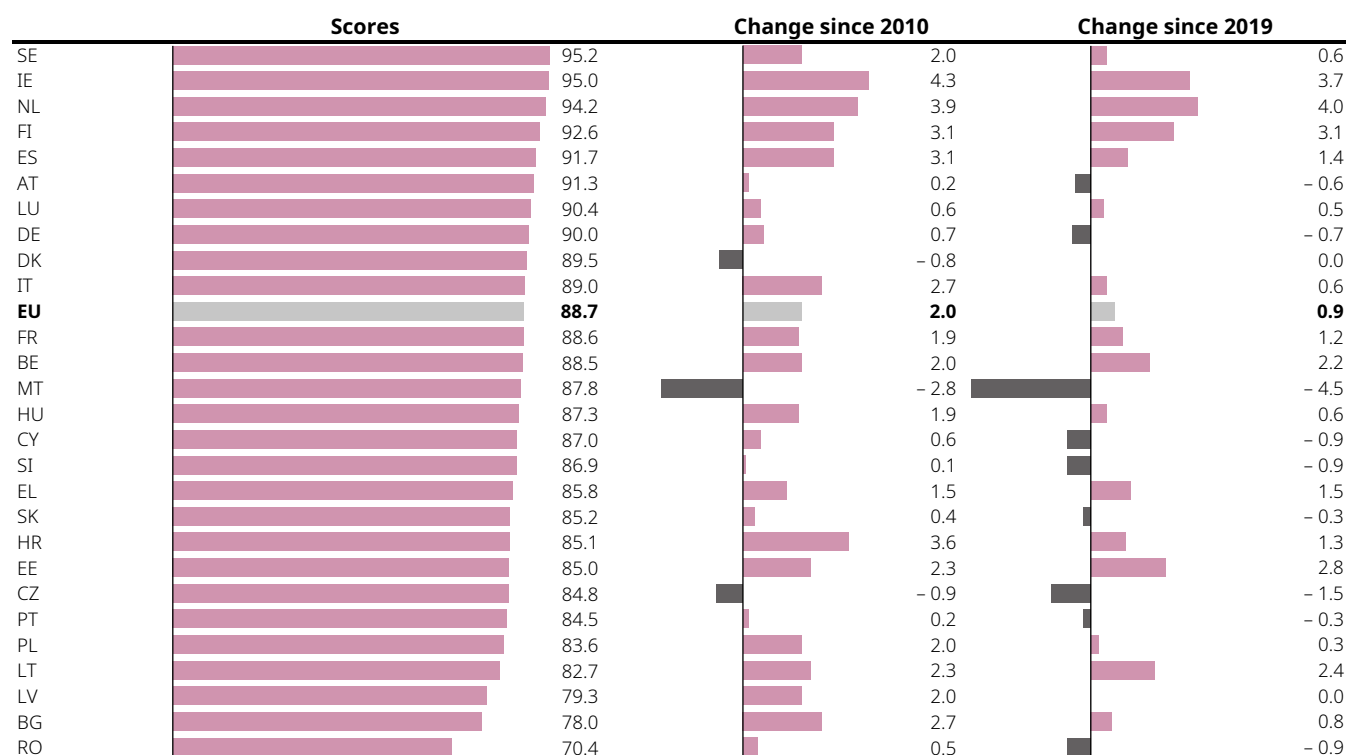
whereas scores for access and health status fell by 0.6 points and 0.3 points respectively.

Ten Member States have improved their health domain scores by 1.0 point or more since 2019, with the Netherlands (+ 4 points) and Ireland (+ 3.7 points) advancing the most (Figure 22). With this development, Ireland has the second-highest overall score, with 95 points. It is only slightly surpassed by Sweden, with 95.2 points, and is closely followed by the Netherlands, with 94.2 points. Of the nine Member States whose scores dropped, Malta regressed the most (- 4.5 points). The Member States with most room to improve on gender equality in health are Romania (70.4 points), Bulgaria (78 points) and Latvia (79.3 points). Significant short-term changes in scores, fluctuating from + 4 points to - 4.5 points, suggest uneven pandemic effects and responses in each Member State.

The sub-domain of health behaviour shows much-needed progress. Its score rose by 3.0 points to 77.8 points in 2019, 5 years on from when such data was previously collected,

in 2014. However, the health behaviour score continues to lag behind the other two sub-domains of health status and access to health services. The biggest advances were in Ireland (+ 10.7 points), the Netherlands (+ 10.6 points) and Finland (+ 8.8 points). Malta's score fell the most by 10.7 points. Scores for nine other Member States also dropped, ranging from - 3.7 points in Czechia to - 0.2 point in Slovakia. To interpret these trends, more systematic research is needed on how behavioural changes have been influenced by the COVID-19 pandemic and subsequent public policy measures (Arora & Grey, 2020). For example, preliminary evidence suggests an increased number of people have stopped smoking since the pandemic began, which could be attributed to heightened awareness of the severe risks COVID-19 poses to smokers (Smoking & Health, 2020).

The access to health sub-domain continues to have the highest score in the health domain, with 97.6 points. However, this represents a 0.6-point drop, as health-service access has deteriorated during the pandemic. Above-average declines

Figure 22. Scores for the domain of health, and changes over time, by EU Member State

Source: Authors' calculations, EU-SILC, EHIS, mortality data.

are seen in Poland (- 2.6 points), France (- 1.7 points), Slovakia (- 0.9 point) and Denmark (- 0.7 point). These regressions may shed light on the difficulties health systems face in continuing to provide services, both within and outside of the COVID-19 context (Núñez, Sreeganga, & Ramaprasad, 2021; Tuczynska, Matthews-Kozanecka, & Baum, 2021).

The score for the sub-domain of health status has fallen slightly, by 0.3 points, since 2019. Slovenia has made the most long-term progress, improving its score by 5.0 points since 2010. It is followed by Hungary (+ 3.8 points) and Croatia (+ 3.2 points). In the EU, life expectancy is 83 years for women and 78 years for men, with a gender gap of 5 years⁽⁴⁰⁾. The life-expectancy gap is largest in the Baltic Member States, with Lithuania (10 years), Latvia (9 years) and Estonia (9 years) having the biggest disparities. Men in Latvia and Lithuania also have the lowest life expectancy in the EU, at 70 and

71 years respectively. The lowest life expectancy for women is in Bulgaria (79 years), Romania (80 years) and Hungary (80 years).

7.2. Low educational status and disability impact health

Women and men in the EU have different perceptions of their health. While 67 % of women rate their health as good or very good, 72 % of men do so⁽⁴¹⁾. The gender gap more than doubles if women and men have a low level of education, indicating that health perception goes beyond biological and medical factors (Figure 23). Self-perceived health is a multifaceted concept, as gender intersects with factors such as family composition, age, education level, country of birth and disability. People with disabilities are least likely to report their health status as being good or very good, with only 20 % of women and 23 % of men doing so.

⁽⁴⁰⁾ Source: Eurostat, 'Mortality data' (hlth_hlye), 2020.

⁽⁴¹⁾ Source: Eurostat, EU-SILC (hlth_silc_01), 2020 (except for IT, 2019).

Figure 23. Self-perceived health by sex, family composition, age, education level, country of birth and disability (% , 16+, EU, 2020)

	Women	Men	Gender gap (pp) 2020	Gender gap (pp) 2014	Gap change since 2014
Family					
Single	50.8	62.1	-11	-15	●
Lone parent	72.8	75.8	-3	-7	●
Couple without children	58.6	58.3	0	-2	●
Couple with children	84.0	83.9	0	0	●
Age					
16–24	92.3	94.0	-1.7	-1.0	●
25–49	82.6	84.8	-2.3	-3.0	●
50–64	61.7	63.9	-2.2	-3.0	●
65+	38.2	42.8	-4.6	-8.0	●
Education					
Low	50.5	62.3	-11.8	-13.1	●
Medium	68.2	70.9	-2.8	-2.7	●
High	81.6	80.2	1.4	0.7	●
Country of birth					
Native born	66.1	71.0	-4.9	-6.0	●
Foreign born	68.5	71.4	-2.9	-6.0	●
Disability					
With disabilities	20.3	22.8	-2.5	-3.0	●
Without disabilities	83.0	84.8	-1.8	-3.0	●
Overall					
Population, 16+ years	66.4	71.0	-4.6	-6.0	●

● Gap decreased
● No change
● Gap increased

Source: Author's calculation using microdata, EU SILC, 2020 (DE, IT, 2019).

Note: Gap changes are presented in three colours: green shows a decrease since 2014 (gender gap ≥ -1), red shows an increase since 2014 (gender gap ≥ 1), yellow shows no change since 2014 (gender gap between -1 and 1).

Overall, the gender gap in self-perceived health has decreased by 1 pp since 2014.

Health perceptions vary among people of different age groups. The vast majority of teenagers and young people aged 15–24 (over 90 %) consider their health to be good or very good. This changes significantly as people grow older, with only 38 % of women and 43 % of men aged 65+ indicating good or very good health. This gender gap of 5 pp highlights that women may live longer than men but are in poorer health in their later years.

7.3. A rising tide of poor mental health

The COVID-19 pandemic is still causing psychological, physical and socioeconomic suffering, while simultaneously uncovering and intensifying pre-existing health inequalities. The short- and long-term effects of the pandemic

can be divided into three overlapping categories: (1) the direct effects of COVID-19 infection; (2) indirect effects from measures to contain its spread, including unmet health needs from overstretched health services; and (3) long-term effects on the social determinants of health, such as worsening economic circumstances (Fisayo & Tsukagoshi, 2021). Gender intersects with occupation, socioeconomic status and age to exacerbate individual vulnerability to the effects of COVID-19 (EIGE, 2021e, p. 124).

Women have been more at risk of infection given their over-representation among essential workers, particularly in health and personal care, education, victim-support services and the agro-industrial sector (EIGE, 2021d, p. 24). Consequently, female front-line workers are more likely to experience fatigue, mental pressure and burnout from higher workloads, stressful work environments and subsequent difficulty in maintaining a work-life balance. Emerging research indicates high rates of poor mental

health among healthcare workers, with women more likely than men to experience PTSD, depression and burnout symptoms (Luceño-Moreno, Talavera-Velasco, García-Albuérne, & Martín-García, 2020; Rossi et al., 2020). Young women working in the healthcare sector are at particularly high risk of psychological distress (Conti, Fontanesi, Lanzara, Rosa, & Porcelli, 2020). Deteriorating mental health among healthcare workers has implications for the quality of services provided. Distressed workers tend to make more medical mistakes and be less involved in building a rapport with their patients (Privitera, Rosenstein, Plessow, & LoCastro, 2015).

Poor mental health has become more prevalent among young people, mainly due to disruptions in access to mental health services, the psychosocial impact of school closures and the pandemic-related economic crisis (OECD, 2021d). Emerging evidence from Member States

suggests a rise in suicide attempts among adolescents since late 2020. In Poland, suicide attempts among teenagers aged up to 18 rose by 77 % in 2021 compared to 2020, with girls almost three times more likely than boys to attempt suicide ⁽⁴²⁾. Similar trends are observed in France, with the number of adolescents hospitalised after suicide attempts continuing to grow in 2022, specifically among 15–17-year-olds ⁽⁴³⁾. Research suggests that young women have been particularly prone to anxiety and depression in the context of the pandemic (Eurofound, 2021). In Belgium, 46 % of women aged 18–29 felt symptoms of anxiety in December 2021 compared to 27 % of men the same age (Gisle et al., 2020). While these rates dropped to 14 % in March 2022 for young men, they remained quite high for women at 34 %, underlining how young people's well-being continues to be greatly affected by the pandemic ⁽⁴⁴⁾.

Women are among those most at risk of getting long COVID

In addition to greater psychological distress, many essential workers – particularly women – are also suffering from the after-effects of COVID-19 infection, commonly referred to as long COVID. Long COVID concerns physical and/or psychological symptoms that persist for more than 4 weeks after recovery from acute COVID-19 disease (Bai et al., 2022). These symptoms can include fatigue, muscle weakness, shortness of breath, difficulty concentrating, PTSD, depression, anxiety and insomnia (Huang et al., 2021). It is estimated that about 100 million individuals have or have had long COVID worldwide (Chen et al., 2021). Several studies find that women – along with older people and smokers – are at higher risk of developing long COVID (Bai et al., 2022; Chen et al., 2021; Evans et al., 2021; Seeßle et al., 2022). Long COVID can cause immense suffering and reduce quality of life, with more women than men reporting a bigger decline in their life quality (Lindahl et al., 2022). This can include reduced well-being, disruption to social and family life, long absences from work and loss of employment. Though more research is needed, currently available studies indicate that long COVID is likely to have a substantial impact on public health (Nittas et al., 2022).

⁽⁴²⁾ <https://notesfrompoland.com/2022/02/11/suicide-attempts-among-children-rose-77-in-poland-last-year/>.

⁽⁴³⁾ <https://www.santepubliquefrance.fr/surveillance-syndromique-sursaud-R/documents/bulletin-national/2022/sante-mentale.-point-mensuel-avril-2022> (in French).

⁽⁴⁴⁾ <https://www.sciensano.be/fr/coin-presse/resultats-de-la-10e-enquete-de-sante-covid-19> (in French).

8. Domain of violence

Violence against women and girls ⁽⁴⁵⁾ is a phenomenon deeply rooted in gender inequality, and it remains one of the most pervasive human rights violations. It takes many forms, including physical, sexual, psychological and economic violence. Some characteristics – such as age, living with a disability or with a health condition, or other life circumstances (e.g. being a migrant) – can increase women’s risk of gender-based violence. Such violence causes pain and suffering to the victims and has many implications for society. In 2019, EIGE’s estimate of the cost of gender-based violence against women in the EU was more than EUR 290 billion. This represents 79 % of all costs of gender-based violence against both women and men ⁽⁴⁶⁾ (EIGE, 2021a). Since the COVID-19 pandemic began in early 2020, an increase in the prevalence and severity of gender-based violence has been reported, particularly in sexual and intimate partner violence. Shelter and counselling services have been overwhelmed by the surge in demand during lockdowns (EIGE, 2021b).

The domain of violence provides a set of indicators to help the EU and its Member States monitor the extent of gender-based violence. It is considered an additional domain of the Gender Equality Index as it focuses statistically on violence against women, not gender gaps ⁽⁴⁷⁾. EIGE has developed a three-tier structure to measure and monitor comprehensive forms of

violence against women in the EU. It enables inter-Member State comparison and evaluation over time to provide the most complete picture of the phenomenon.

1. **A composite measure** combines indicators on the prevalence, severity and disclosure of the most common and widely criminalised forms of violence against women: physical violence, sexual violence and femicide. Based on 2012 data from an EU-wide survey on gender-based violence conducted by the European Union Agency for Fundamental Rights (FRA, 2014), the EU composite measure score was 27.5 out of 100, with the highest score indicating the greatest prevalence of violence against women (EIGE, 2017c).
2. **Additional indicators** cover a broader range of forms of violence against women defined in the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the Istanbul Convention). Due to the absence of consensus on definitions or a robust policy framework at the national or EU levels, these forms of violence are analysed separately from the composite measure. Examples include psychological violence, sexual harassment, stalking and female genital mutilation.
3. **Contextual factors** are structured around the Istanbul Convention’s provisions and

⁽⁴⁵⁾ Violence against women and girls refers to ‘all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life’ (Council of Europe, 2011). Hereafter, it is used interchangeably with gender-based violence.

⁽⁴⁶⁾ The costs of gender-based violence cover lost economic output, health services, criminal justice systems, civil justice system and self-funded legal costs, intimate-partner-violence-related person costs, social welfare (housing aid and child protection), the costs of specialist services and the costs of the physical and emotional impacts of gender-based and intimate partner violence on victims.

⁽⁴⁷⁾ Conceptually, acts of violence targeting women are the corollary of structural inequalities experienced by women in the fields of work, health, money, power, education and time use. From this point of view, violence against women and girls brings an important aspect to the domains of the Gender Equality Index. From a statistical perspective, the domain of violence cannot be treated in the same way as the other domains of the Gender Equality Index because it does not measure gaps between women and men. Rather, it presents women’s experiences of gender-based violence. Unlike other domains, the overall objective is not to reduce the gaps in violence between women and men, but to eradicate violence altogether (EIGE, 2013). This fundamental difference between the other domains of the Gender Equality Index and the domain of violence against women justifies the fact that this domain is treated differently.

An update of the composite measure score will be available in 2024 after the completion of the 'EU survey on gender-based violence against women and other forms of inter-personal violence' (EU-GBV survey). FRA and EIGE will carry out a survey on violence against women (VAW II) in EU Member States where national statistical authorities are not conducting national data collection or taking part in the Eurostat-led collection of data on gender-based violence (CZ, DE, IE, CY, LU, HU, RO, SE). The survey aims to ensure comparable data on violence against women across the Member States, with FRA and EIGE aiming to complete data collection in the third quarter of 2023.

The results of the EU-GBV survey and VAW II will also contribute to EIGE's Gender Equality Index 2024, which will focus on gender-based violence. The combination of the results of both surveys – the FRA–EIGE survey and the Eurostat-led project – will provide a complete picture of the situation across the EU and compare it with FRA data from 2012.

cover six dimensions: policies, prevention, protection and support, substantive legislation, involvement of law enforcement agencies and societal framework.

8.1. Data still falls short of reflecting the true extent of gender-based violence in the EU

The domain of violence suffers from the absence of up-to-date and comparable data on violence against women in all 27 EU Member States. Various factors contribute to the lack of data. These include diverse definitions of forms of violence used for statistical purposes at the national level. These definitions are often gender neutral, resulting in data not being disaggregated by the sex and age of either the victim or the perpetrator, or by their relationship. Consequently, data is unable to capture the gendered aspect of the phenomenon (EIGE, 2019a). Variations in data-collection approaches and population sizes also largely prevent administrative data from being comparable across all 27 EU Member States. In addition, the data recorded by authorities often underestimates the scope of gender-based violence. For example, the non-recognition of psychological and economic abuse as forms of gender-based violence and having coercion-based rather than

consent-based definitions of rape pose additional barriers to reporting (EIGE, 2019c). Lastly, most violence against women and girls occurs in the family, where it is often tolerated and therefore not reported to the police, or not reported at all. According to the FRA survey, only 22 % of incidents of physical violence or harassment are reported, resulting in under-reporting of domestic and/or intimate partner violence (FRA, 2014).

Femicide – a daily occurrence

For two of the three indicators making up the second-tier indicators of the domain of violence measurement framework – namely female genital mutilation and trafficking in human beings – no new data is available since the last edition of the Index in 2021. Only data for femicide is regularly updated. EIGE defines femicide as '[t]he killing of a woman by an intimate partner and the death of a woman as a result of a practice that is harmful to women' ⁽⁴⁸⁾. However, there is no legal definition of femicide as a criminal offence, at either the EU or the Member State level (EIGE, 2021g; Schrötle & Meshkova, 2018). Instead, the killing of a woman is legally defined as 'homicide'. It makes capturing the gendered nature of murder a major challenge. Currently, EIGE uses a proxy indicator and data on intentional homicide by an intimate partner or family member provided by Eurostat to best capture femicide, although it is unable to account for the motive of the killing.

⁽⁴⁸⁾ <https://eige.europa.eu/thesaurus/terms/1128>.

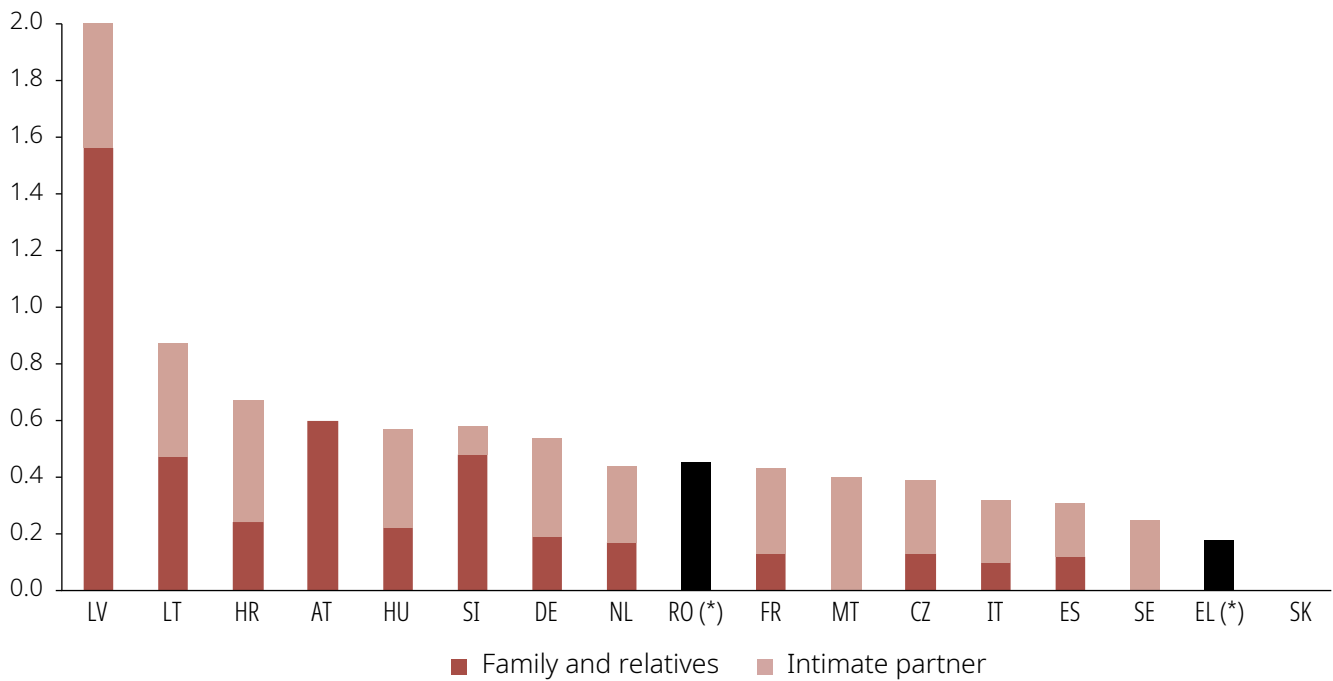
In 2020, Eurostat recorded 775 women victims of homicide by a family member or intimate partner in 17 EU Member States ⁽⁴⁹⁾. On average, more than two women were killed every day by an intimate partner or family member in those Member States (Figure 24). In the remaining 10 EU Member States, there is no comparable or available data on women victims of intentional homicide disaggregated by sex and the relationship between the victim and the perpetrator. Therefore, the magnitude of the phenomenon cannot be truly known. The Member State with the highest rate of femicide (calculated per 100 000 women) is Latvia ⁽⁵⁰⁾. The lowest rate is in Slovakia, with zero women victims of intentional homicide (Figure 24).

Psychological and cyber violence – emerging forms of violence against women and girls

Physical harm, of which femicide is the most extreme expression, is not the only type of violence women and girls face. Others are harder to detect, such as psychological violence and cyber violence.

Psychological violence refers to ‘intentional conduct that seriously impairs and damages a person’s psychological integrity’ (Council of Europe, 2011, p. 31) and refers to ‘a course of conduct rather than a single event’ that can

Figure 24. Women victims of intentional homicide by an intimate partner or family member / relative (by 100 000 female population, 2020)



Source: Eurostat (crim_hom_vrel).

Note: Data relating to the number of women victims of intentional homicide in 2020 is not available for Cyprus and Finland. Data relating to the number of women victims of intentional homicide by an intimate partner in 2020 is not available for Austria. Data relating to the number of women victims of intentional homicide by family and relatives in 2020 is not available for Sweden. Slovakia recorded zero women killed in 2020.

(*) Greece (EL) and Romania (RO) provided the total number of women victims of international homicide, but the data was not disaggregated by type of perpetrator.

⁽⁴⁹⁾ Eurostat data on intentional homicide victims by victim-offender relationship and sex is not available for all EU Member States (BE, BG, DK, EE, IE, LU, PL and PT are not covered).

⁽⁵⁰⁾ The high number of female homicides in Latvia follows from the impossibility of disaggregating attempted homicide and completed homicides. In fact, the data includes intentional infliction of serious bodily injury that, as a result of the negligence of the offender, was the cause of the death of the victim.

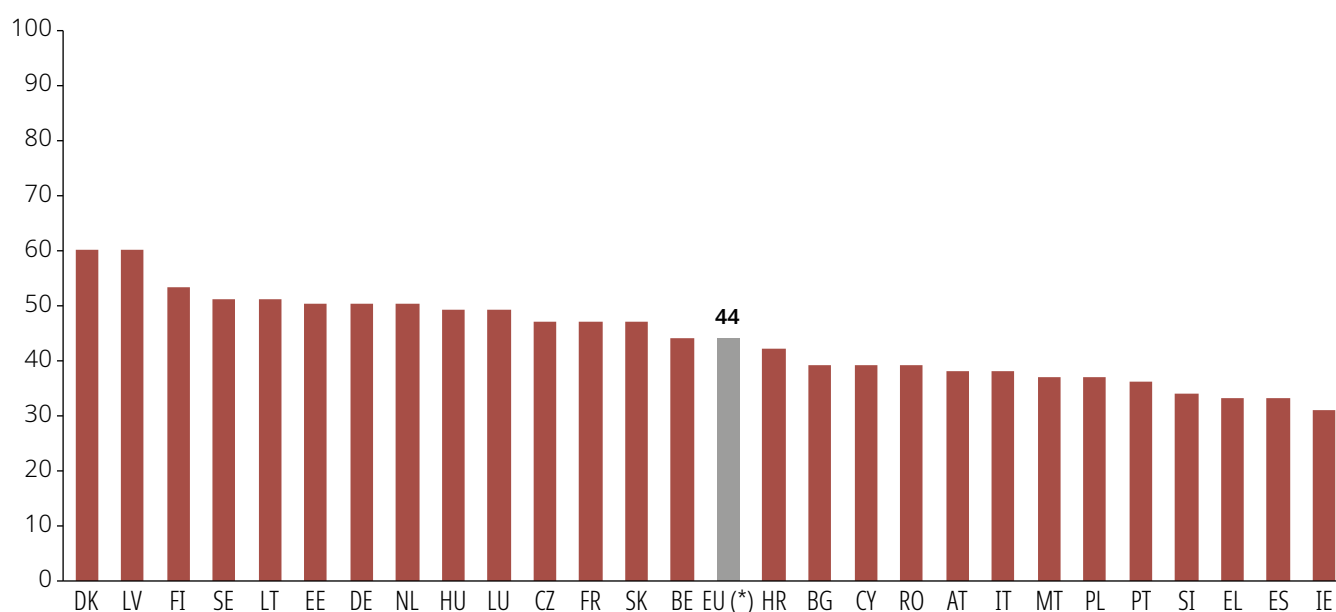
be considered as a criminal offence (Council of Europe, 2011, p. 31). Across the EU, almost half of women (44 %) have suffered psychological violence from a partner in their lifetime (Figure 25). There is considerable variation across Member States, reflecting the different levels of awareness of this form of violence against women among respondents. In Denmark and Latvia, 6 in 10 women have reported experiencing some form of psychological violence, compared with just over 1 in 3 in Ireland (EIGE).

Psychological violence can have profound and wide-reaching consequences on victims, including an increased risk of suicide, depression and PTSD (Daugherty et al., 2019; Dokkedahl, Kristensen, Murphy, & Elklit, 2021; Domenech Del Rio & Sirvent Garcia Del Valle, 2017; European Project on Forced Suicides, 2021; Lövestad, Löve, Vaez, & Krantz, 2017; Sanz-Barbero, Barón, & Vives-Cases, 2019; Tullio et al., 2021). Psychological violence also harms their children, for whom exposure to violence is linked to an increased risk of victimisation and perpetration in adulthood (Rada, 2014; Rikić et al., 2017).

With the emergence of digital technologies and greater use of the internet and social media, women and girls have been exposed to a higher risk of cyber violence⁽⁵¹⁾ (EIGE, 2017a). Cyber violence against women and girls is a part of the continuum of violence against women: it does not exist in a vacuum, but instead stems from and sustains multiple forms of gender-based violence that persist in our societies. The phenomenon has serious psychological, economic and societal consequences: victims tend to withdraw from social media and social interaction, isolating themselves and eventually losing opportunities to build their education, professional career and support networks (Council of Europe, 2021). However, the consequences of measures that are initiated in digital environments, and their impact in the physical world, are not always acknowledged, and forms of cyber violence are often normalised or dismissed as insignificant, 'virtual' phenomena.

One of the most difficult tasks is achieving a useful definition of the phenomenon. Cyber violence against women and girls is a cross-cultural global phenomenon, and many different forms exist.

Figure 25. Women having experienced any form of psychological violence by a partner since the age of 15 (% , 18–74, EU, 2014)



Source: FRA (2014). Data has been extracted from the online data explorer on the FRA website.

(*) As this data is from 2014, a reference period during which the United Kingdom was still a Member State, the EU aggregate used here refers to the unweighted average of the 27 Member States, excluding the United Kingdom.

⁽⁵¹⁾ Gender-based cyber violence is often part of the continuum of violence that victims experience offline.

While they could be seen as digital extensions of forms of violence perpetrated in the physical world (e.g. harassment and cyber harassment), the digital aspect can amplify the scale of violence and leads to different and unique impacts and harms. A wide range of digital and internet-of-things vehicles for perpetrating cyber violence are available, and evolving technologies inevitably give rise to new manifestations of violence, such as stalkerware (Parsons et al., 2019) or sexual assault in the metaverse.

To date, cyber violence has not been fully conceptualised, defined or legislated against, and remains a blind spot in most Member States and at the EU level. As analysed by EIGE (Forthcoming, 2022), criminal conduct varies significantly across Member States, contributing to the lack of homogeneous legal and statistical definitions. In the majority of Member States, the jurisprudence has largely contributed to extending the scope of traditional crimes to incidents that occur online. In addition, different definitions are not always mutually exclusive and tend to be gender neutral, which makes statistical data collection difficult and prevents a granular and intersectional understanding of the phenomenon. Hence, a clear and comprehensive EU definition of different forms of cyber violence against women is more urgent than ever. It will have a significant impact on the collection of reliable, disaggregated and comparable data at the Member State level. This will result in improved policymaking and overall responses by the relevant authorities, such as law enforcement agencies and victim-support services, and will allow the effectiveness of the measures that are implemented to be monitored and assessed.

8.2. Age escalates women's risk of gender-based violence

While violence affects all women, various factors contribute to the worsening of violence against some specific groups of women and girls.

Ageing substantially increases women's exposure to abuse because gendered power dynamics are exacerbated by old-age physical and economic fragility (van Bavel, Janssens, Schakenraad, & Thurlings, 2010). Later life stages reflect the accumulation of a lifetime of inequality, economic dependence, violence and abuse. This makes older women especially vulnerable to violence, including femicide. These women appear to be at higher risk because of the multiple vulnerabilities – being both women and older. They are more prone to being victims of intentional homicide compared to younger women, but also compared to men of the same age. Women above the age of 65 are more likely to become victims of their intimate partner, but also of men outside a partnership (Dobash & Dobash, 2015; EIGE, 2021c).

Age also plays an important role in non-physical violence. While older women tend to be more vulnerable to certain forms of online violence (e.g. identity theft), young women are more exposed to cyberbullying, image-based sexual abuse and psychological violence. Women under 30 years old are also more exposed to cyber harassment, as adolescent girls and young women are highly active on the internet and on social networking sites and often face unwanted and inappropriate advances online (EIGE, 2022a). FRA estimates that 16 % of women in the youngest age group (16–29) in the EU have experienced cyber harassment⁽⁵²⁾ in the last 12 months. This figure is less for other age groups: 9 % of women aged 30–44, 8 % of women aged 45–54, 6 % of women aged 55–64 and 5 % of women aged 65+. Over a 5-year period, women in the youngest group report similar levels (15 %) of cyber harassment⁽⁵³⁾. Within the LGBTQI* community, the gender component exacerbates the risk of violence and discrimination. According to the European Parliamentary Research Service, cyber violence can be more problematic for certain groups of women, such as lesbian, bisexual and transgender women (Fernandes, Lomba, & Navarra, 2021). Data shows 70 % of non-heterosexual

⁽⁵²⁾ Experiences of cyber harassment in the past 12 months ([a_har12m_cyb](#)); experiences of cyber harassment in the past 5 years ([a_har5y_cyb](#)). Cyber harassment is defined in the study relating to those datasets as 'incidents where somebody (i) sent you emails or text messages (SMS) that were offensive or threatening; (ii) posted offensive or threatening comments about you on the internet, for example on YouTube, Facebook, Instagram, Pinterest, Snapchat, LinkedIn, Twitter, WhatsApp.'

⁽⁵³⁾ See footnote 51.

women have experienced psychological intimate partner violence since the age of 15, compared to 43 % of heterosexual women (FRA, 2014). Among migrants, second-generation migrants and ethnic minorities, physical and online violence can lead to a lower level of trust in institutions and ultimately damage social integration (FRA, 2014).

Psychological or digital forms of gender-based violence against women may be exacerbated by certain factors that trigger more discriminatory and violent behaviours and hate crimes. For instance, data from Spain shows that women with disabilities or health conditions experience psychological violence in intimate relationships about 1.5 times more than women without disabilities (Meseguer-Santamaría, Sánchez-Alberola, & Vargas-Vargas, 2021). This pattern is confirmed across the EU, where 54 % of women with disabilities have experienced psychological violence from a partner since the age of 15 compared with 41 % of those without a disability or health condition (FRA, 2014).

8.3. A perfect storm: the COVID-19 pandemic exacerbates violence against women

Lockdowns imposed across all EU Member States during the COVID-19 pandemic heightened the vulnerability and risk of violence for women and girls. Anecdotal evidence suggests that social distancing and movement restrictions mandated to reduce the spread of the virus trapped women and girls at home with their abusers. These measures may have facilitated abusers exerting power and control, leaving victims isolated and less able to contact helplines or other sources of support (Acosta,

2020). Financial insecurity has also weakened women's ability to leave abusive partners during the crisis. For many women and their children, the lack of an immediate, specialised and long-term response to gender-based and domestic violence will have longer-lasting consequences than the COVID-19 pandemic (EIGE, 2020b). However, given only a third of women who are victims of violence at the hands of their partner report it, official data will not capture the true scale of abuse.

Data from previous pandemics and natural disasters shows that the prevalence and severity of gender-based violence – particularly sexual and domestic violence – escalate in times of crisis. This pattern has also been confirmed by the COVID-19 pandemic. In addition, there has been a spike in digital forms of violence against women, such as online harassment and image-based sexual abuse, as internet usage has also jumped (EIGE, 2021b). According to the Flash Eurobarometer survey commissioned by the European Parliament, about 77 % of women across the EU think that the COVID-19 pandemic has led to an increase in physical and emotional violence against women in their country. In Greece, Portugal and Austria, about 9 in 10 women (93 %, 90 % and 89 % respectively) share this view. In Finland and Hungary, 47 % of women believe this. A significant number of women in the EU know another woman in their circle of friends and family who has experienced some form of violence during the pandemic, such as online harassment or cyber violence (16 %), street harassment (16 %), domestic violence or abuse (14 %), economic violence (14 %) or harassment at work (11 %) (European Parliament, 2022).

9. Thematic focus: sharing of care responsibilities during the pandemic

9.1. Introduction

Across Europe, the COVID-19 pandemic brought another crisis in its wake. As lockdowns put jobs on hold, forced people to work from home and closed schools and childcare services, households everywhere grappled with a new reality imposed by an abrupt change in daily life. Possibly for the first time, men faced overwhelming demands for unpaid care. Juggling these demands – often in the face of greater workloads, longer working hours and shared workspaces and equipment – tensions around work-life balance were front and centre for everyone.

Emerging evidence shows the response to COVID-19 has had a profound gendered impact. Women took on the lion's share of additional care responsibilities resulting from home schooling, the suspension of childcare services and other family obligations. This was not unexpected. Gender inequalities in the division of informal care throughout the EU are pre-existing and documented.

Time spent on self-care and caring for others in formal and informal settings has also been extensively debated and has received broad EU policy attention. It led to a new [European Care Strategy, adopted by the Commission](#) in 2022. This thematic focus of the *Gender Equality Index 2022* puts informal care at the heart of its analysis. It reveals both long-standing and emerging inequalities in how informal care has been organised during the pandemic.

The analysis largely draws on the concept of the domain of time in the Index, although the lack of

EU-wide comparable data on informal care meant this has not been monitored since the 2017 Index. To fill this knowledge gap, EIGE carried out a one-off online panel survey between June and July 2021 on gender equality and the socio-economic impact of the COVID-19 pandemic in all EU Member States (EIGE's 2021 survey questionnaire can be found in Annex 3). Analysed here, the survey explores the share of informal care in the household – a core indicator of gender equality – before the pandemic in February–March 2020 and during it in June–July 2021. Although more attention is paid to the care load among couples, including same-sex couples, that of lone parents and the engagement of ex-partners, relatives, neighbours or friends in informal care is also well documented.

The analysis looks at three key types of informal care: childcare, LTC and housework. A wide range of questions are posed to shed light on, among other things, whether the pandemic has led to changes in the prevalence, intensity and sharing of informal care for women and men. How has it affected their self-care, social activities, working time arrangements and use of external support, and just how satisfied are women and men with their individual informal care situation?

Both the design and the data collection time-frame for the online panel survey ensured that the impact of the pandemic was covered. The survey was conducted with an international web panel using a quota-sampling method based on a stratification approach⁽⁵⁴⁾. It targeted the general population aged 20–64. Representative quotas were designed based on 2020 Eurostat population statistics.

⁽⁵⁴⁾ The data was collected via a web survey using the international panel platform Cint as a main resource. This is an international platform that itself brings together several international panels, allowing surveys to reach more than 100 million registered panellists across more than 150 countries. To fulfil the required sampling in small countries, additional panel providers (Ipsos, Toluna, Kantar), which allowed for the same profiling requirements as the respondents and for compliance with the general data protection regulation, were engaged.

The sample consisted of 42 300 individuals – 21 112 (50 %) women and 20 950 men (49.5 %) ⁽⁵⁵⁾. They were distributed among three age groups: 20–34 years (30 %), 35–49 years (36 %) and 50–64 years (34 %). The population with a migrant background ⁽⁵⁶⁾ accounted for 11 % of the sample. The respondents' educational level was split into three groups: low (16 %), medium (50 %) and high (32 %) ⁽⁵⁷⁾. Respondents in a paid job represented around three quarters of the sample, while those not in a paid job represented around one quarter, which is in line with LFS statistics on the same target population. Of the respondents, 14 % were lone parents, 51 % couples with children, 16 % couples without children and 19 % single people without children.

Post-stratification weighting was carried out to adjust for differences between the sample and population distribution on key variables and to ensure the sample accurately reflected the sociodemographic structure of the target population ⁽⁵⁸⁾ (EIGE, 2022b).

9.2. Childcare

On average, women spend more time than men on childcare. In the EU, women with children under the age of 7 spend an average of 20 hours per week more than men on unpaid work, which includes domestic tasks and care (Eurofound, 2017, p. 116).

The unequal distribution of childcare responsibilities within families is a key reason why women

do less paid work (EIGE, 2020d, p. 87). The childcare gap, i.e. the amount of time a child is not covered by parental leave or a guaranteed place in institutionalised formal childcare, is partly responsible. Families have to make difficult decisions on whether to provide childcare at home, use a high-demand, low-availability public facility or use expensive private options (European Commission, EACEA, & Eurydice, 2019, p. 51) to fill these periods. The childcare gap varies between Member States and is highly dependent on national policies on parental leave and formal childcare. Gender norms are also influencing what is considered to be culturally and socially acceptable, and have an impact on the distribution of childcare among people. So that families can manage, women are more likely to step in and fill these gaps at the expense of their job or by taking on a double shift (EIGE, 2020d, p. 124). Correspondingly, investment in institutional childcare is strongly related to increasing gender equality in society (EIGE, 2020d, p. 88).

The European Commission defines formal childcare in the Barcelona targets ⁽⁵⁹⁾ as formal arrangements organised and/or controlled by a public or private structure that fulfil certain quality criteria (2013, p. 26). Formal childcare includes pre-school or equivalent services, compulsory education, centre-based services outside of school hours, day-care centres and professional certified childminders. Early childhood education and care (ECEC) is often used synonymously with formal childcare and, given that childcare is also provided in pre-schools before the mandatory school-going age, encompasses

⁽⁵⁵⁾ The remaining respondents, describing themselves 'in another way' or 'I prefer not to specify', represent a small group (145 individuals), the size of which does not allow for the provision of reliable statistical information. A further 93 interviewees did not reply to the question. Therefore, the sex-disaggregated results presented in this report focus only on those respondents who defined themselves as 'female' or 'male'.

⁽⁵⁶⁾ The European Commission's [definition of a person with a migratory background](#) has been used.

⁽⁵⁷⁾ Low level of education = International Standard Classification of Education (ISCED) levels '0 – Not completed primary education', '1 – Primary or first stage of basic' and '2 – Lower secondary or second stage of basic education', along with short vocational programmes (less than 3 years) taken after primary school (shorter 3C programmes); medium level of education (higher secondary and post-secondary, non-tertiary) = ISCED levels '3 – Upper secondary (A, B, C)' and '4 – Post-secondary, non-tertiary'; high level of education = ISCED level 5 and higher, i.e. any stage of tertiary education (e.g. bachelor of arts, bachelor of science, master of arts, doctorate), including vocational ISCED 5B programmes, which have different names in different countries). A further 957 interviewees (2 %) did not reply to the question.

⁽⁵⁸⁾ The analysis presented in the report is based on weighted figures. Post-stratification weights are used for country analysis and comparisons, while weights based on the population size of each country are used for analysis on an aggregate level (EU).

⁽⁵⁹⁾ Targets for childcare provision adopted in 2002 by the Barcelona European Council, with goals to be achieved by 2010. Referred to as the Barcelona targets, they urged Member States to provide childcare for 33 % of children under 3 years of age and for 90 % of children from 3 years to mandatory school age by 2010.

education (European Commission, 2018c, footnote 9). EU-SILC uses the same definition for formal childcare that is frequently used for research in this field (Mamolo, Coppola, & Di Cesare, 2011; OECD, 2021b; Ünver, Bircan, & Nicaise, 2021).

Informal childcare is defined by the European Commission as childcare that is not registered or monitored by any organised structure and is provided by people other than the child's parents. This includes unregistered childminders, nannies and au pairs, along with other family members such as grandparents, and friends or neighbours (European Commission, 2013, footnote 23; 2018c, p. 16). In comparison, EU-SILC defines informal childcare as care provided by people who are not paid for their support, thereby excluding childminders, nannies and au pairs who can receive payment for their work. On the other hand, a relative paid for childcare would be considered a professional. Understanding on informal childcare varies considerably between Member States and depends greatly on cultural underpinnings and perceptions of gender roles and care.

EIGE's 2021 survey⁽⁶⁰⁾ focused on childcare provided by parents, grandparents or others for children under the age of 18. Whenever possible, the analysis is presented for two age groups: children aged 0–11 and those aged 12–17. The survey considered childcare activities such as care and supervision, assistance with school tasks and/or home schooling, playing or doing activities and managing schedules and activities.

As childcare is a key dimension of gender equality, ECEC plays an important role in reducing the gender pay and pension gap. With the Barcelona

targets, the EU made the provision of high-quality and affordable childcare a priority (European Commission, 2013). The targets aim to remove disincentives to women's participation in the labour force by providing formal childcare to a higher percentage of young children. So far, the EU has met the Barcelona targets of an average of 33 % of children below 3 years and 90 % of children from 3 years to primary school age in formal childcare services (European Commission, 2021b, p. 25). However, significant gaps remain, and many Member States have yet to meet these targets. A revision of the Barcelona targets in 2022 will aim to reduce disparities between Member States and improve EU averages.

9.2.1. Gender differences in time spent on childcare increase with the level of intensity, especially with young children

EIGE's 2021 survey reveals similar levels of engagement on women's and men's daily participation in childcare. On average, slightly more women (90 %) than men (86 %) in the EU engage in care for their children or grandchildren below the age of 12 for at least 1 hour a day. The largest gender gaps are seen in Austria (17 pp) and Denmark (11 pp). Men are most likely to report doing childcare in Slovakia (92 %), Portugal (92 %) and Spain (91 %).

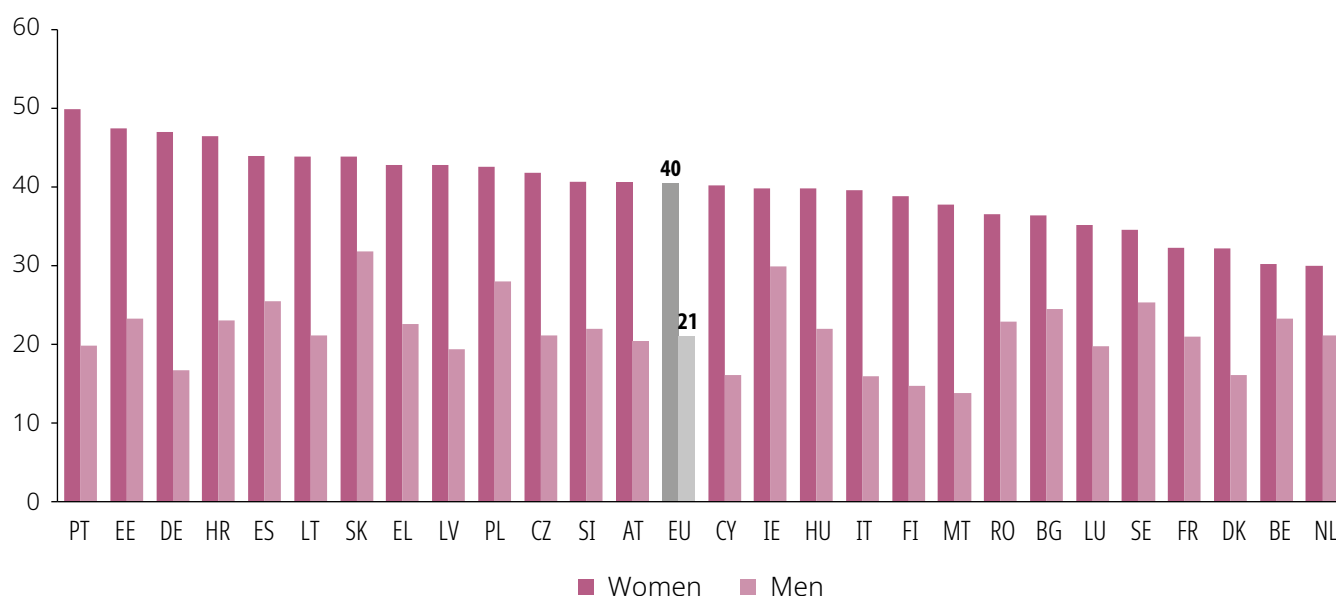
There is little gender difference in caring for older children (aged 12–17), with 78 % of women and 77 % of men respondents reporting caring for children for at least 1 hour a day. Gender gaps in this category are less pronounced, with Denmark (13 pp), Romania (11 pp) and Lithuania (11 pp) displaying the largest disparities. In

⁽⁶⁰⁾ The graphs in this section use data from EIGE's 2021 survey on gender equality and the socioeconomic consequences of COVID-19. The data refers to June–July 2021, when the survey was carried out. Some questions were asked about two points in time: 'before the pandemic' refers to the situation before February–March 2020 and 'during the pandemic' or 'nowadays' to June–July 2021. All comparisons shown are between these two points in time.

The share of respondents is based on the total number of women and men who reported having children (aged 0–11, 12–17 or both), including those who indicated having childcare responsibilities outside of the household and excluding those who answered 'don't know' and 'prefer not to answer'. Women and men providing childcare are defined based on questions A003: 'We would like to ask you about the people who live with you. Who are they?' and A006: 'Do you provide unpaid care towards children or grandchildren that are not living with you?'. Disaggregation by sex is based on question A035: 'How would you describe yourself?'

Percentages may not total 100 due to rounding.

Figure 26. Women and men caring for their children/grandchildren (aged 0–11) every day for 4 hours or more during the pandemic (% , 20–64, EU, 2021)



Source: Question A010_04: 'Nowadays, how many hours per typical weekday are you involved in the childcare of children/grandchildren 0–11 years old (including assistance with school tasks and/or home schooling)?' Answers: less than 1 hour; between 1 and 2 hours; between 3 and 4 hours; more than 4 hours.

a number of Member States, such as Czechia, Greece, Spain, Italy, Cyprus, Hungary, Portugal and Slovenia, women and men take care of children aged 12–17 relatively equally. Men are least likely to do so in Lithuania (59 %).

Striking gender differences emerge when looking at situations of high intensity of childcare. In the EU, 40 % of women and 21 % of men spend at least 4 hours in a typical weekday caring for children and grandchildren under the age of 12 (Figure 26). The largest gender differences in terms of share of women and men engaged in childcare for 4 hours a day or more are observed in Germany and Portugal (30 pp), Cyprus, Finland and Malta (24 pp). The percentage of men doing this amount of childcare each day for this age group ranged from 14 % in Malta to 31 % in Slovakia. For women, the range is wider, with 7 % in Belgium compared to 30 % in Portugal.

More than half of women (51 %) and men (55 %) are highly satisfied⁽⁶¹⁾ with the time spent on caring for children and grandchildren aged 0–11.

The more time they spend, the higher the satisfaction, with 60 % of women and 57 % of men who care for children and grandchildren for more than 4 hours each day reporting that they are highly satisfied with their care time. Across different age groups, high satisfaction increases with age. Among those aged 20–34, 50 % of women and 51 % of men report high satisfaction, while for women and men aged 50 and above, the rates are 56 % and 62 % respectively. A particularly large share of retired women and men are highly satisfied with the time spent on childcare (70 % and 61 % respectively).

While fewer carers do long hours when looking after older children/grandchildren, the responsibility of childcare is still disproportionately on women (Figure 27). On average, 20 % of women and 14 % of men with children/grandchildren aged 12–17 in the EU spend 4 hours or more a day on childcare. The share of women spending this time amount on childcare ranges from 11 % in Estonia to 32 % in Ireland. For men, it is from 7 % in Cyprus to 24 % in Ireland. The

⁽⁶¹⁾ High satisfaction refers to a score of 8 and above on a scale from 0 to 10, where 0 would indicate full dissatisfaction and 10 full satisfaction with the amount of time spent on caring for children aged 0–11.

largest gender differences are observed in Spain (14 pp), Cyprus (12 pp), and Italy, Austria and Denmark (11 pp).

On average, both women and men report higher satisfaction rates for time spent on childcare for children aged 12–17 than those aged 0–11 (about 58 % of women and 62 % of men). The largest shares of highly satisfied women are among those who spend either less than 1 hour or more than 4 hours a day caring for this age group (60 % and 61 % respectively). Men’s satisfaction rate increased gradually with higher intensity of care, as the largest share of highly satisfied men (66 %) was among those who spent more than 4 hours a day caring for children aged 12–17.

When comparing time spent on caring for children 0–11 years old before and during the

pandemic (Figure 28), 48 % of women and 37 % of men providing less than 1 hour a day of childcare were spending longer amounts by June–July 2021. Fewer women than men spending less than 1 hour on childcare daily before February–March 2020 saw their time spent on childcare unchanged (52 % and 63 % respectively). In the case of women and men doing between 1 and 4 hours of childcare pre-pandemic, a large majority experienced no change (79 % of women and 83 % of men). However, 14 % of women and 11 % of men⁽⁶²⁾ saw their hours increase to a high-intensity level. Among women and men already doing more than 4 hours a day pre-pandemic, the survey did not show an increase in time spent on childcare. Instead, men were more likely than women to spend less time on childcare (36 % of men, 15 % of women). A similar pattern appears for time spent by care providers of older children during the pandemic.

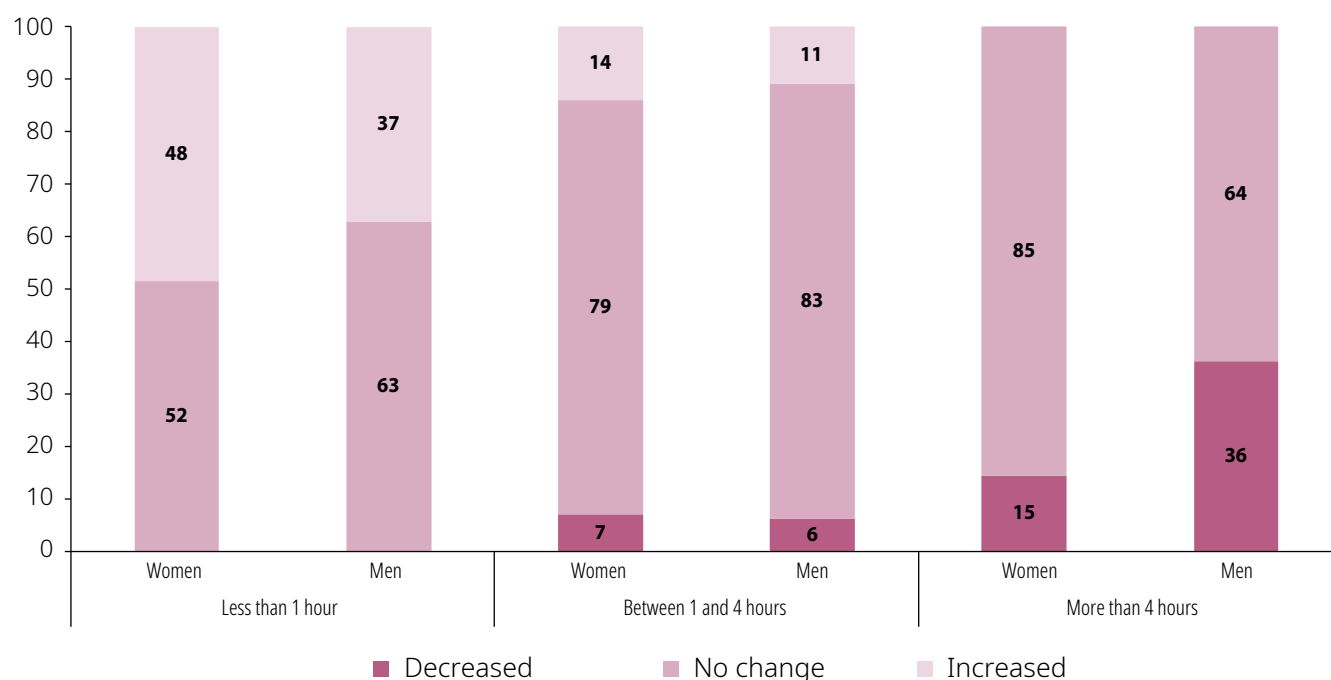
Figure 27. Women and men caring for their children/grandchildren (aged 12–17) every day for 4 hours or more during the pandemic (% , 20–64, EU, 2021)



Source: Question A011_04: ‘Nowadays, how many hours per typical weekday are you involved in the childcare of children/grandchildren 12–17 years old (including assistance with school tasks and/or home schooling)?’ Answers: less than 1 hour; between 1 and 2 hours; between 3 and 4 hours; more than 4 hours.

⁽⁶²⁾ In addition, women and men who were spending between 1 and 4 hours per day on childcare before the pandemic saw an increase within that time bracket. As an example, 29 % of women and 26 % of men who were spending between 1 and 2 hours per day on childcare before the pandemic reported an increase in the time they spent on childcare tasks at the time of responding.

Figure 28. Women and men having experienced changes in the number of hours spent on childcare (aged 0–11) compared to the pre-pandemic situation (% , 20–64, EU, 2021)



Source: Questions A010_04: 'Nowadays/before the pandemic, how many hours per typical weekday are/were you involved in the childcare of children/grandchildren 0–11 years old (including assistance with school tasks and/or home schooling)?' Answers: less than 1 hour; between 1 and 2 hours; between 3 and 4 hours; more than 4 hours.

9.2.2. Pandemic reinforces gender inequality in childcare

9.2.2.1. More men report sharing childcare equally, women disagree

Women and men reveal contrasting perceptions of how equally childcare is shared in their household. In July 2021, when asked who usually takes care of or supervises children/grandchildren under the age of 12, 32 % of women and 44 % of men replied that the care load was equally shared with their partner (Figure 29).

Further perception differences emerge when 52 % of women say they are completely or mostly responsible for looking after children/grandchildren under the age of 12 in their family, but only 23 % of men say this of themselves, and 31 % state their partner is the one.

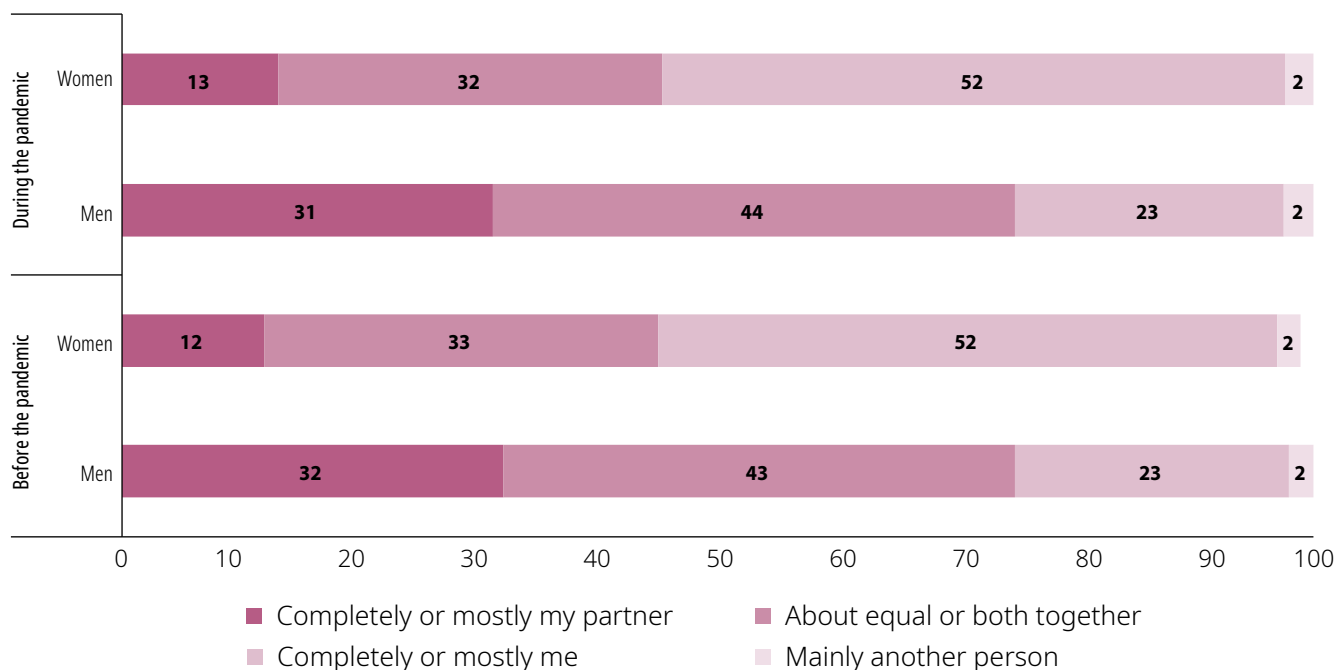
On average, men are more satisfied than women with how childcare for children aged under 12 is divided with their partner. Just over half of women (51 %), compared to 60 % of men,

are highly satisfied with the division of childcare at home. Both women (70 %) and men (73 %) report higher satisfaction rates when childcare is shared equally with their partner. They are least satisfied when they bear the main responsibility for it within a couple, with only 41 % of women reporting high satisfaction in contrast to 52 % of men.

Employed women continue to bear the brunt of care duties for children aged 0–11 regardless of the employment status of their partner. Around 40 % of employed women indicate they are mostly or almost completely responsible for childcare when their partner is out of work. In comparison, only 34 % of working men with an unemployed partner say they are the main carer.

The distribution of care for older children appears slightly less gendered than for those aged under 12 (Figure 30). A higher proportion of respondents report an equal sharing of duties in their household. In June–July 2021, 56 % of men and 44 % of women said they

Figure 29. Distribution of care and supervision for children/grandchildren (aged 0–11) between women and men within the household before and during the pandemic (% , 20–64, EU, 2021)



Source: Questions A010 and A010_03: 'Considering the childcare of children between 0 and 11 years old, who in your household is/was generally doing care and supervision nowadays/before the pandemic?' Answers: completely or mostly my partner (pools together categories 'almost completely my partner' and 'for the most part my partner'); about equal or both together; completely or mostly me ('almost completely me' and 'for the most part me').

shared responsibility for looking after children aged 12–17 equally with their partner. However, 45 % of women reported being completely or mostly responsible for childcare, compared to 18 % of men. Another disparity appears when 25 % of men declare their partner is completely or mostly responsible for childcare but only 9 % of women say this of their partner.

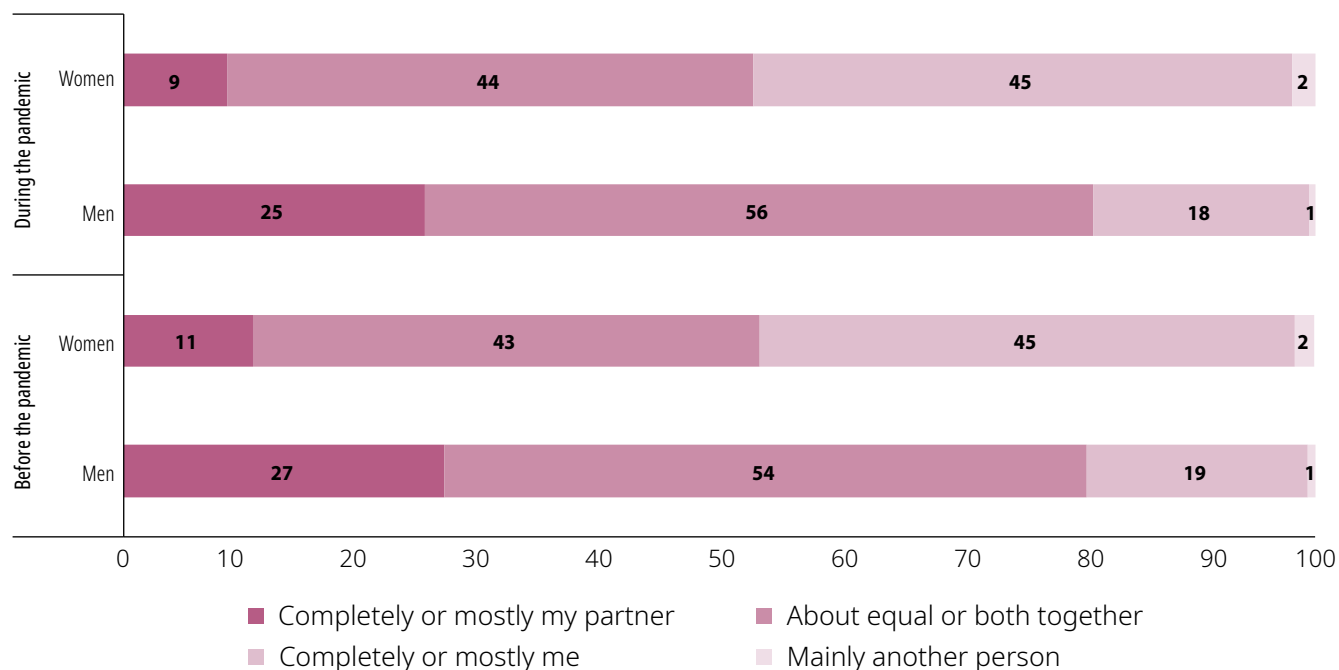
That men are more likely than women to report an equal division of childcare at home (Figure 29, Figure 30) is at odds with data pointing to women facing more time demands than men. However, it echoes analysis of focus groups on care-work distribution within families, with men tending to perceive their families as more equal than they are (EIGE, 2021e).

In 2021, satisfaction levels among partners splitting the care of children aged 12–17 generally follows the same pattern as caring for younger children. Most men (69 %) indicate high satisfaction with their care time, while only 56 % of women feel the same. Both women

(71 %) and men (76 %) report higher satisfaction rates when childcare is shared equally with partners – virtually the same as caring for younger children. The lowest satisfaction rates among women and men in a couple are when they alone do most of the childcare for this age group (43 % and 55 % respectively).

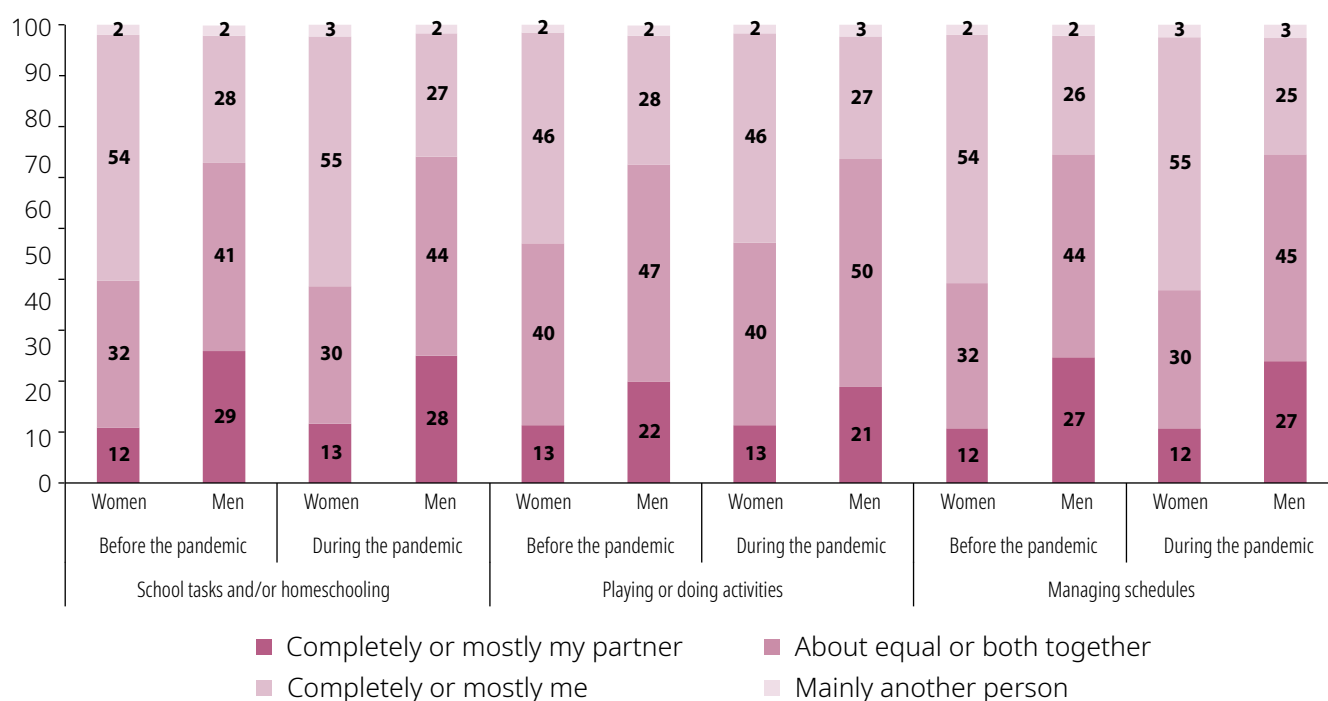
Looking at the distribution of specific childcare tasks between partners for children under the age of 12 (Figure 31), opinions on just how equal childcare is or who does what task are still very divided. In June–July 2021, men more than women saw caring for children of this age as a responsibility shared with their partner regardless of the task. These tasks included school tasks and home schooling, managing schedules, and playing and doing activities with the children, with 45 %, 44 % and 50 % of men considering they shared these respective tasks equally with their partner. The task for which perceptions of equal sharing were closest (40 % of women and 50 % of men) was playing and doing leisure activities with their children.

Figure 30. Distribution of care and supervision for children/grandchildren (aged 12–17) between women and men within the household before and during the pandemic (% , 20–64, EU, 2021)



Source: Questions A011 and A011_03: 'Considering the childcare of children between 12 and 17 years old, who in your household is/was generally doing care and supervision nowadays/before the pandemic?' Answers: completely or mostly my partner (pools together categories 'almost completely my partner' and 'for the most part my partner'); about equal or both together; completely or mostly me ('almost completely me' and 'for the most part me').

Figure 31. Distribution of different types of tasks of care for children/grandchildren (aged 0–11) between women and men within the household before and during the pandemic (% , 20–64, EU, 2021)



Source: Questions A010 and A010_03: 'Considering the childcare of children between 0 and 11 years old, who in your household generally does the following tasks nowadays/before the pandemic?' Answers: completely or mostly my partner (pools together categories 'almost completely my partner' and 'for the most part my partner'); about equal or both together; completely or mostly me ('almost completely me' and 'for the most part me').

Most women (55 %) said they are mostly or completely responsible for helping children under the age of 12 with school activities and managing their schedules. Only 27 % and 25 % of men survey respondents reported this of themselves. Changes between February–March 2020 and June–July 2021 were limited to a slight increase in men reporting tasks done jointly with partners and a slight decrease in women reporting this. Differences in women’s and men’s perceptions of sharing tasks appear to have consolidated during the pandemic.

For both children’s age groups and across childcare tasks, changes to the division of tasks between partners during the pandemic were minor compared to before. This indicates that childcare responsibilities, while more intense during the pandemic, did not significantly change hands and continued to be predominantly held by women ⁽⁶³⁾.

9.2.3. What is the profile of families sharing childcare equally?

In the EU, an average of 21 % of carers with children/grandchildren aged 0–11 state that they share childcare tasks equally with a partner, with more men (24 %) than women (17 %) likely to declare this (Figure 32). The percentages of women and men declaring that they share childcare equally with their partner range from 39 % of men in Slovenia to 2 % of women in Czechia. Men tend to report the equal division of childcare more often than women in every Member State except Belgium, Croatia, Denmark and Poland. Gender differences in perceptions are greatest in Czechia, Latvia and Austria, with a disparity of over 20 pp.

A closer look at the profile of families jointly sharing childcare for children aged under 12 reveals some specific characteristics (Figure 33).

Figure 32. Women and men declaring they shared childcare tasks for children/grandchildren (aged 0–11) equally within the household during the pandemic, by Member State (% , 20–64, EU, 2021)



Source: Questions A010: ‘Considering the childcare of children between 0 and 11 years old, who in your household generally does the following tasks nowadays? 1. Care and supervision; 2. Assistance with school tasks and/or home schooling; 3. Playing or doing activities; 4. Managing schedules and activities.’

Note: Equal sharing is defined as women and men declaring they share all tasks equally.

⁽⁶³⁾ A potential limitation of the survey could be that in June–July 2021, respondents were asked how they spent their time in February–March 2020, leading to a potential cognitive bias in respondents’ responses.

Figure 33. Women and men declaring they shared childcare tasks for children (aged 0–11) equally within the household during the pandemic, by different characteristics (% , 20–64, EU, 2021)



Source: Question A010.

Note: employed (including paid apprentice, internship or traineeship; self-employed (with or without employees); unemployed; retired; full-time fulfilling domestic tasks; other (student, unable to work due to long-term illness or disability, other).

Women aged 20–34 are over-represented, accounting for 44 % of those saying they share childcare equally. Men who report sharing childcare equally are a more diverse group in terms of age, with 37 % aged 35–49, 36 % aged 20–34 and 27 % aged at least 50.

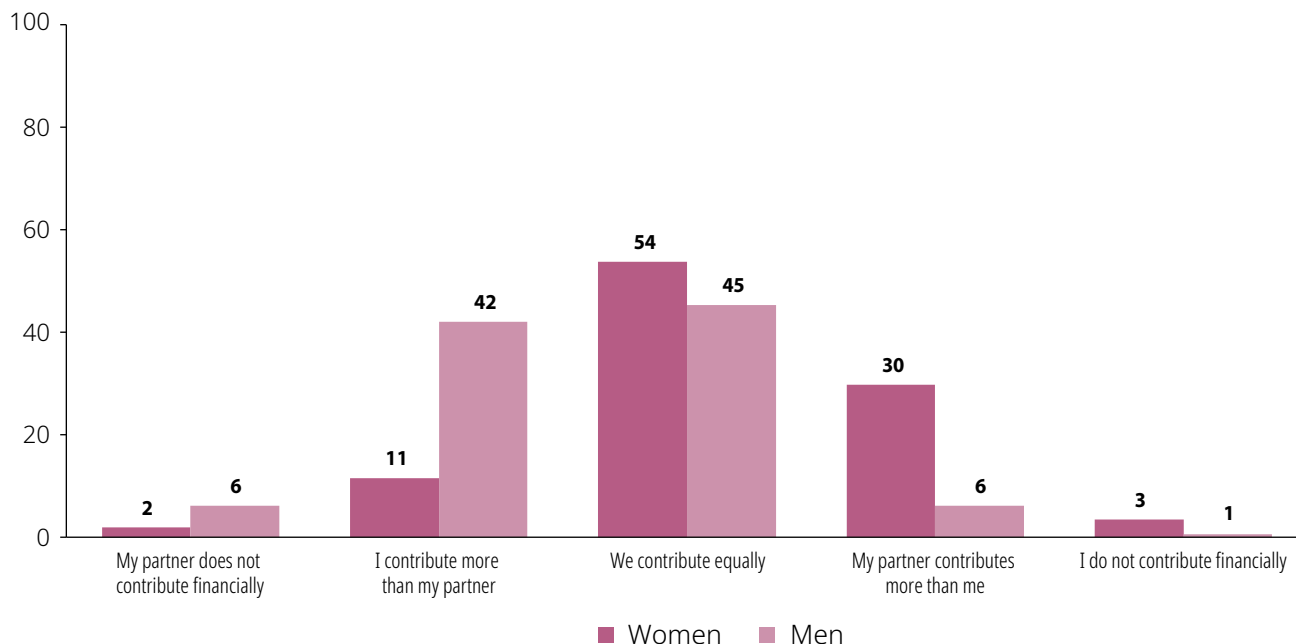
Employment status is another marker. Respondents sharing childcare equally are mostly employed (85 % of men and 73 % of women), with these figures largely mirroring the gender breakdown of the working population. However, women tend to spend fewer hours in paid work than men. About 34 % of women in the survey sample work up to 30 hours a week compared to 11 % of men. At the other end of the spectrum, 16 % of men say they spend more than

40 hours a week on paid work, in contrast to only 8 % of women.

Contribution to the family's income also appears to be a common denominator, with 54 % of women in equalitarian households reporting that they provide an equal share of household revenue. This is despite women in this group spending comparatively less time on paid work than men (Figure 34).

The landscape is more diverse among men. About 45 % of surveyed men in equalitarian homes report that they contribute equally to household income, while 42 % say their financial input is higher than their partner's. This applies to only 11 % of women.

Figure 34. Contribution to household income of women and men declaring they shared childcare tasks for children (aged 0–11) during the pandemic (% , 20–64, EU, 2021)



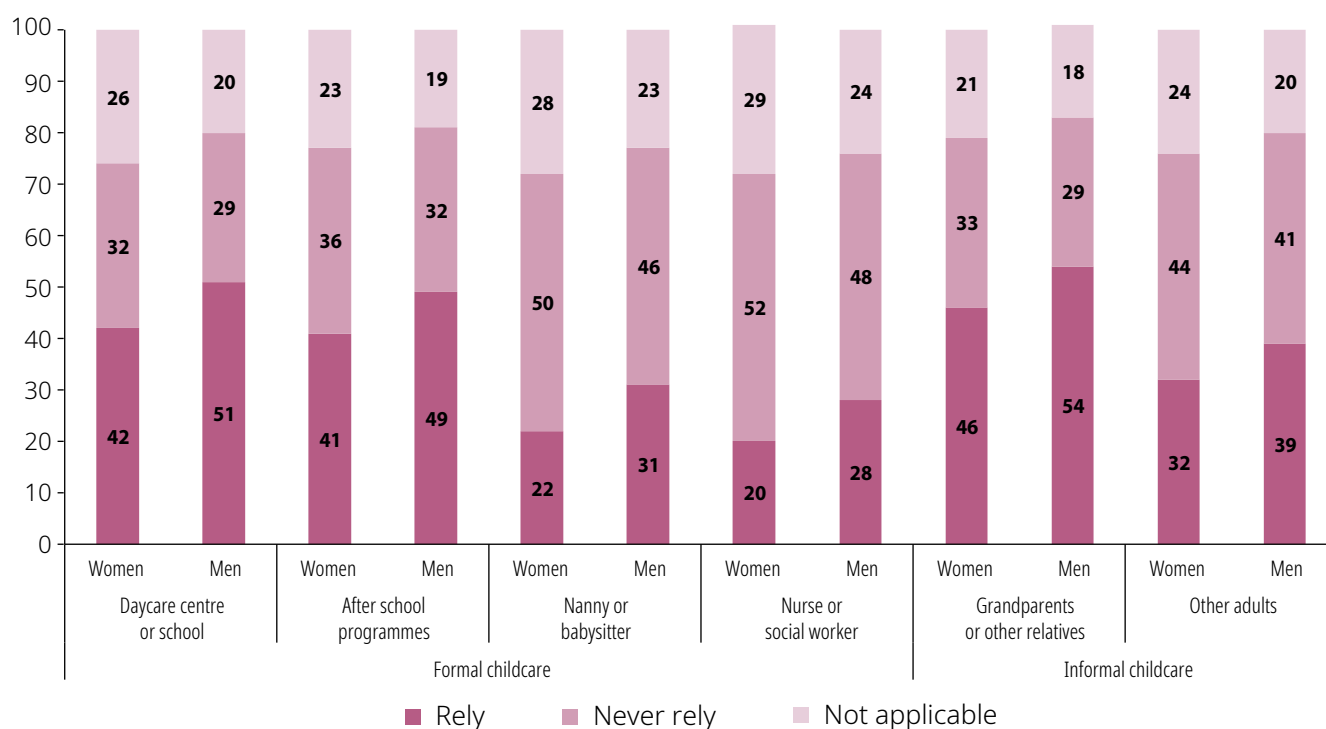
Source: Question A037: ‘Nowadays, how would you assess your contribution to the household income compared to your partner’s contribution?’

9.2.4. Men rely more on external childcare support

Fewer women than men say they rely on outside support for childcare, either from formal institutions such as day-care centres and schools, or through informal arrangements, including relatives. For example, 46 % of women caring for children below the age of 18 rely on grandparents or other relatives at

least once a week compared to 54 % of men (Figure 35). Grandparents and other relatives remain one of the most common sources of support. In June–July 2021, 40 % of women and 49 % of men used day-care centres and schools for childcare support. As Figure 35 shows, a consistently higher share of women report never being reliant on outside support or that such support is not applicable to their situation.

Figure 35. Women and men with childcare responsibilities (for children aged 0–17) relying on external support during the pandemic, by type of support (% , 20–64, EU, 2021)



Source: Questions A028: 'Nowadays, how often do you rely on the following external services and resources for childcare?' Answers: about every day; more than once a week; once a week; never.

Note: The answer category 'rely' pools information on the use of external services and resources across different intensities of use (once a week, more than once a week and about every day); 'Not applicable' means 'Not applicable to my specific family situation'.

9.2.5. Balancing jobs and childcare a hard struggle for many

The pandemic has significantly disrupted access to external childcare services, leaving parents with the bulk, if not all, of the childcare. This includes home schooling within the family. The result is acute work–life tensions for women and men (Craig & Churchill, 2021; EIGE, 2020a, 2020e, 2021d; Eurofound, 2021; European Commission, 2021a).

EIGE's 2021 survey shows a significant number of working carers (18 % of women and 17 % of men ⁽⁶⁴⁾) have experienced an increase in time spent on childcare during the pandemic. An increase was slightly more common among carers with children under the age of 12 (19 % of women and 18 % of men) than among those of older children (16 % of women and 15 % of men), with little gender difference seen in the

reporting. Surprisingly, about 1 in 10 working carers saw a drop in time spent looking after children (9 % of women and 11 % of men).

The pandemic has brought about important changes in work schedules and work intensity for people across industries and sectors, especially essential workers (Eurofound, 2021).

Survey respondents with childcare responsibilities highlighted various changes to their working life during the pandemic. The two most common working time changes are linked to care. About 20 % of men and 14 % of women changed their work schedule for care reasons, while 15 % of men and 14 % of women reduced their working hours to better absorb additional care duties.

While 1 in 10 parents saw their working time reduced by their employer, working hours were

⁽⁶⁴⁾ Figure 28 also highlights the change in time spent on childcare experienced by respondents with childcare responsibilities, regardless of employment status.

longer for 8 % of women and 6 % of men during the pandemic. Working parents with greater time demands from care responsibilities consequently faced acute pressure in how they allocated their time and energy.

Looking more specifically at working parents, Figure 36 and Figure 37 show the change in the amount of time spent on childcare by the change in paid working hours, with data spotlighting various situations where paid work and unpaid childcare were affected during the pandemic.

Among working parents whose work schedule remained stable, most reported no increase in childcare (78 % of women and 76 % of men with children under the age of 12, and 80 % and 82 % respectively for those with older children).

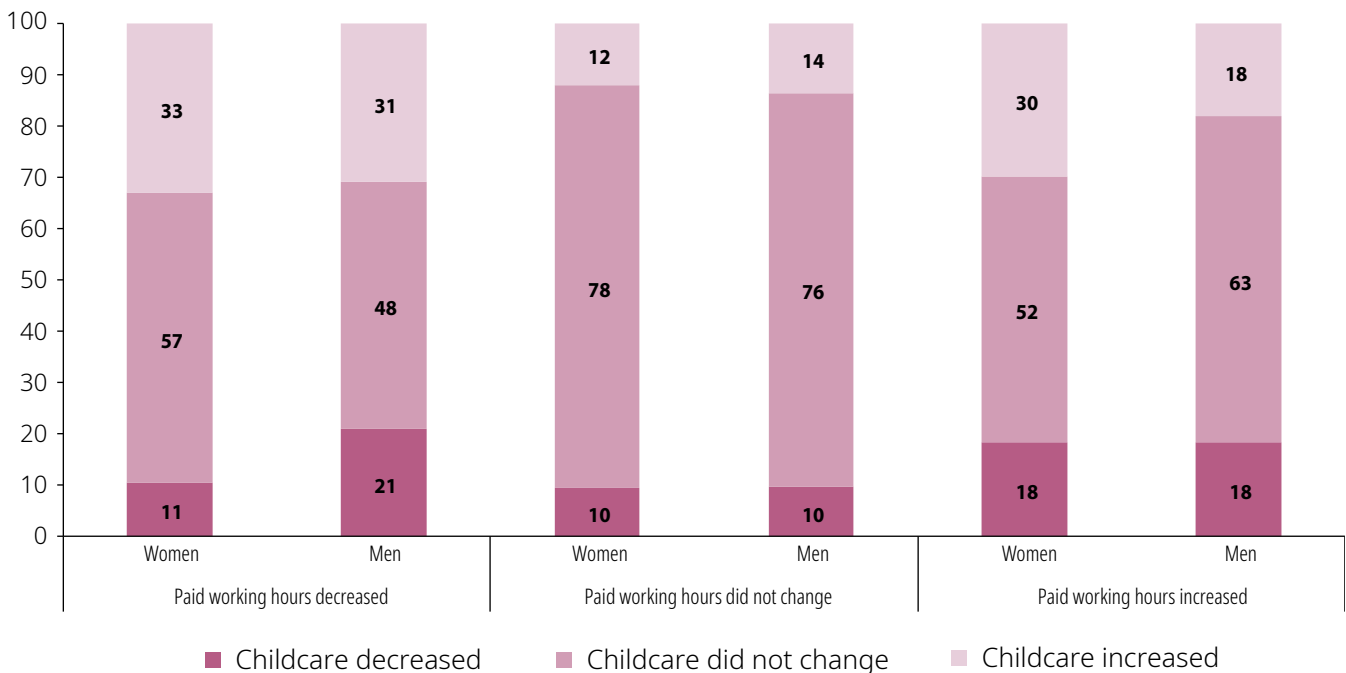
Women whose working time increased were more likely than men to see their childcare duties intensify (30 % of women compared to 18 % of men with children under the age of 12, and 26 % and 25 % respectively for those with older children). Among carers of children/

grandchildren under the age of 12 whose working hours decreased, about a third also experienced more childcare (33 % of women and 31 % of men), pointing to the need for working carers to find trade-offs between work and care, even if causality cannot be inferred.

To capture the experience of working parents combining care and paid work in a pandemic, respondents were asked whether a series of statements reflected their work situation (Figure 38).

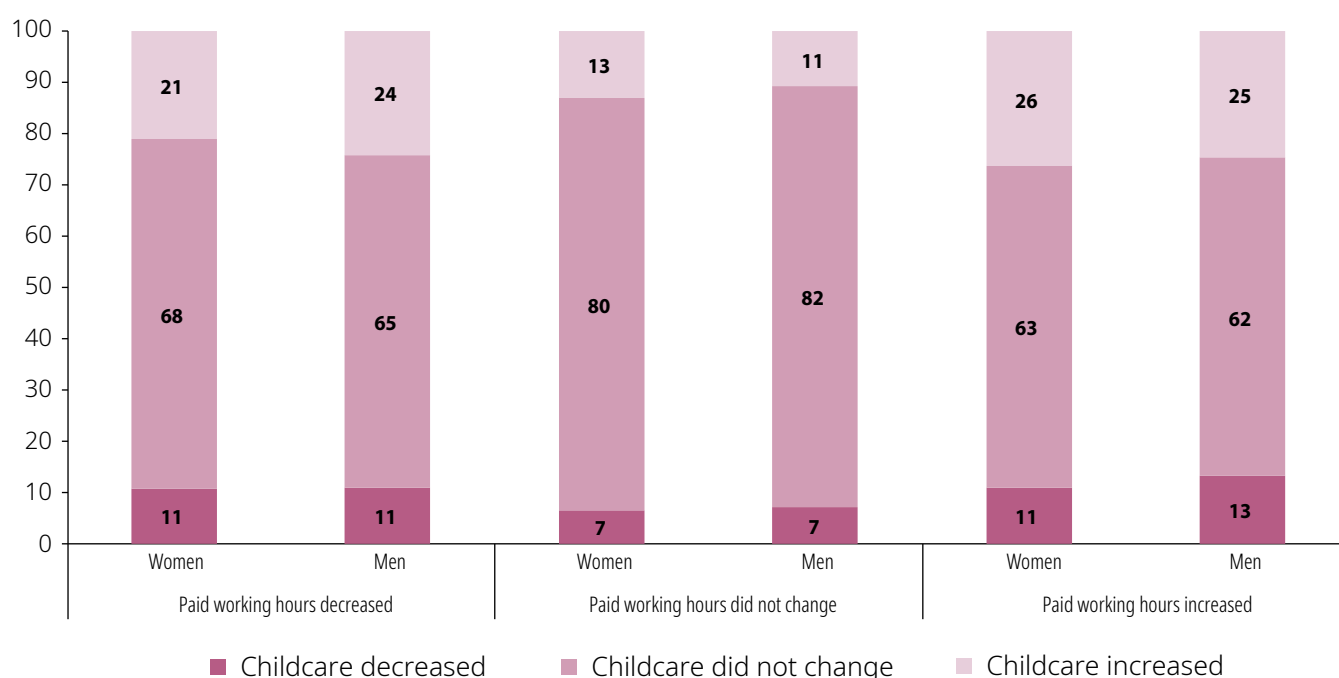
A majority of carers of children under the age of 12 said they were expected to be reachable outside working hours (59 % of women and 57 % of men). More women (63 %) than men (52 %) thought they were expected to work as much as or even more than at the start of the pandemic. General agreement on these two statements points to a significant spillover between work and family life. Looking ahead, more than half of women (57 %) and men (52 %) who are carers of children under the age of 12 are pessimistic about their career prospects.

Figure 36. Change in time spent on care for children/grandchildren (aged 0–11) for women and men in paid work compared to the pre-pandemic situation, by change in paid working hours (% , 20–64, EU, 2021)



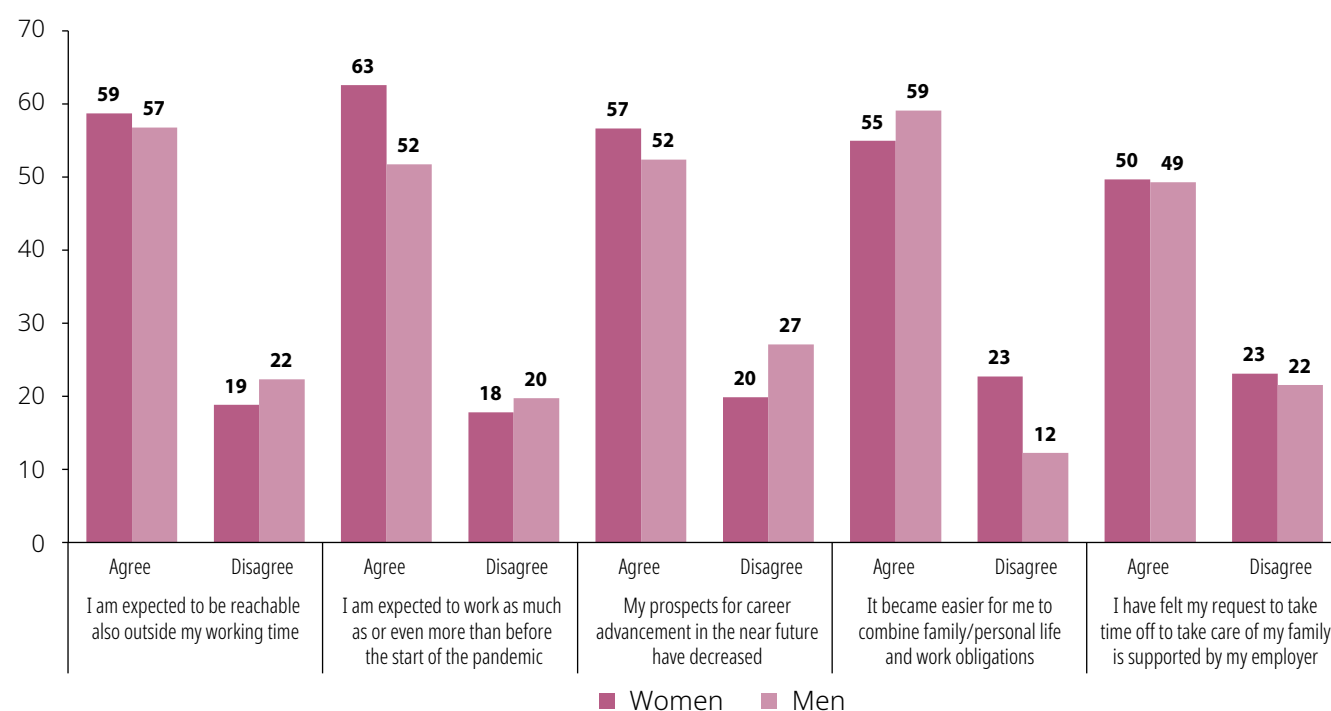
Source: Questions A010_04: 'Nowadays/before the pandemic, how many hours per typical weekday are/were you involved in the childcare of children/grandchildren 0–11 years old (including assistance with school tasks and/or home schooling)?'

Figure 37. Change in time spent on care for children/grandchildren (aged 12–17) for women and men in paid work compared to the pre-pandemic situation, by change in paid working hours (% , 20–64, EU, 2021)



Source: Questions A011_04: 'Nowadays/before the pandemic, how many hours per typical weekday are/were you involved in the childcare of children/grandchildren 12–17 years old (including assistance with school tasks and/or home schooling)?'

Figure 38. Opinions about career expressed by women and men facing an increase in childcare for children/grandchildren aged 0–11 during the pandemic (% , 20–64, EU, 2021)



Source: Question A023: 'Since the start of the pandemic in February–March 2020, how has your work experience changed? To what extent do you agree or disagree with the following statements? Please refer to your main job.' Answers: agree (pools together categories 'strongly agree' and 'agree'), disagree (pools together categories 'strongly disagree' and 'disagree'). The answer 'neither agree nor disagree' is not considered in this graph.

On the positive side, 55 % of women and 59 % of men who are carers of children this age found it easier to combine family and work responsibilities. About half of respondents with younger children felt their requests to take time off for family care were supported by their employer (Figure 38).

9.2.6. Women with childcare responsibilities far less socially active during the pandemic

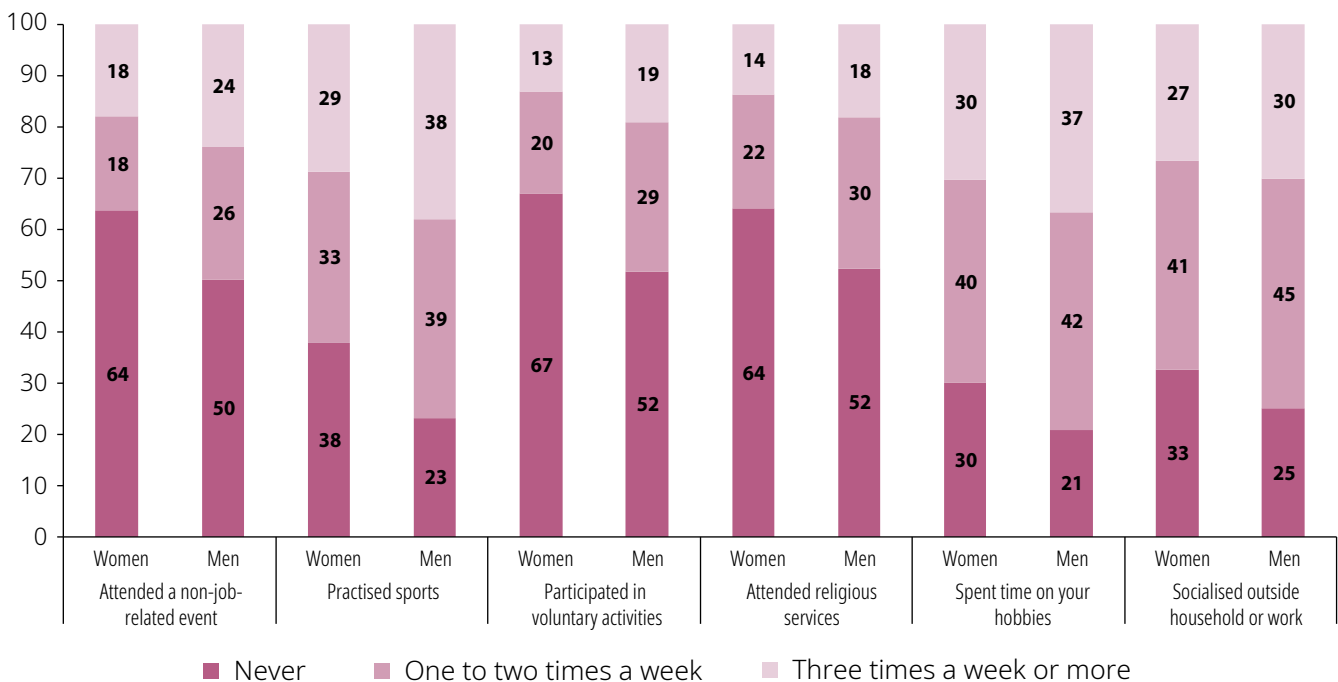
Through multiple lockdowns, movement restrictions, the closure of leisure and educational facilities and a shift to teleworking, the COVID-19 pandemic has profoundly affected how women and men spend their free time. For working carers, greater childcare demands have seen opportunities for social and individual activities cut back. Survey respondents were asked about activities unrelated to work and family care, including online participation given social-distancing directives were still in place in most EU Member States at the time.

Fewer women than men with childcare responsibilities said they engaged in individual and social activities three times a week or more. The level of engagement is similar for parents with children of both age groups (Figure 39, Figure 40).

Women with children/grandchildren under the age of 12 are less involved in individual and social activities than men, regardless of activity type. The share of women who 'never' participate in individual and social activities is higher than that of men, with the gender gap even more pronounced in never doing sports and voluntary activities, at 15 pp (Figure 39). Looking at the specific activities, practising sport, socialising outside of work and spending time on hobbies were the ones most frequently cited. The other types of activities listed in the answers (other activities outside work, voluntary activities, attending religious events) were less frequently mentioned and were more likely to be affected by social-distancing restrictions at the time of the survey.

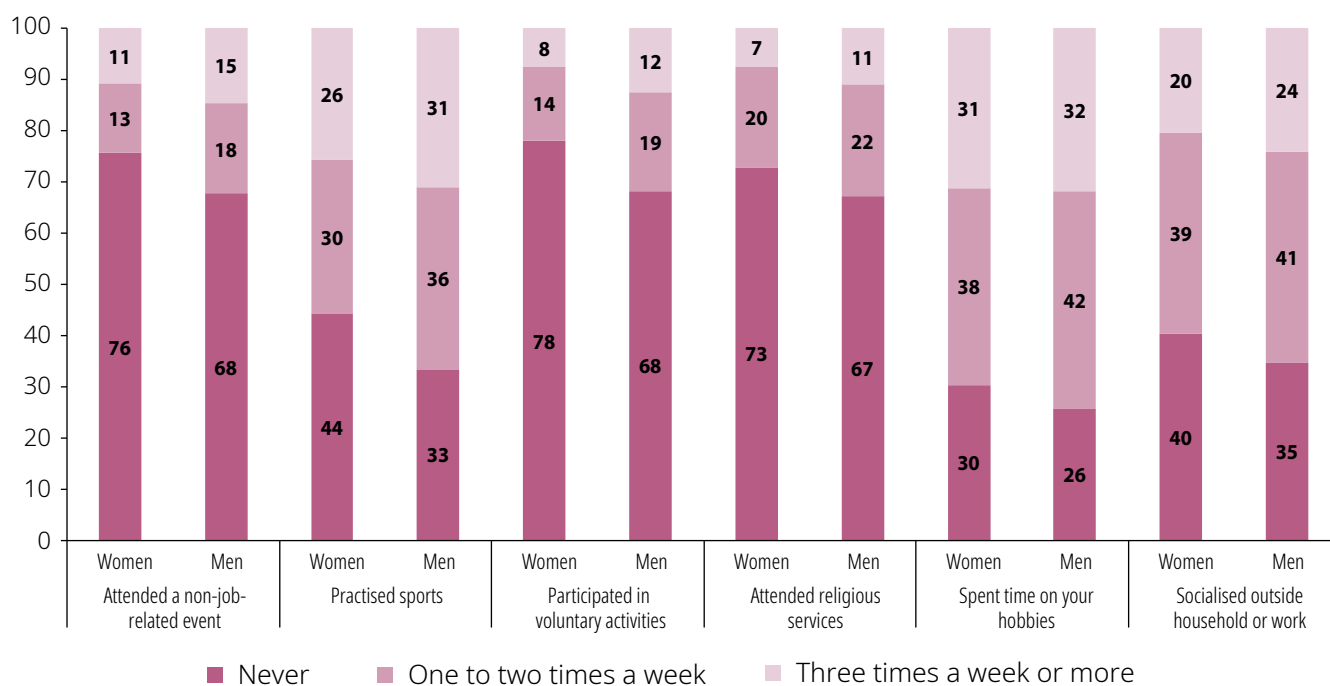
Women's lower involvement in individual and social activities is mirrored among women

Figure 39. Women and men with childcare responsibilities for children/grandchildren aged 0-11 and participating in social and individual activities during the pandemic (% , 20-64, EU, 2021)



Source: Question A027: 'In the last two weeks, how often have you: 1. Attended a (online) course or public event not job related; 2. Practised sports; 3. Participated in voluntary organisations activity (also online); 4. Attended religious services (also online); 5. Spent time on your hobbies; 6. Socialised outside your immediate household or co-workers?' Three times a week or more could be defined as three different activities each carried out once a week, one activity carried out twice a week and one once a week, or only one activity but carried out several times a week; one to two times a week could refer to one activity carried out twice a week, two activities each carried out once a week or only one activity once a week; never.

Figure 40. Women and men with childcare responsibilities for children/grandchildren aged 12–17 and participating in social and individual activities during the pandemic (% , 20–64, EU, 2021)



Source: Question A027. Three times a week or more could be defined as three different activities each carried out once a week, one activity carried out twice a week and one once a week, or only one activity but carried out several times a week; one to two times a week could refer to one activity carried out twice a week, two activities each carried out once a week or only one activity once a week; never.

caring for older children, regardless of the activity (Figure 40).

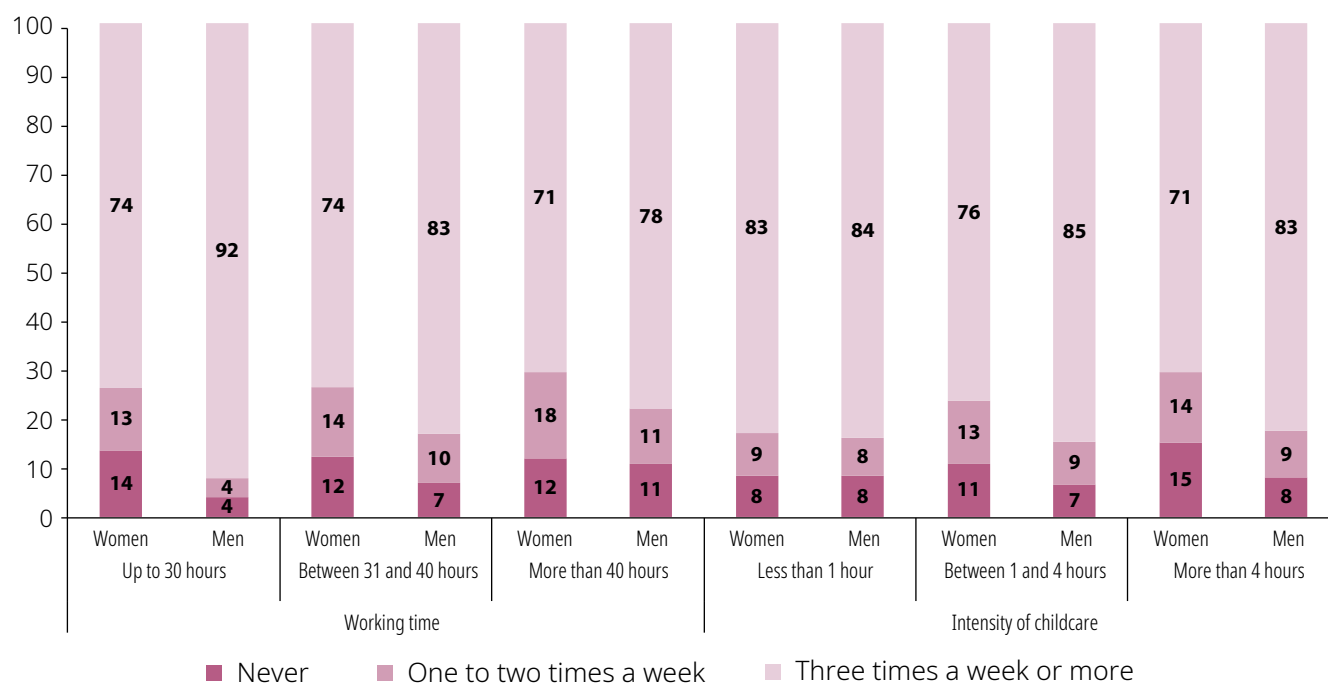
The share of women in this group who never participate in social activities is higher than that of men in all six activity types surveyed. Again, the gender gap is more pronounced for sports and voluntary activities (11 pp and 10 pp respectively). This is consistent with statistical data on physical activity showing women lag behind on the 3-hours-a-week target set by the WHO (EIGE, 2021e).

Analysis shows the amount of time women work makes little difference to their individual and social activity, irrespective of children's ages (Figure 41, Figure 42). Among men this changes. Those working fewer hours participate most in social and individual activities. About 92 % of men with children/grandchildren under the age of 12 and working less than 30 hours a week do activities at least three times a week. The figure drops to 83 % for men working 31–40 hours, and to 78 % for those working 40 hours or more (Figure 41).

Similarly, the intensity of childcare has a greater impact on limiting women's individual and social activities than men's (Figure 41, Figure 42). While 15 % of women spending over 4 hours a day on childcare for children under the age of 12 report never engaging in individual and social activities, only 8 % of men face this situation. Similar ratios are observed for children aged 12–17 (Figure 42). This suggests that intense childcare demands are not an obstacle to men maintaining an active social life to the same extent as they are for women.

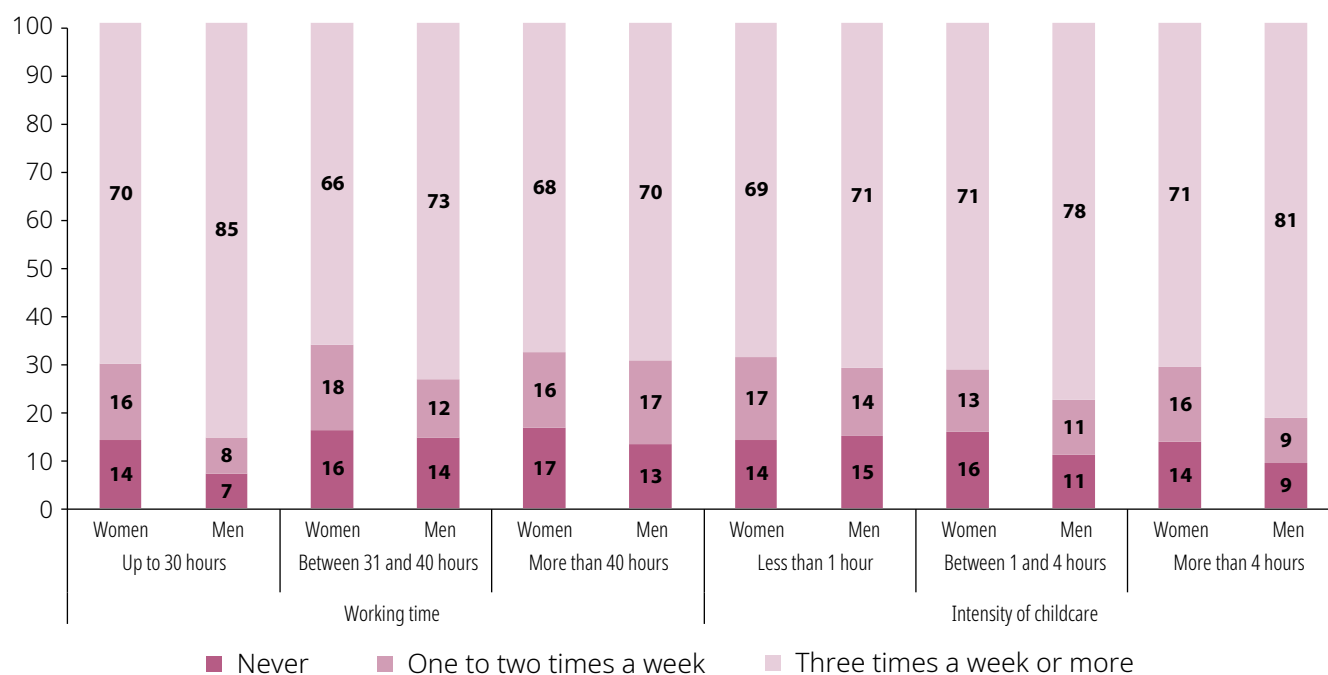
Regularly using external support – formal and informal – is linked to both a higher rate of and frequency of social and individual activity, regardless of sex. While 20 % of women and 13 % of men with children/grandchildren under the age of 12 never engage in such activities, this figure falls to 9 % and 4 % respectively for those routinely using childcare services (Figure 43). This is reflected among carers of older children (Figure 44) and highlights the importance of access to childcare support for the quality of life and well-being of those looking after children and grandchildren.

Figure 41. Women and men participating in individual and social activities during the pandemic in relation to working time and intensity of childcare for children/grandchildren aged 0–11 (% , 20–64, EU, 2021)



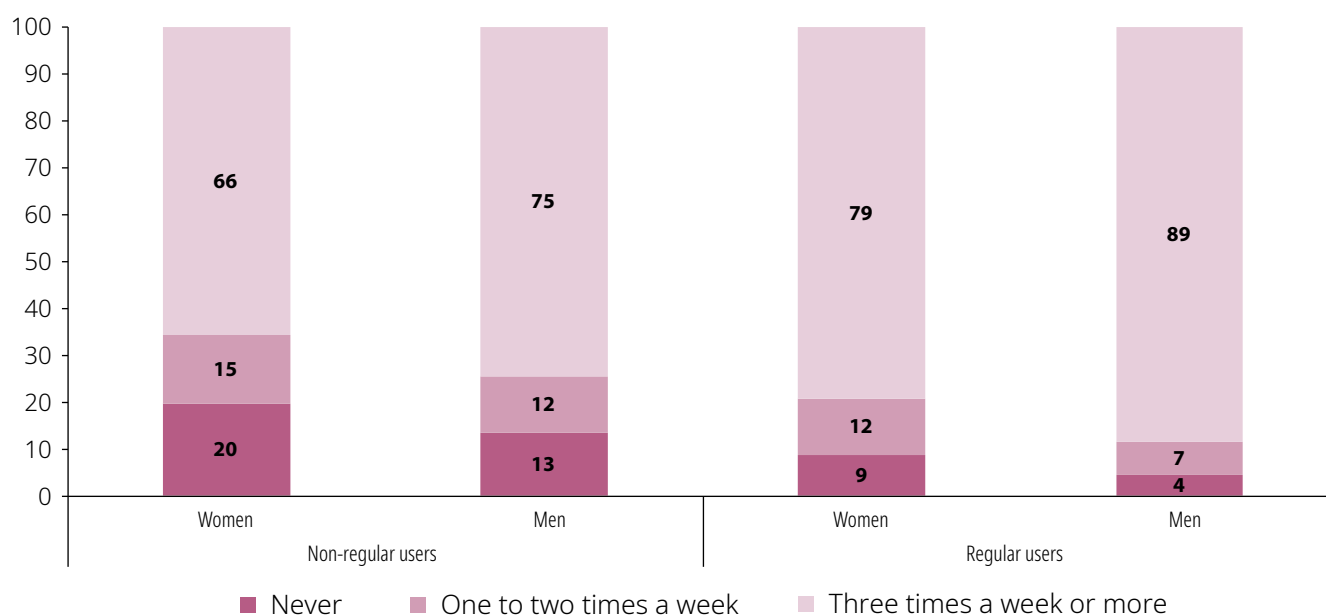
Source: Questions A010_04, A017 and A027. A017: ‘Think now of the actual working time you dedicate to all paying jobs. How many hours a week do you work nowadays?’ Three times a week or more could be defined as three different activities each carried out once a week, one activity carried out twice a week and one once a week, or only one activity but carried out several times a week; one to two times a week could refer to one activity carried out twice a week, two activities each carried out once a week or only one activity once a week; never.

Figure 42. Women and men participating in individual and social activities during the pandemic in relation to working time and intensity of childcare for children/grandchildren aged 12–17 (% , 20–64, EU, 2021)



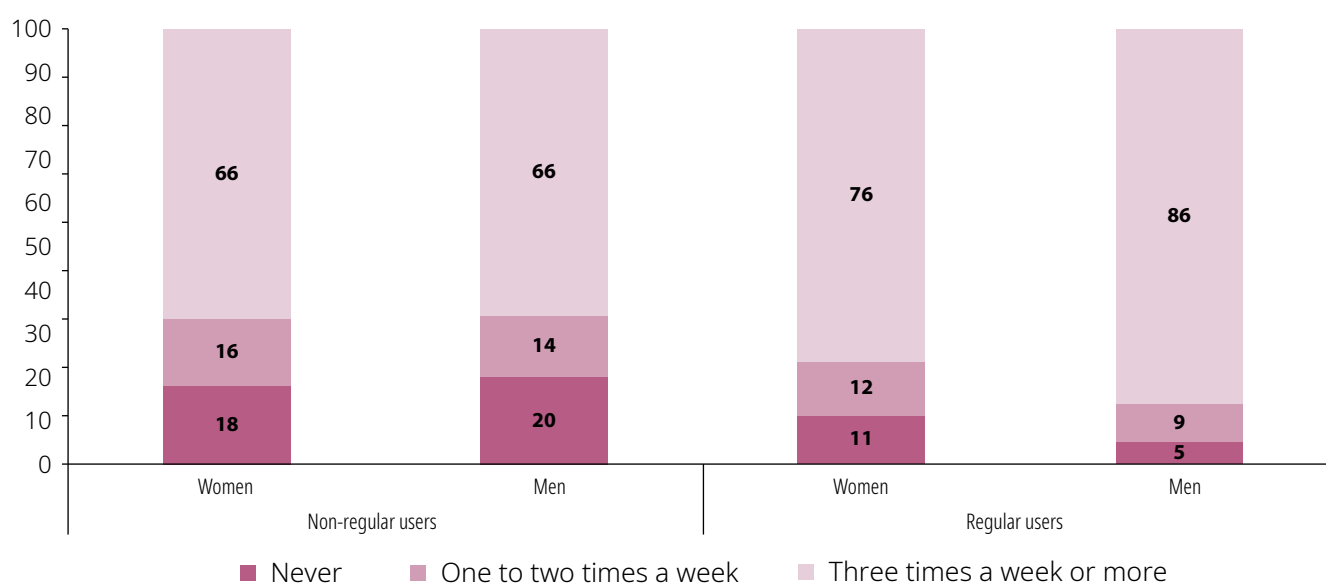
Source: Questions A010_04, A017 and A027. Three times a week or more could be defined as three different activities each carried out once a week, one activity carried out twice a week and one once a week, or only one activity but carried out several times a week; one to two times a week could refer to one activity carried out twice a week, two activities each carried out once a week or only one activity once a week; never.

Figure 43. Women and men with childcare responsibilities for children/grandchildren aged 0–11 during the pandemic, by use of childcare services and frequency of participation in individual and social activities (% , 20–64, EU, 2021)



Source: Questions A010_04, A027 and A028. A028: 'Nowadays, how often do you rely on the following external services and resources for childcare?' Three times a week or more could be defined as three different activities each carried out once a week, one activity carried out twice a week and one once a week, or only one activity but carried out several times a week; one to two times a week could refer to one activity carried out twice a week, two activities each carried out once a week or only one activity once a week; never. Note: Regular users are defined as those people who rely on external services 'about every day' or 'more than once a week'.

Figure 44. Women and men with childcare responsibilities for children/grandchildren aged 12–17 during the pandemic, by use of childcare services and frequency of participation in individual and social activities (% , 20–64, EU, 2021)



Source: Questions A011_04, A027 and A028. Three times a week or more could be defined as three different activities each carried out once a week, one activity carried out twice a week and one once a week, or only one activity but carried out several times a week; one to two times a week could refer to one activity carried out twice a week, two activities each carried out once a week or only one activity once a week; never.

Note: Regular users are defined as those people who rely on external services 'about every day' or 'more than once a week'.

Nevertheless, even among regular users of childcare support, the gender gap persists: 89 % of men with children/grandchildren under the age of 12 carry out social and individual activities at least three times a week, compared to 79 % of women. There is a similar gender gap among carers of children aged 12 to 17, with 86 % of men and 76 % of women socially and individually active three times a week or more (Figure 44).

This section shows that childcare responsibilities tend to impact women and men differently. Irrespective of children's ages, women are more likely than men to face high time demands from childcare and to report that these tasks fall mostly to them. Gender differences mount as childcare demands rise. Among women and men with children under the age of 12, 40 % of women spend 4 hours or more on childcare in a typical weekday compared to 21 % of men. More than half of women with children this age also say they are completely or mostly responsible for childcare in their household.

It is clear that the pandemic has led to more intense childcare demands for parents, particularly those with jobs. Nearly a fifth of working parents, 18 % of women and 17 % of men, have spent more time on childcare during the pandemic than before. Women have also been more likely than men to face increased time demands at work and from childcare. Yet women in the survey sample relied less on any type of external childcare support than men.

Although 21 % of respondents with children under the age of 12 reported childcare tasks being equally shared with their partner during the pandemic, women and men had contrasting views on how equally these tasks were divided. When childcare is shared equally between partners, both women (70 %) and men (73 %) report higher satisfaction rates.

EIGE's 2021 survey findings highlight that childcare intensity is more of a limiting factor for women's individual and social activities than for men's. They also show that the regular use of formal and informal external childcare support is linked to more women and men taking part in

social and individual activities – and doing them more often. This underlines the necessity of access to childcare services for parents' quality of life and well-being.

Despite an increase in childcare during the pandemic, this section shows that there were minor differences in the division of care between partners across children's age groups and task types compared to before. It indicates that childcare responsibilities were not really redistributed within the household but continued to be predominantly carried out by women.

9.3. Long-term care

A rapidly ageing population in the EU is leading to an ever growing need for formal and informal LTC. In parallel, LTC provision comes with multiple and highly gendered challenges. UN Women (2017) asserts that women disproportionately bear the societal costs of LTC needs due to insufficient policy action. As women have a higher life expectancy than men, most older people are women lacking appropriate care.

In the EU, professional employees providing formal care are mostly women who often operate in inadequate and exploitative working conditions. Women are also more likely to be informal carers of family members, with this type of care being a key factor leading to fewer women in the labour market and more women working part-time (EIGE, 2020c). Providing informal care single-handedly leaves women at risk of wage loss, career breaks and reduced access to social protection, which includes pension entitlements (European Commission, 2020a, p. 8).

With the adoption of the European Pillar of Social Rights, LTC has gained greater prominence at the EU level. Principle 18 of the pillar proclaims the right of EU citizens to 'affordable LTC services of good quality, in particular home-care and community-based services' (European Commission, 2018a, p. 21). The gender dimension of LTC is formalised, given that gender is a cross-cutting principal of the pillar. The action plan for its implementation established that a LTC initiative would be proposed in 2022.

The initiative will set out a framework for policy reforms aiming to ensure better access to quality services for LTC (European Commission, 2021b, p. 29). Therefore, understanding the gendered dimensions of LTC has become even more important, with the EIGE survey helping to shed light on the different experiences of women and men carers.

In line with a report from the Social Protection Committee and the European Commission (2014), LTC is understood here as ‘a range of services and assistance for people who, as a result of mental and/or physical frailty and/or disability over an extended period of time, depend on help with daily living activities and/or are in need of some permanent nursing care’ (Social Protection Committee and European Commission, 2014, p. 11).

The provision of LTC consists of activities of daily living (ADLs), i.e. essential activities a person performs each day. These include dressing, showering, moving about and using the toilet. LTC can also include assistance related to independent living – instrumental activities of daily living (IADLs). These activities are grocery shopping, preparing food, managing money and managing housework. This represents a more detailed understanding of LTC. Other definitions use a simplified understanding, such as support for people who are unable to perform ADLs on their own (Becker, 2018; Colombo, 2012). These other definitions also focus on specific social groups such as older people, while covering a wider range of LTC activities to include material assistance or emotional support (UN Women, 2017).

When discussing LTC, distinguishing between formal and informal care is important. Formal LTC is administered by professional care

providers and can take place in various settings, such as formal homecare, residential care or semi-residential care in nursing homes (European Commission, 2021e, p. 18). Informal LTC can also be called unpaid care or family care. It is more difficult to define due to different cultural conceptions around it. Social attitudes towards gender roles particularly influence how people perceive informal care. Understanding of informal care is also determined by whether the obligation to provide care by relatives is part of national law (European Commission, 2018b, p. 10). Researchers estimate that more than 80 % of LTC in the EU is provided informally and that women are the main providers of informal LTC (Hoffmann & Rodrigues, 2010, p. 3). These estimates show that formal LTC does not currently meet the needs of the population and is being supplemented by informal carers. These are mainly women family members, but also female friends, neighbours or relatives.

In EIGE's 2021 survey⁽⁶⁵⁾, informal LTC concerns the provision of unpaid care for older people or people with limitations in their usual activities due to health problems and/or disabilities. The survey defines informal LTC as ‘caring for people and the undertaking of housework without any explicit monetary compensation by family members (parents and relatives), neighbours and/or friends’. This definition is devised from carers’ perspectives and represents a broader understanding of LTC. As the provision of LTC encompasses people with limitations and older people, the survey includes responses from carers providing LTC due to traditional gender-role expectations, for example older women who take care of their partners. The survey predominantly captures IADLs support independent living, such as supervising activities, preparing food, cleaning, doing laundry, helping with errands or getting

⁽⁶⁵⁾ The graphs in this section use data from EIGE's 2021 survey on gender equality and the socioeconomic consequences of COVID-19. The data refers to June–July 2021, when the survey was carried out. Some questions were asked about two points in time: ‘before the pandemic’ refers to the situation before February–March 2020 and ‘during the pandemic’ or ‘nowadays’ to June–July 2021. All comparisons shown are between these two points in time.

The share of respondents is based on the total number of respondents who reported providing informal care for older people or people with limitations in their usual activities due to health problems and/or disabilities, excluding those who answered ‘don't know’ and ‘prefer not to answer’. Women and men providing informal long-term care are defined based on question A007: ‘Do you provide unpaid care towards older people or people with limitations in their usual activities due to health problems and/or with disabilities?’ Disaggregation by sex is based on question A035: ‘How would you describe yourself?’

Percentages may not total 100 due to rounding.

to appointments. The survey also provides information about the use of formal support services, such as residential LTC facilities, day-care centres, home-based personal care workers, domestic cleaners and helpers, nurses, healthcare assistants and social workers.

9.3.1. One in three EU adults is an informal carer

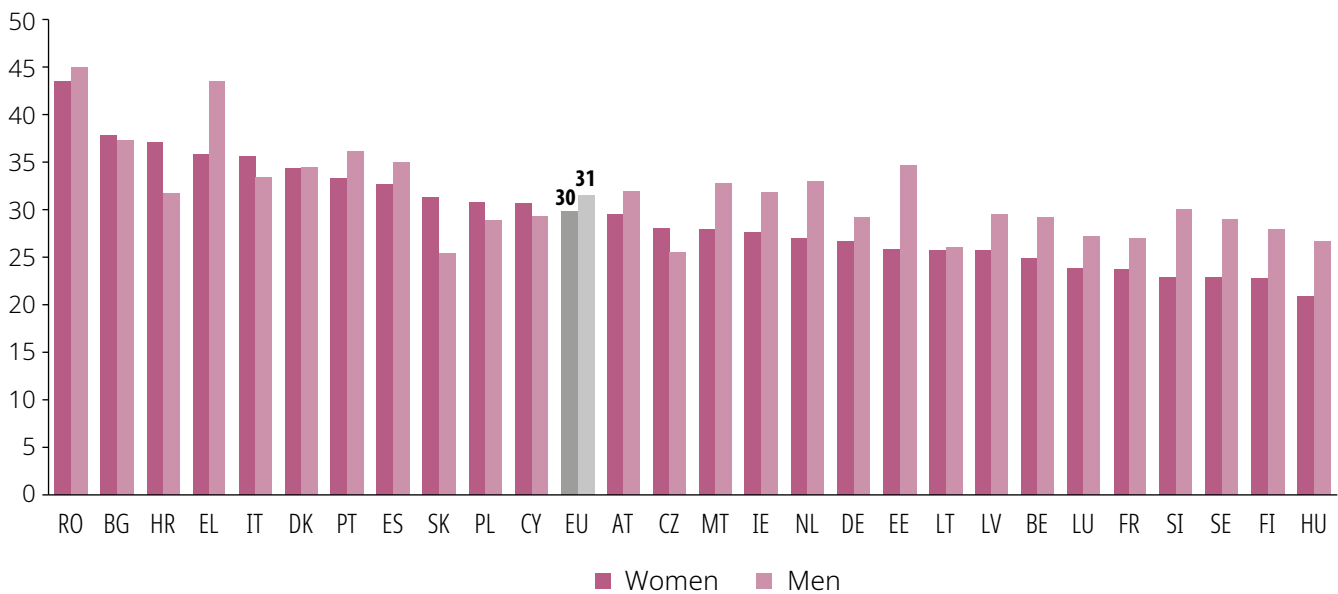
A relatively similar share of women and men reported providing informal LTC in 2021, but great variations exist across Member States. Overall, nearly one third of working-age adults in the EU (30 % of women and 31 % of men) said they provided informal care to family members, relatives or friends either living in the household and/or outside. Figures vary from 24 % to 44 % among Member States. Hungary has the fewest informal carers (21 % of women and 27 % of men). Romania (44 % of women and 45 % of men), Bulgaria (38 % of women and 37 % of men) and Croatia (37 % of women and 32 % of men) have the most (Figure 45).

9.3.2. Informal long-term care demands intensify

The share of women and men providing informal LTC for more than 4 hours in a typical weekday rose slightly during the pandemic. In June–July 2021, 18 % of women and 19 % of men were providing more than 4 hours of informal care in a typical weekday. Pre-pandemic ⁽⁶⁶⁾, those figures were 17 % and 16 % respectively (Figure 46).

Most of the respondents providing informal LTC during the pandemic (62 % of women and 60 % of men) said they spent between 1 and 4 hours per typical weekday on care. These figures represent a small increase in care duties for some. Pre-pandemic, 57 % of women and 58 % of men had been spending up to 4 hours on care daily. Accordingly, the share of women and men providing less than 1 hour of informal care on a weekday fell to 20 % for women and 21 % for men in 2021, down from 26 % for both in early 2020.

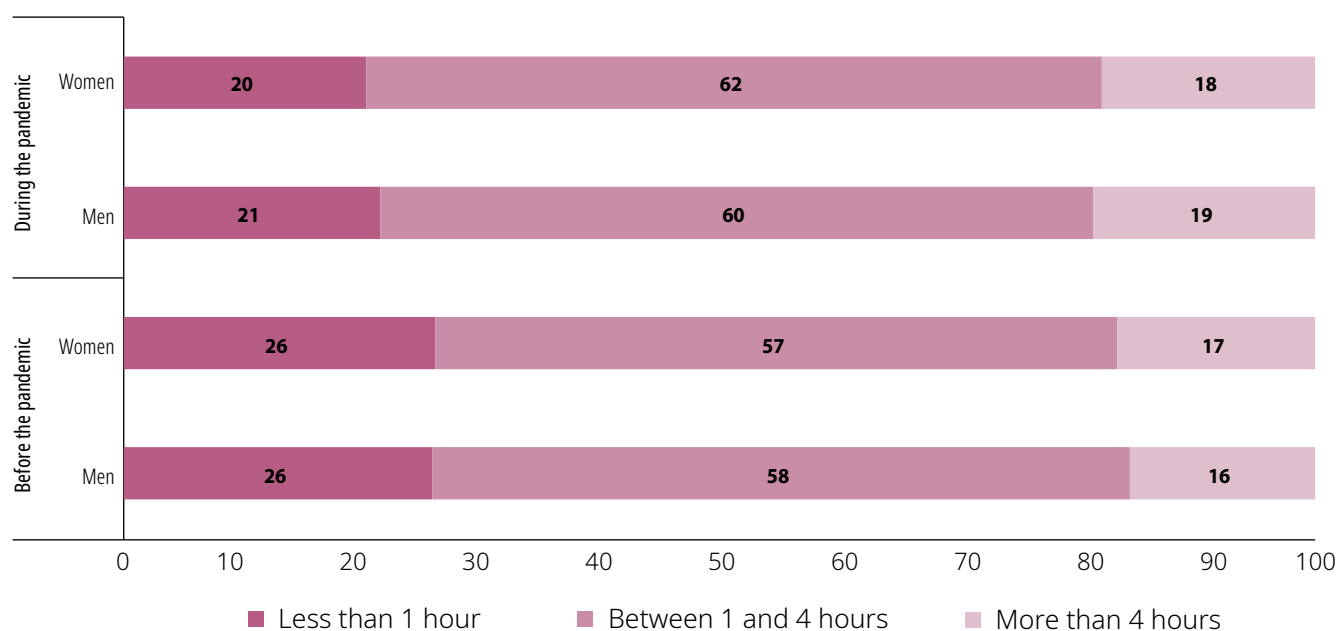
Figure 45. Women and men providing informal long-term care during the pandemic (% , 20–64, EU, 2021)



Source: Question A007: ‘Do you provide unpaid care towards older people or people with limitations in their usual activities due to health problems and/or with disabilities?’ The answer ‘yes’ pools together two different categories of answers: to family members, relative or friends who live with me; to family members, relatives, neighbours or friends who do not live with me.

⁽⁶⁶⁾ The survey asked about the amount of informal care at two points in time: before the pandemic started in February–March 2020 and during the pandemic in June–July 2021.

Figure 46. Time spent by women and men on informal long-term care before and during the pandemic, by hours per typical weekday (% , 20–64, EU, 2021)



Source: Questions A009_04: 'Nowadays/before the pandemic, how many hours per typical weekday are you involved in caring for older people or people with limitations in their usual activities due to health problems and/or with disabilities?' Answers: less than 1 hour; between 1 and 2 hours; between 3 and 4 hours; more than 4 hours.

On average, men are more satisfied than women with the time spent on informal LTC. Nearly half of men (49 %) report high satisfaction⁽⁶⁷⁾, compared to 44 % of women. Both women (50 %) and men (53 %) report the highest satisfaction when less than 1 hour a day is spent on such care. Satisfaction falls as care intensity rises, especially among women. Only 41 % of women doing more than 4 hours indicate high satisfaction, while the rate for men is relatively high at 51 %. However, satisfaction rates for both women and men on time spent appear gradually to increase with age. While 40 % of women and 41 % of men in the 20–34 age group report high satisfaction, this increases to 49 % of women and 58 % of men aged 50+.

Comparable shares of women and men providing informal LTC mask important gender differences in the perceived sharing of care within the household. While 58 % of women carers in the EU believe they almost always or mostly

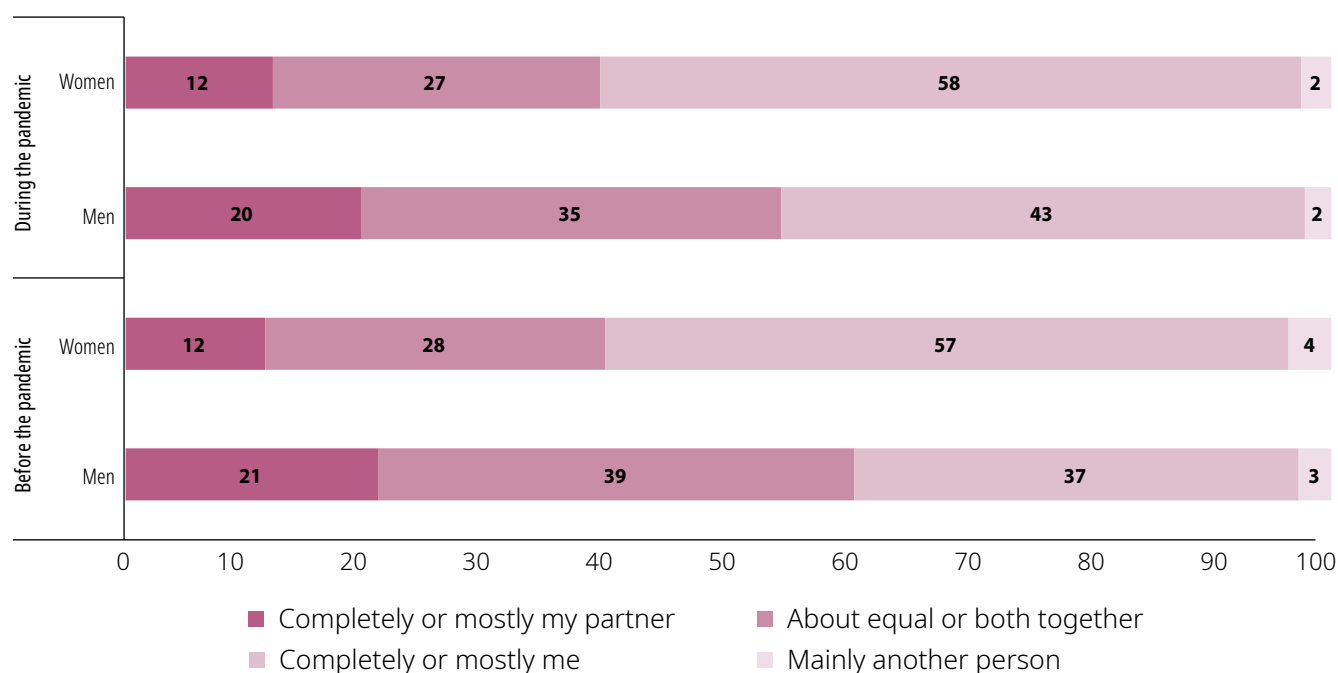
provide informal care⁽⁶⁸⁾, 43 % of men carers think they do (Figure 47). This gender difference is reinforced by only 12 % of women carers declaring their partner the main or almost sole informal care provider, compared to 20 % of men.

Overall, men are more satisfied than women with the division of informal LTC duties with their partner. Only 48 % of women are highly satisfied with their situation, compared to 60 % of men. Both women (57 %) and men (68 %) report higher satisfaction rates when care is shared equally with their partner. Similar to childcare, rates of high satisfaction are lowest among women (39 %) and men (54 %) when they alone shoulder responsibility for informal LTC within a couple.

About half of women in paid work (49 %) are satisfied with the distribution of informal LTC when their partner is unemployed. This applies to 66 %

⁽⁶⁷⁾ High satisfaction refers to a score of 8 and above on a scale from 0 to 10, where 0 would indicate full dissatisfaction and 10 full satisfaction with the amount of time spent on informal long-term care.

⁽⁶⁸⁾ By answering 'for the most part me' or 'almost completely me' to question A009.

Figure 47. Distribution of informal long-term care between women and men within the household before and during the pandemic (% , 20–64, EU, 2021)

Source: Questions A009 and A009_03: 'Nowadays/before the pandemic, who in your household provides care for older people or people with limitations in their usual activities due to health problems and/or with disabilities?' Answers: completely or mostly my partner (pooling together categories 'almost completely my partner' and 'for the most part my partner'); about equal or both together; completely or mostly me ('almost completely me' and 'for the most part me').

of men with an unemployed partner. These differences in satisfaction may partly be explained by gendered LTC arrangements, where working women do most of the care regardless of their partner's employment status. More than half of working women (54 %) say they are the main if not almost the only long-term carer when their partner is unemployed. In comparison, only 34 % of working men with an unemployed partner say the same.

9.3.3. Who are informal long-term carers?

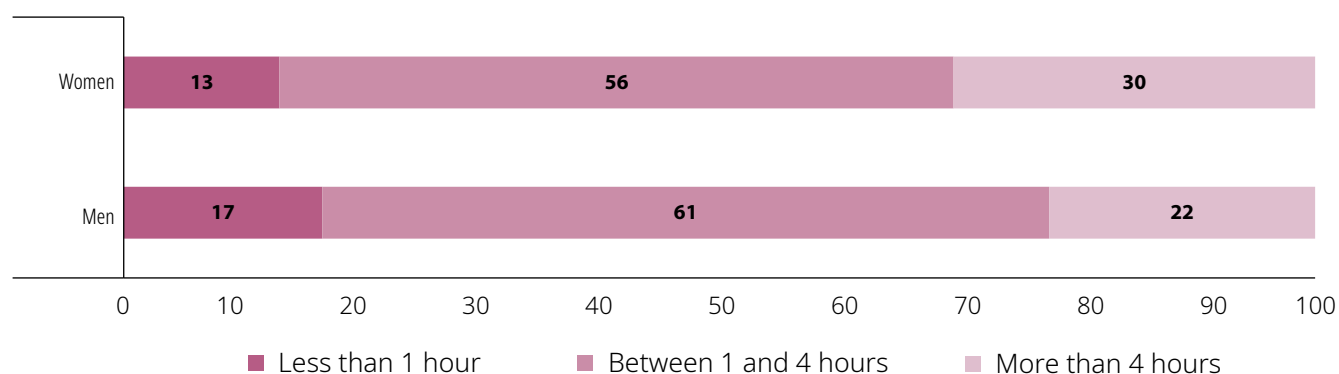
At least 7 in 10 women and men providing informal LTC also care for children under the age of 18. The gender difference is most marked in dual care involving younger children (aged 0–11), with 48 % of women and 60 % of men of

doing this. Although more men report dual care duties, women are more intensely engaged in childcare. For example, 30 % of women dual carers look after children aged 0–11 for more than 4 hours per typical weekday, compared to 22 % of men (Figure 48). With a large share of the EU population providing both informal childcare and LTC, often at high intensity levels, this is likely to negatively impact their full engagement in the labour market.

Women and men long-term carers tend to have similar educational qualifications, but men are generally younger than women. About 44 % of men are aged 20–34, compared to 34 % of women. The exception is among women aged 50–64. They account for 37 % of carers, compared to 27 % of men of the same age (Figure 49).

Among informal carers, 71 % of women and 79 % of men provide dual care – informal long-term care and childcare.

Figure 48. Dual role: time spent by informal LTC carers in caring for children (aged 0–11) during the pandemic, by hours per typical weekday (% , 20–64, EU, 2021)



Source: Questions A010_04: 'Nowadays, how many hours per typical weekday are you involved in the childcare of children/grandchildren 0–11 years old (including assistance with school tasks and/or home schooling)?' Answers: less than 1 hour; between 1 and 2 hours; between 3 and 4 hours; more than 4 hours.

Figure 49. Women and men informal LTC carers during the pandemic, by different characteristics (% , 20–64, EU, 2021)



Source: Question A012: A007.

Note: employed (including paid apprentice, internship or traineeship); self-employed (with or without employees); unemployed; retired; full-time fulfilling domestic tasks; other (student, unable to work due to long-term illness or disability, other).

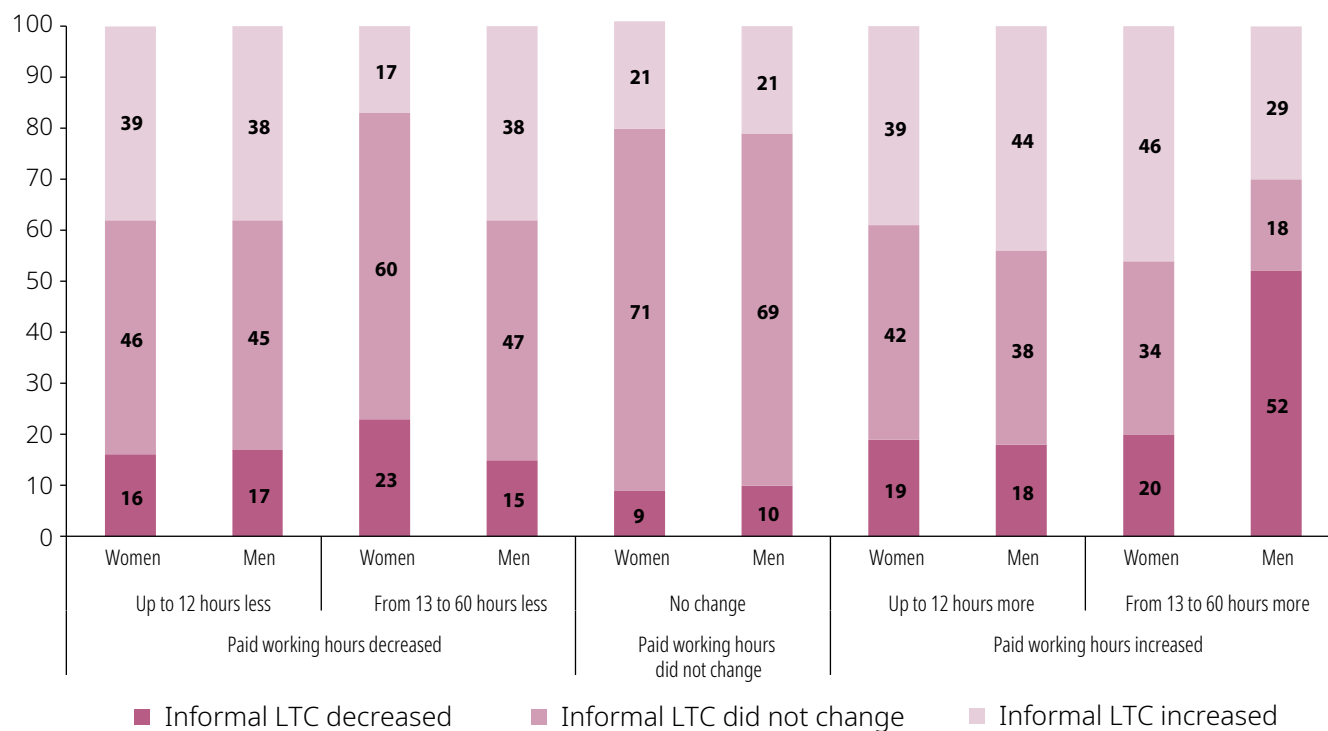
Informal LTC takes a higher toll on paid work for women than for men. Only 68 % of women aged 20–64 engaged in such care have jobs, including paid apprentices, interns, trainees or the self-employed, compared to 80 % of men. Another gender difference appears in paid working time, with more men than women working 31 or more hours each week.

Men engage in informal LTC less when paid work is more intense. This is not a reality for most women. Work-life balance would imply that more paid work leads to a reduction in informal care and vice versa. However, nearly half of women (46 %) whose paid working hours dramatically increased (13 to 60 hours more per week) from before the pandemic to summer 2021 also spent more time on informal LTC. This applies to only 29 % of men. In contrast, 52 % of men whose working hours

increased by a similar amount cut time spent on LTC. This applies to only 20 % of women. As Figure 50 shows, more men (38 %) than women (17 %) are able to increase their informal care when their paid working hours drop (from 13 to 56 hours less per week). Women, therefore, have far less flexibility in achieving work-life balance when they provide informal care and do paid work.

Most of the women and men providing informal LTC are in jobs with traditional gender divides, as are non-LTC carers. Women carers more commonly work in manufacturing (12 % of all employed women), human health and social services (11 %) and education (11 %). Among men carers, the three most prevalent job areas are manufacturing (19 % of all employed men), transportation and storage (8 %) and information and communications technology (7 %).

Figure 50. Women and men having experienced change in hours spent on informal long-term care compared to the pre-pandemic situation, by change in paid working hours per week (% , 20–64, EU, 2021)



Source: Questions A009_04: ‘Nowadays/before the pandemic, how many hours per typical weekday are/were you involved in caring for older people or people with limitations in their usual activities due to health problems and/or with disabilities?’ and A017: ‘Think now of the actual working time you dedicate or dedicated to all paying jobs. How many hours a week do you work nowadays or have worked before the pandemic?’

9.3.4. Men rely more on formal care support

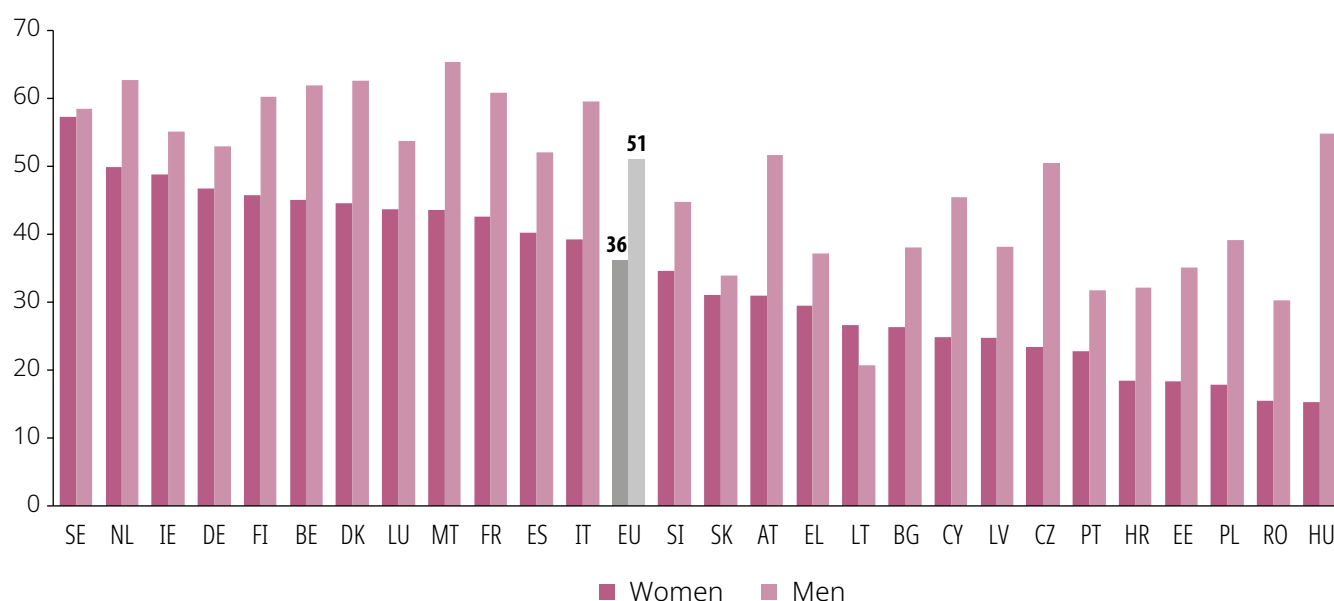
Across the EU, far fewer women (36 %) than men (51 %) informal long-term carers regularly (69) use formal LTC services to help look after someone needing care (Figure 51). Sweden has the highest and the most gender-equal use of formal care services, with nearly 60 % of women and men regularly relying on them. There is a high level of use in other Member States, but with profound gender gaps. These include the Netherlands (50 % of women and 63 % of men), Belgium (45 % of women and 62 % of men), Denmark (45 % of women and 63 % of men), Malta (44 % of women and 65 % of men), France (43 % of women and 61 % of men) and Italy (39 % of women and 59 % of men). The largest gender gap in formal service use is in Hungary (15 % of women compared to 55 % of men).

9.3.5. Gender inequalities rife in taking up external support

Women providing informal LTC rely much less on external support (70) than men, be it from formal support services or from relatives, neighbours and friends (Figure 52). Most women (80 %) and men (78 %) regularly using services provide up to 4 hours of informal care a day. More women (84 %) and men (85 %) giving the same amount of care daily do not regularly use outside support.

The largest gender gap is in the use of residential care, with 26 % of women and 39 % of men carers regularly using these services. Among them, 20 % of women and 22 % of men also provide informal care for more than 4 hours a week.

Figure 51. Women and men informal LTC carers who regularly used formal long-term care services during the pandemic (% , 20–64, EU, 2021)



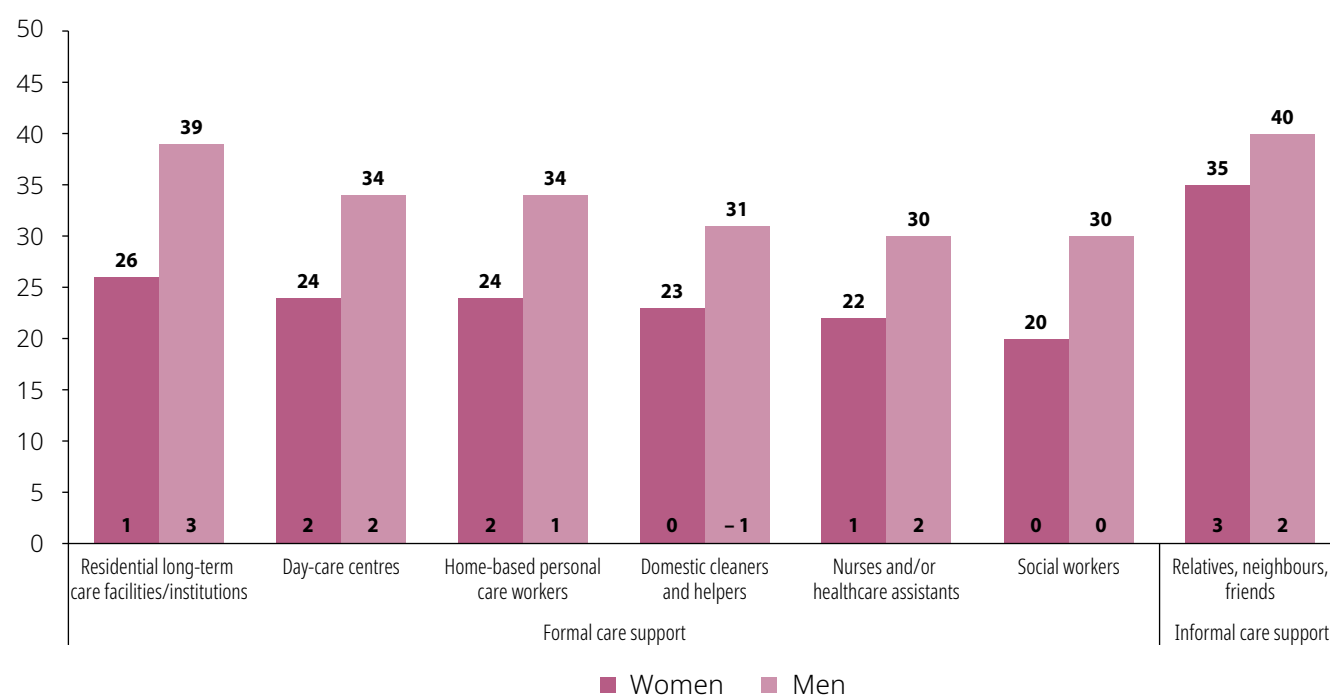
Source: Question A030: 'Nowadays, how often do you rely on the following external services and resources for the care of older people or people with limitations in their usual activities due to health problems and/or with disabilities?' Answers: about every day; more than once a week; once a week; never. Regular use of the service is defined as a person using at least one of the services 'about every day' or 'more than once a week'.

Note: Formal LTC services include residential LTC facilities/institutions; day-care centres; home-based personal care workers; domestic cleaners and helpers; nurses and/or healthcare assistants; social workers.

(69) Regular use of the service is defined as a person using at least one of the services 'about every day' or 'more than once a week'.

(70) Here and below, the term 'external support' encompasses both informal external support (from relatives, neighbours and friends) and formal long-term care services (residential long-term care facilities/institutions, day-care centres, home-based personal care workers, domestic cleaners and helpers, nurses and/or healthcare assistants and social workers). The term corresponds to survey questions A030 and A031.

Figure 52. Women and men informal LTC carers who regularly used external support during the pandemic and changes compared to the pre-pandemic situation (% , 20–64, EU, 2021 and pp change from 2020)



Source: Questions A030 and A031: ‘Nowadays/before the pandemic, how often do you rely on the following external services and resources for the care of older people or people with limitations in their usual activities due to health problems and/or with disabilities?’ Answers: about every day; more than once a week; once a week; never. Regular use of the service is defined as a person using at least one of the services ‘about every day’ or ‘more than once a week’.

Note: The pp change from 2020 is indicated by the numbers at the bottom of the respective columns; within a category of frequency, types of external support are presented in descending order of the share of women users.

Similar differences between women and men apply to other formal care services: using day-care centres or home-based personal care workers (24 % of women and 34 % of men); relying on domestic cleaners and helpers (23 % of women and 31 % of men), nurses and healthcare assistants (22 % of women and 30 % of men) or social workers (20 % of women and 30 % of men). There is a much smaller gender gap in using informal support from relatives, neighbours and friends. This type of support is also quite widespread, with 35 % of women and 40 % of men regularly relying on informal support from people outside the household.

During the pandemic, the share of carers using external support – both formal and informal – rose slightly, particularly among men. When comparing summer 2021 to pre-pandemic 2020, EIGE’s survey notes a fractional 1-pp increase

among women and a 3-pp rise among men carers using residential care services. Similarly, the share of respondents using other formal services to look after older people or people with limitations increased slightly: a rise of up to 2 pp in the use of day-care centres, nurses and/or healthcare assistants (Figure 52). There was marginally less use of domestic cleaners and helpers, possibly due to the reduced availability of services in a sector badly hit by the pandemic ⁽⁷¹⁾.

Overall, carers who use formal LTC services – particularly men – are younger than those who do not. The average age of carers regularly using formal care services is 39 years for women and 35 years for men. The age difference is slightly less among women (45 years) and men (44 years) using formal care services irregularly.

⁽⁷¹⁾ Based on EIGE’s estimates of Eurostat data, such as [LFSA_EGAN22D/NACE code T97](#).

Affordability and scarcity of formal care leaves no choice

Despite a growing demand for adequate, affordable and easily accessible formal LTC in the EU, such services are scarce in most Member States. Professional home-care services are particularly low in number. The 2016 EU-SILC ad hoc module on access to services shows that 86 % of households in Portugal reported unmet formal home-based care needs, followed by Greece (60 %) and Cyprus (47 %) (EIGE, 2020d). It is likely that such unmet needs are in fact higher. For instance, people may report no unmet needs if their partner/child/parent is already doing the care work, and consider this acceptable due to social norms (Eurofound, 2020a). Accessibility to services is highest in Sweden, with only 13 % of households reporting unmet formal home-based care needs, followed by Estonia (14 %) and Germany (15 %) (EIGE, 2020d).

The shortage of formal caregivers is linked to unattractive working conditions characterised by low pay often below the national average, high work intensity, atypical working hours and shift work, and difficult social environments. Domestic LTC workers face particular challenges. They are among the lowest paid and least regulated, given their work falls outside the scope of labour inspectorates and is often undeclared (Eurofound, 2020c). Affordability is another issue. Almost half (49 %) of households needing long-term formal home-based care do not have it because they cannot pay for it. Insufficient and unaffordable services mean LTC responsibilities are often taken up by informal carers. As care responsibilities tend largely to fall on women, the over-reliance on informal care negatively impacts women's participation in the labour force, work-life balance and quality of life.

More information and relevant statistics can be found in EIGE's reports ⁽⁷²⁾.

Men are more likely to rely on formal LTC services than women. Among informal carers regularly using formal services, more men (80 %) than women (70 % ⁽⁷³⁾) have paid jobs as employees (51 % of women and 54 % of men), self-employed (16 % of women and 22 % of men) or paid apprentices, internships or traineeships (2 % of women and 4 % of men). More men than women using formal care services also work a minimum of 31 hours a week (59 % and 52 % respectively). About equal shares of women and men using services regularly are retired (close to 2 %) or unemployed (up to 9 %). Most informal carers regularly using services (88 % of men and 70 % of women) are in essential jobs ⁽⁷⁴⁾, compared to 74 % of men and 56 % of women in essential jobs among non-regular users (including non-users) of services.

Overall, carers in essential jobs regularly use services more often than carers in non-essential jobs. The survey findings show that 37 % of women and 43 % of men essential workers use services regularly, compared to 24 % of women and 23 % of men in non-essential jobs. Front-line workers, who are less likely to reduce their working time or telework, are more dependent on formal services or informal support.

9.3.6. Intensive care load undermines individual well-being

Living conditions during the pandemic appear to have gendered implications for subjective well-being. The literature on this and mental health clearly connects participation in

⁽⁷²⁾ EIGE (2020c), *Gender Equality and Long-term Care at Home*, Publications Office of the European Union, Luxembourg (<https://eige.europa.eu/publications/gender-equality-and-long-term-care-home>); EIGE (2020d), *Gender Equality Index 2019 – Work-life balance*, Publications Office of the European Union, Luxembourg (<https://eige.europa.eu/publications/gender-equality-index-2019-work-life-balance>); EIGE (2021f), *Gender inequalities in care and consequences for the labour market*, Publications Office of the European Union, Luxembourg (<https://eige.europa.eu/publications/gender-inequalities-care-and-consequences-labour-market>).

⁽⁷³⁾ Percentages may not total 100 due to rounding.

⁽⁷⁴⁾ 'Essential' occupations are defined as per European Commission (2020), 'Guidelines concerning the exercise of the free movement of workers during COVID-19 outbreak' (<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020XC0330%2803%29>).

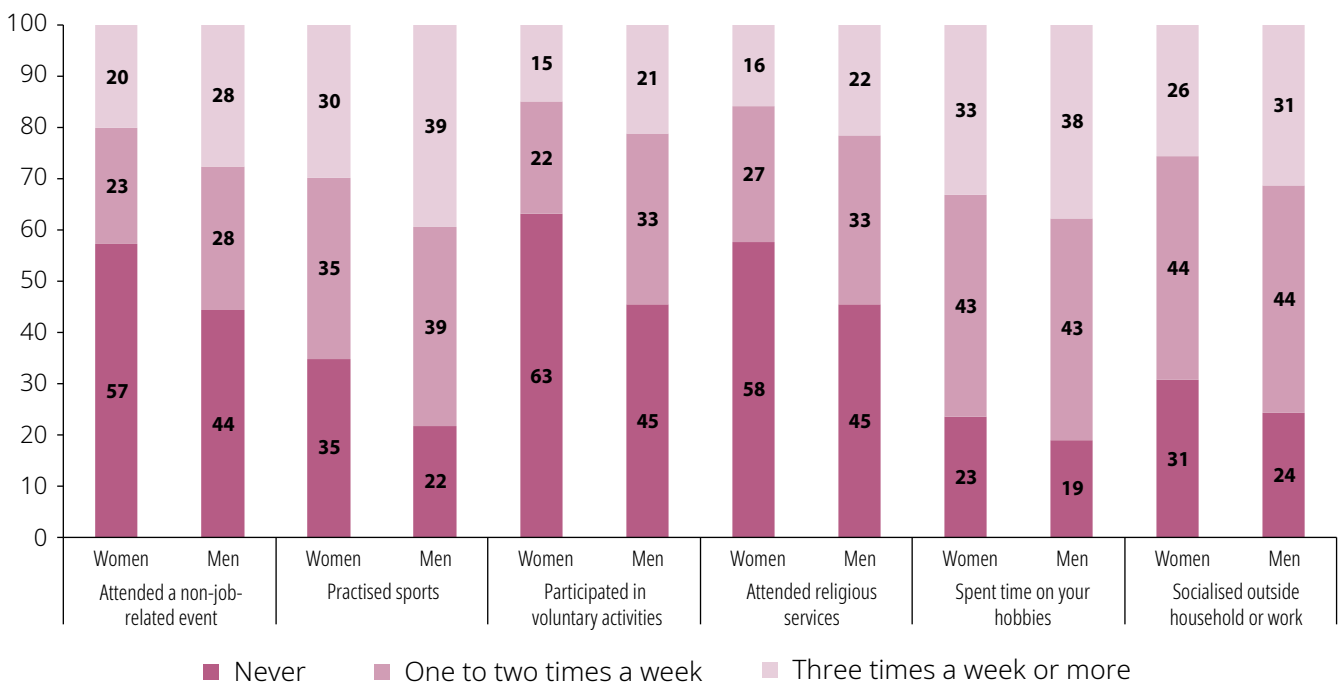
leisure, political or educational activities with healthy, creative and fulfilling lives (Backhans et al., 2007; King et al., 2018; Mikucka, 2016). During the pandemic, dedicating time to these activities individually or with others was seen as a relevant protective factor. However, pre-existing gender gaps in using time for individual and social activities indicated by EIGE (2021e) remained. The survey offers insights into gender differences in well-being during this specific phase of the pandemic.

Long-term carers' participation in various social and individual activities was quite high during the pandemic. Overall, 79 % of women and 86 % of men reported doing individual and social activities at least three times a week. The share of women who 'never' participated in such activities in the 2 weeks before the survey is higher than that of men, irrespective of activity type. There are particularly striking gender gaps in not engaging in voluntary and sports activities, at 18 pp and 13 pp respectively, to women's detriment (Figure 53).

Overall, women informal carers report less engagement than men in individual and social activities regardless of age, education and employment status. The exception is women and men aged 35–49. While they share the same level of engagement (91 %), they differ in relation to frequency – more men (84 %) than women (76 %) do activities three times a week. Although more women than men retired carers are involved in social activities (93 % and 90 % respectively), again men do them more frequently.

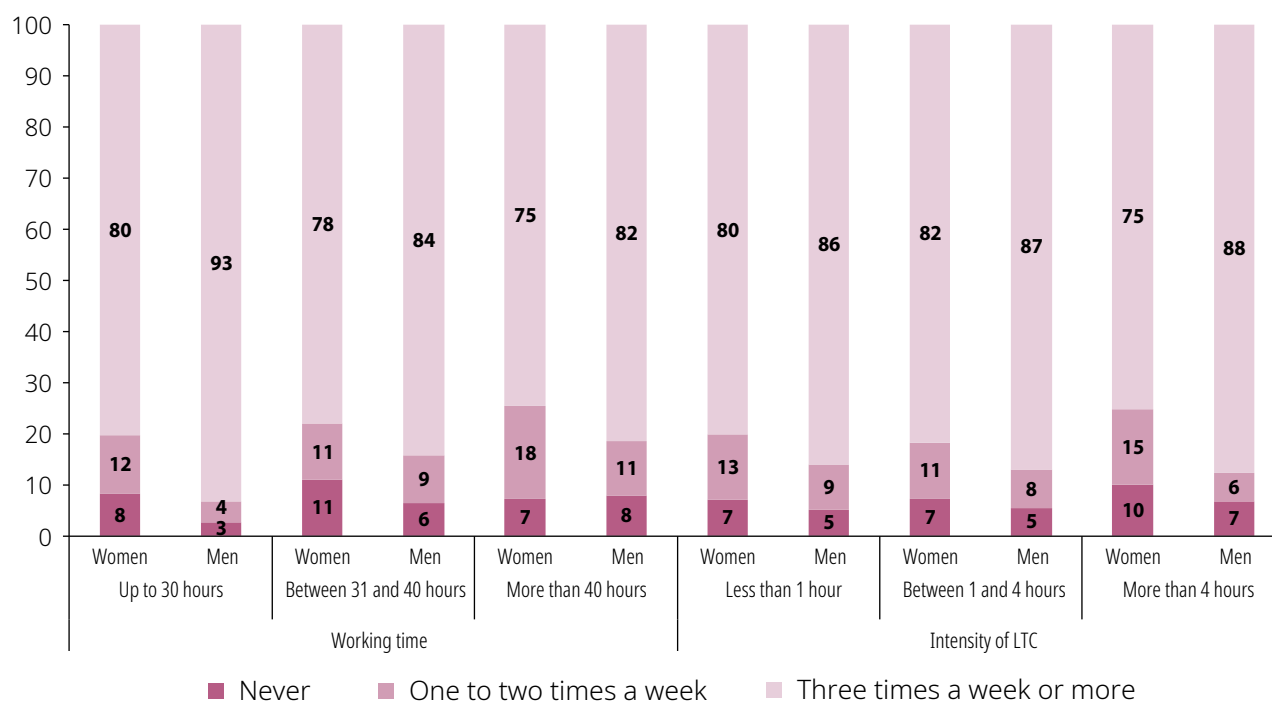
The participation of informal carers in social activities decreases in line with the intensity of paid work. Fewer women and men do social activities at least three times a week when they are working longer hours. Men are more affected than women, with an 11-pp drop for men compared to 5 pp for women. Care duties have a different effect. The participation of men in social activities at least three times a week increases slightly with higher intensity of informal care – from 86 % when doing less than 1 hour a day to 88 % for

Figure 53. Women and men providing informal long-term care, and participating in individual and social activities during the pandemic (% , 20–64, EU, 2021)



Source: Question A027: 'In the last two weeks, how often have you: 1. Attended a (online) course or public event not job-related; 2. Practised sports; 3. Participated in voluntary organisations activity (also online); 4. Attended religious services (also online); 5. Spent time on your hobbies; 6. Socialised outside your immediate household or co-workers?' Three times a week or more could be defined as three different activities each carried out once a week, one activity carried out twice a week and one once a week, or only one activity but carried out several times a week; one to two times a week could refer to one activity carried out twice a week, two activities each carried out once a week or only one activity once a week; never.

Figure 54. Women and men long-term carers participating in individual and social activities during the pandemic in relation to working time and intensity of caring (% , 20–64, EU, 2021)



Source: Questions A009_04, A017, and A027. Three times a week or more could be defined as three different activities each carried out once a week, one activity carried out twice a week and one once a week, or only one activity but carried out several times a week; one to two times a week could refer to one activity carried out twice a week, two activities each carried out once a week or only one activity once a week; never. The social/individual activities are listed in question A027: 1. Attending a (online) course or public event not job-related; 2. Practising sport; 3. Participating in voluntary organisations activity (also online); 4. Attending religious services (also online); 5. Spending time on your hobbies; 6. Socialising outside your immediate household or co-workers.

those doing at least 4 hours (Figure 54). Across the board, the data underlines and reiterates that women shoulder the burden of informal care at the expense of their well-being.

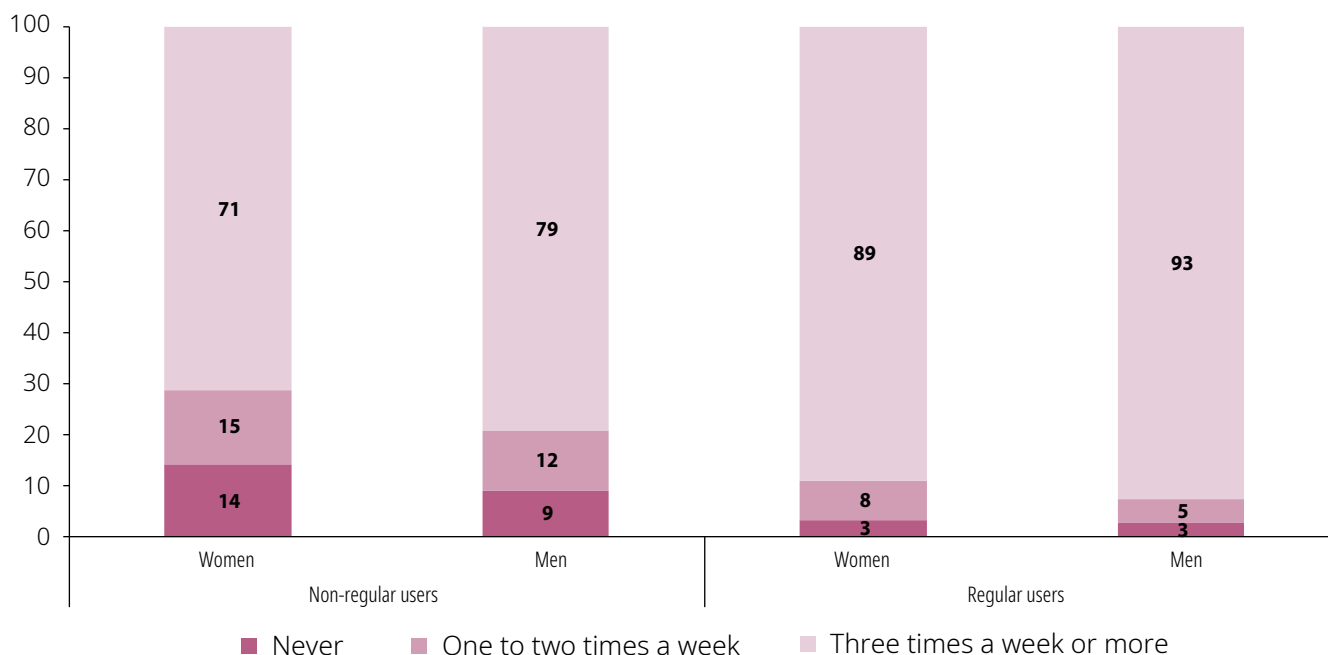
Regularly using formal and informal external care support is linked to a higher rate and frequency of participation in social and individual activities, regardless of sex (Figure 55). However, the gender gap persists among those using such support irregularly, with 14 % of women declaring they had 'never' engaged in individual and social activities in the previous 2 weeks, against 9 % of men. It is evident that investment in and improvement of care services and support would improve the quality of life and well-being of people with LTC responsibilities, especially women.

On average, men are generally more satisfied⁽⁷⁵⁾ than women with time spent caring for older people or people with limitations. While 49 % of men who do not take part in social activities report high satisfaction with informal care duties, only 35 % of women do so. When women spend time on social activities, their satisfaction levels grow: 46 % are highly satisfied with giving LTC when they do social activities at least three times a week.

The analysis in this section illustrates how the prevalence of informal LTC implies a different reality for women and men carers. A multitude of factors – such as the intensity of LTC duties, simultaneous childcare responsibilities and access to formal or informal external support – define the care experience. Every third woman

⁽⁷⁵⁾ Satisfaction refers to a score on a scale from 0 to 10, where 0 would indicate full dissatisfaction and 10 full satisfaction with the amount of time spent in caring for older people or people with limitations in their usual activities due to health problems and/or with disabilities (question A009_05). In particular, 0–3 low, 4–7 medium, 8–10 high.

Figure 55. Women and men providing informal long-term care during the pandemic, by use of LTC services and frequency in participating in individual and social activities (% , 20–64, EU, 2021)



Source: Question A027 and A030. Three times a week or more could be defined as three different activities each carried out once a week, one activity carried out twice a week and one once a week, or only one activity but carried out several times a week; one to two times a week could refer to one activity carried out twice a week, two activities each carried out once a week or only one activity once a week; never. The social/individual activities are listed in question A027: 1. Attending a (online) course or public event not job-related; 2. Practising sport; 3. Participating in voluntary organisations activity (also online); 4. Attending religious services (also online); 5. Spending time on your hobbies; 6. Socialising outside your immediate household or co-workers. Regular users are defined as those people who rely on external services 'about every day' or 'more than once a week'.

and man in the EU provides informal care for frail family members, neighbours or friends, with the intensity of care increasing since the pandemic began. Gender inequalities in informal LTC provision within households remain notable. In contrast to 43 % of men, 58 % of women believe they and not their partner provide care almost always or most of the time.

Informal LTC ensures a much more inflexible work–life balance for women than for men. Only 68 % of women of working age providing such care do paid work. Compare this to 80 % for men. Men are also more able than women to adapt LTC duties to their working schedules, while far fewer women rely on formal LTC services. This ensures that consequences for their employment and their financial ability to access care support endure.

In addition to gender norms and economic opportunities, age is also a factor separating women and men carers' ability to seek formal

LTC assistance. Women and (especially) men who regularly use formal care services are much younger than those who do not.

Finally, and despite the recognised value of leisure, political or educational activities to mental health and well-being in stressful situations like the pandemic, women continue to lag behind men in taking part in individual and social activities. This gender difference exists across all main sociodemographic characteristics.

9.4. Household work

In 2016, 78 % of women in the EU cooked and/or did housework each day compared to 32 % of men (Eurofound, 2018). However, the gender gap in housework has narrowed in the last decade. This is due to women working fewer housework hours and doing more paid work, and to overall smaller family sizes (Baxter & Tai, 2016). The division of housework tasks is also

highly gendered. Men tend to do non-routine housework and household administration, such as paying bills, doing home repairs, car maintenance and outdoor chores. Women generally do the cooking, cleaning and laundry (Arnold, Mackenzie, James, & Millington, 2018; Cunha, André, Aparício, Santos, & Nunes, 2016; Eurostat, 2019). The COVID-19 pandemic and subsequent movement restrictions saw household chores intensifying, with more women than men reporting added time doing housework (UN Women, 2020, p. 3).

Equal sharing of informal care is key to any policy effort to increase gender equality. Policy initiatives at both the EU and the Member State level generally address gender gaps in informal care in two ways. The first consists of initiatives to promote more equal sharing of unpaid care tasks within the household. This includes non-transferable parental leave and other incentives promoting fathers to take up parental leave. The second, known as ‘externalisation’, supports the partial or total transfer of unpaid care activities from the household to other people and/or paid services (EIGE, 2021f). The 2020–2025 EU Gender Equality Strategy recognises insufficient access to formal care services as a key driver of gender inequality in the labour market.

The adoption of the work–life balance directive for parents and carers showed that there is a strong political will to facilitate better distribution of care and household work between women and men. Provisions range from social rights to flexible working arrangements for workers with care responsibilities, leave for carers and parents and increased job protection (European Parliament & Council of the European Union, 2019). While the directive marks a substantial step forward in closing gender gaps in informal care, some implementation aspects are left to Member States. This could lead to substantial differences in the ambition of national targets, such as on men taking up more informal care and housework (EIGE, 2021f).

No clear definition of housework exists at the EU level, and its understanding at the national level varies across Member States. The International

Labour Organization (ILO) defines housework as ‘unremunerated work of maintaining a household which is performed by household members’ (2007, p. 107). In the literature, housework is often understood as unpaid activities concerning the production and reproduction of the home (Cunha et al., 2016). However, this excludes activities relating to informal LTC, childcare and leisure (Dotti Sani, 2014). Instead of focusing on a definition, household work is often described in the literature by the tasks it involves. The tasks most commonly referred to are cleaning, cooking, washing, laundry, shopping, repairs, maintenance of property and administrative matters (Dotti Sani, 2014; Geist & Ruppner, 2018; Grunow, 2019).

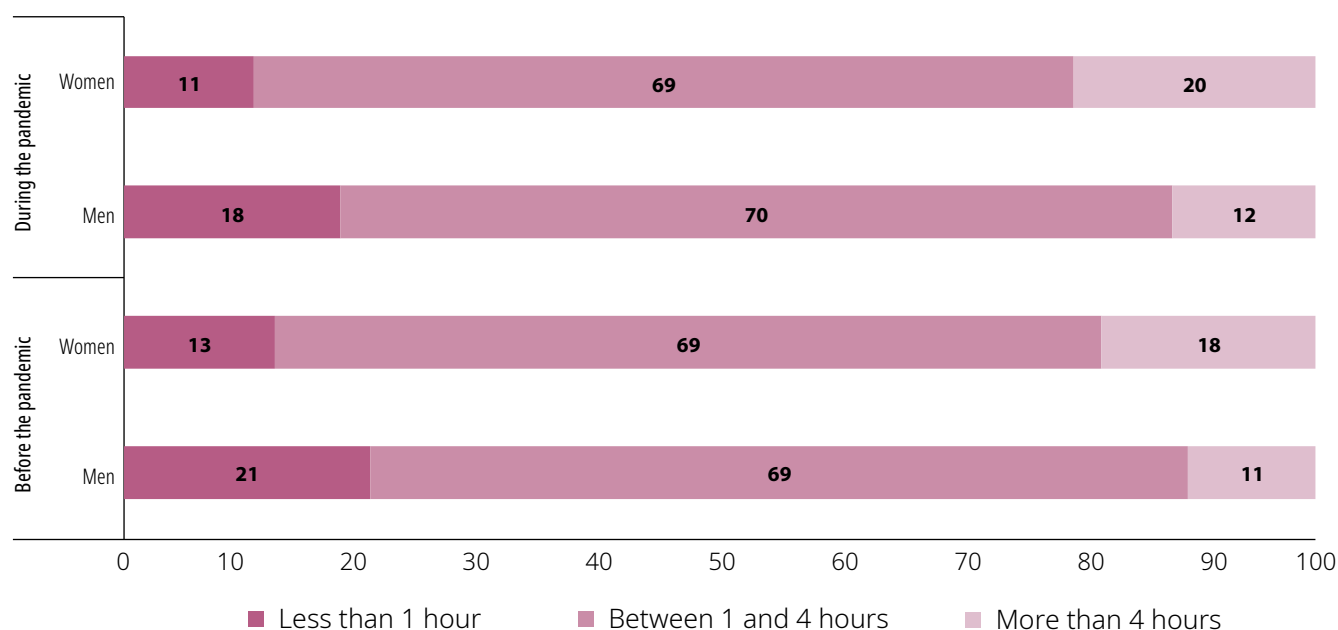
Conceptually, housework is part of ‘unpaid care work’. Housework – referred to as unpaid domestic services for own use within households – represents one category of unpaid care work. Other categories are unpaid caregiving services and community services, and helping other households (Charmes, 2019, p. 8). Women continue to have the highest share of unpaid care work.

In EIGE’s 2021 survey on gender equality and the socioeconomic consequences of COVID-19, household tasks are defined as grocery shopping, housework chores (cooking, cleaning, laundry, etc.), financial and administrative matters, and management and planning, such as preparing shopping lists and planning meals.

9.4.1. Housework has intensified during the pandemic

In the EU, most women and men spent between 1 and 4 hours on household chores in a typical weekday in 2021. When comparing time spent on housework in the pre-pandemic and during-the-pandemic settings, there were slight changes. Fewer people did housework for less than 1 hour a day and more people for at least 4 hours a day during the pandemic (Figure 56). Among this latter group, 20 % are women compared to 12 % men. In both surveyed time periods, women spent more hours on housework than men.

Figure 56. Time spent by women and men on housework tasks before and during the pandemic, by hours per typical weekday (% , 20–64, EU, 2021)



Source: Questions A008_004: 'Nowadays/before the pandemic, how many hours per typical weekday are/were you involved in housework chores and tasks (shopping, cooking, cleaning, laundry, financial and planning tasks)?' Answers: less than 1 hour; between 1 and 2 hours; between 3 and 4 hours; more than 4 hours.

During the pandemic, the gender gap in time-intensive housework widened by 1 pp for the EU as a whole. At the national level, Portugal and Ireland have the most women doing household chores for long hours and Germany and Finland the fewest (Figure 57). Men are most engaged in housework for 4 hours or more in Poland, the Netherlands and Romania; they spend the least time on it in Bulgaria, Finland, Slovenia and Lithuania. The biggest gender gaps in time spent on housework are in Malta (19 pp) and Portugal (18 pp).

On average, men in the EU are more satisfied than women with time spent on housework, with 66 % of men compared to 52 % of women reporting high satisfaction⁽⁷⁶⁾ with their housework hours. For women, longer housework hours reduce their satisfaction with the task, with 47 % of women highly satisfied doing more than 4 hours of housework daily. On the other hand, men's high satisfaction remains the same regardless of how much time they spend on housework, with 65 % of men satisfied even

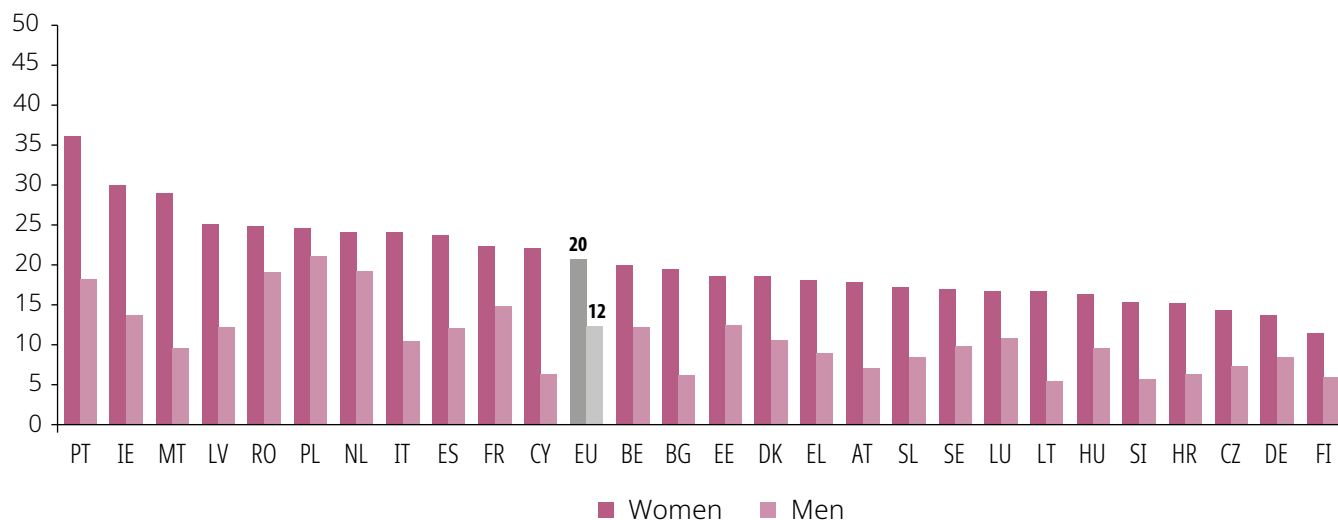
when doing more than 4 hours of housework a day.

Across different age groups, the share of women highly satisfied with their time on household chores remains consistent, at 52 %. Among men of various ages, differences are more pronounced, with 72 % of men aged over 50 highly satisfied with their housework hours (7 pp above their average). For retired men, this rises to 80 %, a figure perhaps explained by how much they do. Only 9 % of retired men spend more than 4 hours on housework a day in contrast to 23 % of retired women.

Even though women aged 50+ are more likely than younger women to do at least 4 hours of housework daily, their satisfaction level varies greatly and partly depends on their employment status. While 49 % of women aged 50+ and in paid employment are satisfied with their housework time, this increases to 58 % when they are engaged in domestic tasks full-time. This figure reaches 62 % among retired women.

⁽⁷⁶⁾ High satisfaction refers to a score of 8 and above on a scale from 0 to 10, where 0 indicates full dissatisfaction and 10 full satisfaction with the amount of time spent on housework chores and tasks.

Figure 57. Women and men undertaking housework tasks every day for 4 hours or more during the pandemic (% , 20–64, EU, 2021)



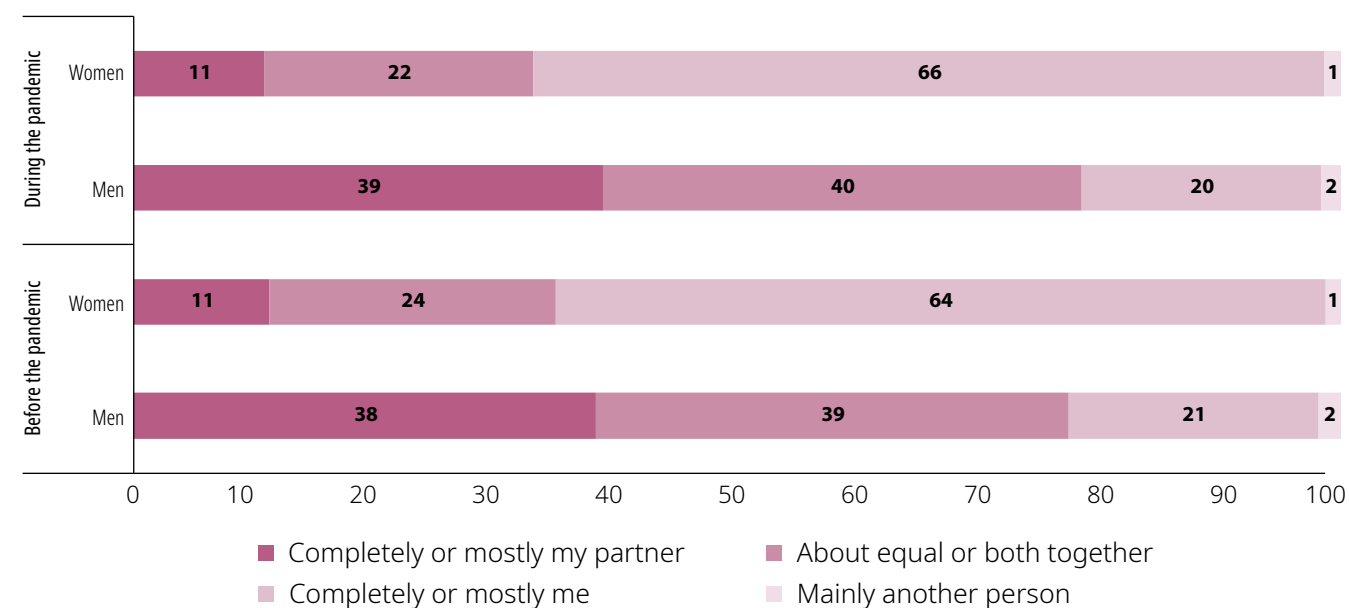
Source: Question A008_004. Answers: less than 1 hour; between 1 and 2 hours; between 3 and 4 hours; more than 4 hours.

9.4.2. Women continue to be primarily responsible for housework

During the pandemic, men were more likely than women to report housework distribution as being equal in their household. In summer 2021, 40 % of men and 22 % of women considered housework chores to be divided equally with their

partner (Figure 58). Two thirds of women said they were completely or mostly responsible for housework at home, while only 1 in 5 men stated they were. This difference in perception is similar to the distribution of chores pre-pandemic, indicating housework dynamics were not significantly affected by the pandemic. Women continued to predominantly carry out housework.

Figure 58. Distribution of housework chores between women and men within the household before and during the pandemic (% , 20–64, EU, 2021)



Source: Questions A008 and A008_03: Nowadays/before the pandemic, who in your household generally does housework chores (cooking, cleaning, laundry, etc.)?

The distribution of specific housework tasks shows a similar trend. A much larger share of women than men reported they were completely or mostly responsible for managing and planning tasks (65 % of women and 28 % of men) and shopping for groceries (58 % and 36 % respectively) during the pandemic (Figure 59). In contrast, men more often reported an equal distribution of those two tasks. Nearly half of men (45 %) indicated that management and planning tasks were distributed equally, while 40 % said the same for grocery shopping. Among women, these figures are 23 % and 28 % respectively. For both, these distribution rates are nearly the same as before the pandemic.

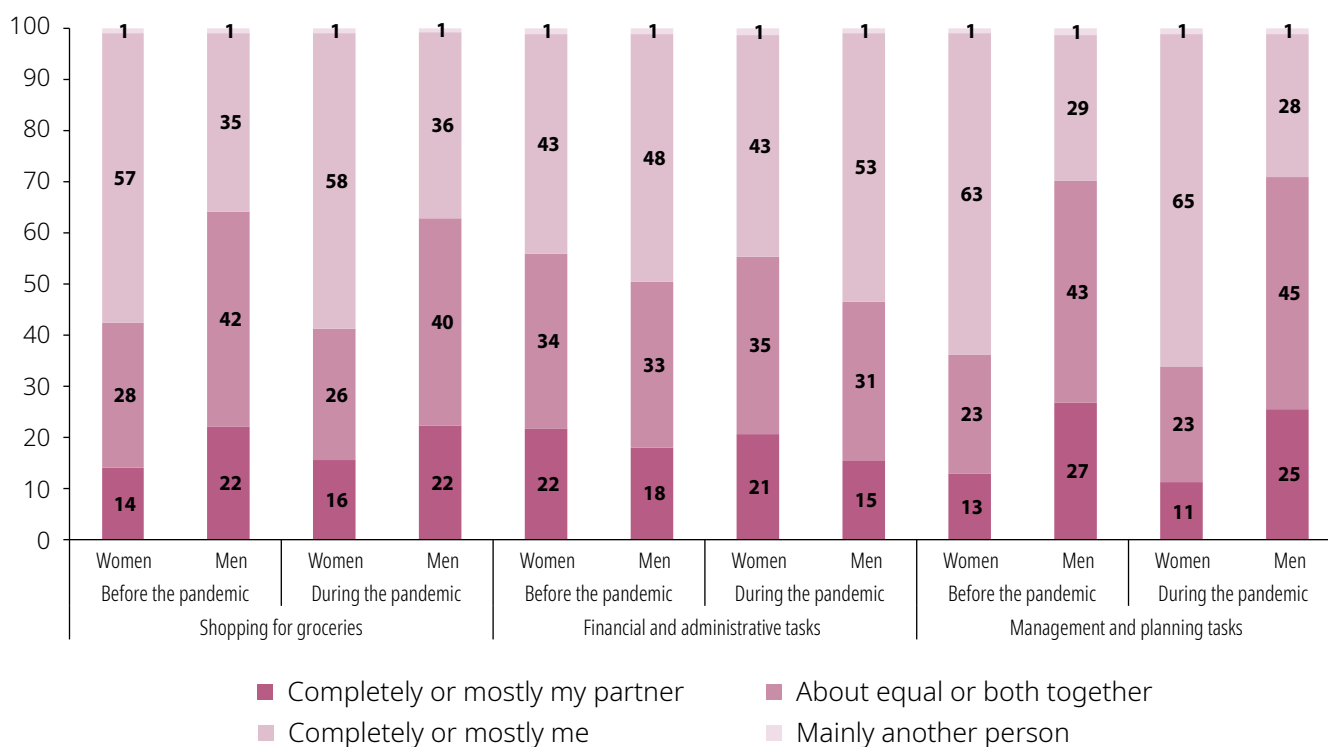
Exceptionally, financial and administrative tasks had a higher share of men (53 %) than women (43 %) reporting they were completely or mostly responsible for them during the pandemic. For men, this figure had risen by 5 % since before the pandemic, while women’s share remained the same. Overall, women’s greater involvement

in management, planning and shopping tasks and men’s greater involvement in financial and administrative tasks are in line with the broader literature on gender segregation of household activities. The pandemic did not significantly alter these differences, but in the case of financial and administrative tasks it potentially deepened them.

Generally, men are more satisfied than women with the distribution of housework between partners. Half of women are highly satisfied with the share of housework, compared to 70 % of men. Both women (71 %) and men (76 %) are most satisfied when it is split equally, with the gender gap narrowing to 5 pp. Women and men are least satisfied when they alone shoulder the main responsibility for chores and tasks, with only 43 % of women reporting high satisfaction in contrast to 60 % of men.

Fewer than half of women in paid employment (43 %) are satisfied with the division of housework when their partner is unemployed.

Figure 59. Distribution of housework between women and men within the household before and during the pandemic, by type of task (% , 20–64, EU, 2021)



Source: Questions A008 and A008_3: ‘Nowadays/before the pandemic, who in your household generally does the following tasks?’ Answers: completely or mostly my partner (pools together categories ‘almost completely my partner’ and ‘for the most part my partner’); about equal or both together; completely or mostly me (‘almost completely me’ and ‘for the most part me’).

Among men, this rises to 67 %. These differences may be explained through gendered housework arrangements: employed women do most of the housework regardless of the employment status of their partner. The survey shows 54 % of women with jobs to be mostly or almost completely responsible for housework when their partner is unemployed, while only 12 % of men in the same situation report this. Even when women are the sole breadwinner in their household, they are still expected to do the bulk of the housework, with negative consequences for their work–life balance and life satisfaction.

9.4.3. Who shares household tasks equally?

Women and men have quite different views on their housework engagement. [Figure 60](#) shows that across the EU, more men than women report an equal split in household chores. Gender differences in perception are highest in Estonia, Lithuania and Latvia, and lowest in Bulgaria, Ireland, Croatia and Poland.

This is very much in line with literature that stresses how couples' arrangements on unpaid work distribution are defined not only by contingencies, such as time availability and relative

resources (Aassve et al., 2014; Geist & Cohen, 2011), but also by their values and gender-role attitudes (Carlson & Lynch, 2013; Carriero & Todesco, 2018; Davis & Greenstein, 2009; Kroska, 2006). Partners' opinions on appropriate roles for women and men in society are central to their negotiations about who does what.

Perceptions of sharing housework equally vary across different groups of women and men. For example, more men aged 50+ than women the same age and younger men think they do an equal share of the housework ([Figure 61](#)).

Among different education levels, more women and men with medium education levels in a couple say they share housework equally. More men than women who are employed, self-employed or work more than 40 hours a week also believe their contribution to housework is equal. However, this perception of equality is most prevalent among women and men working 31–40 hours.

Men's perception of doing an equal amount of housework is at odds with their level of engagement in care. Generally, housework is most frequently shared equally when men do it for 1–2 hours daily. Higher intensity of housework (3–4 hours or more) leads to lower levels of perceived equality in sharing tasks.

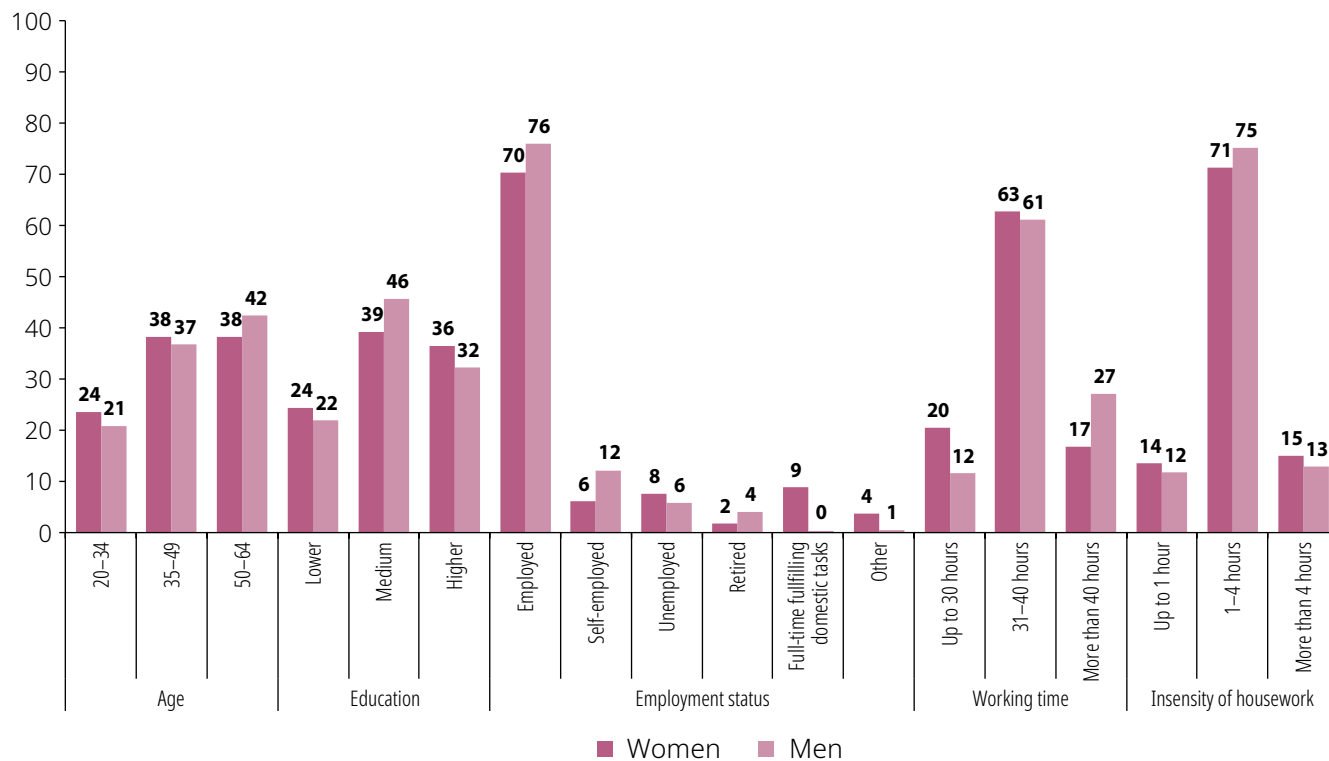
Figure 60. Women and men declaring they share housework equally with a partner within the household during the pandemic, by Member State (% , 20–64, EU, 2021)



Source: Question A008: 'Nowadays, who in your household does housework chores (cooking, cleaning, laundry, etc.)?'

Note: Equal sharing is defined as women and men declaring all tasks to be shared equally.

Figure 61. Women and men reporting they share housework equally with a partner during the pandemic, by different characteristics (% , 20–64, EU, 2021)



Source: Question A008 and A012: Note: employed (including paid apprentice, internship or traineeship); self-employed (with or without employees); unemployed; retired; full-time fulfilling domestic tasks; other (student, unable to work due to long-term illness or disability, other).

Note: Equal sharing is defined as women and men declaring all tasks to be shared equally.

9.4.4. Less housework, more social activities for men

Looking at housework engagement in relation to time for individual and social activities – such as volunteering, sport, hobbies and socialising – reveals that fewer women (86 %) engage in these activities than men (90 %) (77). While women (14 %) are more likely to take part in individual and social activities one to two times a week than men (11 %), more men (79 %) do this at least three times a week than women (72 %).

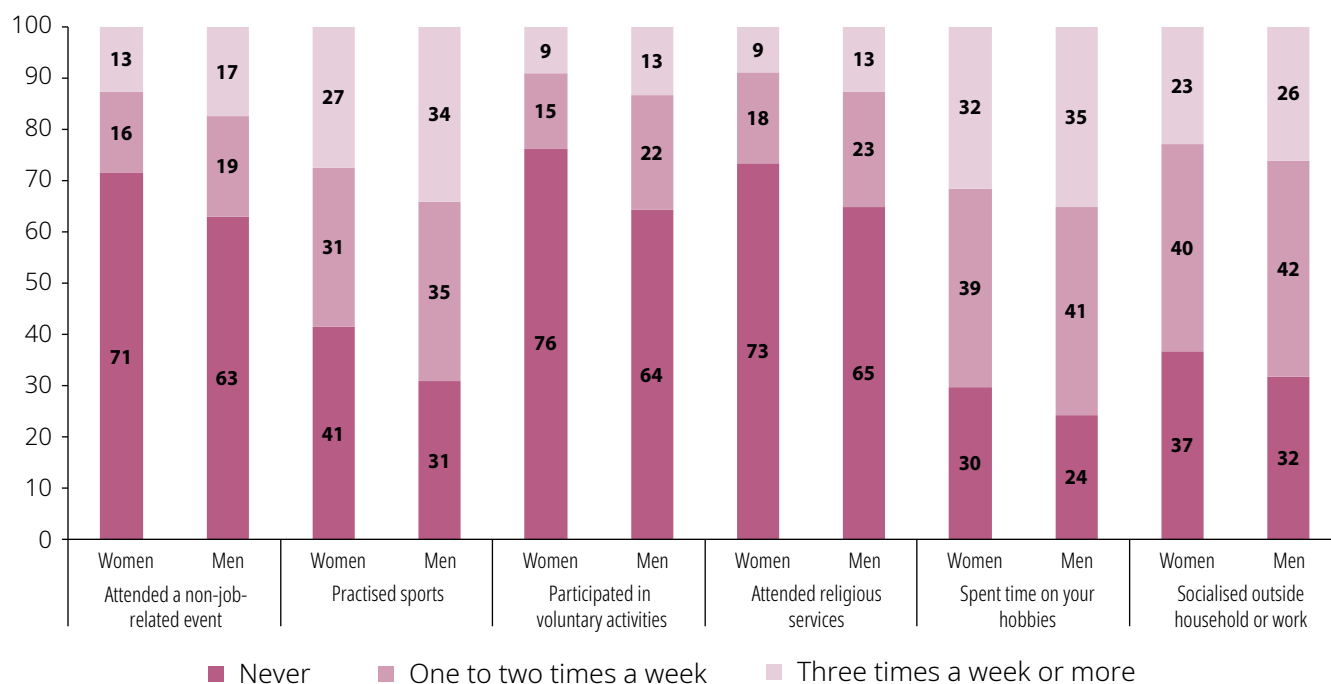
Figure 62 gives a breakdown of different types of activities and frequency of participation in a typical week of women and men who do housework. Most women and men who do housework do not take part in voluntary and

religious activities or attend events unrelated to their work. For sports, hobbies and socialising outside of home and work, men do these more, and more frequently, than women.

Figure 63 illustrates how often women and men engage in individual and social activities in relation to their working time and intensity of housework. The share of both women and men involved at least three times a week in individual or social activities decreases with higher working hours. A reversed trend is seen for men concerning the intensity of housework: the more hours of housework they do per day, the more they participate in social activities. For women, there is no clear trend, however women who spend 1–4 hours on housework are the most engaged in social activities.

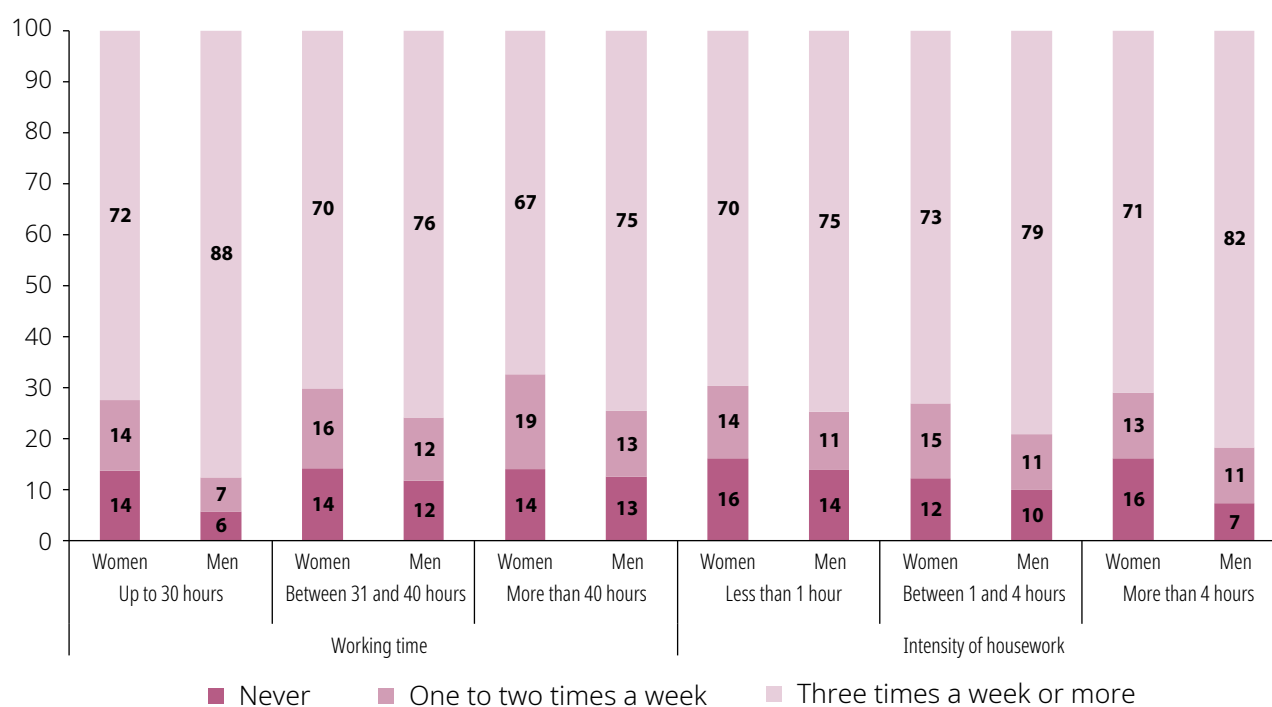
(77) Housework in this subsection on individual and social activities refers to respondents who engage in housework from less than 1 hour to more than 4 hours daily.

Figure 62. Women and men undertaking housework tasks and participating in social and individual activities during the pandemic (% , 20–64, EU, 2021)



Source: Questions A008_004 and A027: 'In the last two weeks, how often have you: 1. Attended a (online) course or public event not job-related; 2. Practised sports; 3. Participated in voluntary organisations activity (also online); 4. Attended religious services (also online); 5. Spent time on your hobbies; 6. Socialised outside your immediate household or co-workers?' Three times a week or more could be defined as three different activities each carried out once a week, one activity carried out twice a week and one once a week, or only one activity but carried out several times a week; one to two times a week could refer to one activity carried out twice a week, two activities each carried out once a week or only one activity once a week; never.

Figure 63. Women and men participating in individual and social activities during the pandemic in relation to working time and intensity of housework (% , 20–64, EU, 2021)



Source: Questions A008_004, A017 and A027. A017: 'Nowadays, how many hours a week do you work?' Three times a week or more could be defined as three different activities each carried out once a week, one activity carried out twice a week and one once a week, or only one activity but carried out several times a week; one to two times a week could refer to one activity carried out twice a week, two activities each carried out once a week or only one activity once a week; never.

Overall, EIGE's 2021 survey results on gender equality and the socioeconomic consequences of COVID-19 are in line with the existing literature, finding that women tend to do more hours of daily housework than men. Time spent on grocery shopping, cleaning, laundry, and financial and planning tasks increased during the pandemic, and so did the gender gap (slightly). Men are usually more satisfied than women with the amount of time they spend on housework. Both women and men doing 1–2 hours of housework daily report the highest satisfaction.

The distribution of household chores between partners changed during the pandemic, with most women reporting having a higher share of housework. In contrast, more men believe they do the same amount of housework as their partner. This highlights a gender difference in perceptions of the distribution and intensity of household chores among couples. EIGE's 2021 survey results also underline the gendered division of specific household tasks. A much larger group of women report that they are completely or mostly responsible for grocery shopping, management and planning tasks. A higher share of men report being completely or mostly responsible for financial and administrative tasks. In housework distribution between partners, more men than women report being highly satisfied with the division of tasks. Most women and men who do housework also spend time on hobbies, sport and socialising outside their household.

9.5. Changes in flexible working arrangements during the pandemic

In almost all EU-27 Member States, governments recommended home-based telework – full- or part-time – to reduce the spread of

COVID-19 in workplaces and commuting. These changes might have implications for gender equality. As suggested by recent literature (Chung & van der Lippe, 2020; Eurofound, 2020c; Lomazzi et al., 2019), flexible working arrangements have the potential to improve work–life balance by giving workers more freedom to manage care responsibilities, attend appointments and reduce commuting times. However, flexible working arrangements and the greater autonomy associated with them can also lead to adverse effects on workers' mental and physical well-being. These include a heavier workload, longer and more irregular working hours, higher stress levels and a disrupted work–life balance known as the 'autonomy paradox' (Eurofound-ILO, 2017).

The survey ⁽⁷⁸⁾ allows an investigation of these assumptions by focusing on changes to flexible working arrangements among respondents in a paid job both before the pandemic and in summer 2021 when the data was collected ⁽⁷⁹⁾.

The share of workers adopting home-based telework daily or several times a week increased from 31 % to 49 % with no considerable gender differences. The typical profile of home-based teleworkers did not change between the two points in time: a 35–49-year-old with a medium/high level of education, an indefinite employment contract and a potentially medium/high care load. This means having one or two children and looking after older people or people with limitations from health problems or disabilities. Gender differences in this profile are only noted when a person is employed in an essential occupation. More men than women in essential occupations telework (60 % compared to 50 % respectively). This could be explained by the gender segregation in economic sectors and occupations, as some sectors and occupations have historically been more amenable

⁽⁷⁸⁾ The graphs in this section use data from EIGE's 2021 survey on gender equality and the socioeconomic consequences of COVID-19. The data refers to June–July 2021, when the survey was carried out. Some questions were asked about two points in time: 'before the pandemic' refers to the situation before February–March 2020 and 'during the pandemic' or 'nowadays' to June–July 2021. All comparisons shown are between these two points in time.

The share of respondents is based on the total number of women and men, excluding those who answered 'don't know' and 'prefer not to answer'. Disaggregation by sex is based on question A035: 'How would you describe yourself?'

Percentages may not total 100 due to rounding.

⁽⁷⁹⁾ The size of this subgroup was 29 126 individuals, of whom 13 367 were women and 15 759 were men.

to telework (Sostero, Milasi, Hurley, Fernandez-Macías, & Bisello, 2020). These include sectors with a high level of dependency upon and use of information and communications technology, along with greater flexibility on work location (Eurofound, 2020c). In EIGE's 2021 survey sample, there are more men in the information and communications technology sector.

The uptake of home-based telework by women and men is rather similar, except for lone fathers adopting home-based telework more than lone mothers (21 % and 14 % respectively), couples with children and parents with an intense care load.

9.5.1. Women face more interruptions when teleworking

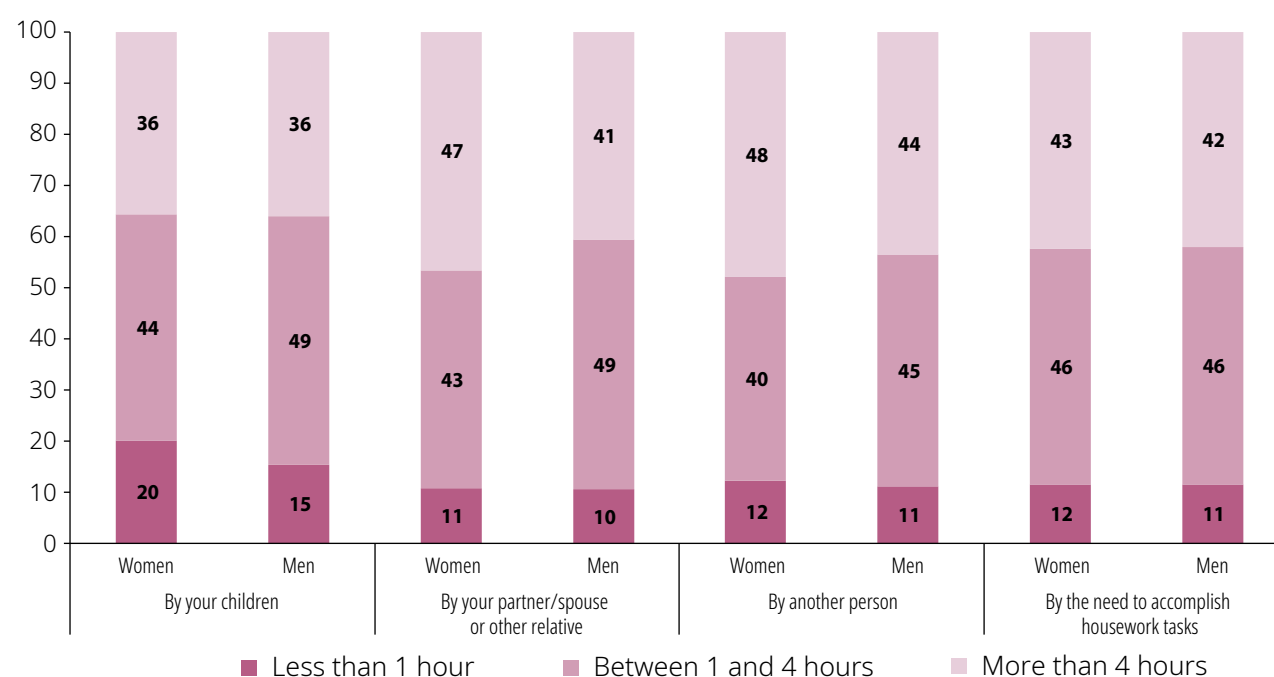
Home-based telework potentially offers increased flexibility in location and time. According to a wide range of research and company case studies, workers usually working from home report higher levels of job satisfaction and

improved work–life balance compared to office-based colleagues. This is especially so if they have comfortable home workspaces and the risk of interruptions from competing demands, such as care roles, is low (Eurofound-ILO, 2017). As home-based telework increased for about 30 % of workers during the pandemic, a closer look at gender differences in telework quality is needed.

Almost 4 in 10 respondents teleworking during the pandemic reported sharing workspace (e.g. room, table) with other members of the household most of the time. There is no significant difference between women and men teleworkers in the shared use of space (about 37 % in both cases). However, men report sharing work equipment with other members of the household more often than women (31 % and 27 % respectively). In situations of high care demands (i.e. larger households, more school-age children, higher potential care load), women tend to use shared space for working slightly more often than men.

Teleworking from home increases the risk of interruption and difficulties in fulfilling both

Figure 64. Interruption during working time from home and causes of interruption (% , 20–64, EU, 2021)



Source: Questions A020: 'Think of a typical day when you work/worked from home. How long can you work continuously without being interrupted by: 1. your children; 2. your partner/spouse or other relative; 3. another person (e.g. roommate, neighbour); 4. the need to accomplish housework tasks?' Answers: less than 1 hour; between 1 and 4 hours; between 2 and 3 hours; more than 3 hours.

care and work demands. This results in greater stress managing work–life balance and seems to be more frequent among women (Figure 64). On average, slightly more women than men (14 % and 12 % respectively) report that they cannot work without interruptions of any kind for at least 1 hour. Figures are higher for interruptions caused by children: 20 % of mothers compared to 15 % of fathers cannot work for 1 hour without being interrupted by children.

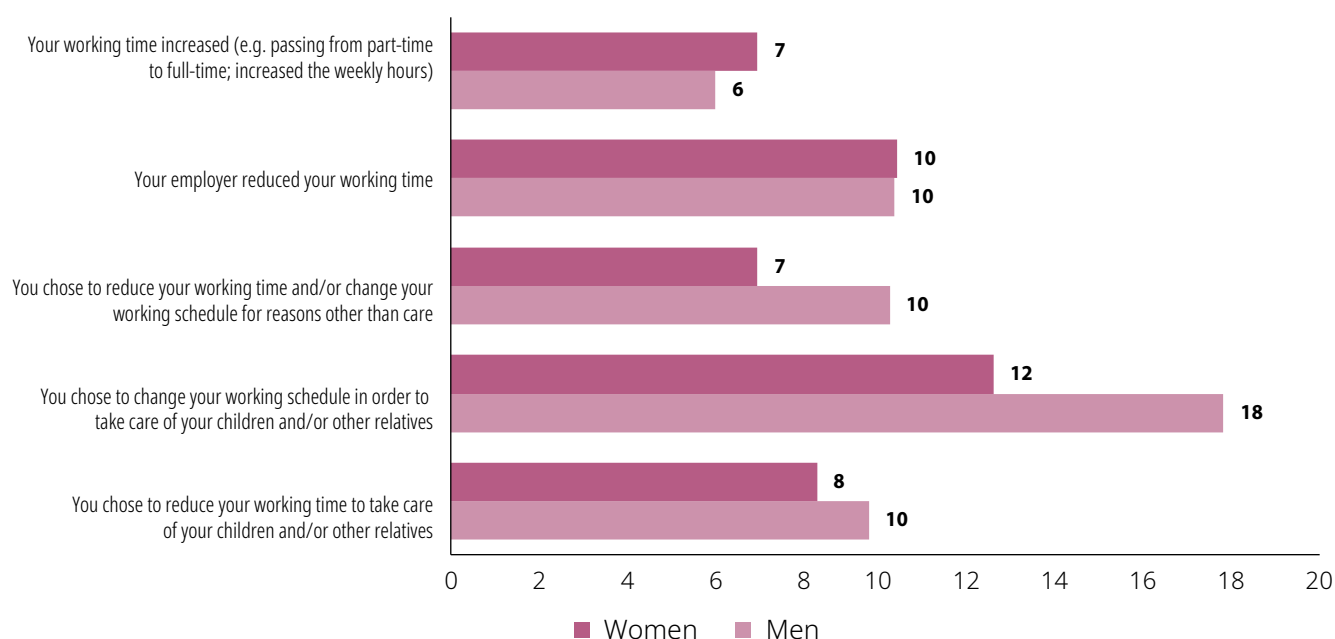
9.5.2. More men use flexitime to provide care

Flexible working time arrangements are important for work–life balance, as is home-based telework. As working from home can mean blending job and care demands, scholars consider flexitime a better strategy for work–life balance than flexibility of location. This is particularly the case if the latter is not combined with flexible working schedules (Wöhrmann et al., 2021).

Therefore, respondents in a paid job before and during the pandemic⁽⁸⁰⁾ were asked about opportunities to change their working time arrangements. Before the pandemic, men had slightly more opportunities to choose and/or adapt their working hours than women. About 61 % of women said their work schedule was set by their employer without any possibility for change, compared to 57 % of men. This continued into the start of the pandemic. Slightly more than half the respondents stated that their working times changed during the pandemic (56 % of women and 52 % of men). However, more men than women said they could choose to reduce their working time and/or work schedule to look after children and/or other relatives (Figure 65).

Among respondents who modified their working time or schedules to address care needs during the pandemic, more men opted for flexible working time. Nearly a third (28 %) decided to considerably reduce their paid working hours or change their work schedule to take care of

Figure 65. Changes in working time arrangements since the start of the pandemic, referring to the main job (% , 20–64, EU, 2021)



Source: Questions A022: ‘Since the start of the pandemic in February-March 2020, did anything change in your working time arrangements?’

Note: Since multiple answers were possible, the % refers to answers given for each category.

⁽⁸⁰⁾ N=29 126.

children or others. Men's changes to their working time arrangements indicate their growing attention to better work-life balance. These fathers⁽⁸¹⁾ are mainly educated to a medium/high level (79 %), and almost half of them are aged 20–34 (48 %). They mostly work in essential jobs (77 %) and have an indefinite contract (82 %). More than two thirds live in a couple with children and a partner in a paid job (92 %). Almost half have two or three children below the age of 18 and most (71 %) have one child younger than 2 years old.

The survey also revealed important gender differences in perceived changes in overall work experience during the pandemic. More women than men (+ 5 pp) perceived that they are expected to work as much as or more than before the start of the pandemic. Women with a high care load reported higher work demand expectations⁽⁸²⁾ during the pandemic than men (2.38 and 2.52 respectively). More women than men with a high care load felt that they were expected to be reachable outside working time and to work as many hours as before the pandemic started, or more, and that their prospects for career advancement in the near future had decreased.

For women and men with caring duties, the management of work-life balance in the

pandemic context has aggravated stress and emotional burden. During the last 2 weeks prior to the survey, women felt higher levels of discomfort⁽⁸³⁾ (loneliness, guilt, stress, depression, fatigue, anxiety) than men (2.53 and 2.33 respectively). In particular, younger and more-educated women, single women and women living in a couple with children and engaged in more intensive informal care reported higher levels of discomfort than men in the same groups.

Home-based telework during the pandemic was generally available to the same extent for women and men engaged in occupations in which telework was possible. Gender differences in the prevalence and frequency of teleworking appear when looking more closely at household characteristics and care demands. These show a slight increase in the share of home-based telework several times a week or daily for lone fathers and couples with children. More working from home also goes hand in hand with a higher care load, possibly putting great strain on teleworking itself. This is likely to be the case for many more women than men who are unable to work for 1 hour without interruption from children, or who share workspace with others at home. To meet new care demands, however, more men than women opt for flexible working time.

⁽⁸¹⁾ N=4 071.

⁽⁸²⁾ The perceived work demand expectations were assessed by computing a synthetic composite measure (highest perceived demands = 1, lowest = 5). It included three surveyed items (question A023): 'my prospects for career advancement in the near future have decreased'; 'I am expected to work as much or even more than before the start of the pandemic'; 'I am expected to be reachable also outside my working time'. Gender differences in the Index of the perceived work demand expectations are relevant only when care load is considered.

⁽⁸³⁾ The index of discomfort was computed to summarise feelings that the respondents might have felt in the 2 weeks before the survey. The Index builds on question a025: 'How often during the last two weeks have you felt lonely, guilty, stressed, depressed, tired, anxious?' Respondents could express the frequency using the proposed six categories: None or almost none of the time (1); Some of the time (2); Less than half of the time (3); More than half of the time (4); Most of the time (5); All or almost all of the time (6). The index is computed as the arithmetic mean of the scores given to each item. It ranges from a minimum level of discomfort (a score of 1) to a maximum discomfort (a score of 6).

Conclusions

Increased gender inequalities in several domains could be a sign of more to come

With a score of 68.6 points out of 100, the EU and its Member States still have a long way to go before gender equality becomes a lived reality for all. Progress towards gender equality is slow and uneven (+ 0.6 points since the last edition). Over the past decade, the Gender Equality Index score for the EU has only increased by 5.5 points. For the first time since its inception, the Gender Equality Index is recording decreases in scores in the domain of work and knowledge.

Since 2010, gender inequalities in employment rates, participation in education, health status and access to health services have increased. Gender gaps in economic situation have not improved during the pandemic. The report also shows that gender gaps in terms of employment, income and educational attainment have widened across population groups, especially among people with a low level of education, those with a migrant background and those in older age.

Widening gender gaps point to the severe and uneven impact of the pandemic on the economic and social welfare of women and men, aggravating existing inequalities and placing disadvantaged groups at further risk. Considering that the scores in the 2022 edition of the Gender Equality Index rely mostly on data from 2020, worsening gender inequalities are expected to be more significant in the next edition.

In July 2020, EU leaders agreed a EUR 750 billion recovery fund to address the consequences of the COVID-19 pandemic for economies and societies. With the proper mechanisms, this unprecedented financial effort could prevent a rollback of the fragile but essential gender equality gains made over the past decades. EIGE's ongoing analysis of both resilience and

recovery mechanisms and national plans has found the gender and intersectional perspective to be largely missing (EIGE, Forthcoming, 2023).

If it were not for progress in decision-making, gender equality would have regressed

Once again, the domain of power is the driving force behind the progress, albeit very minimal, of the Gender Equality Index.

While the domain of power shows a more modest increase since the last edition than in previous years (+ 2.2 points since the last edition), this progress still contributed to the lion's share (78 %) of the overall annual progress in the Index score. During the COVID-19 pandemic in 2020, without gains in the domain of power, overall gender equality would have regressed in the EU.

This progress is itself mostly driven by Member States that have introduced binding legislation in terms of the representation of women in economic decision-making. This once again shows the importance of legally binding frameworks to safeguard gender equality gains from external shocks, such as a global pandemic. Ad hoc decision-making instances put in place to oversee the responses to the pandemic have shown mixed results in terms of the representation of women. Overall, only eight Member States had gender-balanced decision-making instances. In April 2022, women represented 43 % of the members of the COVID-19 scientific advisory bodies in the EU. There are great variations between Member States in the extent to which women were represented in such instances, including Italy, where only 18 % of members were women.

Gender balance in decision-making is one of the five priority areas of the 2020–2025 EU Gender Equality Strategy. The long-awaited agreement

on directive aimed at improving the gender balance among directors of large EU companies listed on stock exchanges, proposed by the Commission in 2012, was reached by the Council in June 2022. From 2026, women must make up at least 40 % of non-executive boards or 33 % of all directors of listed companies ⁽⁸⁴⁾.

Long-standing bottlenecks to gender equality: segregation, gender-based violence and time spent on care

The Gender Equality Index points to a lack of progress or a lack of up-to date data to meaningfully monitor significant and long-standing obstacles to progress on gender equality, namely gender segregation in education and on the labour market, the persistence of gender-based violence and the disproportionate burden of unpaid care placed on women.

The domains of knowledge and work show the persistence of gender segregation in terms of study fields and occupation. This phenomenon is very entrenched and negatively affects several important aspects of gender equality, including equal access for women and men to high-paying jobs, the persistence of the gender pay gap and the continued cultural assignment of women to care.

The serious lack of EU-wide high-quality data on time use means that the domain of time cannot be updated regularly. As a result, this edition of the Index relies on the latest data from 2015 and 2016. This absence of data, coupled with the dramatic impact of the COVID-19 pandemic on unpaid care provided at home, has led EIGE to carry out a survey on gender gaps in unpaid care and individual and social activities to understand the effects on unpaid care.

The lack of EU-wide data has hampered the update of the domain of violence for this edition.

Comparable data is needed to be able to take stock of the full extent of the pandemic on women's exposure to gender-based violence. The new EU-GBV survey on violence against women – as a result of the collection of data by Eurostat, and complemented by a joint effort by EIGE and FRA – will ensure comparable data on violence against women for the EU Member States in 2024.

Evidence at the national level has pointed to an increase in the prevalence and severity of sexual and intimate partner violence and to a spike in digital forms of violence affecting women. In March 2022, the European Commission put forward a new legislative proposal on combating violence against women and domestic violence, as a way to make progress on the prevention and response to gender-based violence in the absence of EU accession to the Istanbul Convention ⁽⁸⁵⁾.

Women at the forefront of informal care

EIGE's 2021 survey included three key types of informal care: childcare, LTC and housework. A wide range of questions were posed to shed light on, among other things, whether the pandemic led to changes in the prevalence, intensity and sharing of informal care for women and men.

The results from the survey show that gender inequalities remain significant across those three forms of informal care and that women provide the bulk of informal care. Every third woman and man in the EU provides informal care for frail family members, neighbours or friends.

The pandemic has led to more intense informal care demands in terms of childcare, LTC and housework, especially for women, and particularly for those in paid employment. Women were also more likely than men to face increased time demands at work and from childcare.

⁽⁸⁴⁾ https://ec.europa.eu/commission/presscorner/detail/en/IP_22_3478.

⁽⁸⁵⁾ Proposal for a directive of the European Parliament and of the Council on combating violence against women and domestic violence, COM(2022) 105 final (<https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=COM:2022:105:FIN>).

Despite an increase in time spent on unpaid care as a result of the pandemic, the distribution of care within the household has remained unequal. About 58 % of women report that they are always or mostly responsible for LTC in their household. A majority of women (52 %) report being completely or mostly responsible for childcare for children under the age of 12 in their household. Only 23 % of men report being in the same situation.

Despite the increased intensity in care provision, and it often coinciding with increased pressure from paid work, there were minor differences in the division of care between partners. The survey indicates that care responsibilities were not redistributed within the household but continued to be predominantly carried out by women.

Informal LTC takes a higher toll on paid work for women than men. Only 68 % of women involved in informal LTC are involved in paid work, compared to 80 % of men. This raises questions on the financial vulnerability of women carers and may perpetuate their lesser ability to afford external care services.

Access to services unequal between women and men providing informal care

Access to quality, affordable external care services is essential for people to be able to combine care responsibilities with paid work. Access to services also alleviates carers' burdens and supports their well-being. Such access has been profoundly disrupted during the pandemic. The survey results point to important gender differences in the ability to access such supporting services.

Overall, women involved in informal care receive less external support than men do. Many fewer women (36 %) than men (51 %) who provide informal LTC regularly use formal LTC services to meet the needs of the care recipient. Women who provide informal LTC rely much less on external support than men, be it from formal LTC services or from relatives, neighbours and friends. Mothers in the survey sample relied

less on any type of external childcare support than fathers.

This finding shows that, in addition to facing a higher intensity of care than men across the three forms of care, women are less likely to receive any external support for the care they provide. Issues of affordability, concerns over the quality of care and gender norms may explain this paradox.

The intensity of informal care limits women's individual and social activities more than men's. Despite the recognised value of leisure, political and educational activities to mental health and well-being in stressful situations like the pandemic, women have mostly been missing out on these outlets. In other words, care demands are less of an obstacle for men in maintaining an active social life than they are for women. The report shows that adequate access to external services promotes greater participation in social activities.

Flexibility of work and experience of telework

The survey examined women and men's experiences with telework and their satisfaction with work-life balance during the pandemic.

Women in the survey were more likely to face interruptions while teleworking than men, especially when interrupted by children. On average, 20 % of mothers who telework from home cannot work for 1 hour without being interrupted by children, in contrast to 15 % of teleworking fathers. For women and men with caring duties, a worse work-life balance during the pandemic has led to intense stress and emotional burdens. During the last 2 weeks prior to the survey, women felt higher levels of discomfort (loneliness, guilt, stress, depression, fatigue, anxiety) than men.

In terms of work-life balance, men reported an overall higher capacity to combine caring duties and paid work. A greater share of men than women opted to reduce their paid working hours considerably or change their working schedule to take care of children or other relatives in need of

care. The changes in working time arrangements by men is an indication of their growing attention to a better work-life balance.

The findings in the report show that the COVID-19 pandemic, despite the wide-ranging and brutal changes it has brought to life circumstances, has not led to a meaningful and fairer redistribution of unpaid care duties within EU households.

This shows that – now more than ever – dynamic, ambitious and transformative public policies are needed to promote men’s greater involvement in informal care and to strengthen and improve the availability of affordable, good-quality care services. The transposition of the work-life balance directive into national law by August 2022 and the EU care strategy are both necessary steps in that direction.

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Annexes

Annex 1. List of indicators of the Gender Equality Index

Domain	Sub-domain	No	Indicator and reference population	Description	Source	Index edition						
						2013	2015	2017	2019	2020	2021	2022
						Data used						
WORK	PARTICIPATION	1	Full-time equivalent employment rate (%; 15+ population)	The FTE employment rate is a unit to measure employed people in a way that makes them comparable even though they may work a different number of hours per week. A full-time worker is counted as one FTE, while a part-time worker gets a score in proportion to the hours they work.	Eurostat, EU LFS, author's calculation using microdata	2010	2012	2015	2017	2018	2019	2020
		2	Duration of working life (years; 15+ population)	The duration of working life indicator measures the number of years a person aged 15 is expected to be active in the labour market throughout their life.	Eurostat, EU-LFS (lfsi_dwl_a)	2010	2012	2015	2017	2018	2019	2020
	SEGREGATION AND QUALITY OF WORK	3	People employed in education, human health and social work activities (%; 15+ workers)	Percentage of people employed in education and in human health and social work economic activities out of total employed (based on NACE Rev 2).	Eurostat, EU LFS (lfsa_egan2)	2010	2012	2015	2017	2018	2019	2020
		4	Ability to take an hour or two off during working hours to take care of personal or family matters (%; 15+ workers)	Percentage of people who consider it 'very easy' to take an hour or two off during working hours to take care of personal or family matters.	Eurofound, EWCS, author's calculation using microdata	2015	2015	2015	2015	2015	2015	2015
		5	Career Prospects Index (points; 0-100)	The Career Prospects Index combines the indicators of employment status (self-employed or employee), type of contract, prospects for career advancement as perceived by the worker, perceived likelihood of losing one's job and experience of downsizing in the organisation. It is measured on a scale from 0 to 100, where the higher the score is the higher the job quality is.	Eurofound, EWCS, author's calculation using microdata	2015	2015	2015	2015	2015	2015	2015

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Domain	Sub-domain	No	Indicator and reference population	Description	Source	Index edition						
						2013	2015	2017	2019	2020	2021	2022
						Data used						
MONEY	FINANCIAL RESOURCES	6	Mean monthly earnings (PPS, working population)	Mean monthly earnings in PPS, in the sectors of industry, construction and services (except public administration, defence, compulsory social security) (NACE_R2: B-S_X_O, total age group, working in companies of 10 employees or more).	Eurostat, SES (earn_ses10_20), (earn_ses14_20), (earn_ses18_20)	2010	2010	2014 EL and HR 2010	2014	2014	2018 EL 2014	2018
		7	Mean equivalised net income (PPS, 16+ population)	Equivalised disposable income in PPS is the total income of a household, after tax and other deductions, available for spending or saving, divided by the number of household members converted into equalised adults.	Eurostat, EU SILC (ilc_di03)	2010	2012	2015	2017	2018	2019	2020
	ECONOMIC SITUATION	8	Not at risk of poverty, ≥ 60 % of median income (% , 16+ population)	Reverse indicator of 'at-risk-of-poverty rate'.	Eurostat, EU SILC (ilc_li02)	2010	2012	2015	2017	2018	2019	2020
		9	S20/S80 income quintile share (16+ population)	Calculated as 1 / 'S80/S20 income quintile share ratio' × 100.	Eurostat, EU SILC, Eurostat calculations at EIGE's request	2010	2012	2015 IE 2014	2017	2018	2019	2020
KNOWLEDGE	ATTAINMENT AND PARTICIPATION	10	Graduates of tertiary education (% , 15+ population)	Educational attainment measures the share of people with a high level of education among men and women. People with tertiary education as their highest successfully completed level (levels 5–8), percentage of total 15+ population.	Eurostat, EU LFS, author's calculation using microdata	2010	2012	2015	2017	2018	2019	2020
		11	People participating in formal or non-formal education and training (% , 15+ population)	Percentage of people participating in formal or non-formal education and training out of total 15+ population.	Eurostat, EU LFS, author's calculation using microdata	2010	2012	2015	2017	2018	2019	2020
	SEGREGATION	12	Tertiary students in the fields of education, health and welfare, humanities and the arts (tertiary students) (% , 15+ population)	Percentage of people who are studying F01 – Education, F02 – Arts and humanities and F09 – Health and welfare, in ISCED 5–8 levels of education.	Eurostat, education statistics (educ_enr15), (educ_uoe_enrt03)	2010	2012	2015 EL, IE, 2014	2017 BG, CZ, IE, EL, FR, HR, IT, CY, HU, MT, PT, RO, SK, FI, SE, UK, 2016. SI: ED7 (master's or equivalent) n/a, 2016 used	2017 SI: ED7 (master's or equivalent) n/a, 2016 used	2018	2020

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Domain	Sub-domain	No	Indicator and reference population	Description	Source	Index edition						
						2013	2015	2017	2019	2020	2021	2022
						Data used						
TIME	CARE ACTIVITIES	13	People caring for and educating their children or grandchildren, elderly people or people with disabilities, every day (% , 18+ population)	Percentage of people involved in at least one of these caring activities outside of paid work every day: care for children, grandchildren, elderly people or disabled people.	Eurofound, EQLS, author's calculation using microdata	2007	2012	2016	2016	2016	2016	2016
		14	People doing cooking and/or housework, every day (% , 18+ population)	Percentage of people involved in cooking and/or housework outside of paid work, every day.	Eurofound, EQLS, author's calculation using microdata	2007	2012	2016	2016	2016	2016	2016
	SOCIAL ACTIVITIES	15	Workers doing sporting, cultural or leisure activities outside of their home, at least daily or several times a week (% , 15+ workers)	Percentage of working people doing sporting, cultural or leisure activities at least every other day (daily + several times a month out of the total).	Eurofound, EWCS, author's calculation using microdata	2015	2015	2015	2015	2015	2015	2015
		16	Workers involved in voluntary or charitable activities, at least once a month (% , 15+ workers)	Percentage of working people involved in voluntary or charitable activities, at least once a month.	Eurofound, EWCS, author's calculation using microdata	2010	2010	2015	2015	2015	2015	2015
POWER	POLITICAL	17	Share of ministers (% of women, men)	Share of ministers.	EIGE, Gender Statistics Database, WMID	2009, 2010, 2011	2011, 2012, 2013	2014, 2015, 2016	2016, 2017, 2018	2017, 2018, 2019	2018, 2019, 2020	2019, 2020, 2021
		18	Share of members of parliament (% of women, men)	Share of members of parliament.	EIGE, Gender Statistics Database, WMID	2009, 2010, 2011	2011, 2012, 2013	2014, 2015, 2016	2016, 2017, 2018	2017, 2018, 2019	2018, 2019, 2020	2019, 2020, 2021
		19	Share of members of regional assemblies (% of women, men)	Share of members of regional assemblies.	EIGE, Gender Statistics Database, WMID	Regional assembly 2009, 2010, 2011	Regional assembly 2011, 2012, 2013	Regional assembly 2014, 2015, 2016	Regional assembly 2016, 2017, 2018	Regional assembly 2017, 2018, 2019	Regional assembly 2018, 2019, 2020	Regional assembly 2019, 2020, 2021
	Local-level politics 2011					Local-level politics 2013	Local-level politics 2015	Local-level politics 2017	Local-level politics 2019	Local-level politics 2020	Local-level politics 2021	
	ECONOMIC	20	Share of members of boards in largest quoted companies, supervisory board or board of directors (% of women, men)	Share of members of boards in largest quoted companies.	EIGE, Gender Statistics Database, WMID	2009, 2010, 2011	2011, 2012, 2013	2014, 2015, 2016	2016, 2017, 2018	2017, 2018, 2019	2018, 2019, 2020	2019, 2020, 2021
21		Share of board members of central bank (% of women, men)	Share of board members of central bank.	EIGE, Gender Statistics Database, WMID	2009, 2010, 2011	2011, 2012, 2013	2014, 2015, 2016	2016, 2017, 2018	2017, 2018, 2019	2018, 2019, 2020	2019, 2020, 2021	

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Domain	Sub-domain	No	Indicator and reference population	Description	Source	Index edition							
						2013	2015	2017	2019	2020	2021	2022	
						Data used							
POWER	SOCIAL	22	Share of board members of research funding organisations (% of women, men)	Members of the highest decision-making bodies of research funding organisations.	EIGE, Gender Statistics Database, WMID	2017	2017	2017	2017, 2018	2017, 2018, 2019	2018, 2019, 2020	2019, 2020, 2021	
									IT: only 2017	IT, RO: only 2018 (break in time series)	IT, RO: only 2018 (break in time series)	IT, RO: only 2018 (break in time series)	
		23	Share of board members in publicly owned broadcasting organisations (% of women, men)	Share of board members in publicly owned broadcasting organisations.	EIGE, Gender Statistics Database, WMID	2014	2014	2014, 2015, 2016	2016, 2017, 2018	2017, 2018, 2019	2018, 2019, 2020	2019, 2020, 2021	
	24	Share of members of highest decision-making body of the national Olympic sport organisations (% of women, men)	Share of members of highest decision-making body of the 10 most popular national Olympic sport organisations.	EIGE, Gender Statistics Database, WMID	2015	2015	2015	2015, 2018	2015, 2018, 2019	2018, 2019, 2020	2019, 2020, 2021		
HEALTH	STATUS	25	Self-perceived health, good or very good (%; 16+ population)	Percentage of people assessing their health as 'Very good' or 'Good' out of total.	Eurostat, EU SILC (hlth_silc_01)	2010	2012	2015	2017	2018	2019	2020 IT: 2019 DE, IE, FR, LU: break in time series	
			26	Life expectancy in absolute value at birth (years)	Life expectancy at a certain age is the mean additional number of years that a person of that age can expect to live.	Eurostat (hlth_hlye)	2010 Total: average of women and men IT: 2009	2012 Total: average of women and men SE: 2011	2015 Total: average of women and men	2016 Total: average of women and men	2018	2019	2020
			27	Healthy life years in absolute value at birth (years)	Healthy life years measures the number of remaining years that a person of a specific age is expected to live without any severe or moderate health problems.	Eurostat (hlth_hlye)	2010 Total: average of women and men IT: 2009	2012 Total: average of women and men SE: 2011	2015 Total: average of women and men	2016 Total: average of women and men	2018	2019 BE: break in times series	2020 DK, DE, IE, FR, LU: break in time series

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Domain	Sub-domain	No	Indicator and reference population	Description	Source	Index edition							
						2013	2015	2017	2019	2020	2021	2022	
						Data used							
HEALTH	BEHAVIOUR	28	People who don't smoke and are not involved in harmful drinking (% , 16+ population)	Percentage of people who are not involved in risk behaviour, i.e. don't smoke and are not involved in heavy episodic drinking.	Eurostat, EHIS. Eurostat calculations at EIGE's request	2014 EU: Non-weighted average FR, NL: EIGE estimate	2014 EU: Non-weighted average FR, NL: EIGE estimate	2014 EU: Non-weighted average FR, NL: EIGE estimate	2014 EU: Non-weighted average FR, NL: EIGE estimate	2014 EU: Non-weighted average FR, NL: EIGE estimate	2014 EU: Non-weighted average FR, NL: EIGE estimate	2019 EU: Non-weighted average FI, EU: EIGE estimate	
		29	People doing physical activities and/or consuming fruit and vegetables (% , 16+ population)	Percentage of people who are physically active for at least 150 minutes per week and/or consume at least five portions of fruit and vegetables per day.	Eurostat, EHIS. Eurostat calculations at EIGE's request	2014 EU: Non-weighted average BE, NL: EIGE estimate	2014 EU: Non-weighted average BE, NL: EIGE estimate	2014 EU: Non-weighted average BE, NL: EIGE estimate	2014 EU: Non-weighted average BE, NL: EIGE estimate	2014 EU: Non-weighted average BE, NL: EIGE estimate	2014 EU: Non-weighted average BE, NL: EIGE estimate	2019 EU: Non-weighted average BE, NL: EIGE estimate	
	ACCESS	30	Population without unmet needs for medical examination (% , 16+ population)	Self-reported unmet needs for medical examination.	Eurostat, EU SILC (hlth_silc_08)	2010	2012	2015	2017	2018	2019	2020 IT: 2019 DE, IE, FR, LU: break in time series	
		31	People without unmet needs for dental examination (% , 16+ population)	Self-reported unmet needs for dental examination.	Eurostat, EU SILC (hlth_silc_09)	2010	2012	2015	2017	2018	2019	2020 IT: 2019 DE, IE, FR, LU: break in time series	
	ADDITIONAL VARIABLE			Population in age group 18 and older	Number of people aged 18 and older in country.	Eurostat, population statistics (demo_pjanbroad), (demo_pjan)	2009, 2010, 2011	2011, 2012, 2013	2014, 2015, 2016	2016, 2017, 2018	2017, 2018, 2019	2018, 2019, 2020	2019, 2020, 2021

Find more on <https://www.eige.europa.eu/gender-equality-index/2022>

Annex 2. Gender Equality Index scores

Table 2. Gender Equality Index scores, ranks and changes in score by EU Member State

MS	Score (points)							Changes in scores		Ranks						
	2010	2012	2015	2017	2018	2019	2020	2010 to 2020	2019 to 2020	2010	2012	2015	2017	2018	2019	2020
EU	63.1	64.4	65.7	66.9	67.4	68.0	68.6	5.5	0.6	-	-	-	-	-	-	-
BE	69.3	70.2	70.5	71.1	71.4	72.7	74.2	4.9	1.5	5	5	6	7	8	8	8
BG	55.0	56.9	58.0	58.8	59.6	59.9	60.7	5.7	0.8	16	14	15	18	18	18	18
CZ	55.6	56.7	53.6	55.7	56.2	56.7	57.2	1.6	0.5	13	16	22	20	22	22	23
DK	75.2	75.6	76.8	77.5	77.4	77.8	77.8	2.6	0.0	2	2	2	2	2	2	2
DE	62.6	64.9	65.5	66.9	67.5	68.6	68.7	6.1	0.1	10	11	11	11	11	10	11
EE	53.4	53.5	56.7	59.8	60.7	61.6	61.0	7.6	-0.6	20	21	19	16	17	17	17
IE	65.4	67.7	69.5	71.3	72.2	73.1	74.3	8.9	1.2	8	7	7	6	6	7	7
EL	48.6	50.1	50.0	51.2	52.2	52.5	53.4	4.8	0.9	27	27	27	27	27	27	27
ES	66.4	67.4	68.3	70.1	72.0	73.7	74.6	8.2	0.9	7	8	10	8	7	6	6
FR	67.5	68.9	72.6	74.6	75.1	75.5	75.1	7.6	-0.4	6	6	5	3	3	4	5
HR	52.3	52.6	53.1	55.6	57.9	59.2	60.7	8.4	1.5	24	22	23	21	19	19	19
IT	53.3	56.5	62.1	63.0	63.5	63.8	65.0	11.7	1.2	21	17	13	13	13	14	14
CY	49.0	50.6	55.1	56.3	56.9	57.0	57.3	8.3	0.3	26	26	21	19	20	21	22
LV	55.2	56.2	57.9	59.7	60.8	62.1	61.4	6.2	-0.7	15	18	16	17	16	16	16
LT	54.9	54.2	56.8	55.5	56.3	58.4	60.6	5.7	2.2	17	20	18	22	21	20	20
LU	61.2	65.9	69.0	69.2	70.3	72.4	73.5	12.3	1.1	11	10	8	9	9	9	9
HU	52.4	51.8	50.8	51.9	53.0	53.4	54.2	1.8	0.8	23	24	26	26	26	26	25
MT	54.4	57.8	60.1	62.5	63.4	65.0	65.6	11.2	0.6	18	13	14	14	14	13	13
NL	74.0	74.0	72.9	72.1	74.1	75.9	77.3	3.3	1.4	3	4	4	5	5	3	3
AT	58.7	61.3	63.3	65.3	66.5	68.0	68.8	10.1	0.8	12	12	12	12	12	11	10
PL	55.5	56.9	56.8	55.2	55.8	56.6	57.7	2.2	1.1	14	15	17	23	23	23	21
PT	53.7	54.4	56.0	59.9	61.3	62.2	62.8	9.1	0.6	19	19	20	15	15	15	15
RO	50.8	51.2	52.4	54.5	54.4	54.5	53.7	2.9	-0.8	25	25	24	24	25	25	26
SI	62.7	66.1	68.4	68.3	67.7	67.6	67.5	4.8	-0.1	9	9	9	10	10	12	12
SK	53.0	52.4	52.4	54.1	55.5	56.0	56.0	3.0	0.0	22	23	25	25	24	24	24
FI	73.1	74.4	73.0	73.4	74.7	75.3	75.4	2.3	0.1	4	3	3	4	4	5	4
SE	80.1	79.7	82.6	83.6	83.8	83.9	83.9	3.8	0.0	1	1	1	1	1	1	1

Note: The 2022 Index for the most part uses data from 2020 and traces progress over the shorter term (2019–2020) and the longer term (2010–2020).

Table 3. Gender Equality Index 2022 (*) scores and ranks, by domain and EU Member States

MS	Score (points)							Rank						
	Index	Work	Money	Knowledge	Time	Power	Health	Index	Work	Money	Knowledge	Time	Power	Health
EU	68.6	71.7	82.6	62.5	64.9	57.2	88.7	-	-	-	-	-	-	-
BE	74.2	75.5	89.8	70.1	65.3	67.0	88.5	8	8	2	2	11	7	12
BG	60.7	69.3	65.0	56.2	42.7	63.0	78.0	18	20	27	21	27	9	26
CZ	57.2	67.1	79.0	58.9	57.3	29.7	84.8	23	24	15	14	17	25	21
DK	77.8	79.5	88.5	69.3	83.1	69.3	89.5	2	2	3	3	3	5	9
DE	68.7	72.9	83.5	54.7	65.0	64.8	90.0	11	16	12	24	12	8	8
EE	61.0	72.7	73.6	57.4	74.7	34.0	85.0	17	17	22	18	5	21	20
IE	74.3	76.5	87.5	68.1	74.2	61.7	95.0	7	6	4	6	6	10	2
EL	53.4	65.6	72.8	55.8	44.7	28.8	85.8	27	26	23	23	26	26	17
ES	74.6	73.6	78.7	68.3	64.0	80.6	91.7	6	12	16	5	14	3	5
FR	75.1	73.2	84.7	65.5	67.3	81.7	88.6	5	15	9	8	9	2	11
HR	60.7	69.7	74.1	53.4	51.0	49.7	85.1	19	19	20	25	21	17	19
IT	65.0	63.2	80.5	59.5	59.3	56.9	89.0	14	27	14	13	16	12	10
CY	57.3	69.9	83.1	57.8	51.3	30.1	87.0	22	18	13	15	20	24	15
LV	61.4	74.2	69.4	47.7	65.8	50.9	79.3	16	10	26	27	10	16	25
LT	60.6	73.9	70.4	57.6	50.6	45.4	82.7	20	11	24	16	22	18	24
LU	73.5	76.3	92.6	68.9	69.1	59.7	90.4	9	7	1	4	8	11	7
HU	54.2	67.5	73.8	57.1	54.3	24.8	87.3	25	21	21	19	18	27	14
MT	65.6	77.0	83.6	65.2	64.2	40.4	87.8	13	5	11	9	13	19	13
NL	77.3	78.7	86.6	67.0	83.9	68.9	94.2	3	3	7	7	2	6	3
AT	68.8	77.2	87.5	64.0	61.2	51.7	91.3	10	4	6	10	15	15	6
PL	57.7	67.3	78.1	57.5	52.5	34.4	83.6	21	22	17	17	19	20	23
PT	62.8	73.4	74.7	56.7	47.5	55.5	84.5	15	13	19	20	24	13	22
RO	53.7	67.3	70.2	52.2	50.3	32.6	70.4	26	23	25	26	23	22	27
SI	67.5	73.4	83.9	56.0	72.9	53.3	86.9	12	14	10	22	7	14	16
SK	56.0	66.5	74.8	60.9	46.3	31.4	85.2	24	25	18	12	25	23	18
FI	75.4	75.4	87.5	61.5	77.4	74.3	92.6	4	9	5	11	4	4	4
SE	83.9	83.0	85.9	74.6	90.1	84.6	95.2	1	1	8	1	1	1	1

(*) The 2022 Index for the most part uses data from 2020.

Annex 3. Questionnaire of the 'Online panel survey of gender equality and socio-economic consequences of the COVID-19 pandemic'

The master questionnaire is accessible at this link: https://eige.europa.eu/sites/default/files/eige_questionnaire_online_panel_survey_of_gender_equality_and_socio-economic_consequences_of_the_covid-19_pandemic.pdf

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