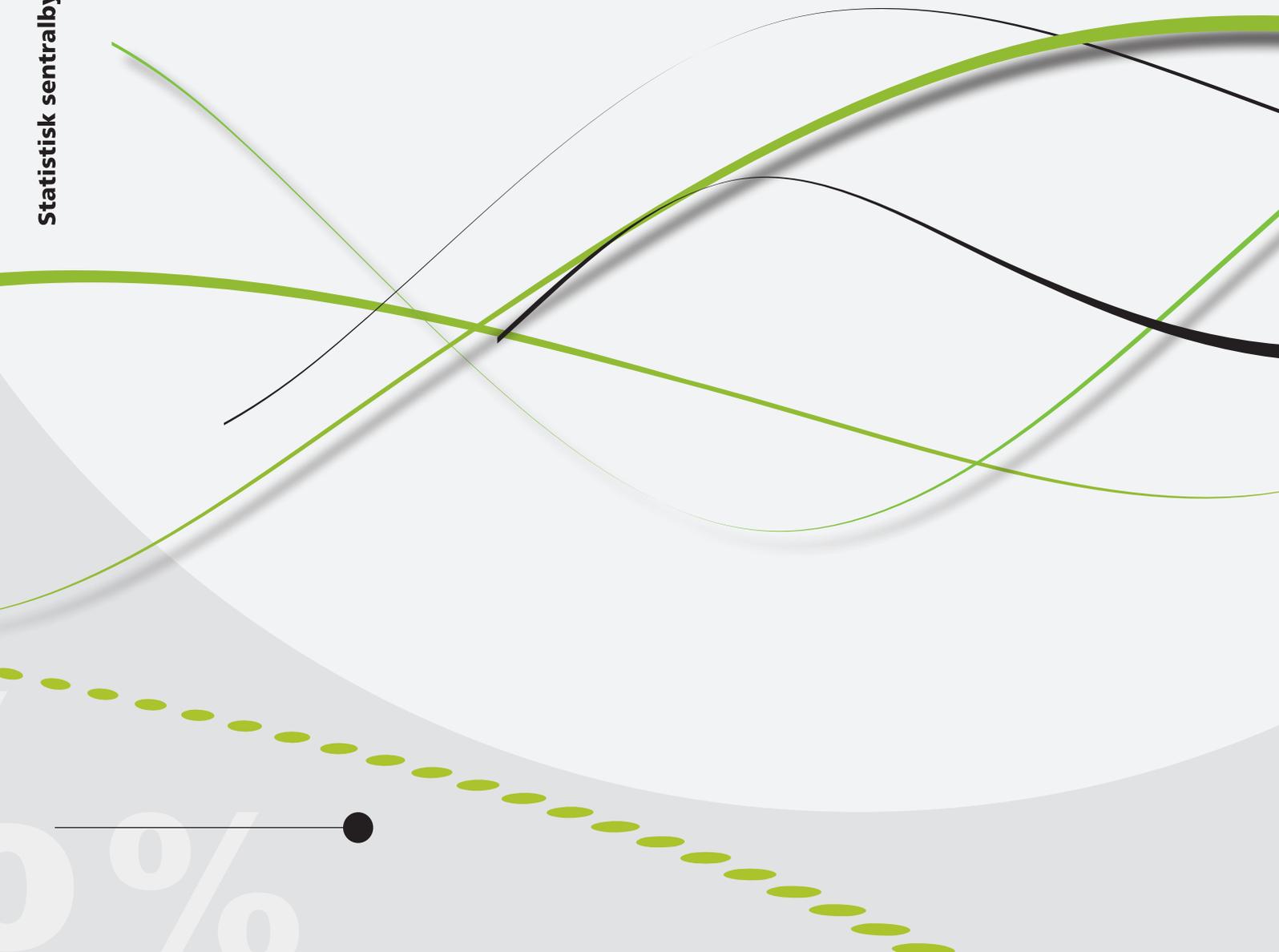




Karin Hamre (ed.)

The distribution of financial resources between women and men, and gender disparities in health



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In this series, analyses and annotated statistical results are published from various surveys. Surveys include sample surveys, censuses and register-based surveys.

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Published 24 October 2017

ISBN 978-82-537-9604-8 (printed)
ISBN 978-82-537-9605-5 (electronic)
ISSN 0806-2056

Symbols in tables	Symbol
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Preface

This report directly corresponds to the gender equality appendix to Proposition to the Storting no.1 (2017–2018) that Statistics Norway has prepared on behalf of the Ministry of Children and Equality.

The report describes the distribution of financial resources between women and men through employment, time use, wages and income, gender disparities in financial resources among persons with an immigrant background and gender disparities in health and the use of health services. The data used in the report are retrieved from Statistics Norway's labour market statistics, time use surveys, wage statistics, income statistics and health statistics.

Chapter 1 was written by Karin Hamre, and Toril Sandnes has written the section about time use. Inger Håland and Tor Petter Bø supplied figures and provided input. The chapter deals with gender disparities and similarities in employment.

Chapter 2 was written by Sigrun Kristoffersen and examines the wages of both genders. The term 'wages' refers to cash remuneration for work performed. Income is covered in subsequent chapters and is a broader term in financial resources.

Chapter 3 was written by Aleksander Berge. The chapter looks at the income distribution between women and men by illustrating how income from work, capital income, taxable transfers (pensions and benefits) and tax-free transfers (such as child benefit, cash-for-care, dwelling support, student grants and social assistance) vary according to gender, type of household and life phase.

Chapter 4 was written by Mads Ivar Kirkeberg. The chapter examines how low income and persistent low income are distributed by gender, and considers the characteristics of women and men in the low income group.

Chapter 5 deals with the distribution of financial resources between women and men with an immigrant background. The first part of the chapter was written by Karin Hamre, with input from Bjørn Olsen, and describes gender disparities in employment and other activities among the population with an immigrant background. The second part of the chapter was written by Frøydis Strøm, and examines income disparities between women and men with an immigrant background.

Chapter 6 was written by Jorun Ramm, with input from Berit Otnes. The chapter addresses gender disparities in life expectancy, as well as gender disparities in health in combination with age and level of education.

Chapter 7 was written by Jorun Ramm, with input from Berit Otnes, and deals with disparities in the health of women and men and the use of health services in a life-phase perspective. The chapter sheds light on the disparities in health, illness, symptoms, use of health services and living habits.

The applicable age groups, household types and timeframes are indicated in each chapter of the report. This also applies to the different definitions and data sources used in the various chapters.

Statistics Norway, 30 August 2017

Torstein Bye
Director of the Department of social statistics

Sammendrag

Denne rapporten er identisk med likestillingsvedlegget til St.prp.nr.1 (2017-2018) som Statistisk sentralbyrå (SSB) har utarbeidet på oppdrag for Barne- og likestillingsdepartementet (BLD).

Rapporten belyser fordeling av økonomiske ressurser mellom kvinner og menn gjennom sysselsetting, tidsbruk, lønn og inntekt, kjønnsforskjeller i økonomiske ressurser blant personer med innvandrerbakgrunn og kjønnsforskjeller i helse og bruk av helsetjenester. Dataene som blir brukt i rapporten er hentet fra Statistisk sentralbyrås arbeidsmarkedsstatistikk, tidsbruksundersøkelsene, lønnsstatistikk, inntektsstatistikk og helsestatistikk.

Rapporten viser at selv om trenden i mange år har gått i retning av en tilnærming mellom kvinner og menn når det gjelder andelen som er sysselsatt, er det fortsatt systematiske forskjeller i arbeidslivet som gjør at de økonomiske ressursene i forbindelse blir skjevt fordelt mellom kjønnene. Fortsatt er altså arbeidslivet kjønnsdelt. Det er langt flere kvinner enn menn som jobber deltid, kvinner og menn jobber i ulike sektorer, har ulike yrker og er tilknyttet forskjellige næringer.

Tidsbruksundersøkelsene viser at kvinner fortsatt bruker mer tid på husholdsarbeid enn det menn gjør, og at menn bruker mer tid på inntektsgivende arbeid enn kvinner. Samtidig har menns bruk av tid på husholdsarbeid og kvinners bruk av tid på inntektsgivende arbeid økt.

Kvinner tjener i gjennomsnitt 86 prosent av menns lønn per måned hvis vi ser på alle lønnsstakere. Lønnsforskjellen kan først og fremst forklares med at kvinner og menn har forskjellige yrker i forskjellige næringer.

I 2015 stod kvinner registrert som mottakere av om lag 41 prosent av den samlede inntekten til norske husholdninger. Den viktigste inntektskilden for husholdningene er yrkesinntekt, hvor kvinner tjener om lag 61 prosent av det menn gjør. Forskjellen mellom yrkesinntekt og lønn er beskrevet nærmere i kapittel 3. Kvinner mottar i større grad enn menn pensjoner, trygder og andre ytelser. Dette, samt skattesystemet som sørger for at menn på grunn av et høyere inntektsnivå og progressivt skattesystem betaler mer i skatt, bidrar til en viss inntektsutjevning mellom kjønnene. Til tross for dette er det fortsatt et betydelig inntektsgap mellom kvinner og menn.

Det er lavere sysselsetting blant innvandrere sammenliknet med befolkningen ellers. Spesielt er det lav sysselsetting blant kvinner med innvandrerbakgrunn, sammenliknet med menn med innvandrerbakgrunn og befolkningen for øvrig. Sysselsettingen for begge kjønn varierer etter for eksempel landbakgrunn, botid og utdanningsnivå. Også inntektsforskjellene mellom kvinner og menn med innvandrerbakgrunn større enn i befolkningen for øvrig. For norskfødte med innvandrerforeldre er kjønnsforskjellene mindre enn blant innvandrere.

Kvinner har lengre forventet levealder enn menn, men opplever å ha dårligere helse og oppsøker helsetjenestene oftere. Kjønnsforskjellen i helsetilstand og bruk av helsetjenester kan ikke ses uavhengig av andre sosiale forskjeller. Forskjeller i utdanningsnivå og alder bidrar til å forklare noen av forskjellene i helsetilstand og bruk av helsetjenester.

Oppdragsfinansiert av: Barne- og likestillingsdepartementet

Abstract

This report directly corresponds to the gender equality appendix to Proposition to the Storting no.1 (2017–2018) that Statistics Norway has prepared on behalf of the Ministry of Children and Equality.

The report describes the distribution of financial resources between women and men through employment, time use, wages and income, gender disparities in financial resources among persons with an immigrant background and gender disparities in health and the use of health services. The data used in the report are retrieved from Statistics Norway's labour market statistics, time use surveys, wage statistics, income statistics and health statistics.

The report shows that although the trend for many years has been in the direction of more equality between women and men in terms of the proportion employed, there are still systematic differences in working life that give a gender-based skewed distribution of the financial resources associated with work. The labour market is still gender divided. Far more women than men work part time, and they work in different sectors and industries and have different occupations.

The time use survey shows that women still spend more time on unpaid household work than men, and that men spend more time on paid work compared to women. However, the amount of time men spend on unpaid work and women spend on paid work has increased.

For wage earners as a whole, women earn 86 per cent of men's wages per month on average. The main reason for the wage disparity is that women and men work in different occupations and industries.

In 2015, women were registered as recipients of about 41 per cent of the total income for Norwegian households. The main source of income for households is income from work, where women earn about 61 per cent of men's earnings. Women, on the other hand, receive pensions, social security benefits and other benefits to a greater extent than men. Combined with the structure of the tax system, where men pay more taxes than women due to higher earnings, this equalises the income between the sexes to a degree. Despite this, there is still a significant gender disparity in income.

The employment rate is substantially lower for immigrants than for the rest of the population. The rate is particularly low among women with an immigrant background both compared to men with an immigrant background and the population without an immigrant background. The employment rates among immigrants vary according to, for example, country background, length of residence and level of education. Income disparities between women and men with an immigrant background are greater than between women and men in the general population. However, this disparity is smaller for the group 'Norwegian-born to immigrant parents' than for immigrants.

Women have a higher life expectancy than men, but have poorer health and seek health services more often. Gender disparities in health and the use of health care services must be viewed in the context of other social disparities, which are partly reflected in level of education and age. Life phase is important for health in general, but also gives rise to gender disparities.

Commissioned by: Ministry of Children and Equality

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1. Employment and time use among women and men

For most people, paid work is a prerequisite for financial independence. Long gone are the days when the majority of women in Norway stayed at home. Today, the main challenge to narrowing the gender gap is the systematic disparities in working life, rather than whether a person is in employment or not. The long-term employment trend is an increase in the proportion of women in employment and a fall in the proportion of men in employment since the 1980s. Since 2010, employment has remained relatively stable for both genders, but with a marginal decline for men in the last few years. However, the employment rate is still higher among men than women.

This chapter examines the disparities and similarities in the employment of women and men, including the ratio of men to women in employment, the different paths women and men take in their working life and how they adapt to working life, for example in relation to working hours. Towards the end of the chapter, we look at paid work in combination with other activities people normally carry out during the course of a day, such as housework, leisure activities and personal care. We also examine how women and men with children, especially young children, spend their time.

Gender disparities in employment are greater among women and men with an immigrant background compared to the population as a whole. In this report, a separate chapter is dedicated to examining the distribution of financial resources between women and men with an immigrant background (see Chapter 5).

1.1. Gender employment gap is narrowing

Persons in employment are defined as those with a minimum of one hour of paid work in the reference week and persons covered by this definition but who were temporarily absent in the reference week.

The gender equality proposal for the 2006 state budget indicated strong and relatively even employment growth among women aged 25–66 in the period 1980 to 2004 (Sandnes, 2005).¹ The large gap previously observed between the proportion of women and men in employment was levelling off as a result of a sharp increase in the proportion of women in employment, while the proportion of men in employment went down. Employment among women rose by 14 percentage points, from 61 to 75 per cent from 1980 to 2004. For men, the decline in the proportion in employment was 5 percentage points in the same period, from 90 to 85 per cent. The major changes in both women's and men's employment occurred in the 1980s and 1990s, and employment rates have remained relatively stable for both sexes since the 1990s.

Figure 1.1 shows the employment rates for women and men aged 25–66 in the period 2006 to 2016. At the start of this ten-year period (2006–2008), employment was increasing slightly for both sexes, and this was followed by a decline in the proportion of persons in employment in the years 2008 to 2010 as a result of the financial crisis. In the years that followed (2010–2016), the proportion in employment remained fairly stable for both sexes. However, there was a slight fall in the male employment rate from 2014 to 2016. This is linked to the higher unemployment in these years, particularly for men, who often work in industries that are more cyclically sensitive (see also Section 1.5). The decline was just less than 1 percentage point. For women, the employment rate has remained stable at just over 76 per cent since 2010.

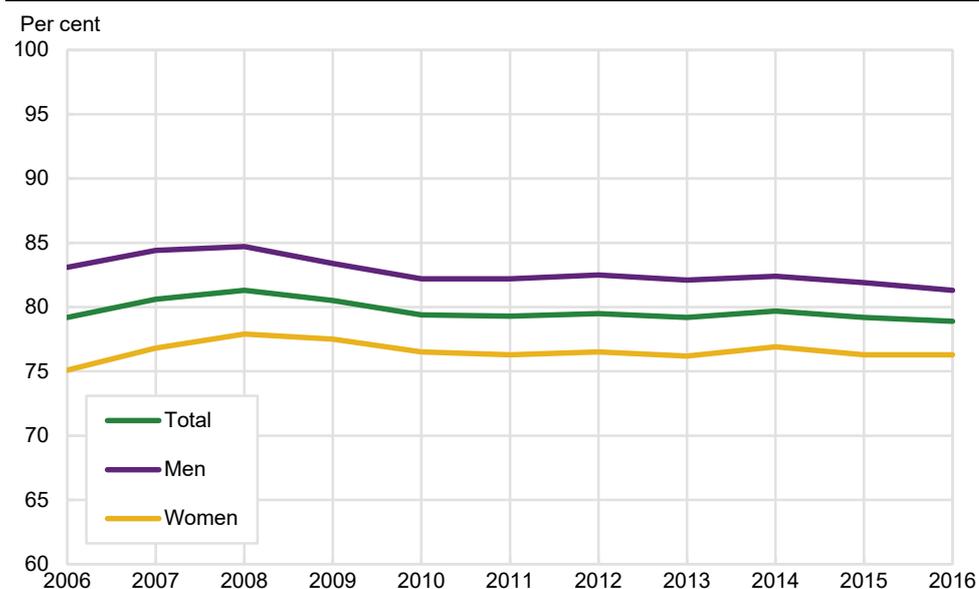
¹ The age group 25–66 years was chosen to avoid 'interference' with employment rates from groups that are less economically active, such as students and part-time pensioners. Figures for the population as a whole are available in Statistics Norway's Statbank.

During the period 2006 to 2016, the proportion of men aged 25–66 in employment was at its lowest in 2016 (81 per cent). Compared with 2008, when the corresponding rate for the period was at its highest (85 per cent), this represents an overall decline of 4 percentage points. The employment rate for men in 2016 was the lowest since the early 1990s, when men's unemployment rose to over 6 per cent.

Gender employment gap is a term used to describe the percentage differential between the proportion of women and men in employment.

As employment increased among women and decreased among men (aged 25–66) in the period 1980 to 2004, the gender employment gap also narrowed from 28 to 7 percentage points (Sandnes, 2005). Such a dramatic shift could not reasonably be expected to continue over time. Nonetheless, the gap has gradually narrowed since the 2000s, and in 2016, the differential was at a record low of 5 percentage points.

Figure 1.1. Proportion of women and men aged 25-66 in employment



Source: Labour Force Survey (LFS), Statistics Norway

1.2. The gender-divided labour market

Although there are no longer major disparities in the proportion of women and men in employment, their participation in the labour market differs in areas that impact on financial resources as a whole. A larger proportion of women than men work part time, women and men still work in different sectors and industries, and there are still systematic disparities in women's and men's career choices.

The term *gender-divided labour market* has established itself as an expression used in relation to gender equality challenges in working life; it describes characteristics and differences in women's and men's adaptations and choices in working life.

1.3. Continued gender disparities in working hours

One of the major gender disparities in working life is the differences in women's and men's working hours. The LFS shows that among persons in full-time employment, the proportion for men is 22 percentage points higher than for women, and the proportion of women in part-time work is more than double that of men.

The LFS defines part time as work of less than 36 hours per week, with the exception of persons who report full-time work of less than 36 hours per week (often applies to shift work).

Labour Force Survey (LFS)

The main data source for this chapter is the Labour Force Survey (LFS), and the main data source for the LFS is quarterly, representative sample surveys based on telephone interviews. The purpose of the LFS is to provide information about employment and unemployment trends, and the labour market attachment of different sections of the population. The LFS was first conducted in 1972, but has subsequently undergone a number of changes. The LFS now covers all persons aged 15–74 registered as resident in Norway. Where other data sources are used in this chapter, this is mentioned specifically.

Almost nine out of ten men work full time

Table 1.1. shows men and women in employment broken down into average/agreed working hours in 2016. Among men in employment, the proportion working full time is high, at 85 per cent, and for women the figure is 63 per cent. However, the disparity has been larger in the past. As recently as 2004, 87 per cent of men in employment aged 26–66 worked full time, while this applied to 57 per cent of women in the age group (Sandnes, 2005).

Table 1.1. further shows that 37 per cent of all women in employment work part time (short part-time and long part-time in total). The LFS defines part time as less than 36 hours per week, with the exception of persons who report full-time work of less than 36 hours per week. For those who have more than one job, the working hours of the main job and other jobs are added together. Working long part-time hours (20–36 hours per week) is more common among women than short part-time hours (1–19 hours per week). Among employed women in 2016, 20 per cent worked long part-time hours, while the remaining 17 per cent worked short part-time hours. Among men in part-time employment, who together account for 15 per cent of men in employment in 2016, 6 per cent worked long part-time hours and 9 per cent worked short part-time hours.

Men work slightly fewer hours than before

In total, men in employment work almost five hours more per week than their female counterparts, according to the LFS (Table 1.1). In 2016, men's average agreed working hours per week were about half an hour shorter than in 2004, while for women, the agreed working hours were just over one hour longer in 2016 than in 2004. The difference in the average agreed working hours for women and men in employment was thus 4.8 hours per week in 2016 – which is the lowest ever recorded in the LFS.²

We have seen that the full-time employment rate is greater among men than women. In addition, men in full-time employment work an average of 1.5 hours more per week than women in full-time employment (Table 1.1). This sub-population of men worked an average of 39.9 hours per week, while their female counterparts worked an average of 38.5 hours per week in 2016. This has not changed significantly since 2004, when the average number of agreed working hours per week for full-time workers was almost the same as in 2016 for both sexes.

For part-time work, Table 1.1. shows that, on average, women work slightly longer hours than men. Women with long and short part-time hours work an average of 28 and 12 hours per week respectively, while the corresponding figure for men is approximately one hour less per week, with 27 and 11 hours.

The agreed working hours are the number of working hours per week that an employee works according to their employment contract. Absence from work due to illness, holiday etc. is not deducted from the agreed working hours, and overtime is not included where this is not part of the agreed hours.

² The self-employed and certain groups of wage earners (e.g. some managers) are not registered under *agreed working hours* in the LFS. For these, the *average actual hours per week* is used. Since men are overrepresented in both of these groups, this partly explains some of the gender disparities in working hours. In addition, more women work part time than men and work in occupations with shift work, where full-time hours can amount to fewer hours per week.

Table 1.1. Men and women in employment by full time/part time, in total and average agreed /normal working hours, 2016

	Total in employment	%	Average working hours per week, in hours
Men, total	1 395 000	100	36.6
Part time	1 186 000	85	39.9
Long part time ¹	89 000	6.4	27
Short part time ²	118 000	8.4	10.7
Women, total	1 252 000	100	31.8
Full time	786 000	62.7	38.5
Long part time	251 000	20	27.8
Short part time	211 000	16.8	11.5

¹ Long part time is 20–36 hours per week (excluding persons who state that this constitutes full-time work).

² Short part time is 1–19 hours per week.

Source: Labour Force Survey (LFS), Statistics Norway

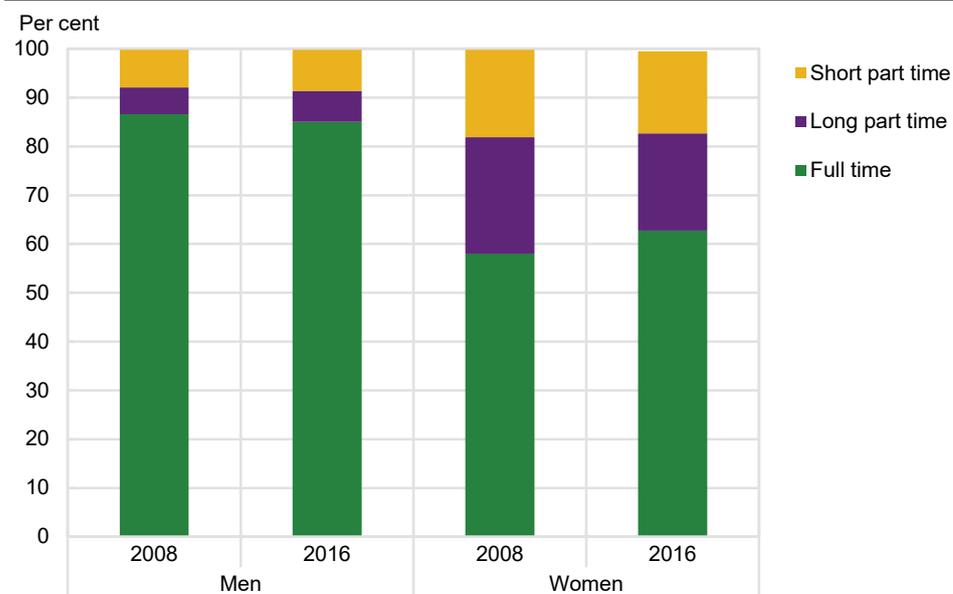
Decline in proportion of women working part time

Although the proportion of women working part time is high and the gender disparity in part-time employment also remains high, these factors are slowly diminishing every year. This is mainly due to the fall in the proportion of women working part time, but also because the proportion of men working part time is increasing.

Figure 1.2. shows that back in 2008 the proportion of women working part time was 42 per cent (short and long part-time hours in total). Since then, this figure has fallen by 5 percentage points. Almost the entire decline is attributable to fewer women working long part-time hours. The greatest decline here is among women in the age groups between 30 and 54. The proportion of women in long part-time employment fell by 4 percentage points in total, from 24 per cent in 2008 to 20 per cent in 2016. This is reflected in the increased proportion working full time. The proportion of women working short part-time hours is relatively similar for 2008 and 2016, with an overall reduction of 1 percentage point.

The proportion of men working part time has seen a slight increase, from 13 per cent in 2008 to 15 per cent in 2016. In 2008, 5.5 per cent of men in employment worked long part-time hours, while in 2016 the proportion was 6.4 per cent. The proportion of men working short part-time hours has also increased by approximately 1 percentage point, from 7.7 per cent in 2008 to 8.5 per cent in 2016. The proportion of men working part time thus increased by about 2 percentage points.

Figure 1.2. Proportion of women and men in employment by full time/part time. 2008 and 2016



Source: Labour Force Survey (LFS), Statistics Norway

1.4. Sector, occupations and industries

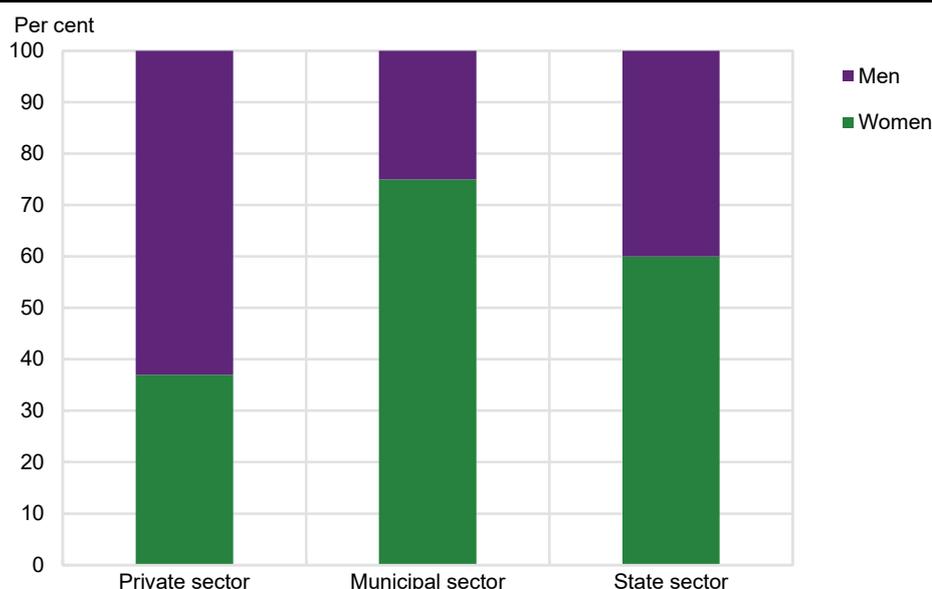
The term ‘gender-divided labour market’ is used to describe, among other things, the sector-related gender disparities that are linked to the occupations of women and men, and the industries in which they work. For example, some occupations are very closely associated with a specific industry, while others are not. In this part of Chapter 1, we examine men’s and women’s attachment to sectors, occupations and industries.

Women in the public sector, and men in the private sector

More women than men work in the public sector (see Figure 1.3, local and central government). In the early 1970s, the proportion of women working in the public sector was slightly lower than today, with about 6 out of 10. The figure is now 7 out of 10. In the 1970s and 1980s, the public sector expanded considerably, particularly due to the growing need for health, care and social services. During the same period, more women entered the workforce, and many found employment in the public sector. Today, women still make up the majority of employees in the public sector. Figure 1.3 shows that 75 per cent of those employed in local government and 60 per cent in central government³ are women.

Men make up the majority of employees in the private sector, with 63 per cent. However, the male dominance in the private sector is not as great as the female dominance in the public sector. We will examine which occupations and industries women and men work in, which is correlated to their attachment to different sectors.

³ Also includes the regional health authorities.

Figure 1.3. Proportion employed, by sector and gender. Per cent. 2016

Source: Labour Force Survey (LFS), Statistics Norway

Gender stereotypes in career choices

An occupation is characterised by uniformity in work tasks, competence level and specialisation.

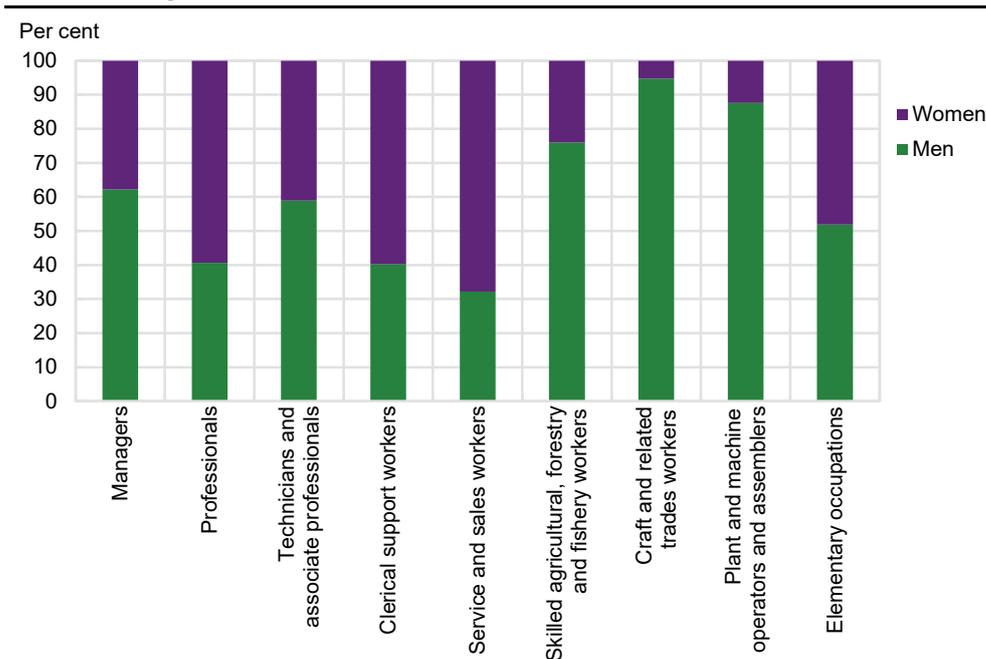
The tradition of typical male and female occupations is still apparent today. Figure 1.4 shows that over 90 per cent of craft and related trades workers are men. There are also large proportions of men working as plant and machine operators, drivers, and agricultural and fishery workers.

Furthermore, we see that women dominate in service and sales, and in clerical support work, as well as among personal care workers, health professionals and health associate professionals. However, this is not clearly reflected in the figures as these occupations fall into different occupational categories at this level of classification.

Statistics Norway's standard classification of occupations (STYRK-08), which is based on the International Standard Classification of Occupations ISCO-88, groups all occupations into four levels. In this chapter, levels 1 and 2 are used, herein referred to as occupations at the one-digit and two-digit level respectively. The one-digit level is the broadest classification level. The detailed classifications are made up of more homogeneous occupational groups, but also present major challenges in terms of the size of the different occupational groups⁴. For example, at the one-digit level, which is the broadest classification level, teachers and nurses (which is female-dominated occupations) are classified under 'Professionals', while science and engineering associate professionals (not to be confused with science and engineering professionals) are classified under 'Technicians and associate professionals'. This makes the one-digit level distribution less relevant in a gender perspective. At the two-digit level, teaching professionals, health professionals and science and engineering associate professionals are broken down into separate categories, which make it more relevant for measuring gender disparities between more homogeneous occupational groups.

⁴ See also <http://www.ssb.no/klass/#!/> for up-to-date classifications and code lists.

Figure 1.4. Gender distribution of persons in employment (aged 15–74) by occupation at one-digit level. 2016. Per cent¹. 2016



¹ See also page 12 for more information on occupation classification levels.
Source: Labour Force Survey (LFS), Statistics Norway

Men dominate more occupations than women

Figure 1.5. shows that men’s dominance in the five most male-dominated occupations is greater than women’s dominance in the five most female-dominated occupations. This figure is based on register-based employment statistics, which enable a more detailed classification of occupations by gender (see the text box).

Register-based employment statistics

Since 2015, register-based employment statistics have mainly been based on the ‘a-ordning’, which consists of harmonised digital information about conditions of employment, income and tax deductions collected by the Norwegian Tax Administration, the Norwegian Labour and Welfare Administration (NAV) and Statistics Norway. The statistics cover residents of Norway aged 15–74 who have worked for at least one hour in the reference week or who were temporarily absent from such work. The exception is persons resident in Norway whose place of work is abroad.

There are some discrepancies between the register-based employment statistics and the LFS, which means that the figures vary slightly. The main reason is the different data collection methods used. The LFS is a sample survey, while the register data is taken from the ‘a-ordning’. There will always be sample uncertainty associated with the figures in a sample survey, something that does not occur in register statistics. In addition, there is only one reference point (the third week in November) in the register-based statistics, while the LFS is calculated from the point of data collection, in which all weeks in each quarter are included. Finally, the ‘occupation’ variable is only included for wage earners in the register-based statistics. Thus, the self-employed are not included (Wold, 2017). Some occupations are therefore not included in the register-based employment statistics (Berge, 2017).

Among building and related trades workers (excluding electricians), 98 per cent of wage earners are men. Metal, machinery and related trades workers and electrical trades workers are a close second (both 97 per cent), followed by drivers (95 per cent) and street and related service workers (92 per cent). However, there are very few wage earners in the latter category. The proportion of female wage earners is by far the highest among personal care workers, with 83 per cent. The proportion of women is also higher among health professionals (82 per cent), general and keyboard clerks (79 per cent), health associate professionals (78 per cent) and cleaners (76 per cent).

Greater spread of occupations among male wage earners

There are a total of 43 occupation categories at the two-digit level. In 18 of these, over 75 per cent of the wage earners are men, while female wage earners only surpass 75 per cent in 5 out of the 43. This means that men dominate in far more occupations than women.

Women also work to a much greater extent than men within the same occupations as other women, while men work in a broader range of occupations. Thirty-eight per cent of all female wage earners work within one of the five most female-dominated occupations shown in Figure 1.5. By comparison, 21 per cent of all male wage earners work within the five most male-dominated occupations.

Figure 1.5. Proportion of women and men employed in the five most male-dominated occupations, according to the occupational standard STYRK-08 and occupations at 2-digit level¹. 2016

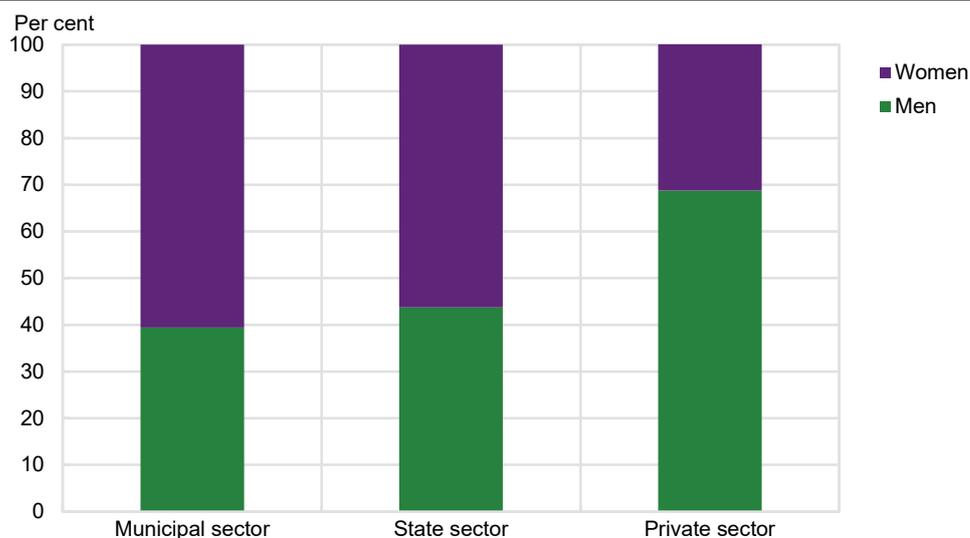


¹ See also page 12 for more information on occupation classification levels.
Source: Register-based employment statistics, Statistics Norway

Increase in proportion of female managers

Even though men are still overrepresented in managerial positions, the proportion of women in employment who are managers has increased from 32 to 38 per cent since 2011, according to the LFS. In 2016, about 6 out of 10 managers were men, compared to 7 out of 10 just 5 years earlier.

Figure 1.6 shows, however, that the gender distribution among managers varies considerably between the different sectors. The private sector, where the majority of the employed are men, has about 160 000 managers, and almost 70 per cent of these are men. By comparison, local government and central government have 33 000 and 16 000 managers respectively. In local government, 60 per cent of the managers are women, while in central government the corresponding figure is 56 per cent.

Figure 1.6. Proportion of male and female managers, by sector. 2016. Per cent

Source: Labour Force Survey (LFS), Statistics Norway

Gender disparities in types of managerial occupations

As already mentioned, register-based employment statistics enable a more detailed division of different occupations for wage earners. This means that we can study gender disparities within different types of managerial occupations. These statistics also show that the number of managers is much higher in the occupations dominated by men than those dominated by women.

Register-based employment statistics for 2016 show that there are disparities in the types of managerial occupations that men and women are employed in. Women account for the largest proportion of managers in children's care services (90 per cent women), health services and care for the elderly (both 71 per cent women). The proportion of female personnel managers is also relatively large (62 per cent). Meanwhile, the largest proportion of male managers is found in the construction sector (94 per cent), manufacturing and ICT (both 88 per cent) (Statistics Norway, 2017). The small proportion of women in construction, for example, must be viewed in the context that there are very few women working in this industry in general, while the opposite is true for managers in health care, care for the elderly and care services, where the proportion of women is large.

Industry attachment and gender

As well as the disparities in women's and men's occupations, there are also gender disparities when it comes to which industries they are employed in. The industry category is determined according to the company's type of activity, which in turn can consist of a variety of occupations. Some occupations can be linked to many different industries, while other occupations are linked to a particular industry. Thus, part of the reason why men and women work in different industries will be that they have different occupational backgrounds. One example is the small proportion of female managers in construction, as mentioned in the previous paragraph. This must be viewed in the context that there are very few women working in this industry in general.

The most gender-balanced industries are personal services,⁵ public administration, defence and social insurance, finance and insurance, as well as retail trade. On the other hand, some of the most gender-homogeneous industries are construction, transport and storage, mining and extraction – industries mainly made up of men.

⁵ The three largest personal service industries are activities in member organisations, other personal services, sports and leisure activities and artistic activities and entertainment.

1.5. Highest unemployment among men

Unemployed persons are defined as those who were not employed in the reference week, but who had sought such work during the preceding four weeks, and were available for work in the reference week or the two subsequent weeks.

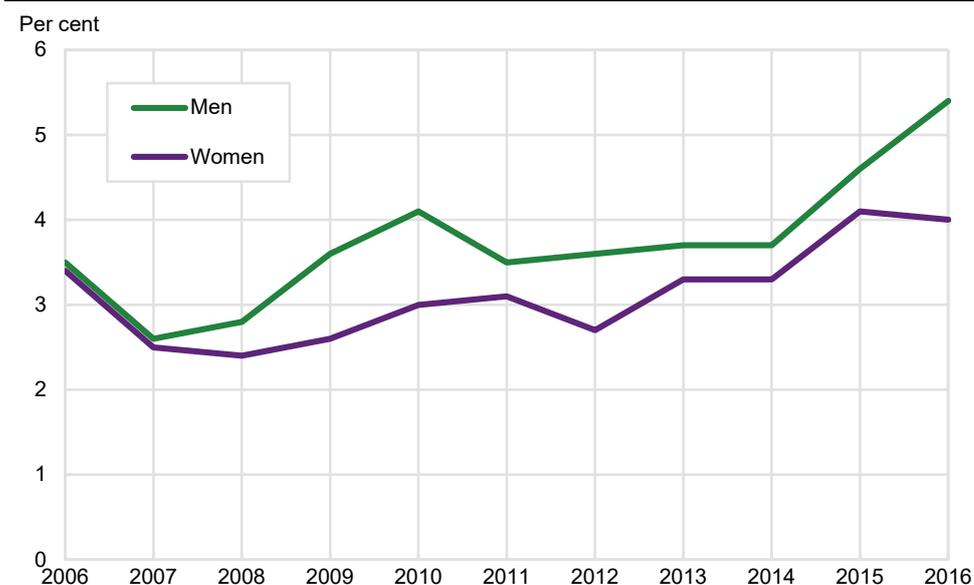
Unemployment is currently higher among men than women. In the 1970s, when the labour market was dominated by men, unemployment was higher for women than for men. When employment among women rose in the 1980s, the unemployment pattern also changed (Sandnes, 2005); unemployment went up, and since the start of the 1990s has been higher for men than for women in most years.

Higher unemployment among men is partly due to the fact that men work in industries that are more exposed to fluctuations in the economy. As we have observed, more women than men are employed in the public sector, where cyclical changes have less of an impact on jobs. In addition, there are more women than men outside the labour force,⁶ and these are not classified as unemployed in the statistics. Some of these alternate between being economically active and outside the labour force.

Figure 1.7 shows that from 2006 to 2007, the proportions of unemployed men and women fell, before unemployment rose from 2008 to 2010, mostly for men. It then stabilised at a slightly lower level. A shift occurred in 2014, when unemployment saw a sharp increase for both sexes, climbing to 4 per cent for women and then levelling out. The unemployment rate for men continued to rise and surpassed 5 per cent in 2016. During this period, oil-related industries experienced cutbacks as a result of falling oil prices. Recent figures show that unemployment has decreased somewhat for men since 2016.

The labour force is the sum of persons employed and unemployed.

Figure 1.7. Proportion of unemployed women and men. 16-74 years. 2006-2016



Source: Labour Force Survey (LFS), Statistics Norway

1.6. Women’s and men’s use of time

Statistics Norway’s time use surveys enable us to obtain more insight into women’s and men’s daily rhythm, daily life and leisure time. We can look into trends and examine the breakdown of paid work, unpaid work and leisure time for women and men from 1971 to the present day. The time use survey shows that women accounted for 54 per cent of the unpaid work relating to household work and care tasks in 2010, while men accounted for 46 per cent. This is very different to 1971, when women performed 72 per cent of the unpaid work and men 28 per cent.

⁶ The labour force is the sum of people in employment and the unemployed. The unemployed are part of the labour force even though they do not have a job, since they are offering their labour on the market.

Time use survey

Every ten years, Statistics Norway conducts a survey of how people spend their time during the course of a day and who they spend time with on various activities. The time use survey enables us to look at income-generating work in comparison with unpaid work, leisure time and other activities. The first time use survey was conducted in 1971, and the 2010 version was the fifth of its kind. The results are often shown in hours and minutes.

Paid work is mainly covered by other statistics, such as the Labour Force Survey (LFS), which is the basis for most of the labour statistics in this report. The time use survey, however, shows a slightly different dimension of paid work because it is viewed in the context of other activities. Paid work in the time use survey is not comparable with the LFS figures for several reasons: 1) A specific day is used as the point of reference, whereas the LFS figures are per week. 2) The survey shows the average time use during the course of one 24-hour period for all persons, including those who are not in employment, while the LFS figures only give an average for all persons in employment. This means that gender disparities will be somewhat more marked in the time use survey than the LFS. 3) In addition, the age group division in the time use survey differs to that in the LFS.

Fewer gender disparities in labour market participation

The proportions of women and men in income-generating work differ somewhat from the LFS figures quoted in Chapter 1 because two different data sources were used (see the text box above for more information). The trends are nevertheless the same. The time use surveys also show that men spend more time on income-generating work than women. In 2010, 48 per cent of men and 39 per cent of women aged 16–74 reported that they had performed income-generating work during the course of an average day.

The proportion of women performing income-generating work during an average day steadily increased during the period 1971–2010, while the proportion of men declined. The proportion of women in income-generating work increased by 7 percentage points during the period, and the decline for the men was 16 percentage points. The increase for women may have been curbed due to the fact that many women work part time, which has a lesser impact on the figures than full-time work.

The actual time that men spent on paid work on an average day was reduced by 1 hour and 20 minutes during the period. In 2010, men spent an average of just over four hours a day on paid work. The decline is probably partly due to the reduction in working hours in the 1970s and 1980s, and because more people were in education in 2010 than in 1971. For women, the average time spent on income-generating work per day increased by just over an hour after 1971, to three hours in 2010. This is partly due to the fact that more women are in employment. Those who were not in employment on an average day are also included in these figures (Vaage, 2010).

Still clear gender disparities in household work

Time spent on paid work has thus increased for women over the last 40 years, while the time spent on household work has fallen sharply in the period. This applies to all women aged 16–74 on an average day. Household work includes housework, family care, maintenance work and shopping and travel in connection with such tasks.

The decline in time spent on household work peaked in the 1970s, but was also notable in the 1980s and 1990s. While women aged 16–74 spent almost six hours a day on household work in 1971, the corresponding figure in 2010 was somewhat less than four hours. The time men spent on such work increased by about three-quarters in this 40-year period. The increase is mainly due to the fact that more men, of all ages, are taking part in this type of work than before. In 2010, men spent an average of three hours a day on household work.

The gender disparities are more marked for housework than for other types of household work, but here too the gap has narrowed considerably. In 1971, men only spent 9 per cent of the time women spent on housework, compared to 40 per cent in 2010. The closing of the gender gap in household work is primarily due to the fact that women are spending much less time on household work, and less about men's contribution increasing (Vaage, 2010).

More time for leisure activities for women and men in all age groups

Both men and women now have more free time than 40 years ago. This applies to all age groups. Women and men aged 16–74 spent more than six hours on leisure activities on an average day in 2010. This is an increase of about one hour for both sexes since 1971. While time spent on leisure activities has increased for men since 1971, the time spent on income-generating work and personal needs, such as sleep and other personal care, decreased during the period. The time spent on household work has also increased, while the time men spent on education has remained stable over the last 40 years. For women, a reduction in the time spent on household work and personal needs has increased their leisure time. Women also spend more time on income-generating work and education now than in 1971.

Table 1.2. Time spent on various activities, men and women on an average day. 16–74 years. 1971-2010. Hours

	Men					Women				
	1971	1980	1990	2000	2010	1971	1980	1990	2000	2010
Education	0.23	0.30	0.29	0.22	0.27	0.17	0.31	0.33	0.27	0.28
Paid work	5.29	4.40	4.30	4.34	4.10	1.56	2.23	2.48	2.59	3.01
Household work	2.13	2.26	2.36	2.41	3.00	5.55	4.46	4.22	3.56	3.50
Leisure	5.20	6.08	6.21	6.32	6.18	5.01	5.56	6.01	6.22	6.11
Personal needs, incl. sleep	10.20	10.11	9.58	9.46	9.59	10.35	10.19	10.10	10.11	10.24
Other, not specified	0.15	0.05	0.06	0.04	0.06	0.15	0.04	0.06	0.05	0.05

Source: Time use survey, Statistics Norway

Marked gender disparities in time use among parents of young children

The distribution of income-generating work and household work between parents of young children has been the subject of much debate. The introduction of the paternity quota in 1993 and the extension of parental leave, coupled with a comprehensive expansion of the accessibility of kindergarten places from the 1990s up to the present day have formed part of the policy to stimulate more equitable parenting and greater gender equality in working life (Egge-Hoveid and Sandnes, 2013). We will examine parents' use of time since 1990, and how the distribution of paid work and household work has changed over time. We will particularly focus on the redistribution of paid and unpaid work between women and men, especially among parents of children aged 0–2.

Mothers of young children spend significantly less time on their professional work, and much more time on household work than other women. Caring for children takes up the most time. Parents with children aged 0–2 spent 3½ hours on care tasks on an average day in 2010. This is half the time spent on household work. Mothers with children between the ages of 3 and 6 spent more than 1½ hours on care tasks on an average day and five hours on household work (Egge-Hoveid and Sandnes, 2013).

Fathers with children aged 0–2 spent less than two hours on care tasks in 2010, falling to 1 hour and 20 minutes for those with children aged 3–6. Fathers of young children do not spend less time on their professional work than men in other life phases, but have less leisure time.

Furthermore, we see that mothers of children aged 0–2 spend on average less than half as much time on their professional work as their male counterparts, and this is significantly less than women whose children are older. On average, mothers with young children spent a good two hours on their professional work per day in 2010. This is half an hour more per day than in 1990.

Today's mothers of young children, on the other hand, spend somewhat less time on household work than in the early 1990s; an average of ten minutes less per day. Most of the decline in household work has contributed to an increase in time spent on professional work and in leisure time (Egge-Hoveid and Sandnes, 2013).

Fathers with children aged 0–2 spend about 4½ hours a day on household work, which is a good hour more than in 1990. Meanwhile, there has been a decline in the amount of time this group of fathers spends on their professional work. On average, they spent about an hour less on their professional work in 2010 than 20 years earlier.

Furthermore, we see that there has been a particular shift towards a more equitable distribution of income-generating work and household work for couples with children aged 3–6 in the last 20 years. The disparity in time spent on paid work between mothers and fathers with children in this age group has decreased, from almost 2½ hours in 1990 to about 50 minutes in 2010. It is also when the children are in this age group that household work is most equally shared between mothers and fathers.

Overall, we see a more equal distribution between parents with children in 2010 than in 1990, regardless of the age of the children, and this is largely because fathers now spend more time on household work than 20 years ago.

2. Women's and men's pay

The employment statistics show that the Norwegian labour market is very gender divided, with many industries dominated by either a female or a male labour force. This also has a large impact on the gender pay gap. For all industries as a whole, women earn an average of 86.1 per cent of men's monthly earnings. The main reason for the gender pay gap is the gender-divided labour market.

However, there are also other underlying factors that may explain wage disparities between women and men, such as those related to the individual, e.g. education, length of service, age etc.

2.1. Monthly earnings in the public and private sector

Full-time equivalent is a calculation method that enables wage comparisons between full-time and part-time employees. Part-time employees' pay is converted to what it would be if they worked full time.

Table 2.1 shows average monthly earnings per full-time equivalent for both full-time and part-time employees in various sectors in 2016. In order to eliminate pay disparities due to differing working hours, part-time employees' earnings are converted into full-time earnings throughout this chapter. 'Monthly earnings' is the main term in the wage statistics, and includes agreed salary (basic salary), variable additional allowances, as well as bonuses and commission. Overtime pay is not included in the monthly earnings.

Table 2.1 shows that women earn 86.1 per cent of men on a monthly basis, and that the pay gap is wider in the private sector than the public sector. In the private sector and public enterprises, women's pay is 84.6 per cent that of men's pay, while in the public sector (central and local government) the gender pay gap is narrower. In central government,⁷ women's earnings are 87.1 per cent of men's, while the average wage level is higher than in the other sectors. The pay differential is smallest in local government, where women earn 93.5 per cent of men. Local government has a large proportion of female employees, a lower wage level than the other sectors, and part-time work is common for both sexes.

Table 2.1. Average monthly earnings per full-time equivalent and women's pay as a percentage of men's in 2016. All employees, by sector

Sector	Total monthly earnings		Women's pay as a percentage of men's
	Men	Women	
All employees	46 200	39 800	86.1
Private sector and public enterprises	46 200	39 100	84.6
Central government	50 300	43 800	87.1
Local government	41 500	38 800	93.5

Source: Wage statistics all employees, Statistics Norway

In the wage statistics, employees working fewer than full-time hours are defined as part-time employees.

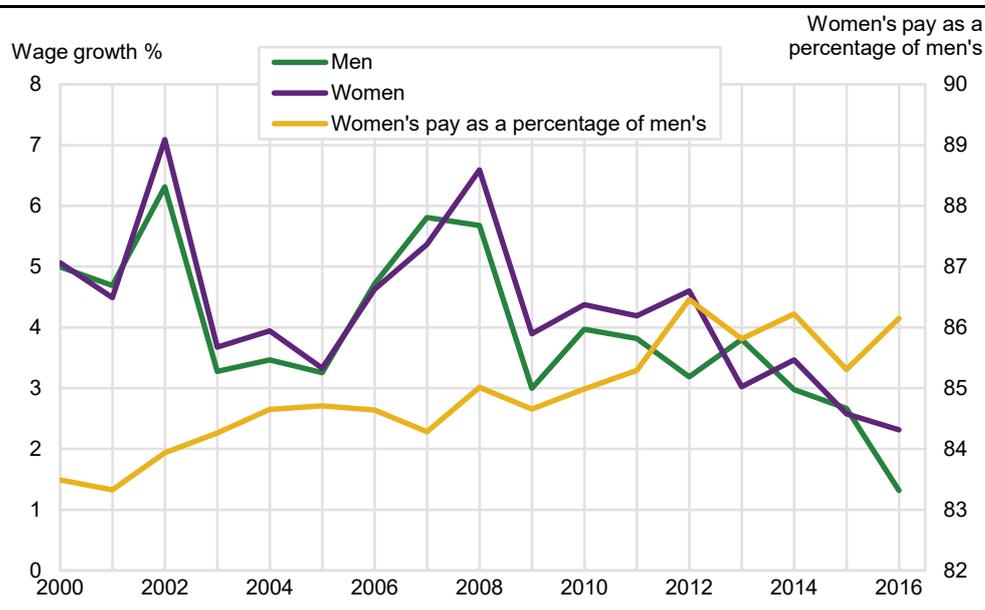
A larger proportion of women than men work part time, and women who work part time are often found in different industries and occupations from men who work part time. In terms of part-time employees, the average earnings of women and men were approximately the same in 2016. For full-time employees, on the other hand, women earned 87.5 per cent of that of men. Part of this major disparity between full-time and part-time employees can probably be explained by the fact that the distribution of part-time employees is more uneven between the different occupational groups compared to full-time employees. For instance, most managers are full-time employees.

The gender pay gap is exacerbated by the fact that men are more likely to receive different forms of additions and bonuses than women. In terms of basic salary, women's pay was 88 per cent of men's.

⁷ Includes employees at universities/university colleges and regional health authorities etc.

Figure 2.1. shows that wage growth has been slightly higher for women than for men through almost the entire 2000s. Women’s percentage of men’s wages varies somewhat, but shows an increase from 83.5 per cent in 2000 to 86.1 per cent in 2016.

Figure 2.1. Annual wage growth and women’s pay as a percentage of men’s 2000-2016

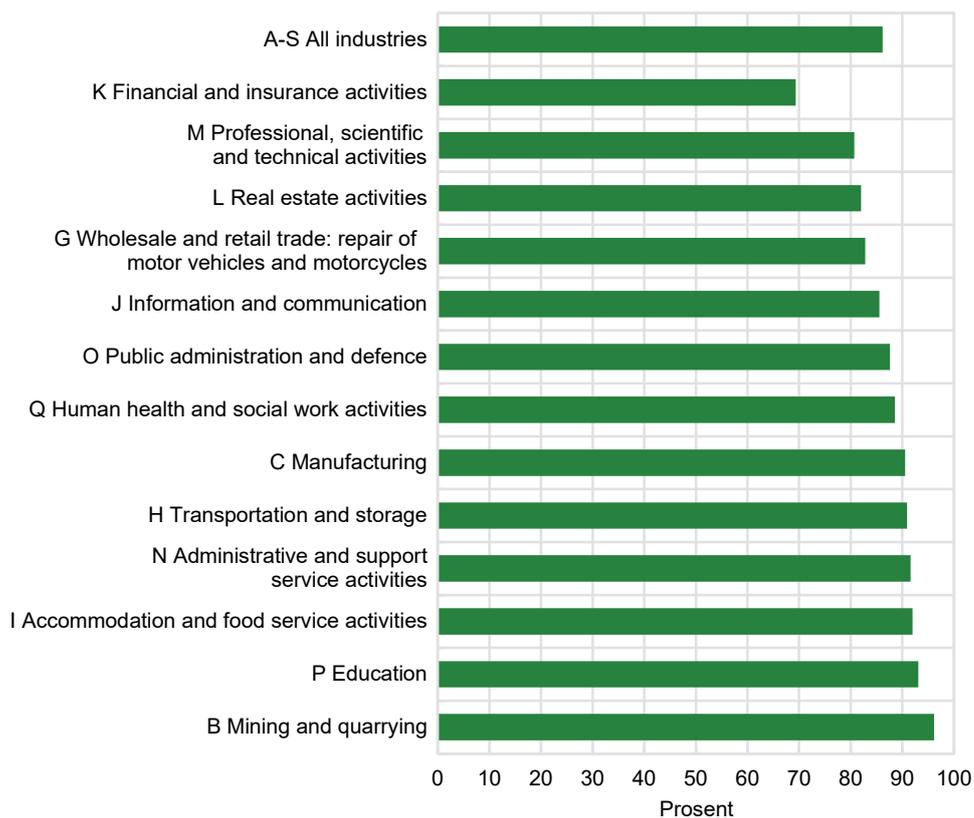


Source: Income and wealth statistics, Statistics Norway

2.2. Pay gap narrowest in oil extraction

The gender pay gap varies considerably from industry to industry; some industries are characterised by a high proportion of women and relatively low wage levels, while other industries have higher wage levels combined with the fact that women and men are employed in different occupations and perform different tasks.

Figure 2.2. shows the gender pay gap in a selection of industries. The disparity is quite small in mining and extraction (includes the oil industry), where women’s pay is 96 per cent of men’s. However, there are very few women in this industry. In the finance and insurance sector, the number of male and female employees is roughly the same. The wage level is relatively high, but women earn 30 per cent less than their male colleagues. Women are heavily overrepresented in health and social services, and their wages amount to 88.6 per cent of the men’s. However, the pay gap varies somewhat within this industry group. In health and social services, the greatest disparities are among employees working in public hospital services, where women’s pay is just 80 per cent of men’s. By comparison, women working in nursing and care institutions earn 1.6 per cent more than their male colleagues. This is no doubt related to the types of positions that women and men hold in these industries.

Figure 2.2. Women's pay as a percentage of men's. 2016. All employees in selected industries.

Source: Income and wealth statistics, Statistics Norway

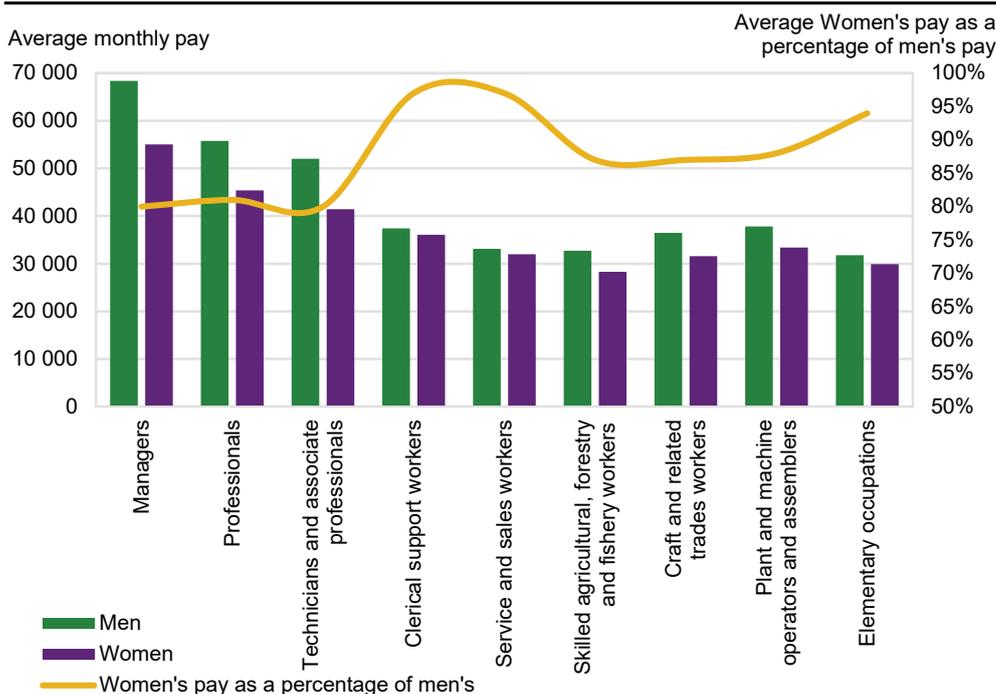
2.3. Wide pay gap in management

The proportions of women and men working in the different occupational groups vary considerably. For example, two out of three employees in office, sales and service industries are women, and two out of three managers are men.

Figure 2.3. shows that the relative wage differential between women and men is greatest in the occupational groups with the highest wage level, i.e. among managers, professionals and technicians and associate professionals. Female managers earn just 80 per cent of what men earn per month. However, the gender disparity among managers varies from industry to industry. Wholesale and retail trade, and financial and insurance activities are examples of industries with a large wage differential between female and male managers, while both education and construction are examples of industries where the gap is relatively narrow.

In administrative and support service activities, the gender disparity in earnings is small. In these occupational groups, women's monthly earnings are about 97 per cent of men's. These occupational groups include office and shop workers, healthcare workers and kindergarten and school assistants.

Figure 2.3. Women’s pay as a percentage of men’s 2016. All employees by occupation group¹



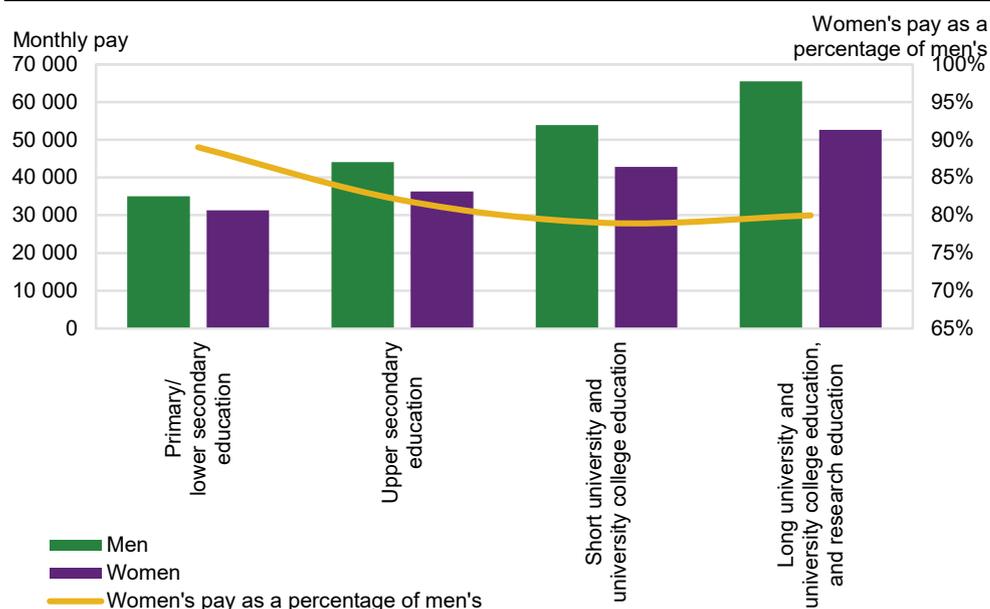
¹ See also page 12 for more information on Statistics Norway’s standard classification of occupations. Source: Statistics on earnings of all employees, Statistics Norway

2.4. Pay gap widest among employees with a higher education

The gender pay gap increases with level of education. Among employees with only a primary or lower secondary education, women earned 89 per cent of men, while the corresponding share for those with a university or university college education was around 80 per cent.

One reason why the pay gap is greatest for those with a higher education may be that women and men choose different education paths, which in turn leads to different occupations and wage levels.

Figure 2.4. Women’s pay as a percentage of men’s 2016. All employees by level of education



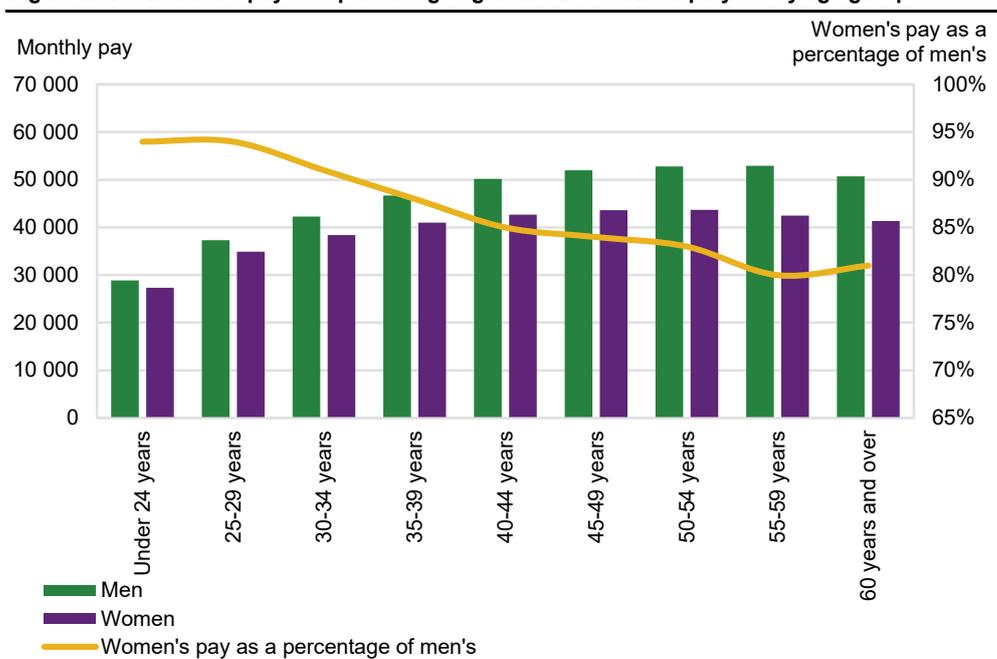
Source: Income and wealth statistics, Statistics Norway

2.5. Wage differential increases with age

The gender pay gap increases with age. This may partly be due to generational differences in education and occupation choices, and the fact that having a family previously had more impact on women’s earnings and competence development than it does now (Østbakken, 2014).

For the under 29s, women’s earnings are about 94 per cent of men’s. The pay gap increases steadily with age, with women over 55 earning about 20 per cent less than men.

Figure 2.5. Women’s pay as a percentage of men’s 2016. All employees by age group

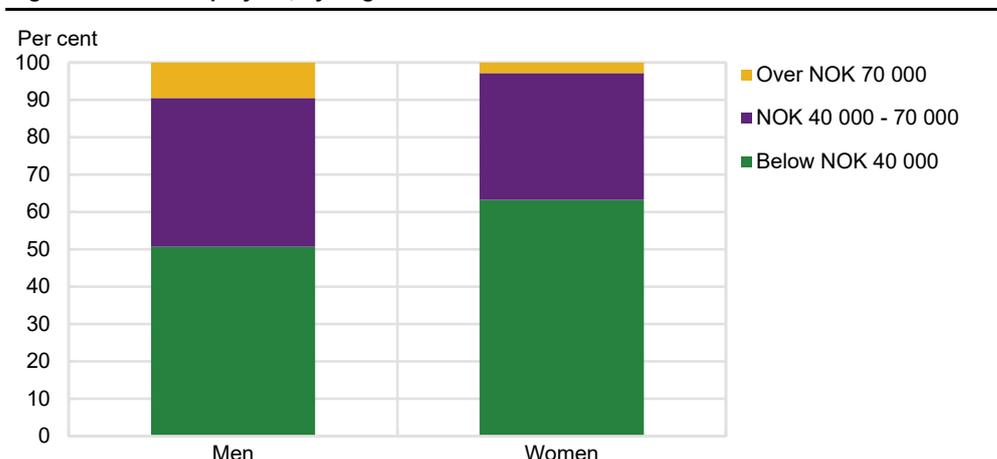


Source: Income and wealth statistics, Statistics Norway

2.6. Greatest disparity among high earners

The gender pay gap can also be illustrated by showing how women and men are distributed between different earnings intervals. Figure 2.6. shows the gender distribution on the pay scale (monthly earnings per full-time equivalent). About half of men and almost two out of three women earn less than NOK 40 000 per month. At the other end of the scale, we find that 10 per cent of men and 3 per cent of women earn more than NOK 70 000 per month.

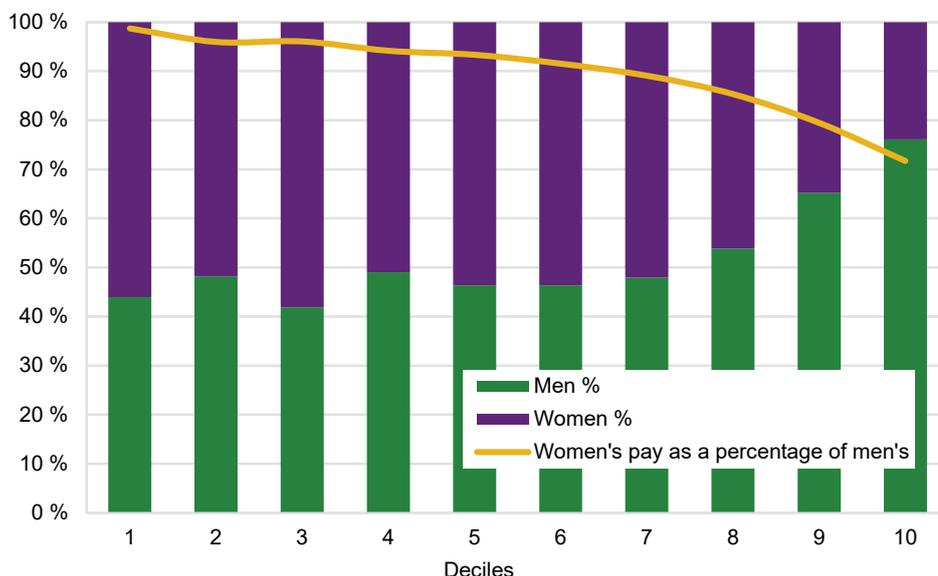
Figure 2.6. All employees, by wage level. 2016



Source: Income and wealth statistics, Statistics Norway

Figure 2.7 shows that both the pay gap and the proportion of men increase in line with the wage level. Decile 1 shows the 10 per cent with the lowest pay. The majority of this group are women, and there is little disparity between women’s and men’s wages. The 10 per cent with the highest pay are found in the top decile. Three out of four in this group are men, and the highest paid women earn on average almost 30 per cent less than the men in the group.

Figure 2.7. Proportion of employees in decile groups 2016



Source: Income and wealth statistics, Statistics Norway

3. Women's and men's income

In 2015, women received about 41 per cent of the total income of Norwegian households, while the remaining 59 per cent was earned by men. The disparity mainly lies in the income from work. In 2015, women's total income from work amounted to 61 per cent of men's. Women paid less in tax, but received more in transfers than men. Thus, the tax system went some way to levelling out the income men and women received. Nevertheless, the gender disparities were considerable.

Difference between wages and income from work

Chapter 2 examines the gender disparities in wages, while this chapter looks at the gender disparities in income as a whole. Income is a broader term than wages and includes capital income, miscellaneous transfers, etc. At first glance, income from work may appear to be the same as wages, but although both refer to remuneration for work performed, they encompass different aspects of the remuneration. Wages are monetary payments for work performed by wage earners per month, while income from work is the sum of employee income and net income from self employment for all members of private households in a calendar year.

About the income and wealth statistics

All income and wealth figures in this report are retrieved from Statistics Norway's income and wealth statistics for households. As of the financial year 2004, these are comprehensive statistics covering all members of private households living in Norway at the end of the year.

Income data are linked from various administrative registries, such as the Directorate of Taxes, the Norwegian Labour and Welfare Administration (NAV), the Norwegian State Housing Bank (Husbanken) and the Norwegian State Educational Loan Fund (Lånekassen). Household composition is derived from various sources, such as the Central Population Register, the Norwegian State Educational Loan Fund, Norway Post's address register and tax return data. Before 2004, these statistics were based on representative annual sample surveys.

The data obtained from administrative registries cover most monetary income received by Norwegian households during the year. The statistics cover wages and income from self employment (income from work), capital income, taxable transfers such as pensions and welfare benefits, and various tax-free transfers, such as child benefit, cash-for-care benefit, dwelling support, student grants, social assistance, etc. The income statistics are thus a broad reflection of households' various financial resources.

3.1. Gender disparity in income

When describing how different income is distributed between women and men, it should be borne in mind that many individuals are part of a financial cooperation with others, in which income and expenses are shared. The income from one or more people may also be used by other people who do not have their own income, for example, children, young people and those who are not in employment. It is therefore important to take into account the economic unit that individuals belong to.

In addition, there are several types of household or family-related incomes that are registered to only one recipient in the household, such as social assistance, dwelling support and child benefit. Which spouse is registered as having shared capital income, debt interest, assets and liabilities in the tax return can also be quite random. It is important to note this when macro figures are initially given for how different types of income are distributed between women and men. Although the income statistics do not provide a complete and fully accurate picture, they are nevertheless a relatively good indication of how the financial resources are distributed between the sexes.

Men have higher income from work and capital income

Table 3.1 gives an overview of various types of income and transfers received by women and men in Norwegian households in 2015 respectively. Of a total of NOK 1 245 billion in income from work for registered residents, NOK 771 billion was received by men, which corresponds to 62 per cent of the total income from work. The table also shows that share dividends received in 2015 were high, which was reflected in the high capital income. These different types of income were largely paid to men. Women's share of men's capital income was 32 per cent.

The table also shows that women received more taxable and, in particular, tax-free transfers than men. Women are more likely to be the recipients of benefits such as child benefit, cash-for-care benefit and the lump-sum grant on birth or adoption. This goes some way to levelling out the gender disparity. Men also pay more in taxes than women, which contributes to a further equalisation. In 2015, women paid 57 per cent of the amount men paid in taxes and negative transfers. In terms of after-tax income, women's after tax income was 73 per cent of men's, compared with 69 per cent before tax. This is a significant disparity.

Table 3.1. Income accounts for residents, by gender. Total amounts and number of recipients. Women's income as a percentage of men's. 2015

	NOK million		Women's income as a percentage of men's (%)	No. of recipients		Percentage of female recipients as a percentage of male recipients (%)
	Women	Men		Women	Men	
Income from work	473 656	771 421	61	1 466 793	1 629 664	90
Capital income	32 576	100 833	32	2 022 578	2 036 318	99
Taxable transfers	224 138	219 626	102	1 213 109	993 508	122
Tax-free transfers	28 242	14 215	199	1 018 184	519 278	196
Total income	758 612	1 106 095	69	2 144 741	2 164 395	99
Assessed taxes and negative transfers	172 820	304 174	57	1 822 913	1 903 570	96
After-tax income	585 792	801 920	73	2 144 899	2 164 500	99

Source: Income and wealth statistics for households, Statistics Norway

3.2. Income from work

Income from work consists of wage income and net income from self employment.

Chapter 2 of this report highlighted the gender pay gap based on Statistics Norway's wage statistics. Much of the income differential stems from gender disparities in working life. Women generally have lower wages than men, and are more likely to work part time or stay at home to carry out unpaid household work. Statistics Norway's wage statistics showed that average monthly wages for women were 85.3 per cent of men's monthly wages in 2015.

The total income from work⁸ received by registered residents in Norway in 2015 amounted to NOK 1 245 billion. Women received 38 per cent of this, corresponding to NOK 474 billion (Table 3.2). There is a significant gender disparity in the distribution of wage income and net income from self employment. Net income from self employment for men totalled NOK 56.5 billion; more than three times that of the women. There are far fewer self-employed women than men. The table shows that less than one in three of the self-employed were women in 2015.

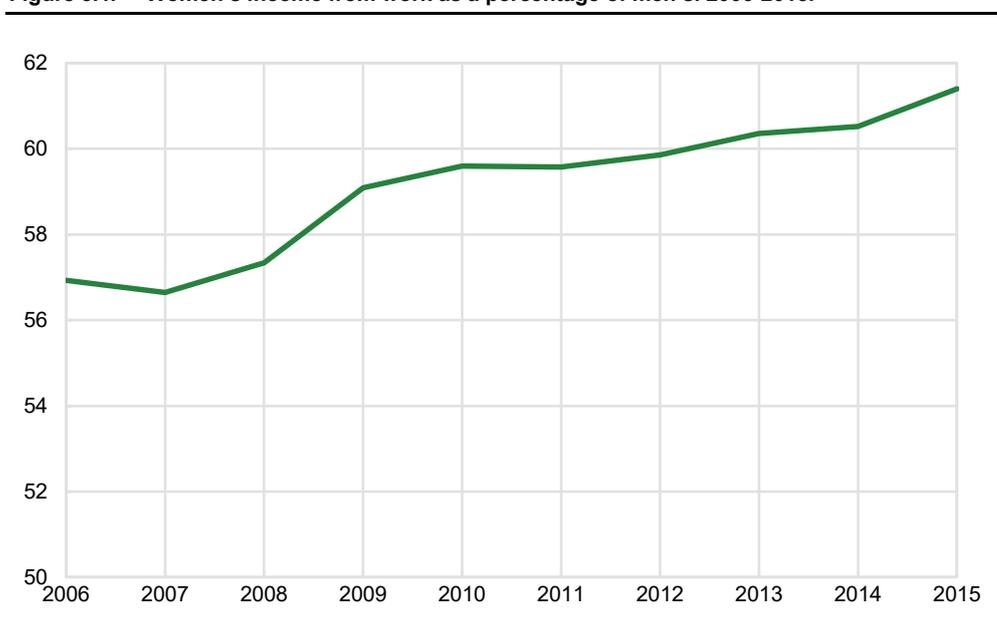
⁸ The figures for income from work do not include sickness benefit or parental benefit.

Table 3.2. Income from work of registered residents, by gender. Total amounts and number of recipients. Women's income as a percentage of men's. 2015

	NOK million		Women's income as a percentage of men's (%)	No. of recipients		Women's income as percentage of men's (%)
	Women	Men		Women	Men	
Income from work	473 656	771 421	61	1 466 793	1 629 664	90
Employee income	455 633	714 875	64	1 437 027	1 558 956	92
Net income from self employment	18 022	56 545	32	106 830	222 871	48

Source: Income and wealth statistics for households, Statistics Norway

We can see from Figure 3.1 that women's income from work as a percentage of men's has increased in recent years, from 57 per cent in 2006 to 61.4 per cent in 2015. Since these are aggregated amounts, the development is sensitive to underlying demographic trends. The large labour migration of men since the expansion of the EEA area may have impacted on the ratio of women's and men's total income from work. It is also worth noting that it is during downturns in the economy that the differential levels out the fastest. The disparities are decreasing, but progress is slow.

Figure 3.1. Women's income from work as a percentage of men's. 2006-2015.

Source: Income and wealth statistics for households, Statistics Norway

3.3. Capital income

Capital income is the sum of interest income, share dividends, realised capital gains and other capital income during the calendar year.

Table 3.3 gives an overview of total capital income for residents in Norway in 2015. The table shows that there are significant gender disparities. Women received NOK 32.6 billion in capital income in 2015, while the corresponding amount for men was over NOK 100 billion.

The disparity in interest income is relatively small. Women's interest income as a percentage of men's is 78 per cent. However, this has little impact on the overall situation, since interest income in 2015 was relatively low and the dividend yield was relatively high. Men received 82 per cent of all dividend payments in 2015. The dividend yield was exceptionally high in 2015 due to adjustments for new taxation of dividends. This meant that the share of the capital income received by men was correspondingly higher. For example, in 2014, women's capital income was 40 per cent of men's.

Table 3.3 Capital income for residents, by gender. Total amounts and number of recipients. Women's capital income as a percentage of men's. 2015

	NOK million		Women's capital income as a percentage of men's (%)	No. of recipients		Women's capital income as a percentage of men's (%)
	Women	Men		Women	Men	
Capital income	32 576	100 833	32	2 022 578	2 036 318	99
Made up of:						
Gross interest income	7 887	10 097	78	2 017 709	2 031 562	99
Dividend yield	14 889	68 316	22	186 022	343 412	54

Source: Income and wealth statistics for households, Statistics Norway

3.4. Taxable transfers

Taxable transfers consist of state pensions, occupational pensions, early retirement pensions and sick pay.

The social security system is a central part of the Norwegian welfare society. The purpose of the benefits is to give financial security to people who, for various reasons, are unable to provide for themselves through paid work. The benefits are also intended to equalise income and living conditions throughout the lifetime of the individual and between different groups in the population. The national insurance scheme aims to secure an income for the individual in connection with, for instance, illness, pregnancy, childbirth, disability, single-parent child care, loss of provider and retirement.

Table 3.4 shows the total number of different earned and needs-tested benefits under the national insurance scheme, such as retirement pension, disability pension, survivor's pension and transitional benefit, in addition to unemployment benefit, occupational pensions and maintenance payments. The table shows that there were 220 000 more female recipients of taxable transfers in 2015, but that in total, women and men received about the same amount in taxable transfers. Among the various taxable transfers, there are some that illustrate the gender disparity.

In 2015, men received nearly NOK 100 billion in retirement pension from the national insurance scheme, while the corresponding amount for women was about NOK 83 billion. The higher disbursement for men is due to the fact they paid in more to the scheme when they were economically active. However, because of the higher life expectancy of women, there are somewhat more women than men in receipt of a retirement pension. In 2015, disability pension under the national insurance scheme was changed to disability benefit, which gives pension points and is taxed as earnings instead of as a pension. The majority of the recipients of disability benefit, i.e. 58 per cent, were women.

More women than men are recipients of parental benefit and sickness benefit. In 2015, more than 86 000 women and 58 000 men received parental benefit during the calendar year, and the total amount paid to women was triple the sum paid to men. The reason for this is that women usually receive parental benefit over a considerably longer period of time than men. At the same time, men tend to have a higher basis for calculating parental benefit.

For transitional benefit, which is paid to single mothers or fathers in a transitional period, there are far more female recipients than male. In 2015, there were more than 14 000 female recipients of this benefit, while about 600 of the recipients were men. Conversely, there were more unemployed men than women in receipt of unemployment benefit. This is partly because men are more often employed in industries that are more sensitive to fluctuations in the economy, such as the oil industry and construction.

Table 3.4. Taxable transfers for residents, by gender. Total amounts and number of recipients. Women's taxable transfers as a percentage of men's. 2015

	NOK million		Women with taxable transfers as a percentage of men's (%)	No. of recipients		Women with taxable transfers as a percentage of men with taxable transfers (%)
	Women	Men		Women	Men	
Taxable transfers	224 138	219 626	102	1 213 109	993 508	122
Benefits from NI scheme	146 487	149 293	98	742 797	595 887	125
Retirement pension	82 736	99 935	83	429 966	395 371	109
Disability benefit	40 464	33 740	120	191 283	135 963	141
Survivor's pension	1 525	122	1 250	15 940	1 895	841
Transitional benefit	1 398	44	3 145	14 146	600	2 358
Occupational pension	30 505	33 091	92	446 620	358 259	125
Sickness benefit	22 025	16 871	131	455 749	289 094	158
Unemployment benefit	4 768	8 626	55	70 470	107 885	65
Parental benefit	13 642	4 544	300	86 105	58 093	148

Source: Income and wealth statistics for households, Statistics Norway

3.5. Tax-free transfers

Tax-free transfers include child benefit, dwelling support, student grants, social assistance, basic and attendance benefit and cash-for-care benefit.

Excluding social assistance and other tax-free transfers, women are more likely than men to receive all other types of tax-free transfers. The amount of tax-free transfers paid to women was therefore double the sum paid to men in 2015. This is partly due to the fact that women are more often registered as the parent in receipt of child benefit and cash-for-care benefit. There were also far more female recipients of, for example, student grants for single parents, support for childcare and lump-sum grants on birth or adoption.

Table 3.5. Tax-free transfers for residents, by gender. Total amounts and number of recipients. Women's tax-free transfers as a percentage of men's. 2015

	NOK million		Women's tax-free transfers as a percentage of men's (%)	No. of recipients		Women's tax-free transfers as a percentage of men's (%)
	Women	Men		Women	Men	
Tax-free transfers	28 242	14 215	199	1 018 184	519 278	196
Child benefit	13 322	1 520	876	623 437	84 866	735
Cash-for-care benefit	1 222	354	345	38 557	10 732	359
Lump-sum grant on childbirth or adoption	435	-	-	10 446	-	-
Dwelling support	1 674	1 216	138	80 519	58 659	137
Student grant	4 703	3 310	142	221 761	177 698	125
Social assistance	2 509	3 279	77	54 654	69 931	78
Basic and attendance benefits	1 771	1 644	108	94 041	76 959	122
Other tax-free transfers	2 606	2 891	90	122 183	136 370	90

Source: Income and wealth statistics for households, Statistics Norway

Child benefit is set at NOK 970 per month per child. As shown in Table 3.5, most of the recipients are women. Mothers are automatically reported as the recipient of child benefit from NAV unless otherwise agreed. Single parents, most of whom are also women, are paid extended child benefit for one child more than they actually live with. More women than men take higher education, which means that the number of women receiving student grants was also higher than for men.

Social assistance consists of disbursements and loans, and is intended to serve as temporary support for people in need of special financial assistance. For this benefit, there were more male than female recipients. However, the person registered as the recipient is often arbitrary when social assistance is intended for the whole household. Basic and attendance benefits are paid by NAV to people with a long-term need for additional assistance as a result of illness, injury and congenital disability. There are 94 000 female recipients of basic and attendance benefits, which is 22 per cent more than male recipients.

In the income and wealth statistics, administrative register data is used to identify comprehensive data on household income. However, not all forms of tax-free transfers are found in these administrative registers, including private child support, municipal cash-for-care benefit and municipal dwelling support.

3.6. Income disparities between household types

We will now examine women's and men's income by household type. The household is often considered to be the best unit for analysing the financial situation of individuals. The purpose is to show the extent to which the income composition varies for women and men by type of household and life phase. Caring for children is one of the main determining factors in income distribution, both for single parents and for couples.

Income from work

Income from work is the main source of income in most Norwegian households. In most household types, more men than women received income from work. The exception was for single persons aged 20–44, where 86 per cent of the women received income from work compared with 84 per cent of the men. However, the men who received income from work received a larger amount on average than their female counterparts. In total, men received an average of almost NOK 500 000, while the corresponding amount for women was around NOK 340 000. Some of the reasons for this are highlighted in Chapters 1 and 2, such as different wage levels in the industries women and men work in, different occupations, and the higher incidence of part-time work among women than men.

The proportions of men and women with paid work are quite similar among single people as a whole. However, the proportion of women is low in the group of single people aged 65 and above. Part of this disparity can be explained by the fact that women live longer than men, and there will therefore be relatively more women than men above working age in this group. If we limit the group to single people aged 65–74, 34 per cent of the women and 39 per cent of the men received some form of income from work. For the group of single people under the age of 65, women's average income from work in these household types was closer to men's income than for other types of households. Single women in general earn just slightly less than women the same age who are part of a couple, while for men the disparity is much greater. Single men between the ages of 20 and 44 earn 83 per cent of the men in childless couples⁹, while those in the 45–64 age group earn 81 per cent of those who are part of a couple.

For childless couples aged 65 and over, the age of the oldest person in the household determines the age of the household. Thus, this group will often include women under the age of 65. Women's income as a percentage of men's income was highest in this group, at 90 per cent.

The disparity between women's and men's income from work was greatest in households with children. For couples with children aged 0–6, women received just 55 per cent of the amount men received on average. One of the main reasons is that women are more likely to stay at home and to work part time when their children are young. Many of these women will also be recipients of various types of benefits, such as parental benefit and sickness benefit.

Among single parents, men typically have higher income from work than women. For example, the income from work paid to single women with dependents was on average 69 per cent of the amount paid to their male counterparts.

⁹ Couples without resident children. They may not have children, or have children that are moved out.

Table 3.6 Income from work by gender for different household types. Persons aged 20 and over. Average for recipients and proportion of recipients. NOK and per cent. 2015

	Average		Women's income from work as a percentage of men's	Proportion of recipients	
	Women	Men		Women	Men
All	341 300	497 600	69	70	78
Single 20–44 years	289 300	374 200	77	86	84
Single 45–64 years	399 000	493 800	81	74	75
Single 65 years and over	150 600	217 300	69	17	27
Childless couples under 45 ¹	310 000	451 800	69	91	94
Childless couples 45–64 years	396 700	610 300	65	83	89
Childless couples 65 years and over	239 800	265 100	90	34	39
Couples with children 0–6 years	319 600	580 900	55	88	96
Couples with children 7–17 years	428 400	662 600	65	91	94
Single mothers/fathers with children under 18 years	360 800	525 200	69	81	89

Source: Income and wealth statistics for households, Statistics Norway

¹ Childless couples: couples without resident children. They may not have children, or have children that are moved out.

Capital income

Capital income is a type of income where very few people receive very high amounts. This particularly applies to years such as 2015, when interest rates on bank deposits were low and share dividends were sky high. On average, men received more than NOK 50 000 in capital income in 2015 and women received around NOK 16 500. However, if we look at the median, i.e. the mid-point in the income distribution, or the 'typical' amount received, the corresponding figures for men and women were NOK 1 400 and NOK 1 100 respectively. In Table 3.7, we have used median figures for capital income for each type of household, distributed by gender.

Since most people in Norway have an interest-bearing bank account, the proportion with capital income was almost 100 per cent for both women and men in all types of households. We can see that among single people under the age of 65, women received more than men. Women in these household types have more money in the bank than men. In households with couples, the trend was the opposite, with the men having a higher income than the women. The households with the most elderly members consistently have the highest financial wealth and thereby the highest capital income.

Table 3.7. Capital income by gender for different household types. Persons aged 20 and over. Median and proportion of recipients. NOK and per cent. 2015

	Median		Women's capital income as a percentage of men's	Proportion of recipients	
	Women	Men		Women	Men
All	1 100	1 400	79	98	98
Single 20–44 years	800	400	200	96	95
Single 45–64 years	1 200	600	200	99	97
Single 65 years and over	3 800	4 500	84	100	99
Childless couples under 45 ¹	1 100	1 300	85	96	98
Childless couples 45–64 years	900	2 300	39	97	99
Childless couples 65 years and over	2 800	4 800	58	98	99
Couples with children 0–6 years	800	1 100	73	97	99
Couples with children 7–17 years	700	1 300	54	98	99
Single mothers/fathers with children under 18 years	700	900	78	99	99

Source: Income and wealth statistics for households, Statistics Norway

¹ Childless couples: couples without resident children. They may not have children, or have children that are moved out.

Taxable transfers for households

Taxable transfers include some of the main types of benefits in the national insurance scheme, which constitutes the social security network in the welfare state. In most phases of life, women are more likely to receive such benefits than men. In total, 61 per cent of women received taxable transfers, while the figure for men was 50 per cent. On average, men received more than women who received these transfers. The average for men is just over NOK 220 000, compared to approximately NOK 185 000 for women.

These benefits are typically calculated on the basis of income from work. Men are therefore often paid more than women, which is also reflected in the average figures in Table 3.8. How long a recipient receives one of these benefits will also have a large bearing on the amount they receive.

Among single persons, the average for women and men was almost the same. The proportion of people aged 20–44 who received these transfers was the same for both sexes in 2015, at 31 per cent. In the 45–66 age group, the proportion of women increased considerably more than for men. In this age group, 69 per cent of women received such transfers, which is 15 percentage points more than men. This is partly because there is a larger proportion of women receiving disability benefit in this type of household.

For couples with children aged 0–6, women received on average almost 50 per cent more than men. This is largely because of parental benefit, which accounts for almost half of the average NOK 141 000 women in this household type received in taxable transfers.

Table 3.8. Taxable transfers by gender for different households. Persons aged 20 and over. Average for recipients and proportion of recipients. NOK and per cent. 2015

	Average for recipients		Women's taxable transfers as a percentage of men's	Proportion of recipients	
	Women	Men		Women	Men
All	185 400	222 100	83	61	50
Single 20–44 years	122 300	125 900	97	31	31
Single 45–64 years	193 000	206 300	94	69	54
Single 65 years and over	281 300	326 300	86	99	98
Childless couples under 45 ¹	89 000	93 200	95	28	23
Childless couples 45–64 years	154 300	205 500	75	55	49
Childless couples 65 years and over	224 300	349 100	64	91	98
Couples with children 0–6 years	141 400	95 900	147	61	44
Couples with children 7–17 years	111 600	124 500	90	42	29
Single mothers/fathers with children under 18 years	144 900	136 700	106	66	41

Source: Income and wealth statistics for households, Statistics Norway

¹ Childless couples: couples without resident children. They may not have children, or have children that are moved out.

Table 3.9 shows the proportion of people in different households who received different benefits. The table shows that more women than men received the various benefits. Over 90 per cent of single men and women over the age of 65 received retirement pension. Some of the under 65s are also registered as recipients of the retirement pension as a result of the introduction in 2011 of the early retirement option from the age of 62. Three per cent of the women in this age group received retirement pension compared to 4 per cent of the men.

In terms of disability benefit recipients in households without children, it is clear that the 45–64 age group has the most recipients. Those who are disabled at the age

of 67 will transition to retirement pension. There are more women than men receiving disability benefit in each category, apart from single people aged 65 and over. However, this does not give a true picture; if we only look at single persons between the ages of 65 and 67, i.e. those who can receive disability benefit, we see that 27 per cent of the men received disability benefit, while the figure for women was 40 per cent.

For occupational pensions, the proportion of female recipients is also consistently higher than for men. One explanation is that there are more women than men employed in the public sector, where such pensions are more common, and that women have often inherited the occupational pension from a deceased spouse. For childless couples aged 65 and over, the proportion receiving an occupational pension is greatest for men. This can partly be explained by the fact that women are often younger than their spouses, and that they have not yet reached retirement age. If we only include the over 65s, the proportion with an occupational pension will be 67 per cent for women and 76 per cent for men. It is natural that occupational pension recipients are mostly in the older age groups, but the under 65s are also represented since some people receive an occupational pension when they have retired due to disability.

Table 3.9. Retirement pension, disability benefit and occupational pension, by gender and household type. Persons aged 20 and over. Proportion of recipients. Per cent. 2015

	Retirement pension		Disability benefit		Occupational pension	
	Women	Men	Women	Men	Women	Men
All	22	20	10	7	23	18
Single 20–44 years	0	0	6	5	1	1
Single 45–64 years	3	4	30	22	23	11
Single 65 years and over	93	91	5	7	73	68
Childless couples under 45 ¹	0	0	2	2	1	1
Childless couples 45–64 years	2	11	20	12	17	14
Childless couples 65 years and over	70	91	13	5	59	74
Couples with children 0–6 years	0	0	1	1	2	1
Couples with children 7–17 years	0	1	6	4	6	3
Single mothers/fathers with children under 18 years	0	1	7	5	6	5

Source: Income and wealth statistics for households, Statistics Norway

¹ Childless couples: couples without resident children. They may not have children, or have children that are moved out.

Table 3.10 shows the average amount received for the same three taxable transfers as in the previous table; retirement pension, disability benefit and occupational pension. On average, men received NOK 60 000 more in retirement pension than their female counterparts. The disparity was smallest among single people aged 45–64. In reality, this means between the ages of 62 and 64, as retirement pension is only paid from the age of 62. For this group, the disparity is NOK 30 000. Women have the highest retirement pension in the group of single people aged 65 and over, while men receive the most in the group of childless couples aged 65 and over. The greatest disparity is between men and women aged 65 and over in childless couples, where the difference is almost NOK 90 000.

Among recipients of disability benefit, the gender disparity in payments was slightly lower in 2015, at NOK 37 000. Among the single population, the smallest disparities were among the younger age groups, where women received NOK 6 000 less than men, but here the disparity increased with age. The amount of disability benefit paid to a recipient is determined by their income before they

became disabled. For households without children, the trend was about the same, but the gender disparities were greater.

Table 3.10. Retirement pension, disability benefit and occupational pension, by gender and household type. Persons aged 20 and over. Average for recipients. NOK. 2015

	Retirement pension		Disability benefit		Occupational pension	
	Women	Men	Women	Men	Women	Men
All	192 400	252 800	211 600	248 600	68 400	92 600
Single 20–44 years	-	-	240 800	246 800	37 400	32 500
Single 45–64 years	144 800	175 100	234 800	259 700	60 000	72 800
Single 65 years and over	213 400	257 300	206 400	235 000	82 900	85 400
Childless couples under 45 ¹	-	-	214 600	232 400	34 200	29 700
Childless couples 45–64 years	125 300	176 700	202 700	251 800	53 500	109 600
Childless couples 65 years and over	174 300	263 800	192 400	233 700	64 100	98 700
Couples with children 0–6 years	-	225 900	206 300	257 700	57 700	58 400
Couples with children 7–17 years	-	212 600	200 300	242 400	61 500	88 900
Single mothers/fathers with children under 18 years	-	226 200	244 000	269 800	57 100	63 200

Source: Income and wealth statistics for households, Statistics Norway

¹ Childless couples: couples without resident children. They may not have children, or have children that are moved out.

Table 3.9 shows that more women than men were receiving occupational pensions, but that the men received the most on average. While women received an average of NOK 68 000, the men received almost NOK 93 000. The disparities were particularly apparent among households without children in the age groups 45–64 and 65 and over. The smallest disparities were among the younger groups, where the amount received was also the lowest. Among couples with children aged 0–6, women and men both received about NOK 58 000.

Sickness benefit

Table 3.11 shows the proportion of women and men aged 20 to 66 who received sickness benefit in 2015. Women were overrepresented, with a share of 29 per cent, while 17 per cent of men were receiving the benefit. The proportion of recipients was particularly high for couples with children and single parents. Forty-seven per cent of women and 20 per cent of men among couples with children aged 0–6 were sickness benefit recipients.

The gender disparity among single people was somewhat smaller. Among the single group aged 20–44, 15 per cent of the women received sickness benefit, just 3 percentage points more than the men. The disparity was greater among the single group aged 45–64, where 28 per cent of the women and 18 per cent of the men were receiving sickness benefit.

The amount of sickness benefit paid depends on the length of sickness absence, the percentage of absence, and the recipient's income. Women received on average 83 per cent of the amount men received in sickness benefit, and men received on average more than women in all household types in Table 3.11.

Table 3.11. Sickness benefit, by gender and household type. Persons aged 20–66. Proportion of recipients and average for recipients. NOK and per cent. 2015

	Average for recipients		Proportion of recipients	
	Women	Men	Women	Men
All	48 700	59 000	29	17
Single 20–44 years	47 000	55 200	15	12
Single 45–64 years	58 900	69 300	28	18
Childless couples under 45 ¹	44 800	50 700	17	12
Childless couples 45–64 years	52 400	66 900	29	22
Couples with children 0–6 years	41 400	48 500	47	20
Couples with children 7–17 years	50 000	59 100	29	19
Single mothers/fathers with children under 18 years	53 900	59 700	36	22

Source: Income and wealth statistics for households, Statistics Norway

¹ Childless couples: couples without resident children. They may not have children, or have children that are moved out.

Unemployment benefit

More men receive unemployment benefit than women. Table 3.12 shows that 7 per cent of men aged 20–66 received unemployment benefit in 2015. The corresponding share for women was 4 per cent. Men received an average of NOK 12 000, or 18 per cent, more in unemployment benefit than women. Most of the unemployment benefit recipients were among the younger households. Nine per cent of single men between the ages of 20 and 44 and 8 per cent of men under 45 in households without children received unemployment benefit in 2015. For women, the corresponding proportion was 5 per cent in both household types.

In the households made up of couples with children aged 0–6 and single parents, the proportion of women and men who received unemployment benefit was the same, at 7 per cent. Unemployment benefit is calculated on the basis of previous income from work, but also depends on the length of time in the calendar year that the person is out of work and receiving unemployment benefit.

Table 3.12. Unemployment benefit, by gender and household type. Persons aged 20–66. Proportion of recipients and average for recipients. NOK and per cent. 2015

	Average for recipients		Proportion of recipients	
	Women	Men	Women	Men
All	67 700	80 000	4	7
Single 20–44 years	59 000	75 400	5	9
Single 45–64 years	85 800	95 600	3	7
Childless couples under 45 ¹	54 900	67 000	5	8
Childless couples 45–64 years	77 200	95 300	3	4
Couples with children 0–6 years	65 400	79 000	7	7
Couples with children 7–17 years	69 600	79 600	4	5
Single mothers/fathers with children under 18 years	71 900	85 200	7	7

Source: Income and wealth statistics for households, Statistics Norway

¹ Childless couples: couples without resident children. They may not have children, or have children that are moved out.

Tax-free transfers

For tax-free transfers, such as child benefit, cash-for-care benefit, social assistance, dwelling support, lump-sum grant on childbirth or adoption, student grants, etc., there was a significantly higher proportion of female recipients than male. Forty-four per cent of women received one or more of these benefits, while the proportion for men was 18 per cent.

There were also more women in most household types who were recipients, but with some exceptions. For households without children in the age groups 45–64

and 65 years and over there were more male recipients of tax-free transfers. The reason for this is that a relatively high number of men receive a compensatory supplement to their contractual early retirement pension (AFP) along with other transfers, which was introduced following the live expectancy adjustment of AFP in the private sector.

Table 3.13. Tax-free transfers, by gender and household type. Persons aged 20 and over. Proportion of recipients and average for recipients. NOK and per cent. 2015

	Average for recipients		Proportion of recipients	
	Women	Men	Women	Men
All	29 100	30 400	44	18
Single 20–44 years	32 500	36 600	41	33
Single 45–64 years	28 900	37 700	21	21
Single 65 years and over	17 800	19 400	15	13
Childless couples under 45 ¹	28 400	29 800	31	18
Childless couples 45–64 years	19 600	20 200	7	10
Childless couples 65 years and over	14 700	14 700	8	11
Couples with children 0–6 years	31 700	38 700	95	15
Couples with children 7–17 years	22 300	27 700	92	12
Single mothers/fathers with children under 18 years	48 700	28 100	97	76

Source: Income and wealth statistics for households, Statistics Norway

¹ Childless couples: couples without resident children. They may not have children, or have children that are moved out.

Given that many of the tax-free benefits are intended to provide financial support to households, we can restrict ourselves to looking at the households consisting of a single person and/or a single parent with children. This gives us a better basis for assessing the gender disparities.

Among the single residents, the only significant disparity was the large overrepresentation of women receiving student grants. This particularly applied to the 20–44-year-olds. Twenty-six per cent of these women received a student grant, and for men the corresponding figure was 15 per cent. Among single parents, there was also a clear overrepresentation of women receiving a student grant. For single women with primary care for children, the proportion receiving a student grant was 13 per cent.

Among the single residents, more men than women were receiving social assistance; 9 per cent of single men aged 20–44. For single parents, the trend was the opposite, with 23 per cent of women and 11 per cent of men with children aged 0–6 receiving social assistance in 2015.

Table 3.14. Tax-free transfers, by gender and household type. Persons aged 20 and over. Proportion of recipients. NOK and per cent. 2015

	Child benefit		Cash-for-care benefit		Dwelling support		Student grant		Social assistance		Other transfers	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
Single 20–44 years	3	5	-	-	9	9	26	15	7	9	2	3
Single 45–64 years	2	4	-	-	10	8	0	0	5	7	2	4
Single mothers/fathers with children 0–6 years	96	62	13	6	36	10	13	4	23	11	47	15
Single mothers/fathers with children 7–17 years	95	69	-	-	16	3	5	4	11	6	13	5

Source: Income and wealth statistics for households, Statistics Norway

Assessed taxes

Income from work, capital income and many of the public transfers received by households are subject to direct taxation to the municipality, county and state. As a result of men having higher incomes (and more assets) than women, Table 3.15 shows that, on average, men also paid more taxes than women. Women paid an average of NOK 97 000 in tax, which was NOK 66 000 or 41 per cent less than men.

The smallest disparities were observed in single-person households, while households with couples had the greatest disparities. As already mentioned, the reason for this is that men in couples have significantly higher incomes than their single peers.

In addition to assessed taxes, this item also includes negative transfers. Negative transfers mainly consist of pension premiums in employment and publicly administered child support. It is mostly men who pay child support, which leads to a greater gender disparity in relation to the amounts paid and the proportion of recipients.

Table 3.15. Assessed taxes and negative transfers, by gender and household type. Persons aged 20 and over. Proportion of recipients and average for recipients. NOK and per cent. 2015

	Average for recipients		Proportion of recipients	
	Women	Men	Women	Men
All	96 600	162 800	90	94
Single 20–44 years	79 600	108 400	87	87
Single 45–64 years	121 500	159 500	97	95
Single 65 years and over	64 500	102 800	87	95
Childless couples under 45 ¹	82 800	131 000	91	94
Childless couples 45–64 years	119 400	228 700	97	99
Childless couples 65 years and over	70 400	129 300	81	98
Couples with children 0–6 years	101 700	187 600	92	98
Couples with children 7–17 years	129 400	235 100	97	97
Single mothers/fathers with children under 18 years	98 700	164 000	91	94

Source: Income and wealth statistics for households, Statistics Norway

¹ Childless couples: couples without resident children. They may not have children, or have children that are moved out.

4. Low incomes among women and men

Gender disparities exist in the incidence of low income and persistent low income, but these disparities have diminished in recent years. However, women still have the highest proportion with a persistent low income, which is primarily due to the fact that there are more single women in receipt of the minimum state pension and with sole responsibility for caring for children (Epland and Kirkeberg, 2016) – groups that are traditionally heavily overrepresented at the lower end of the income distribution.

Low income is defined as after-tax household income per consumption unit that is significantly lower than the 'typical' income in the population (median income). The low-income threshold can vary, but is generally set to below 50 or 60 per cent of the median income in the population.

In Statistics Norway's income statistics, low income is measured both from the situation in a certain year (annual low income) and over several years for persistent low incomes. Regardless of the reference period, the measurement of an individual's economic living standard is always based on the total economic resources of the household to which the individual belongs. In order to compare the economic welfare of households of different types and sizes, the income is normally adjusted using equivalence scales, or consumption weights.

An equivalence scale gives an indication of the income that a household of, for example, four people needs in order to have the same standard of living or economic welfare as a single person. The scale factors in how a household consisting of several people has higher expenses, but also benefits from economies of scale where a number of people share expenses for TV, internet and various consumables (Omholt 2016). There are several equivalence scales in use. In this chapter we have chosen to use the EU scale,¹⁰ which is the most widely used equivalence scale, including by the EU's own statistical agency Eurostat. Using such equivalence scales assumes that household income is equally distributed among all members of the household. Interview-based surveys may indicate that this assumption is not quite accurate. For example, about 60 per cent of Norwegian households made up of couples who took part in the EU Survey of Income and Living Conditions (EU-SILC) in 2010 reported that all household income is considered to be a shared resource. Twenty-five per cent replied that they only considered part of the household income to be shared, while 15 per cent replied that the income only belonged to the person who had received it (Eurostat 2016). The survey also showed that 70 per cent indicated that they could decide their own personal consumption, while this proportion was much lower among participants who belonged to low-income households (less than 50 per cent).

A survey of Norwegian families with low incomes showed that very few parents who found it difficult to make ends meet chose to spend less money on their children, preferring instead to reduce daily expenses and personal consumption (Sandbæk and West Pedersen 2010). The income statistics do not indicate the distribution of money internally in the household. All members of a household, regardless of gender, will belong to the low-income group if the household's equivalent after-tax income is below a defined low-income threshold. Gender disparities in the incidence of low income are therefore mainly due to different characteristics of women and men who live alone or are single parents.

4.1. Gender disparities in low income diminishing

Table 4.1 shows developments in annual low income from 2004 to 2015 using two different low-income thresholds. Low-income thresholds are set at 50 or 60 per

¹⁰ The EU scale uses the following weights for household members: 1 for the first adult, 0.5 for other adults and 0.3 for children. According to this scale, a couple with two children will have a total consumption weight of 2.1, thus needing a total after-tax income equivalent to 2.1 times the income of a single person in order to achieve the same welfare level.

cent of the median income for the population as a whole, after correcting for differences in household size using the EU scale. In 2004, 4.6 per cent of women had an after-tax income per consumption unit of less than 50 per cent of the corresponding median income for the population as a whole, while the corresponding proportion for men was 4.2 per cent. The low-income rate is rising and was higher among women than men until 2009, when the situation started to change.

In 2009, the low-income rate for men was 4.9 per cent, compared to 4.6 per cent for women. The main reason why the gender distribution in the low-income group changes when the EU 50 is used is the escalation plan for the minimum pension for single pensioners that was adopted as part of the welfare benefits reform in 2008. Some of the single recipients of the minimum state pension, who are mostly women, received a supplement to their pension that, along with other income, took them over the low-income threshold. From 2009 to 2015, the low-income rate among women has been lower than among men when the EU 50 is used as a low-income threshold. The most recent income statistics from 2015 show that the low-income rate among women was 5.3 per cent compared with 5.8 per cent among men.

Table 4.1. Developments in annual low income, by gender. Proportion of persons excl. students with after-tax income per consumption unit less than 50 and 60 per cent of the median income. EU scale. 2004-2015. Per cent

Year	EU 50			EU 60		
	Total	Women	Men	Total	Women	Men
2004	4.4	4.6	4.2	9.2	10.4	8.0
2005	4.7	4.9	4.4	9.6	10.8	8.3
2006	4.8	5.0	4.6	9.8	11.0	8.5
2007	5.1	5.2	4.9	10.0	11.2	8.8
2008	5.2	5.2	5.1	10.2	11.3	9.1
2009	4.7	4.6	4.9	9.5	10.4	8.6
2010	4.6	4.3	4.9	9.4	10.2	8.7
2011	4.7	4.4	5.1	9.6	10.3	9.0
2012	4.9	4.7	5.2	10.1	10.9	9.3
2013	5.2	5.0	5.5	10.5	11.4	9.7
2014	5.4	5.2	5.7	10.8	11.6	10.0
2015	5.5	5.3	5.8	10.9	11.6	10.2

Source: Income and wealth statistics for households, Statistics Norway

When the low-income threshold is increased to 60 per cent of the median income (EU 60), which is a commonly used low-income threshold by Eurostat among others, Table 4.1 shows that the low-income rate among women is clearly higher than among men in all years in the period 2004–2015, but that the disparity has become less over time. In 2004, the low-income rate among women was 10.4 per cent – 2.4 percentage points higher than among men. By 2015, this disparity had been reduced to 1.4 percentage points. Once again, the key reason for this is the increase in the minimum pension from 2009.

The minimum pension level for single old-age pensioners amounted to NOK 175 739 in 2015 (as of 1 May of that year). Since these benefits are well below the annual low-income threshold for single people in 2015, which amounted to NOK 212 050 after applying the EU 60, a large number of single recipients of the minimum pension are, as expected, in the low-income group. Many single recipients of the minimum pension, whose additional income is mainly in the form of interest on bank deposits or occupational pensions, will not have the high additional income that is required to keep them out of the low-income group. When applying the EU 50, the low-income threshold in 2015 for single people was NOK 176 708 – in other words, only around NOK 1 000 higher than the minimum pension level for single pensioners that year.

4.2. Persistent low income

Table 4.1 gives an overview of developments in annual low income. Although this provides useful information, there is little to indicate whether having a low income is a temporary or long-term situation. For example, some groups will only have a low income for a short while, while other groups will find it more difficult to improve their financial situation.

Persistent low income is defined as an after-tax income per consumption unit that is below the low-income threshold over a three-year period.

Table 4.2. shows the developments in what is known as persistent low income, i.e. the proportion of the population with an after-tax income per consumption unit below the low-income threshold over a three-year period. Using panel data, the same individuals are followed for a number of years. The table shows low-income rates by gender for EU 60. As in Table 4.1, students are not included, since this group is largely funded through student loans, which are not defined as income in the statistics. Students are defined here as persons who lived alone in the last year of the three-year period and who were in receipt of a student loan.

Table 4.2. Developments in persistent low income, by gender. Proportion of the population excl. students¹ with after-tax income per consumption unit of less than 60 per cent of the average median income in the population in different three-year periods. EU scale. Per cent

Three-year period	EU 60		
	Total	Women	Men
2004-2006	7.9	9.1	6.8
2005-2007	8.1	9.2	6.9
2006-2008	8.2	9.3	7.1
2007-2009	8.1	9.2	7.1
2008-2010	7.9	8.9	7.0
2009-2011	7.7	8.5	7.0
2010-2012	7.9	8.7	7.2
2011-2013	8.6	9.4	7.8
2012-2014	9.0	9.8	8.2
2013-2015	9.3	10.0	8.6

¹ Persons who live alone in the last year of the three-year period and who receive a student loan.

Source: Income and wealth statistics for households, Statistics Norway

There are gender disparities in the incidence of persistent low income, but these disparities have decreased in recent years. In the three-year period 2004–2006, 9.1 per cent of all women had a persistent low income, compared to 6.8 per cent of the men – a disparity of 2.3 percentage points. In the period 2013–2015, the low-income rate among women increased to 10 per cent. Among men, the persistent low-income rate has increased even more in recent years, and was just 1.4 percentage points lower than for the women in the period 2013–2015 (8.6 per cent).

Women still have the highest proportion with a persistent low income, which is primarily due to the fact that there are more single women in receipt of the minimum state pension and with sole responsibility for caring for children. In Table 4.3, we look at different groups that are overrepresented among those with a persistent low income according to the EU 60 in the period 2013–2015. Single recipients of the minimum state pension are strongly overrepresented. More than eight out of ten in this group of pensioners are women. The low-income rate is somewhat lower among female recipients of the minimum pension than among the men in this group. This is because more of the women have additional income from earlier relationships, for example in the form of occupational pensions.

Single parents constitute another group that is overrepresented in the low-income group, and where women make up the large majority. Women who are single parents are 2.5 times more likely to have a persistent low income than women in general. Conversely, their male counterparts are much less likely to be found in the low-income group. Note that private child support paid by former partners is not

included in the single parent's income. However, other analyses indicate that this income has little impact on the low-income rate among families with children (NOU 2016: 6, p.110).

Among the group who were single for the entire three years from 2013 to 2015 (excluding students), more than one in five belonged to a household with a persistent low income. The proportion with a persistent low income is generally somewhat higher among single women than single men. There is less of a gender disparity among the age groups under 67, but among the pensioners, the low-income rate among women is more than double that of the men. This is because the proportion receiving the minimum pension is greater among women in this age group than among men. Single men aged 67 and over are more likely to receive a higher pension, i.e. more than the minimum state pension.

Persons with an immigrant background are far more likely to have a low income than those with no immigrant background. There are generally no major gender disparities in the proportion with a persistent low income in the immigrant population, but among people with a background from Africa, Asia and Latin America, the low-income rate is slightly higher for men than women. One reason for this disparity is that there are more single men than women in this sub-population.

Table 4.3. Proportion of persons with a persistent low income, by different variables¹. Women and men. 2013–2015. Per cent

	EU 60		
	Total	Women	Men
Total	9.3	10.0	8.6
Single recipients of minimum state pension	64.7	64.1	67.5
Single mothers/fathers with children under 18 years ²	22.7	25.4	11.1
Single for three consecutive years	21.5	24.2	18.9
Under 45 (excl. students)	25.1	26.5	24.5
45–66 years	15.1	13.8	16.1
67 years and over	25.1	29.9	13.6
Immigrants or Norwegian-born to immigrant parents	28.5	28.2	28.8
Backgrounds from Africa, Asia or Latin America	36.4	35.1	37.8

¹ All variables relate to the final year in the three-year period.

² All persons in households by sex of main income earners.

Source: Income and wealth statistics for households, Statistics Norway

5. Distribution of financial resources between women and men with an immigrant background

Immigrants are persons who have immigrated to Norway.

Norwegian-born to immigrant parents are persons born in Norway to two immigrant parents.

Persons without an immigrant background are persons born in Norway to one or two parents born in Norway.

In relation to financial resources, it is well known that the immigrant population as a whole often fares less well than the rest of the population in areas related to employment and income. Among immigrants from many regions of the world, there are also often greater gender disparities compared to the rest of the population. In this chapter, we will take a closer look at gender disparities related to financial resources among persons with an immigrant background.

It is important to be aware that even though immigrants stand out from the rest of the population in many areas, there are also major disparities within the immigrant population. Length of residence in particular plays a role, but country background, education, previous employment and family structures also impact on employment, wages and income.

5.1. Gender disparities in employment greater among immigrants

Figure 5.1. shows that persons with an immigrant background have a lower employment rate than persons without an immigrant background. Among all immigrants, 65 per cent of men and 58 per cent of women aged 15–66 were employed in 2015, while the rates for persons without an immigrant background were 75 per cent for men and 72 per cent for women respectively. The proportion of employed immigrants from every region of the world, apart from immigrants from the Nordic region, is lower than for persons without an immigrant background (to a greatly varying degree).

Figure 5.1. shows that female immigrants from Africa in particular have a low employment rate, at 38 per cent. The employment rate for African men is also low, at 44 per cent. The employment rate is also relatively low among men and women from Asia; 50 per cent for women and 59 per cent for men. Most immigrants from African countries, but also from a number of Asian countries, have come to Norway as refugees. Refuge in itself is not a cause of low employment, but it may mean that the country a person flees from has a societal structure that is different from in Norway, for example in terms of family and care structures. Refugees have often experienced several tumultuous years before fleeing, and may be traumatised upon arrival. The level of education is low for many persons from countries in these regions of the world, especially women (Statistics Norway, 2017c), and it can be difficult to have their education recognised, either because they were unable to bring their papers, or because their education was based on other circumstances than those found in Norway. Previous work experience and a person's proficiency in Norwegian may also have an impact on their employment – which in turn is linked to the length of residence.

Figure 5.1. shows that the employment rate among Nordic immigrants is 78 per cent for women and 79 per cent for men. This employment rate is higher than for either gender without an immigrant background. This is assumed to be because most people who immigrate to Norway from the Nordic countries come to work, and many leave the country if they do not find work (unlike immigrants from other regions of the world).

Excluding immigrants from the Nordic region, there is a high employment rate for men from Western Europe (73 per cent), EU countries in Eastern Europe (71 per cent) and for North American and Oceania (70 per cent). The level is slightly lower for women, while employment among women is greatest for those from Western

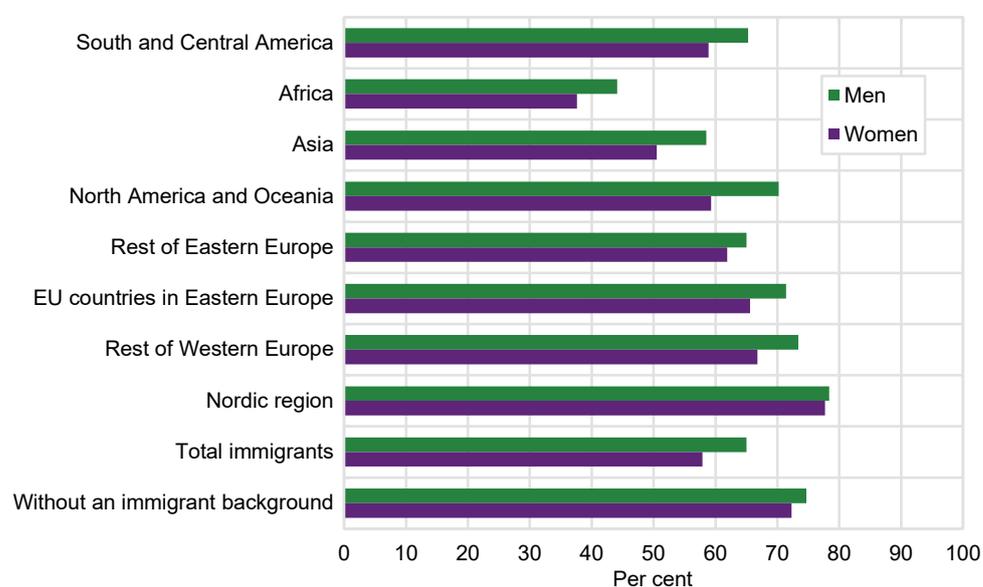
Europe, excluding the Nordic region (67 per cent) and EU countries in Eastern Europe (66 per cent).

Greatest gender disparity among immigrants from North America and Oceania

The greatest disparity in the employment rate for women and men with an immigrant background is found among persons from North America and Oceania, at 11 percentage points. The employment rate is 59 per cent for women and 70 per cent for men respectively. It must be mentioned, however, that this country group is the smallest of all the country groups in this chapter. The second-largest gender disparity in employment can be found among immigrants from Asia (8 percentage points), Western Europe excluding the Nordic region (8 percentage points) and Africa (6 percentage points).

The employment rate for Nordic immigrants is fairly similar; the gender disparity is only 1 percentage point. The gender disparity in employment is also small among men and women with an immigrant background from countries in Eastern Europe outside the EU, at 3 percentage points.

Figure 5.1. Employment rate for persons aged 15–66 by gender and region. Q4 2015



Source: Register-based employment statistics, Statistics Norway

5.2. Persons not in employment

The employment rate is not the only measurement of access to financial resources. The System for Data on Persons (SDP) provides expanded register-based statistics that include persons not in employment. The system has been established to describe different groups' attachment to the labour market, education and receipt of government benefits. Figure 5.2 describes the activities of a larger proportion of the population than only those in employment. For example, a large proportion is in the labour force¹¹, a relatively large proportion is in education¹² and a number of persons receive various benefits (see Table 5.1.). It must be pointed out that the persons in this data are only assigned one status. This is considered to be the most important or the only known status.

We have seen that a total of six out of ten immigrant women are employed. When including other registered activities, however, 71 per cent are registered as either

¹¹ Total employed and unemployed.

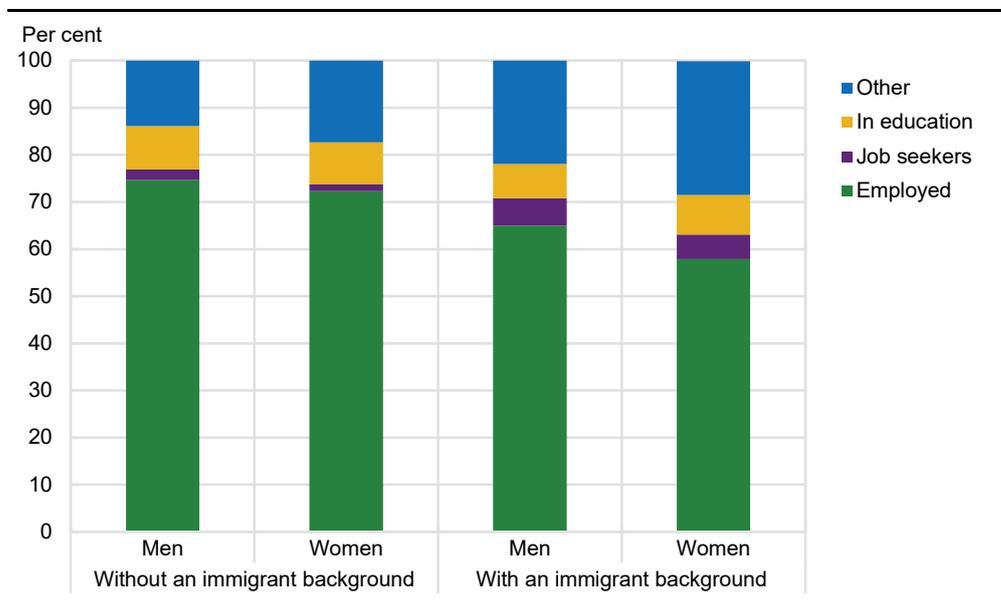
¹² Education also includes the introduction programmes.

job seekers (5 per cent), in education (8 per cent) or employed (58 per cent). By way of comparison, 83 per cent of women without an immigrant background are registered as having one of these activities.

For men with and without an immigrant background, there is somewhat less of a disparity. Among men with an immigrant background, 78 per cent are either job seekers (6 per cent), in education (7 per cent) or employed (65 per cent). For men without an immigrant background, 86 per cent are registered as having one of the three activities.

The disparity is greater between women and men with an immigrant background than for those without such a background. For women and men without an immigrant background, the proportion that is either employed, job seekers or in education is almost at the same level, with a difference of only 3 percentage points. The disparity between women and men with an immigrant background is 7 percentage points, however.

Figure 5.2. Population (aged 15–66) by status code, gender and immigrant background. Q4 2015



Source: The System for Data on Persons, Statistics Norway

In education

We have seen that, apart from immigrants from the Nordic countries, the gender disparity in employment is relatively large, even among those with a high level of employment.

Like women without an immigrant background, women with an immigrant background from most regions of the world are in education to a slightly greater extent than men (Figure 5.3). This applies to all regions of the world, except for Eastern Europe outside the EU and Asia, where less than 1 percentage point more men are in education than women in both cases. The proportion in education is greatest among women from Africa, at 22 per cent, but also a large proportion of men from Africa are in education (20 per cent). However, among these groups, some 10 percentage points represent participants in introduction programmes for recently-arrived refugees – both men and women. This must be seen in light of the relatively large proportion of refugees in the African group.

Few Nordic immigrants are in education in Norway. Men from the Nordic countries and from EU countries in Eastern Europe make up the groups with fewest

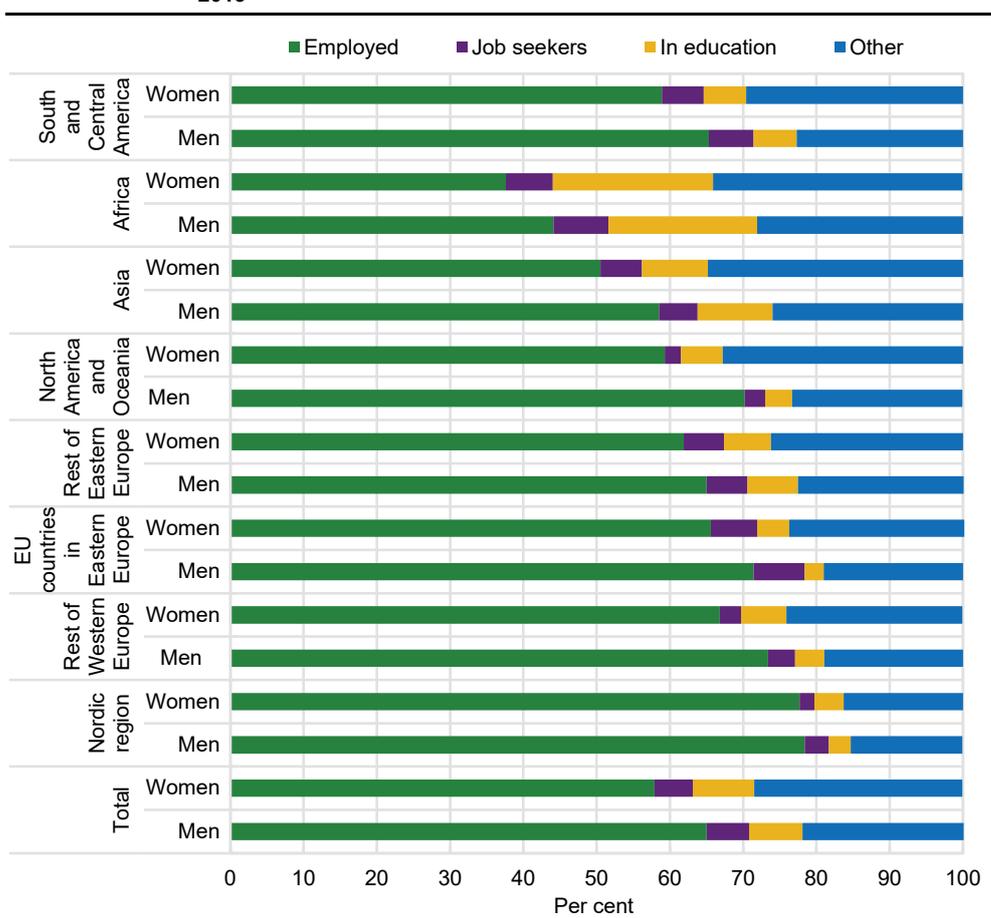
persons in education in Norway, with 3 and 2.7 per cent respectively. A small proportion is in education among women from the Nordic countries (4 per cent), men from the rest of Western Europe (4 per cent) and men from North America and Oceania (3.7 per cent). However, as mentioned earlier, a large proportion of these groups is in employment.

Largest group of job seekers among men from Africa

In addition to many immigrants from Africa being in education, the proportion of job seekers¹³ is greatest among both men and women from Africa, at 7.5 and 6 per cent respectively (Figure 5.3.). There are also a number of job seekers among immigrants from Eastern Europe outside the EU – 7 per cent of men and 6 per cent of women respectively – closely followed by persons with a background from South and Central America (about 6 per cent for both genders).

The proportion of job seekers is smallest among immigrants from North America, Oceania and the Nordic region. The gender disparity in the proportion of job seekers from these world regions is just as small, at 2 per cent of women and 3 per cent of men. The proportion of job seekers is also low for both men and women from Western Europe excluding the Nordic region, at 3 per cent of women and 4 per cent of men.

Figure 5.3. Immigrants aged 15–66 by status code, region of the world and gender. Q4 2015



Source: The System for Data on Persons, Statistics Norway

¹³ This includes persons registered as fully unemployed and persons on labour market schemes.

Persons who receive benefits or whose status is unknown

In addition to the three activities presented above (employed, job seeker and in education), a relatively large group is registered as having 'other activities'. Table 5.1. shows that a small proportion of women and men with an immigrant background receive health-related benefits and pensions compared to persons without an immigrant background. At the same time, a larger proportion of women and men with an immigrant background receive 'other benefits', which includes social assistance, transitional benefit and cash-for-care benefit.

The figure also shows that the proportion with an unknown status is still considerable for immigrants. The group 'unknown status' includes residents without status data in the System for Data on Persons (SDP). This includes persons who are provided for by a relative or spouse and persons in unregistered work, such as unpaid work in the family and black labour. We also find unemployed persons who are not registered with NAV as well as persons who have emigrated without giving notification of such.

The proportion of immigrants who receive health-related benefits¹⁴ is greatest among both men and women from Eastern Europe outside the EU (11.5 per cent of men and 11 per cent of women) and Asia (11 per cent of men and 10 per cent of women). (See Appendix Table A1.1.) However, this is not very different from the population without an immigrant background, where 8 per cent of men and 12 per cent of women receive health-related benefits (see Appendix Table A1.2.). Among immigrants from all of the other regions of the world, a smaller proportion receives health-related benefits compared to the population without an immigrant background.

The two world region groups that have a high proportion of health-related benefit recipients are also distinct in that they have a somewhat higher proportion of male recipients than female recipients. The proportion of recipients of these benefits among immigrants from all of the other regions of the world and persons without an immigrant background is greater for women than men.

The proportion that receives other benefits is greatest for immigrants from Africa and Asia. Women from Africa stand out in particular here, with almost 11 per cent receiving other benefits. Among women from Asia, where the proportion of recipients of other benefits is second largest, the rate is 4 per cent (see Appendix Table A1.1. for more details).

Even when we filter out persons who are registered as receiving different forms of benefits, this leaves one group that is not registered as having any activity or benefit. Among women with an immigrant background, the proportion with an unknown status is far greater than for men. This applies to 17 per cent of women and 12 per cent of men. Among persons without an immigrant background, the rate is about 3 per cent for both women and men.

The greatest proportion with an 'unknown status' is found in women from North America and Oceania (25 per cent), Asia (19 per cent) and EU countries in Eastern Europe (19 per cent). (See also Appendix Table A1.1).

¹⁴ Health-related benefits include 1) reduced capacity for work, labour market schemes (specially adapted programmes, not ordinary labour market schemes), 2) work assessment allowance and 3) permanent disability pension.

Table 5.1. Status code for population without an immigrant background and immigrants (aged 15–66). Q4 2015

	Without an immigrant background		With an immigrant background	
	Men	Women	Men	Women
Total	100.0	100.0	100.0	100.0
Employed	74.7	72.3	65.0	57.9
Job seekers	2.2	1.4	5.8	5.2
In education	9.2	9.0	7.3	8.4
Health-related benefits	8.3	11.7	6.0	7.1
Pensions	1.7	1.6	0.3	0.5
Other benefits	1.2	1.0	2.8	3.8
Unknown status	2.8	3.1	12.9	17.0

Source: The System for Data on Persons, Statistics Norway

5.3. Persons born in Norway with an immigrant background

Children of immigrants, or persons born in Norway to two immigrant parents, are distinct from the parental generation in terms of employment and other activities. This group is still relatively young in Norway. In the age group 20–74, 61 per cent are aged 20–24, 25 per cent are aged 25–34, while the remaining 14 per cent are aged over 34 (see Appendix Table A1.2).

The statistics can describe the movements of this group on the labour market and in the educational system to an increasing extent, as more of them become adults. Here the proportion that works or is in education is much closer to the population without an immigrant background than it is among immigrants (Olsen, 2017).

A larger proportion of persons born in Norway to immigrant parents is in education compared to the immigrant population and the population without an immigrant background; 32 per cent for both genders aged 15–66 (see Appendix Table A1.3). However, this is related to the group being so young.

In addition to the high proportion in education, there is no overall gender disparity in education. However, there are some disparities between men and women with parents from the different regions of the world. A large proportion of persons born in Norway to immigrant parents from Africa, Eastern Europe outside the EU and Asia is in education (30–40 per cent) and there are few gender disparities. The proportion of persons born in Norway to immigrant parents from North America, Oceania and the Nordic region in education is the smallest. The gender disparity is greatest among men and women from North America and Oceania, at 5 percentage points, and the proportion of men in education is greater than for women. It is worth noting, however, that there are very few persons born in Norway to immigrant parents from the latter two regions.

Nor is there a large gender differential in the employment rate of immigrants born in Norway. As so many are in education and the group is relatively young, however, the total employment rate is much lower than for immigrants. A total of about 52 per cent of men and women born in Norway are employed, and there is no gender disparity.

Among immigrants, the gender disparity in the employment rate is greatest among persons from North America, Oceania and Asia, while there is no gender disparity in employment for persons born in Norway to immigrant parents from North America and Oceania. Here the employment rate is the same for both genders (64 per cent). For persons born in Norway to immigrant parents from Asia, there is still a gender disparity in the employment rate, but it is only 4 percentage points.

The unemployment rate is very low for men and women who were born in Norway to immigrant parents from every region of the world. The gender disparities between persons born in Norway with an immigrant background from the different regions of the world are also minuscule in relation to unemployment. Compared to immigrants, there is also a minor proportion of Norwegian persons with immigrant parents whose status is unknown in the System for Data on Persons.

The proportion with an unknown status is higher than for the population without an immigrant background, but lower than among immigrants. For more details about persons born in Norway to immigrant parents, see Appendix Table A1.2.

5.4. Longer period of residence leads to higher levels of employment for both genders

In analyses of immigrants in Norwegian society, length of residence is a very important variable. Persons with an immigrant background are a varied group, which may result in very different outcomes. For example, we have seen that persons born in Norway to immigrant parents are different in a number of areas from those who themselves immigrated to Norway, and that the region of the world a person comes from can play a role in the differing outcomes. Length of residence is also a factor that can affect their outcome from an economic and socio-economic perspective. Figure 5.4, which shows a dual division by country background, shows that employment rate is higher according to the length of residence, but that there are gender disparities.

EEA etc. includes the EU/EEA countries, the USA, Canada, Australia and New Zealand.

Employment high among men from the EEA etc. from an early stage

Relatively many immigrants from the EEA etc. with a length of residence of less than 4 years are employed. However, a far greater proportion of men than women are in work during the first 4 years; 69 per cent of men and 59 per cent of women. For those with 4–10 years of residence, employment is higher for both genders, especially for women, and there is less of a gender disparity. Seventy-four per cent of men and 71 per cent of women are employed by then.

Africa, Asia etc. includes Asia, Africa, Latin America, Oceania excluding Australia and New Zealand, and Europe excluding the EU-28/EEA.

There is almost no gender disparity for immigrants from the EEA etc. with a length of residence of 10–14 years, and the employment rate for both genders is even higher compared to those with shorter time of residency. Seventy-eight per cent of men and almost 78 per cent of women are employed by then. After 15 years or more of residence however, the employment rate is 76 per cent for both women and men. At the same time, there is a slightly higher proportion of both men and women from the EEA etc. in terms of receiving health-related benefits and pensions.

During the entire period, which covers less than 4 years to 15 years or more of residence, more women than men are in education, but the gender disparity is not very large. The difference is greatest in the first nine years after residence, where about 2 percentage points more women than men from the EEA etc. are in education. The proportion of job seekers is also low throughout the period.

Different employment patterns by length of residence and greater gender disparities for immigrants from Africa, Asia, etc.

Employment patterns of immigrants from Africa, Asia etc. vary in line with length of residence. During the first four years of residence in Norway, the employment rate is low for both genders, while there is also a large gender disparity. Only 28 per cent of women are employed during their first four years in Norway, while the same applies to 39 per cent of men. During this period, many immigrants from Africa, Asia etc. are in education; a full 28 per cent of men and 23 per cent of

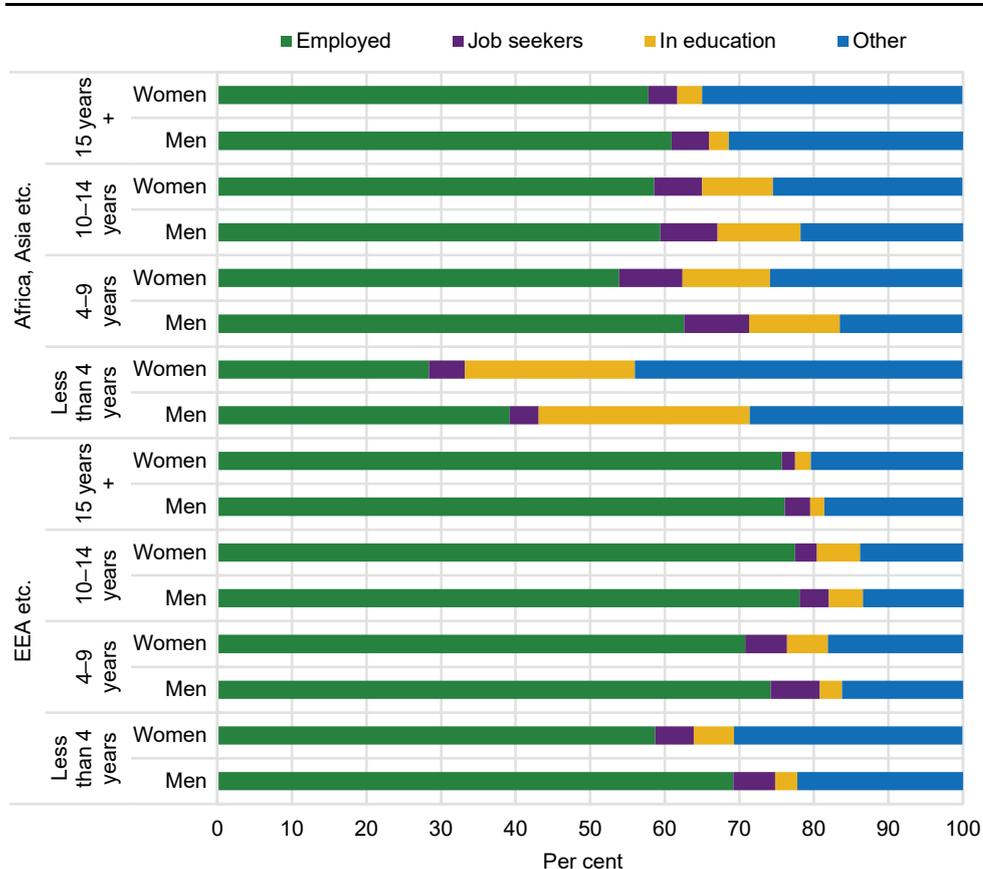
women. Among this group, 17 percentage points of men and 13 percentage points of women are in the introduction programme respectively.

For lengths of residence from 4–9 years, the employment rate is considerably higher for both genders compared to those with shorter residency. 63 per cent for men and 54 per cent for women. The proportion with job seeker status is greatest in this period, and the gender disparity is small, at about 9 per cent. The gender disparity in employment remains considerable, however, for persons with 4–9 years of residence, and the proportion in education is dramatically lower compared to those with shorter residency. However, there is still a higher proportion of immigrants from Africa, Asia etc. in education compared to immigrants from the EEA etc. during the same length of residency.

After 10–14 years of residence, the proportion of men in employment is slightly lower than men with 4-9 years of residency, while it is higher for women, both at 59 per cent. The proportion of persons in education is only slightly lower than for those with 4–9 years of residence. The proportion of job seekers is also slightly lower, but a larger proportion receives health-related benefits – 9 per cent for both genders.

After 15 years or more of residence, the employment rate is fairly stable, as it is for those with 10–14 years of residence, at 61 per cent for men and 58 per cent for women. After 15 years or more of residence, the gender disparity has virtually levelled out for immigrants from Africa, Asia etc. The proportion in education is low, and the proportion that receives health-related benefits is higher compared to those with shorter residency, about 20 per cent for both genders. The proportion receiving a pension is not higher for those with 15 years of residence or more, as it is for immigrants from the EEA etc.

Figure 5.4. Immigrants aged 15–66 by status code, country group, length of residence and gender. Q4 2015



Source: The System for Data on Persons, Statistics Norway

5.5. Low income level among immigrant women

The total income for immigrant women from the Nordic region is 5 per cent higher than for other women. The income of other immigrant women is lower than for women born in Norway. Among women from the EU, EEA etc., total income constitutes 73 per cent of the other women's income, while the income level of women from Africa, Asia etc. is only 62 per cent that of other women.

Income from work the main source of income

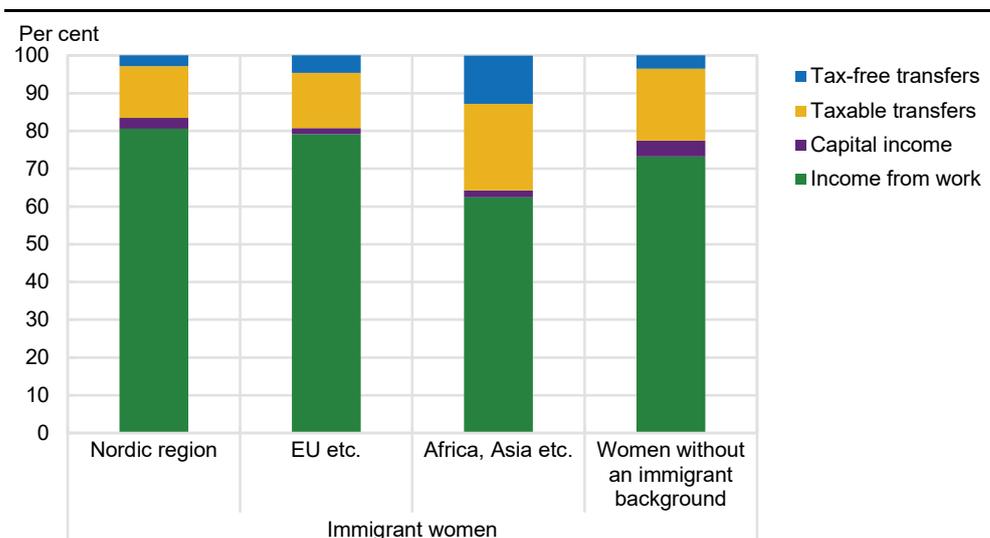
Table 5.2 shows the composition of total income for women with an immigrant background and other women. Income from work is the main source of income for all women, regardless of background. It is nonetheless less common for immigrant women from Africa, Asia etc. to earn their own money from income-generating work than for other women. Whether a person arrives in Norway as a refugee or as a labour migrant, how long they have lived in the country, level of education, language skills and number of children in the family are among the many factors that affect a person's opportunities for undertaking income-generating work to varying degrees.

The average income from work of women without an immigrant background is NOK 295 600. Figure 5.5. shows that this represents 73 per cent of the total income for this group. For women who have immigrated from Africa, Asia etc., income from work is far lower, at NOK 157 100, and only represents 62 per cent of total income.

Immigrant women from the Nordic region have the highest income from work, with NOK 340 200, which corresponds to 81 per cent of total income. The income from work of women who have immigrated from the EU etc. is slightly lower than for other women, at NOK 234 400, but it represents a greater proportion of total income – 79 per cent.

For women who have immigrated from Africa, Asia etc., transfers are a more important source of income than for other immigrant women and women without an immigrant background. Taxable and tax-free transfers constitute 23 and 13 per cent respectively, a total of 36 per cent, of their total income. Child benefit, social assistance and dwelling support in particular constitute a relatively large part of the total income for this group.

Figure 5.5. Proportion of total income in per cent, immigrant women and other women¹ aged 17–66. 2015



¹ Other women consists of women born in Norway to two immigrant parents and women without an immigrant background. Source: Income statistics for persons, Statistics Norway

Table 5.2. Income accounts for immigrant women and other women aged 17–66. 2015

	Immigrant women			Women without an immigrant background
	Nordic region	EU etc.	Africa, Asia etc.	
Income from work	340 200	234 400	157 100	295 600
Salary	325 800	224 400	151 400	284 900
Net income from self-employment	14 400	10 000	5 700	10 700
Capital income	12 300	4 600	4 800	17 000
Taxable transfers	57 700	43 400	57 700	76 800
National insurance	21 100	14 500	28 500	43 200
Occupational pension	6 000	1 600	1 800	6 200
Unemployment benefit	3 300	6 000	4 300	2 400
Tax-free transfers	12 100	13 700	32 100	14 200
Child benefit	7 900	7 100	10 900	7 800
Cash-for-care benefit	700	1 500	1 800	600
Social assistance	1 000	1 500	8 400	800
Dwelling support	500	800	4 100	600
Grants	1 200	1 000	2 800	2 900
Total income	422 200	296 000	251 800	403 600
Income after tax	313 400	226 600	203 100	304 000
Number of women	27 820	116 690	136 491	1 379 450

Source: Income and wealth statistics for households, Statistics Norway

5.6. Immigrant women's income from work varies by country background

Income from work provides a measurement of financial self-sufficiency. As mentioned initially, different factors affect a person's opportunities for undertaking income-generating work, and there are large variations between the different countries.

In Table 5.3, we look at immigrant women from different countries, and the differential in terms of other women's income from work by age. We have already seen that their income from work constitutes a lower proportion of the total income of women from Africa, Asia etc. Both age and country background may have a major impact when we compare their income from work with that of other women.

Immigrant women from the Nordic countries, like Sweden, Denmark and Finland, have the same or higher income from work than other women in most age groups. This can be explained by the ease with which these women are able to adapt to the Norwegian income pattern. There are few differences between the Nordic countries in relation to women's level of education and labour force participation. Nor are there major differences in language or culture, which can be linked to the high labour migration to Norway.

Apart from the very youngest women, we see that the gap between those born in Norway and immigrant women from the UK, Germany and the USA is relatively small, and that the gap continues to narrow as they age. Income from work for the oldest immigrant groups is the same or higher than the income of other women.

Among immigrant women from Africa, Asia etc, we have seen that income from work constitutes a lower proportion of total income compared to other immigrant women and other women. When we look at individual countries, however, we find great disparities among women from these regions, and that age is a factor.

The income from work of young women from Sri Lanka, Thailand and Vietnam is relatively close to the level of other women. The older these women are, the greater the disparity compared to the income level of women born in Norway. We see the opposite trend for women from the Philippines; as they age they approach the level of other women's income from work.

Young immigrant women from Turkey and Pakistan have a relatively high income from work compared to women the same age from Norway. Older women from these countries, however, have a far lower income from work compared to their peers.

We find Somalia and Syria at the bottom of the scale. Young Somali women have a higher income from work than older women, but the level begins to fall as early as 25. Syrian women have the lowest income from work, regardless of age.

Table 5.3. Differential of resident immigrant women's¹⁵ income from work compared to other resident women, by country background and age. 2015

	Aged 17–24	Aged 25–34	Aged 35–44	Aged 45–54	Aged 55–66
Denmark	82	95	102	112	124
Finland	80	95	104	109	118
Sweden	201	106	107	112	134
Poland	93	65	62	63	78
United Kingdom	67	101	88	104	108
Russia	75	82	77	73	74
Turkey	81	53	42	28	17
Germany	55	95	99	98	117
Bosnia and Herzegovina	133	93	79	73	67
Somalia	39	21	18	20	14
Sri Lanka	93	69	63	70	61
The Philippines	67	52	66	74	88
India	69	60	74	84	70
Iraq	78	74	59	60	54
Pakistan	71	40	33	24	14
Syria	21	13	11	15	16
Thailand	81	57	54	51	57
Vietnam	89	77	73	57	47
USA	41	76	90	94	114
Chile	66	76	67	60	67
Other countries	73	62	60	61	71

Source: Income and assets statistics for households, Statistics Norway

5.7. Immigrant women's income from work compared to men

In Table 5.4, we show the gender disparity in income from work for persons with the same country background and age. For the Nordic countries, Poland and Germany, the gender disparities are greatest among the youngest and least among the oldest. Conversely, for immigrants from countries with both greater cultural and language differences, like Iran, Pakistan, Thailand and Turkey, the youngest women's income from work is closer to that of men the same age than the oldest women.

We have seen that young women from Bosnia and Herzegovina have a higher income from work than women the same age born in Norway. In Table 5.4, we see that their income level is approximately the same as for men of their age from the same country of origin. Young Chilean women have a higher income from work than young Chilean men. The gender disparities among young immigrants from the Philippines, Iran, Thailand, Somalia and Syria are minor. Among Somalis and Syrians, however, income from work is very low among both women and men in this age group.

¹⁵ Only includes persons who themselves immigrated to Norway, not persons born in Norway to immigrant parents.

Comparisons of women's and men's income from work show that women from the Nordic countries, as well as Germany, Russia, Chile and Bosnia and Herzegovina fare the best, since the differential is relatively small for all ages compared to men of the same age.

The gender disparities in income from work are greatest among women and men from Pakistan, and the older these women are, the greater the gender disparity. Turkish women are among those with the lowest income from work, compared to the men's level, as well, and the differential increases with age.

Table 5.4 Female residents' income from work as a percentage of male resident's income from work, by age and country. 2015.

Country	Aged 17–24	Aged 25–34	Aged 35–44	Aged 45–54	Aged 55–66
Denmark	61	68	66	72	73
Finland	64	69	81	98	103
Sweden	88	72	72	78	79
Poland	62	58	71	83	81
United Kingdom	52	66	55	60	49
Russia	81	67	76	90	75
Turkey	59	48	52	45	33
Germany	68	71	70	73	77
Bosnia and Herzegovina	91	72	77	85	71
Somalia	88	39	37	50	48
Sri Lanka	54	51	63	68	58
The Philippines	90	46	65	84	79
India	58	40	51	66	55
Iraq	86	64	60	68	66
Pakistan	55	34	33	28	19
Syria	86	58	50	64	41
Thailand	90	58	65	66	47
Vietnam	75	60	66	67	67
USA	65	51	54	53	49
Chile	106	73	71	71	72
Other	72	63	65	74	68
Persons without an immigrant background	72	68	66	65	59

Source: Income and assets statistics for households, Statistics Norway

6. Gender disparities in health

Health cannot be studied independently of other sectors of society in the same way as work, education etc. The factors that affect health are partly contingent on society's expectations for women and men, such as existing gender roles and expectations regarding the behaviour of women and men. In addition to gender, socio-economic differences have a great impact on disparities in health. Socio-economic circumstances are related to chances in life and opportunities for influencing one's own situation. Men and women live under different conditions, which means their resources, scope for action and chances in life all vary. Women and men also work in different occupations and sectors, and the burden on their lives therefore varies.

6.1. Life expectancy

Life expectancy is calculated according to the mortality pattern; based on the age of those who have died and the surviving population during a year.

In 2016, the life expectancy at birth was 84.2 years for women and 80.6 years for men. On average, women live 3.6 years longer than men. Projections suggest that the life expectancy of women and men will continue to rise in the coming decades. The life expectancy of women appears to have stagnated slightly, while continuing to rise for men.

Most deaths occur when people are very old. Men and women mostly die from the same causes: circulatory system diseases (cardiovascular) and tumours. Heart disease is the greatest killer, with cancer in second place. Lung cancer is the form of cancer that kills most people of either gender, with its mortality for men still double that of women. Breast cancer was formerly the type of cancer that killed most women. Slightly more men have a violent death (accidents and suicides).

Life expectancy for women levelling off

The substantial decline in heart disease mortality has been instrumental in the increase in life expectancy. The decline has been greater for men than for women. Over time, there has been a change in lifestyles which has likely had a positive impact on men's health.

During the course of life, a number of causes of death have led to men having shorter lives than women. A higher proportion of boys than girls die before the age of one. Complications during childbirth are more common for boys, and their health during their first year of life is poorer (FHI, 2014). During adolescence, boys die as the result of an accident or suicide more often than girls. However, more young women than men die from cancer. Women get breast cancer and other types of cancer that only affect women at a relatively young age, while men suffer cardiovascular disease earlier.

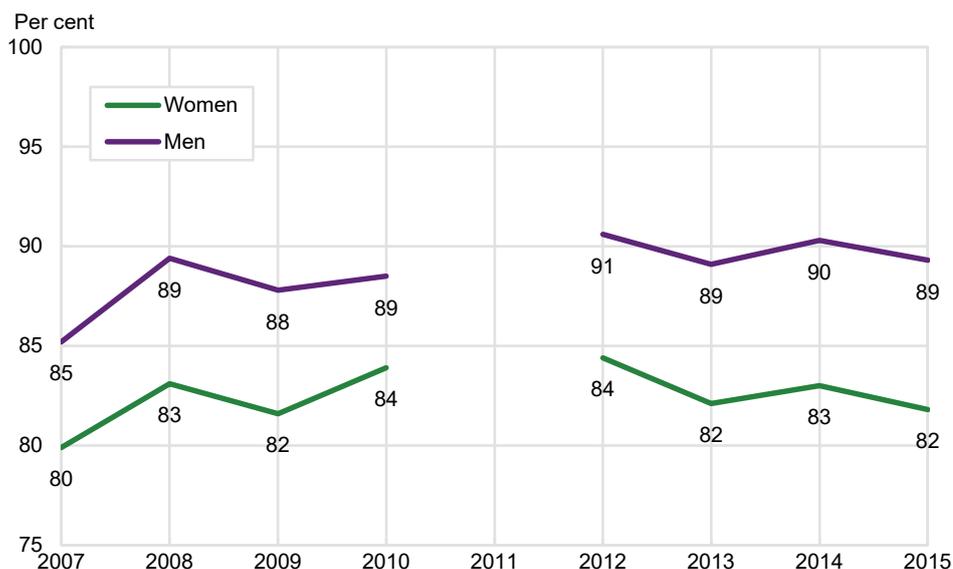
There are great social disparities in the life expectancy of the elderly. Among groups with a long education and good finances, life expectancy is higher than for groups with a lower education and poorer finances. The same diseases impact on the health of men and women at the end of their lives, and they are often fatal. Heart disease, stroke, COPD, Alzheimer's and pneumonia are the greatest killers of persons in their 70s. Heart disease and stroke are also the most common causes of death of men and women in their 80s (Moe, 2012).

6.2. More long-term illness among women

Women live the longest, while men feel healthier for longer than women. Women generally have more long-term illness. There is also greater disability among women, and the gender disparities increase with age. In 2015, women could expect to live to almost 69 without any disability, which corresponds to 82 per cent of

their life expectancy. That year, men could expect to live to almost 72 years without functional difficulties, some 89 per cent of their life.

Figure 6.1. Proportion of life expectancy without disability. 2007–2015. Women and men



Source: Eurostat

State of health

In Norway, most people consider their health to be good. This applies to both women and men. Gender disparities in the population's perceptions of their own health are generally small, but in every age group men view their health in more positive terms than women. About 81 per cent of men and 78 per cent of women reported that their health was good in 2015, while 6 per cent of men and 8 per cent of women reported that their health was poor. Very young women, aged 16–24, and women aged 45–66 have somewhat poorer health than men the same age.

A greater proportion of women than men have a long-term illness or health problems. In 2015, 38 per cent of women and 30 per cent of men had a long-term illness or health problems. More women than men say that they have health problems that impact on their everyday lives. While 19 per cent of women have health problems that make everyday life difficult, this is true for 14 per cent of men.

6.3. Considerable social disparities in health

General metrics of health show a link between social disparities and gender disparities. The gender disparity is greatest among those with a low level of education. Men and women with a higher level of education have better health. In groups with a higher education, the gender disparity is small.

The social gradient in health improves gradually or incrementally as a person's socio-economic status becomes higher. Socio-economic status can be measured by a person's income, education or occupation.

In general, groups with a low level of education have the most health problems and functional difficulties, and this applies to both women and men. In every educational group, far more women than men have consulted a general practitioner or medical specialist. Despite the higher proportion of women with health problems in lower educational groups, there is a social gradient in the pattern of use of health services by education among men but not women. However, pregnancy-related circumstances must be factored in here.

Women are far more likely to have illnesses and health problems than men. Women also have more health problems that restrict their everyday activities.

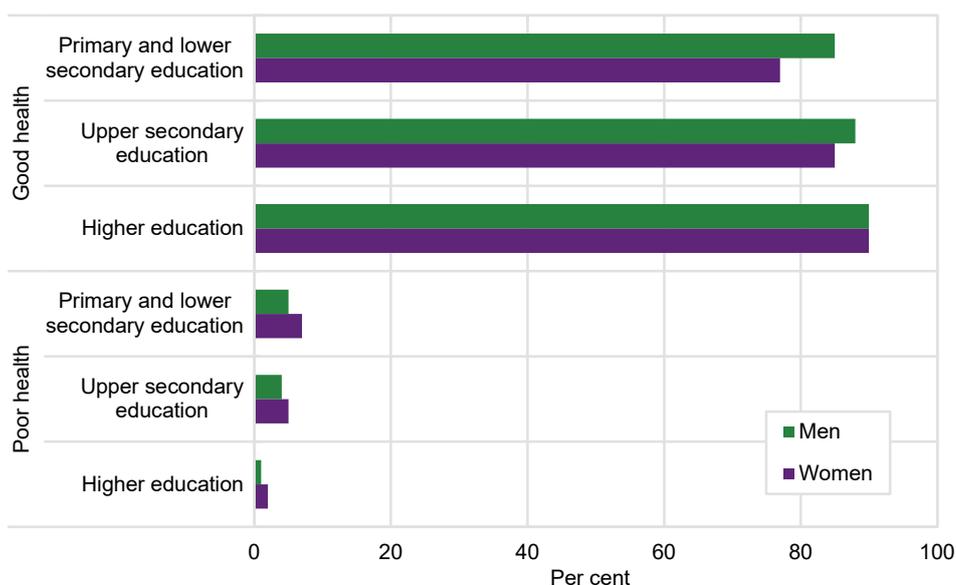
Among both women and men, it is the elderly who have the most health problems and impaired mobility. Mobility problems, which make it difficult to go for walks or climb stairs, are not commonplace among persons below the age of 45.

A far greater proportion of women with a low level of education have spent time in hospital during the past year compared to men with the same level of education. As the level of education increases, the proportion declines and the gender disparity levels off. Antenatal care also plays a key role here. On the other hand, most men with a low level of education have been day patients at hospitals. There is no gender disparity in the other educational groups. Use of psychologists and psychiatrists is generally rare compared to use of GP’s and other medical specialists, and the gender disparity in the pattern of use is relatively small.

6.4. Younger women have more health problems than younger men

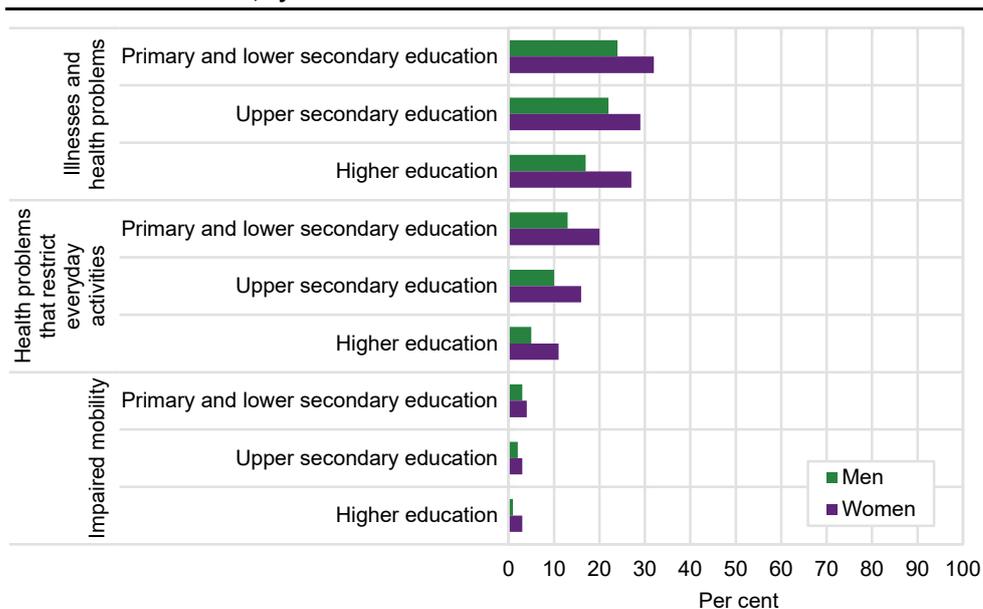
Younger women aged 16–44 with a lower level of education have slightly poorer health than men of the same group, but the disparity is not great. In groups with a higher education, there is no gender disparity in self-assessed health.

Figure 6.2. Proportion of women and men aged 16–44. Self perceived health by level of education 2015



Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

If we look at the prevalence of health problems among younger persons (aged 16–44), women have a far greater prevalence of illnesses and health problems that create difficulties in their everyday lives. Among both women and men, groups with a low level of education have the most health problems. However, it appears that the prevalence of disability among young women is almost as high regardless of their level of education.

Figure 6.3. Proportion of women and men aged 16–44. Illness, health problems and functional difficulties, by level of education 2015

Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

Greater gender disparity among younger persons with a low level of education

Young women have more health problems than young men, and to a greater extent than young men they experience symptoms like bodily pain, headaches, coughing, nausea and dizziness. The gender disparity for most symptoms is greatest among persons with a low level of education. Both the prevalence of symptoms and the gender disparity decline as the level of education increases.

There is a higher prevalence of osteoarthritis and neck problems among younger women than younger men. Women in lower educational groups also have a higher prevalence of sight problems than young men with a low level of education. The gender disparity in the proportion with sight problems balances out, however, with a higher level of education.

Younger women seek medical help more frequently than younger men, regardless of the level of education. Young women have also seen a specialist more often or spent more time in hospital. The largest gender differential is found in those with a high level of education (3 per cent of men and 12 per cent of women).

Younger women have more mental health problems than young men

Traditional metrics of mental health like irritability, aggressiveness, exhaustion, burn out etc. show that young women to a far greater extent than men report that they are irritable or aggressive, with most in the lowest educational group. The gender disparity declines and levels out as the level of education increases. It has been asserted that mental health problems in young men manifest themselves differently than in women, in the form of more risky behaviour and drug and alcohol abuse.

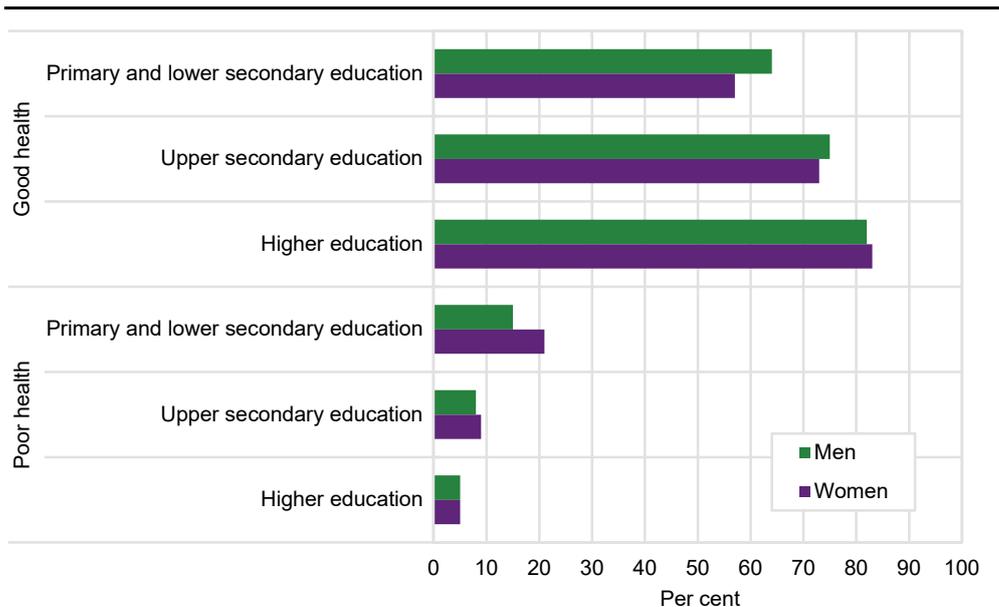
Young women visit a psychologist more often than young men, regardless of the level of education. The threshold for seeking help is said to be higher among men, and the gender disparity associated with consulting a psychologist or psychiatrist may be a reflection of this. There is a social gradient by education associated with the use of a psychologist among young women, and there is no difference among young men. The greatest gender disparity associated with consulting a psychologist is found in the lowest educational group. There is no gender disparity in consulting

a psychiatrist among young persons. The incidence is generally low for both groups.

6.5. Older women with a low level of education have more health problems

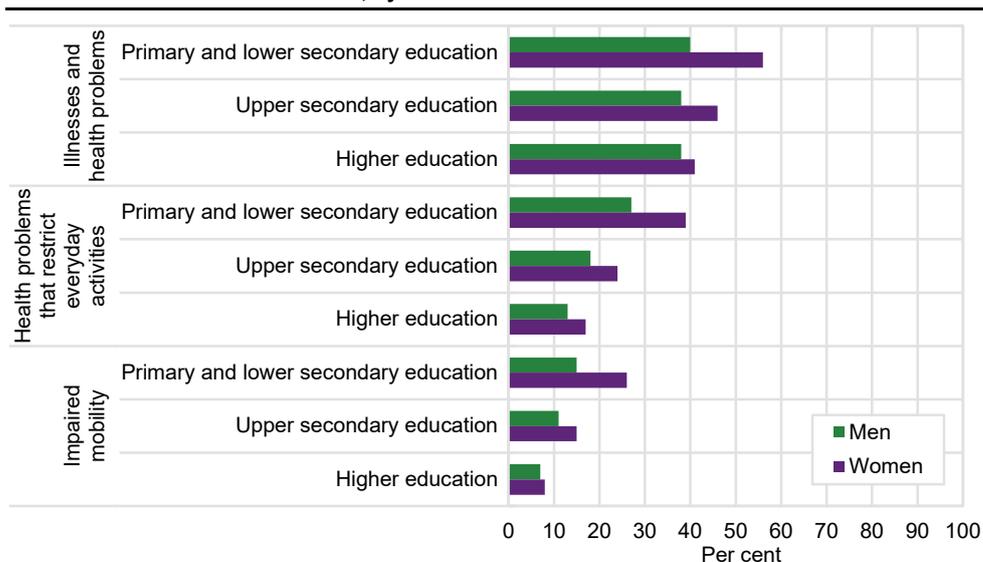
The gender disparities in state of health are also greatest in older groups (aged 45 or more) with a low level of education, and the disparity for most of the health problems mentioned here declines slightly as the level of education increases.

Figure 6.4. Proportion of women and men aged 45 or more. State of health by level of education 2015



Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

In the group aged 45 or more, women have markedly more health problems than men. This means illness, functional difficulties like impaired vision and mobility problems, bodily pain and headaches/migraines. In addition, older women are more often plagued by symptoms like coughing, nausea/digestive problems and problems with balance than men aged 45 or more.

Figure 6.5. Proportion of women and men aged 45 or more. Illness, health problems and functional difficulties, by level of education 2015

Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

The greatest gender disparity is among persons with a low level of education. However, the gender disparity appears to decline as the level of education increases for most of the health problems mentioned above. In groups with a higher education, the incidence of sight problems, bodily pain, headaches/migraines and symptoms like coughing, nausea/digestive problems and dizziness is virtually the same for both genders. The exception is hearing problems, which appear to be more prevalent in older men (aged 45–66) than older women in all educational groups.

A steeper social gradient among women in self-assessed health

The social gradient for health by education is steeper for women than for men. Among the younger age groups (aged 16–44), there is a disparity in the proportion with good health between the lowest and highest levels of education of 5 percentage points for men and 18 percentage points for women. Among those aged 45 or more, the disparity is 18 percentage points for men and 26 percentage points for women. The gender disparity in health when broken down according to education is greatest among older men and older women. Among younger persons, the gender disparity is small, and the social gradient is less marked.

Men's dental health is poorer than women's

While younger women (aged 16–44) have good dental health, this proportion falls with age. Women with a low level of education have the poorest dental health compared to other educational groups. Dental health in men is poorer than in women, and does not change much with age. Sixty-seven per cent of men with a low level of education report that their dental health is good, regardless of age, while 78 per cent of younger women and 68 per cent of older women with a low level of education report that they have good dental health. The gender disparity in groups with a higher education is small. In this group, about 80 per cent of younger and older men and women have good dental health.

A relatively high proportion of younger men (aged 16–44) have poor dental health, and it may be questioned whether they see a dentist regularly. A higher proportion of young women than young men have seen a dentist in the past two years, and there is little disparity according to the level of education. However, somewhat more women than men have seen a dentist in the past two years in the lowest educational group, but there is no gender disparity in groups with a higher education.

7. Varying health challenges during different life phases of women and men

We have seen that women and men have different health challenges. They suffer from different complaints, but they also have different symptoms for the same illnesses and respond differently to treatment. The health services still focus less on diffuse, chronic complaints which usually affect women than on so-called 'critical illnesses' (see the Norwegian Women's Public Health Association's declaration of principles, *Kvinneres livsvilkår* [Women's conditions of living]).

Some health challenges are primarily determined by biological gender, others can be a result of how society socialises women and men into gender roles. Health is often a combination of biological and social circumstances. Women's health is closely linked to biological circumstances. The most obvious difference between women and men has to do with reproduction (pregnancy and childbirth).

Women's health

Pregnancy and childbirth make women more prolific users of the health service. It is also asserted that women are generally better at listening to their bodies and at seeking medical help at an early stage, and are more willing to contact their general practitioner compared to men.

Screening programmes have been established to identify illnesses that affect women at a young age. This means screening for breast and cervical cancer. Three out of four women in the target group underwent mammography screening during a 2-year period (one out of three of all women) – and there is little difference according to level of education. About half of the target group for cervical smear test screening has participated in the programme. Participation in the cervical smear test screening programme is higher among persons with a higher education.

We have seen that women of childbearing age have far more health problems and symptoms than men, and that they use the health services to a greater extent. This is often in connection with menstruation, pregnancy and childbirth. Research has linked a higher incidence of depression among women to matters regarding reproduction (including postnatal depression). In different contexts it has been asserted that men's mental health problems manifest themselves in different ways from women's. In general terms, it can be said that women's depressive symptoms manifest themselves as feelings of anxiousness, unease, anxiety, exhaustion and problems sleeping, while men react more with anger, self-destructive behaviour, disassociation, substance abuse, gambling problems, problems sleeping, womanising and working too much (Martin et al. 2013).

Another example of biologically based differences is osteoporosis in women, which is often linked to hormonal changes and loss of bone mineral density during menopause, resulting in fractures (broken arms and hips), often associated with a fall.

Men's health

Men and women exhibit different risky behaviours, and this is reflected in men's higher risk of both fatal and non-fatal accidents. Almost three times as many men as women die in traffic accidents. Men are also involved in leisure accidents more often.

The incidence of mental health problems in men increases with age. Cardiovascular conditions can result in depressive symptoms in men, such as anxiety. It has also been asserted that reduced testosterone levels combined with life phase changes,

such as retirement and loss of authority and power, can cause mental health problems in men as they age (Orengo et al., 2004, Seidman and Walsh, 1999). Mental health problems in men are more often seen in the form of substance abuse and risky behaviour. Such behaviour is seldom directly linked to reporting of illness, which probably results in the underreporting of mental health problems in men.

State of health and use of health services among different age groups

The differences between men's and women's health are not as great in every age group. The same applies to gender disparities associated with living habits and use of health services. In order to present these nuances, the different age groups are discussed separately in this chapter. In each age group we look at men's and women's health, the use of health services and the differences between men's and women's living habits, as relevant to their health.

About the survey of health and living conditions

The survey of health and living conditions is a sample survey that charts the population's state of health, disability, living habits and use of health and care services. The main population of the survey is persons aged 16 and over who live in private households (see also <http://www.ssb.no/sosiale-forhold-og-kriminalitet/artikler-og-publikasjoner/levekarundersokelsen-om-helse-2015>)

About the specialist health service statistics

The statistics referred to here cover service and activity data (bed-days, outpatient consultations, and diagnoses etc.) for public somatic hospitals. The statistics are based on a full count of all regional health authorities and health authorities with underlying hospitals and institutions (see also <https://www.ssb.no/helse/statistikker/speshelse/>)

7.1. Children and adolescents

Most Norwegian children are in good health. Some problems appear to increase during adolescence, especially among girls. Before the age of 16, boys are more at risk of illness than girls, while young women aged 16–24 have more illnesses and symptoms than young men. Among children and adolescents, the most common problems are linked to allergies and asthma. During adolescence, the incidence of injury, pain, disease and complaint of the musculoskeletal system increase, as well as mental health symptoms.

There are few disparities between boys and girls in terms of hospital stays and day treatment, while young boys have had slightly more outpatient consultations in hospitals. Young children visit the emergency medical service most often; almost one out of three children aged 0–5, slightly more boys than girls.

Perinatal conditions cover pregnancy after week 22 and the child's first seven days of life

Common diagnoses associated with hospital stays for children aged 0–9 are perinatal conditions and respiratory conditions. Slightly more boys in this age group have had overnight stays for diabetes and epilepsy. Boys have thrice as many admissions for hernias, while girls have more admissions for conditions like rheumatoid arthritis. For children and adolescents aged 10–19, illnesses like diabetes and epilepsy are equally common causes of hospital stays for boys and girls. Among girls, upper respiratory tract illnesses and rheumatoid arthritis are more common causes than among boys.

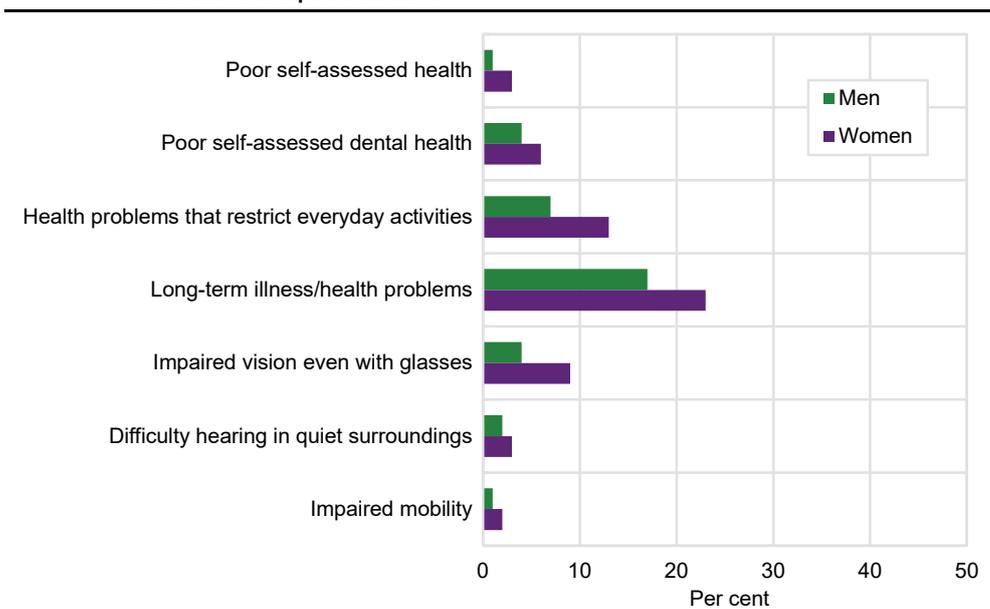
The causes of hospital stays for young persons aged 10–19 are often linked to injuries from accidents. Most children injure themselves at home, where they spend the most time. Boys who are admitted with fractured arms, internal cranial injuries and concussions are greatly overrepresented. Older children and adolescents are at most risk of traffic and leisure accidents. Girls have far more admissions for

poisoning; four times as many as boys. Among girls aged 15–19, it is often a matter of self-inflicted paracetamol poisoning (FHI 2016).

7.2. Young adults

Most young persons (aged 16–24) are in good health, close to 90 per cent of them. Very few consider their own health or dental health to be poor. Slightly more young women than young men have various health problems. Figure 7.1 shows that a larger proportion of young women than young men have permanent illnesses or health problems, and that young women to a somewhat greater extent than young men have impaired vision (even with glasses). Relatively few young persons have functional difficulties associated with mobility or hearing.

Figure 7.1. Proportion of women and men aged 16–24. Self-perceived health, long-term illness and functional problems. 2015



Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

Prevalence of illness

The greatest health challenges among young persons are generally linked to allergies (pollen, hay fever, food allergies).

One out of ten young persons are injured in accidents, most of whom are men. Most of them are injured in a leisure accident. Among young men, injuries are also one of the most common causes of hospital admission. The table below presents the illnesses and complaints that are most common in this age group, as measured in the survey on living conditions and health.

Table 7.1. Prevalence of various illnesses and injuries during the past 12 months among men and women aged 16–24. Per cent 2015

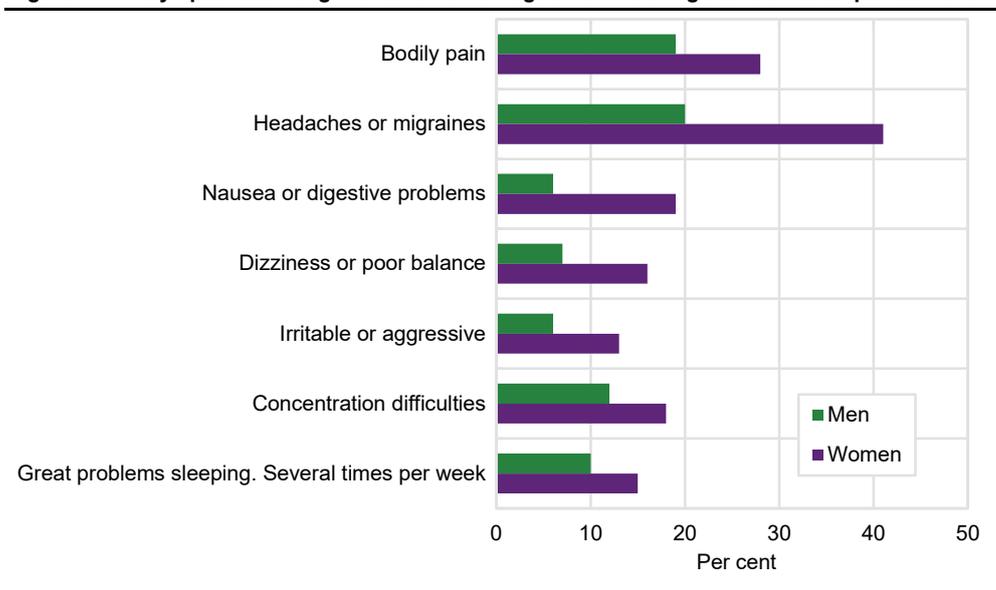
	Men	Women
Allergies	20	23
Injuries	14	10
Asthma	5	9
Depression	4	8
Back disorders	5	6
Neck disorders	2	5
Diabetes	1	1
Number of interviewees	607	583

Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

Many young persons have symptoms

Many young persons suffer from symptoms like pain, headaches and coughing. Young women generally have more symptoms and complaints than young men. The greatest disparities are related to mental health. About 8 per cent of young women and 4 per cent of young men report that they have suffered from depression during the past year. The young women also felt irritable or aggressive, had difficulties with their concentration, or had insomnia to a greater extent than the young men during a three-month reference period.

Figure 7.2. Symptoms among men and women aged 16–24 during a three-month period. 2015

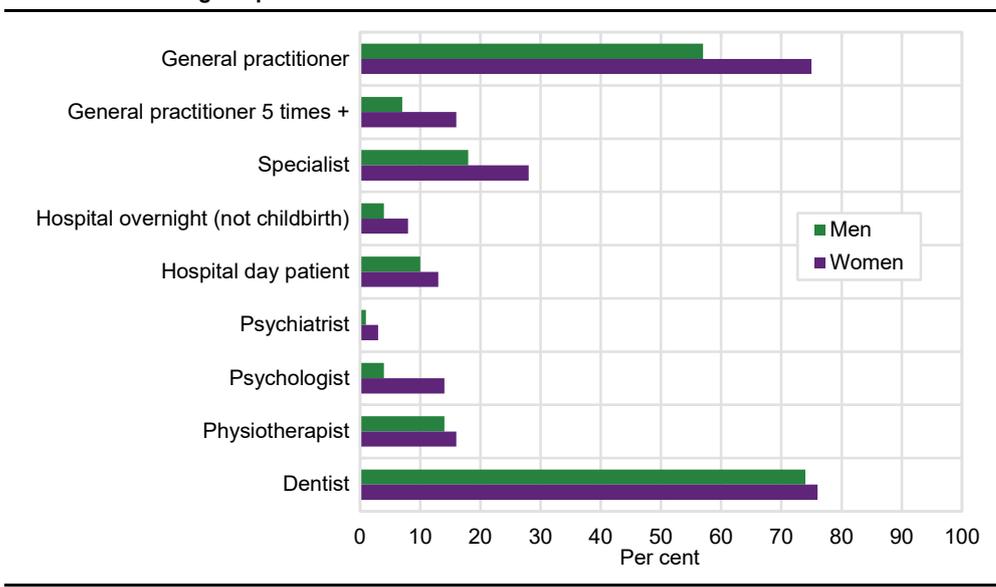


Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

More young women than young men use the health services

Far more women than men have used different health services during the past year. In particular, many more young women (aged 16–24) than men have seen a general practitioner. More young women have also consulted a specialist or been admitted to hospital. Part of the disparity is linked to reproductive health. However, the gender disparities in the use of health services like physiotherapy and dental care are narrower between those aged 16–24.

Figure 7.3. Proportion of women and men aged 16–24 that have used various health services during the past 12 months. 2015



Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

There is also a major disparity in the use of specialist health services between men and women aged 20–39. Far more women than men this age have spent the night in hospital, been a day patient or consulted an outpatient clinic (see Figure 7.6).

Preventive health behaviour

Far more women than men aged 16–24 have consulted a doctor to test their blood pressure. Slightly more men than women have had their cholesterol measured during the past 3 years. Nine per cent of young women have had a cervical smear test during the past three years.

Table 7.2. Proportion of men and women who have had their blood pressure or cholesterol measured, or had a colonoscopy, and proportion of women who have had a mammography or taken a cervical smear test, aged 16–24. 2015. Per cent

	Men	Women
Blood pressure measured in past year	22	46
Cholesterol measured in past 3 years	17	14
Colonoscopy past 3 years	1	2
Women: mammography past 2 years	--	2
Women: cervical smear test past 3 years	--	9
Number of interviewees	607	583

Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

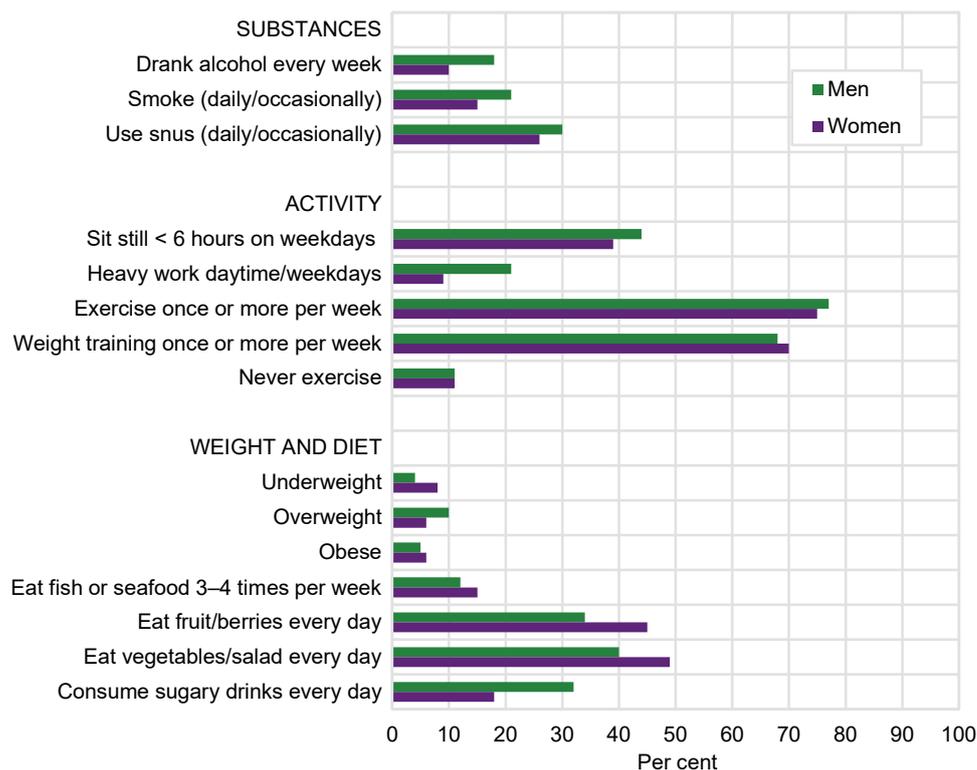
Adolescents barely smoke on a daily basis anymore

Far more young men drink alcohol every week compared to young women, and young men smoke and use snus to a greater extent than young women. However, very few smoke every day; 4 per cent of young women and 6 per cent of young men. Snus users are mostly young men. While the use of snus among young men has remained fairly stable, young women's use of snus has seen a dramatic increase – by more than 10 percentage points in less than ten years (2008–2016).

More young women are underweight, while more men are overweight. The gender disparity between young persons as regards obesity is small, at 5 and 6 per cent respectively. In relation to nutrition, young women are far healthier than young men. They eat more fresh fruit, berries, vegetables and salad on a daily basis. Young men, however, drink sugary drinks like fizzy drinks and juice on a daily basis to a far greater extent, see Figure 7.4.

Many young persons take part in various leisure activities. There is little gender disparity between the proportion that say that they exercise once a week or more or do weight training once a week. However, young men do a greater degree of heavy work. They are involved in activities that mean that fewer of them sit still for more than 6 hours on weekdays, compared to young women.

Figure 7.4. Living habits. Men and women aged 16–24. 2015



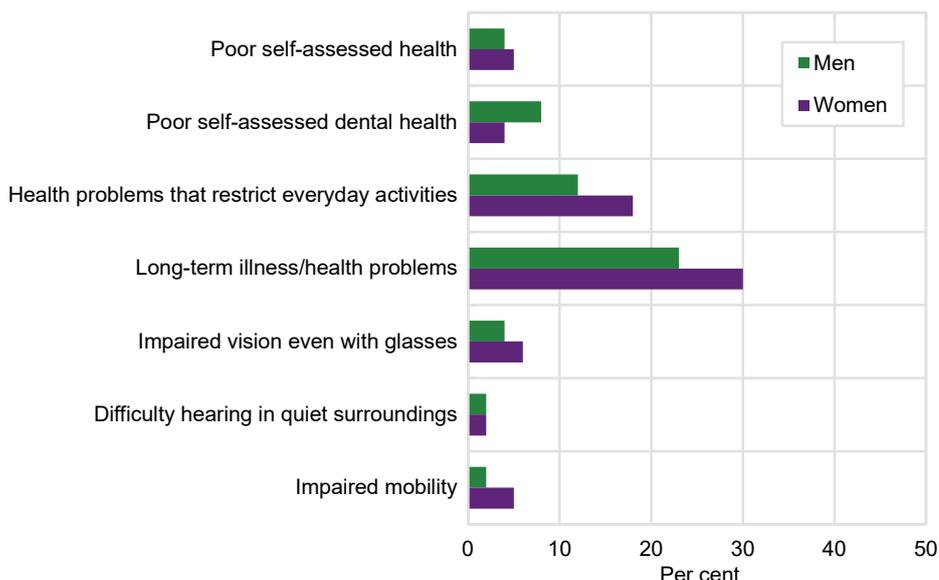
Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

7.3. Adults

Poor self-assessed health is more prevalent among women and men aged 25-44 than among younger age groups. The proportions are nonetheless modest, with 4 per cent of men and 5 per cent of women in poor health. The gender differential for those who consider themselves to have a long-term illness or health problems is about the same as among younger persons.

Women have long-term illnesses and health problems to a greater extent than men. Women also experience functional difficulties at an earlier age than men. The prevalence of mobility problems is greater among women aged 25–44 compared to younger women.

Figure 7.5. Proportion of women and men aged 25–44. Self-perceived health, long-term illness and functional difficulties. 2015



Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

Prevalence of illness

Men and women aged 25–44 have many of the same health problems as younger persons. Allergies are most prevalent; 20 per cent of men and 23 per cent of women in this age group have pollen allergies, hay fever or food allergies. However, musculoskeletal problems appear to be more prevalent (osteoarthritis, arthrosis, and back and neck disorders) among both men and women compared to younger persons. The table below presents the illnesses and health problems that are most common in this age group, as measured in the survey on living conditions and health.

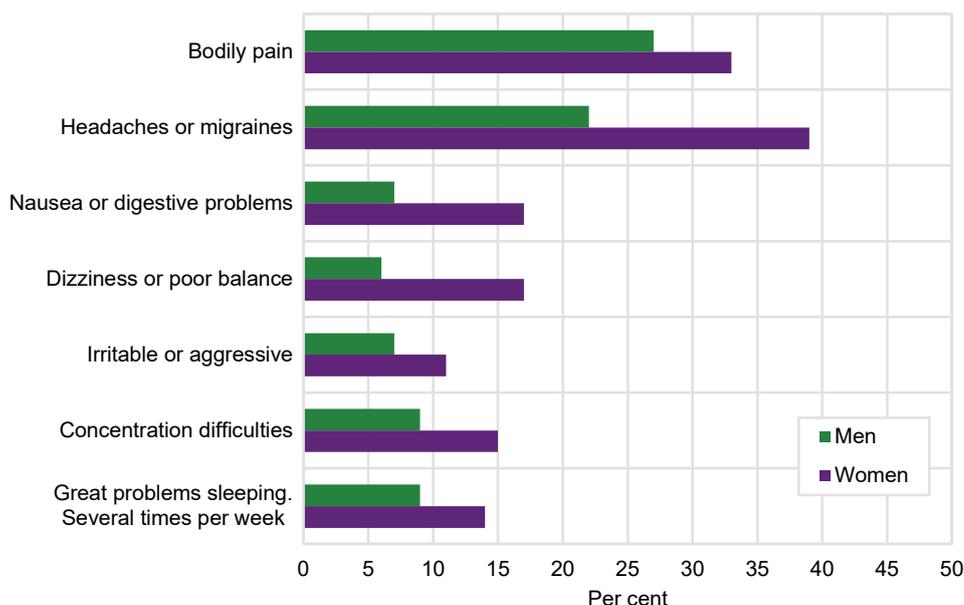
Table 7.3. Prevalence of various illnesses and injuries during the past 12 months among men and women aged 25–44. Per cent 2015

	Men	Women
Allergies	20	23
Depression	4	8
Back disorders	5	6
Injuries	10	6
Neck disorders	2	5
Number of interviewees	1242	1217

Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

In this age group, women have more symptoms of health problems than men. Women aged 25–44 experience far more pains in their bodies, and especially in the form of headaches. While two out of ten men say that they had headaches or migraines during a three-month reference period, the figure for women is four out of ten. Symptoms like nausea, digestive problems and dizziness are also very common among women in this age group.

Figure 7.6. Symptoms among men and women aged 25–44 during a three-month period. 2015



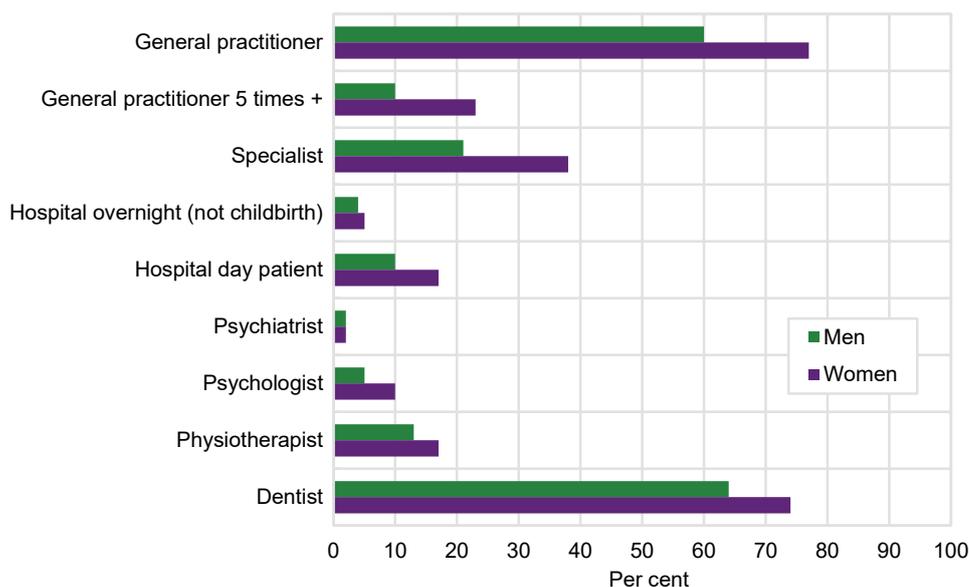
Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

More women of reproductive age use the health services

Far more women than men of this age are in contact with the health services. The obvious reason for the gender disparity is contact in connection with pregnancy, childbirth and the postnatal period. About 77 per cent of all women have consulted a general practitioner during the past year, and 38 per cent have consulted a specialist. The corresponding rates for men are 60 per cent and 21 per cent. A higher proportion of women have consulted a general practitioner five or more times during the past year.

Like younger women, there are also more women than men in this age group who have consulted a psychologist. Among women aged 25–44, 10 per cent have consulted a psychologist during the past year, compared with 5 per cent of men the same age.

Figure 7.7. Proportion that have consulted the different health services during the past year. Men and women aged 25–44. 2015



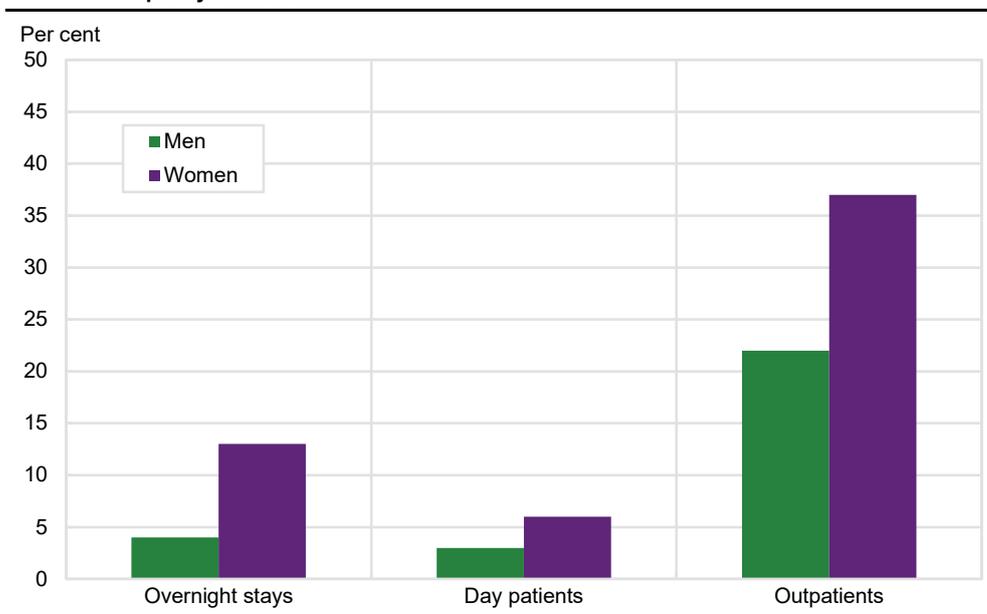
Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

According to the survey on living conditions and health, only a small proportion of women and men have been admitted to hospital, and there is little gender disparity (apart from admissions related to childbirth). Gender disparities in the use of health services can be further nuanced using statistics from the regional health authorities. They show a different breakdown by age, but identify several important trends. Women aged 20–39 use hospital services far more than men, largely due to pregnancy-related issues. About 4 per cent of men and 13 per cent of women have spent the night in hospital, 3 per cent of men and 6 per cent of women have had day treatment and 22 per cent of men and 37 per cent of women have had outpatient treatment (Statistics on the population's use of general hospitals, Statistics Norway 2016).

Pregnancy-related consultations were most frequent for women. Illnesses of the musculoskeletal system and connective tissues were otherwise the most common cause of contact with outpatient clinics for women, and they had more such consultations than men. Injuries were the most common cause of visits to the outpatient clinic for men, and also the most common cause of hospital stays.

Men are admitted to hospital with injuries, digestive problems, respiratory problems and neuropathy to a greater extent than women. Women aged 20–39 are primarily hospitalised with conditions relating to pregnancy, childbirth and the postnatal period, followed by conditions relating to their digestive system and urinary tract/genitals. Admissions to hospital for men aged 20–39 for diabetes are double that of women. Women stay in hospital more than twice as often for bronchial asthma, three times as often for gallstones, and five times as often for rheumatoid arthritis compared to men the same age. Women also have far more admissions for breast complaints and poisoning, while men have more admissions for injuries to the cranium, facial bones and the throat; almost five times as many stays as women.

Figure 7.8 Proportion of men and women aged 20–39 in the specialist health service in the past year. 2016



Source: Statistics on the population's use of general hospitals, Statistics Norway

Preventive health behaviour

The risk of a number of illnesses increases at the age of 25–44. Measuring blood pressure and cholesterol is important from a preventive perspective, particularly because men can develop cardiovascular disease at a young age. A lower

proportion of men than women consulted a doctor to check their blood pressure during the past year; 38 per cent of men and 47 per cent of women, while a higher proportion of men had their cholesterol measured during the past three years.

The risk of cancer increases for women at this age. This particularly applies to types of cancer that are specific to women, like breast cancer and cervical cancer. Ten per cent of women have had a mammography during the past two years and 68 per cent have taken a cervical smear test during the past three years.

Table 7.4. Proportion of men and women who have had their blood pressure or cholesterol measured, or had a colonoscopy, and proportion of women who have had a mammography or taken a cervical smear test, aged 25–44. 2015. Per cent

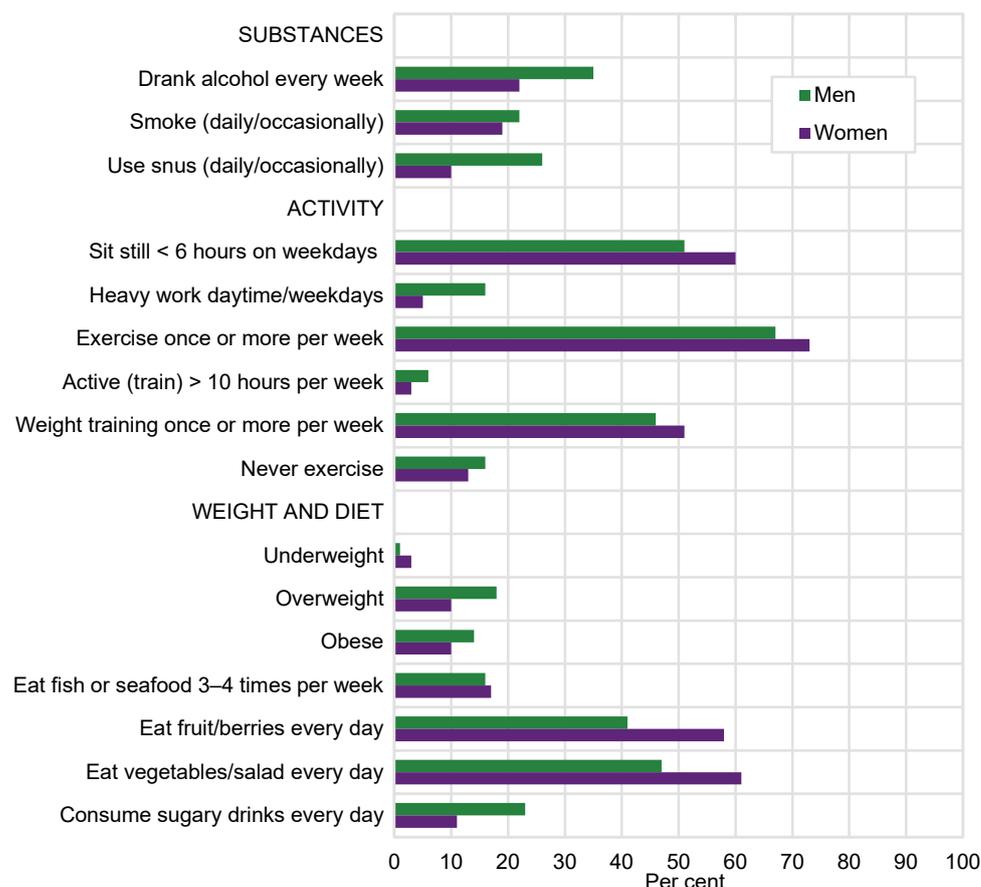
	Men	Women
Blood pressure measured past year	38	47
Cholesterol measured past 3 years	43	35
Colonoscopy past 3 years	4	4
Women: mammography past 2 years	--	10
Women: cervical smear test past 3 years	--	68
Number of interviewees	1242	1217

Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

Lifestyle and living habits of adults

The proportion of snus users among men aged 25–44 has doubled during the past ten years, from 10 to 20 per cent, and is approaching the level for younger men. The figures are different for women. While 17 per cent of young women use snus every day, the figure is only 5 per cent for women aged 25–44. In this age group, slightly more men than women smoke on a daily basis.

Figure 7.9. Living habits. Men and women aged 25–44. 2015



Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

More overweight men than women

Even though in general a high proportion of persons report that they are physically active, it is particularly women in this age group who report that they are physically active. When asked about the number of hours they sit still during an ordinary day (at work, school, home), more women than men report that they sit still for less than 6 hours during an ordinary working day; 51 per cent of men and 60 per cent of women. In addition to sitting still for longer, more men are overweight than women in the same age group. One out of three men and one out of five women have a body mass index of 27 or more. Younger persons have a greater tendency to be underweight than other age groups, especially young women.

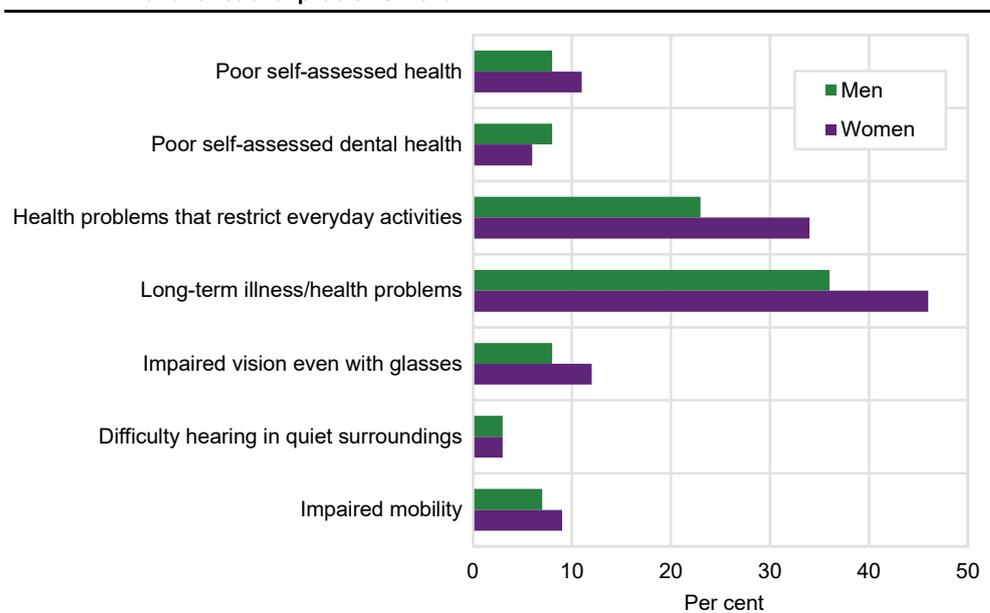
The body mass index (BMI) shows the ratio between height and weight, and indicates whether a person is overweight or underweight. A value below 18.5 indicates underweight and a value of 27 or more indicates overweight, while a value of 30 or more indicates obesity.

Close to 10 percentage points more men and women in the age group 25–44 eat fruit and vegetables compared to younger persons. Correspondingly fewer persons say that they drink sugary drinks every day, and the disparity is the same as for younger persons. Women have a much healthier diet, measured in terms of daily consumption of fruit and vegetables, and fewer women and men drink sugary drinks every day.

7.4. Midlife

After the age of 45, the prevalence of health problems is markedly greater among both men and women, but for a number of illnesses, there are fewer gender disparities than in younger age groups. Women aged 45–66 have a higher degree of health problems than men. These are primarily health problems that restrict their everyday activities, as well as mobility problems and long-term illnesses. While 23 per cent of men have health problems that affect their everyday lives, 34 per cent of women have such problems. About 46 per cent of women and 36 per cent of men aged 45–66 have a long-term illness. Women also appear to have sight problems to a greater extent than men.

Figure 7.10. Proportion of women and men aged 45–66. Self-perceived health, long-term illness and functional problems. 2015



Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

The most common health problems in this age group are allergies, back and neck disorders, osteoarthritis, arthrosis and high blood pressure.

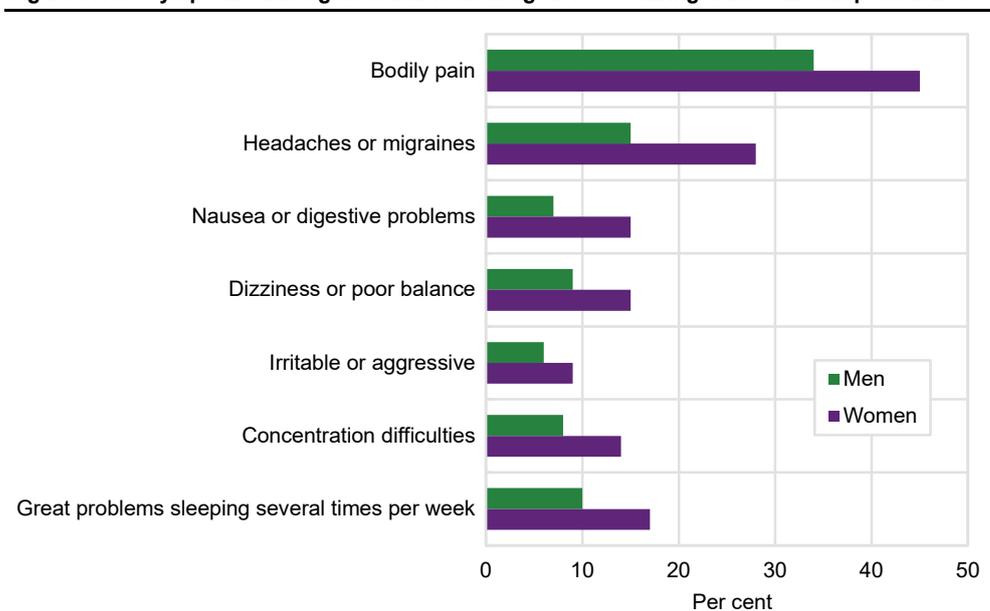
Table 7.5. Prevalence of various illnesses during the past 12 months among men and women aged 45–66. 2015. Per cent

	Men	Women
Allergies	15	20
Back disorders	17	20
Osteoarthritis, arthrosis	8	17
Neck disorders	10	17
High blood pressure	18	16
Asthma	6	10
Depression	6	9
Diabetes	6	4
Lower respiratory tract illnesses	3	3
Heart attack and consequences	3	1
Number of interviewees	1 518	1 506

Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

Middle-aged women have various symptoms like bodily pain, headaches, digestive problems and poor balance to a far greater extent than middle-aged men. More women than men also report that they have insomnia or feel irritable.

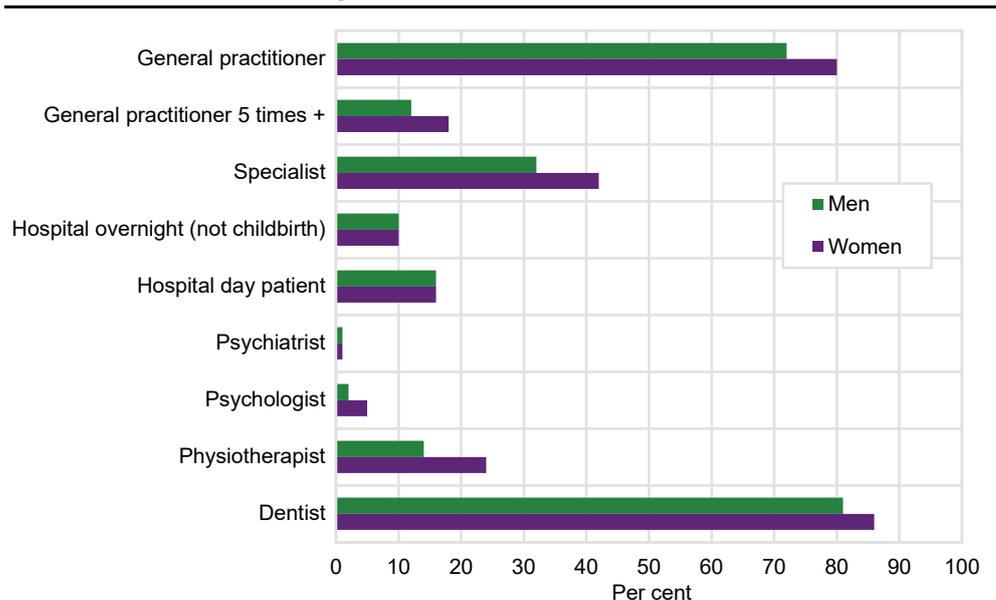
Figure 7.11. Symptoms among men and women aged 45–66 during a three-month period. 2015



Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

Women aged 45–66 use health services to a somewhat greater extent than men, but the gender disparities are narrower in this age group than in younger age groups. This refers to consultations with a general practitioner or specialist during the past year. There is no difference in the use of specialist health services like overnight stays or stays at hospital as a day patient. However, more women than men have seen a psychologist, and far more women than men have seen a physiotherapist during the past year.

Figure 7.12. Proportion that have consulted the different health services during the past year. Women and men aged 45–66. 2015



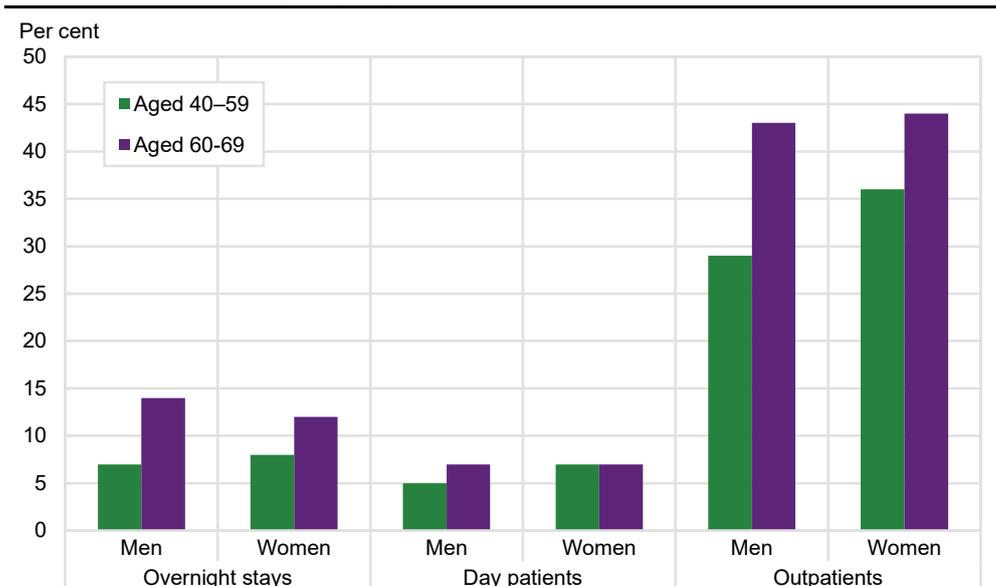
Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

Men in hospital more often

Men stay in public somatic hospitals more often than women from their mid-40s until nearing the age of 80. In the age group 40–59, men and women spend equal amounts of time in hospital. The gender disparity in day curative care is also relatively small. However, far more women than men have consulted an outpatient clinic.

Men and women aged 60–69 use specialist health services to a greater extent than men and women aged 40–59, and the gender disparities are minor. This particularly applies to outpatient consultations. In contrast to other age groups, a higher proportion of men than women (aged 60–69) have been admitted to hospital.

Figure 7.13. Proportion of women and men aged 40–59 and 60–69 in the specialist health service during the past year. 2016



Source: Statistics on the population's use of general hospitals, Statistics Norway

In this age group, women are treated in hospital more often than men for tumours and illnesses of the urinary tract and genitals, while men are admitted more often with cardiac conditions (diseases of the circulatory system) and injuries.

The most common causes of overnight stays at hospitals for men aged 40–59 are linked to conditions of the circulatory system, injuries, conditions in the digestive system and musculoskeletal system, and undefined conditions and symptoms. For women in this age group, the most common causes of admission are symptoms and undefined conditions, respiratory complaints, musculoskeletal illnesses, tumours, conditions in the urinary tract and genitals, and injuries.

The incidence of diabetes and high blood pressure is higher in this age group compared to younger age groups, and is somewhat higher among men than women. Twice as many men than women have been admitted to hospital with diabetes. The incidence of heart disease increases dramatically at this age. In the age group 45–66, 3 per cent of men have had a heart attack or live with the consequences of such. Tumours are the single most important cause of hospital stays for women aged 40–59, but many men in this age group are also admitted with cancer. Far more men than women have been admitted to hospital with malignant tumours on the lips, oral cavity and throat, and with tumours on the digestive organs, compared to women of the same age.

The proportion with allergies is slightly lower for this age group than younger age groups. The proportion with respiratory problems increases among middle-aged persons aged 45–66. More persons have chronic lower respiratory tract illnesses, and the incidence is higher in women than men. Musculoskeletal illnesses are more prevalent in general, and the incidence of repetitive strain injuries is higher among women.

Twice as many men have been admitted with illnesses like Parkinson's, cerebral palsy, while more women than men aged 40–59 have been admitted with multiple sclerosis.

Many men have been admitted with problems of the digestive system. Men's admissions to hospital with duodenal ulcers or hernias are double that of women, while women's admissions for gallstones are double that of men. Men have more admissions for kidney stones or urinary tract illnesses. In addition, men aged 40–59 have been admitted three times as often with fractures to the cranium, facial bones and throat.

Preventive health behaviour

After the age of 50, the incidence of colon cancer and heart attacks among men increases dramatically. From a preventive perspective, regular measurements of blood pressure and cholesterol or colon screening are recommended. At this age, the incidence of prostate cancer, heart disease, diabetes and kidney problems also increases. About 60 per cent of men and women have had their blood pressure checked during the past year, and about 70 per cent have had their cholesterol measured during the past three years. Many women aged 45–66 have also participated in the screening programmes for breast cancer and cervical cancer.

Table 7.6. Proportion of men and women who have had their blood pressure or cholesterol measured or had a colonoscopy, and proportion of women who have had a mammography or taken a cervical smear test, aged 45–66. 2015. Per cent

	Men	Women
Blood pressure measured past year	61	61
Cholesterol measured past 3 years	73	72
Colonoscopy past 3 years	13	12
Women: mammography past 2 years	:	59
Women: cervical smear test past 3 years	:	73
Number of interviewees	1518	1506

Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

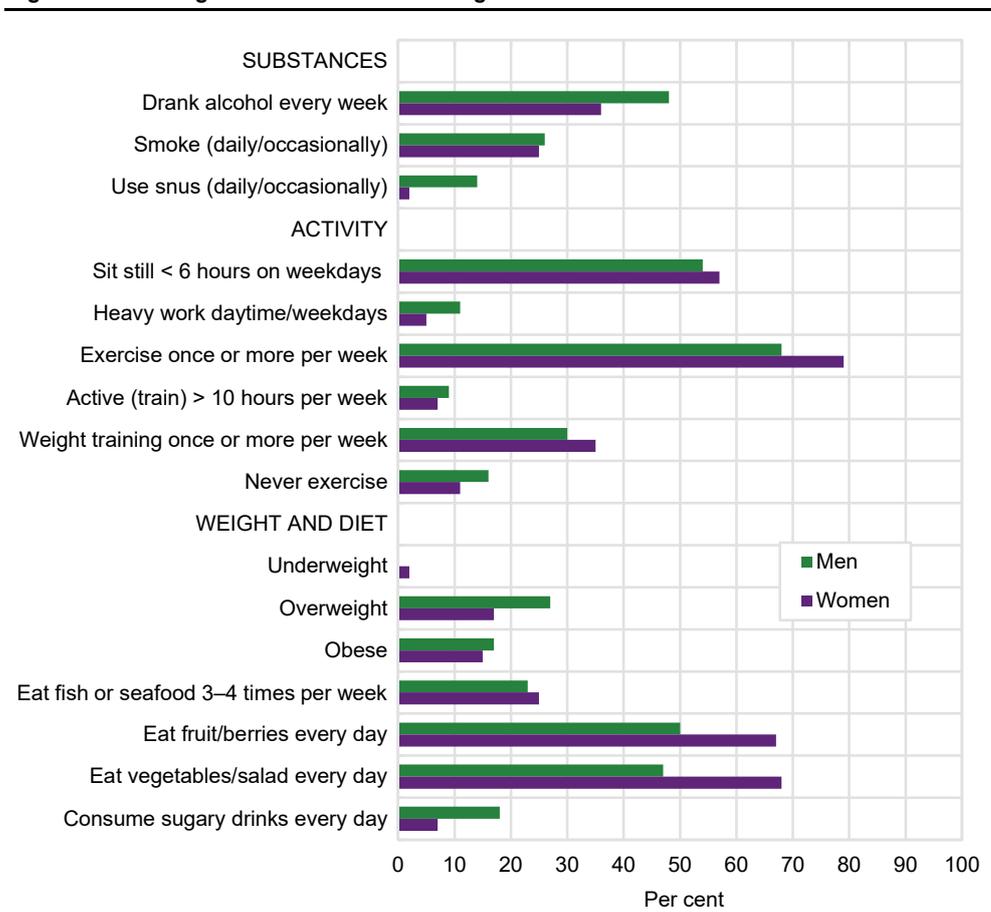
Lifestyle and living habits of middle-aged persons

The proportion of men who drink alcohol twice per week or more appears to have increased since 2005. Those who drink several times per week are middle-aged men and women – 32 per cent of men and 23 per cent of women aged 44–66. One out of four middle-aged persons smoke on a daily basis. There is virtually no gender disparity. This age group has had the smallest decline in smoking on a daily basis since 2005. One out of ten men in this age group use snus, compared to just 2 per cent of women.

There is little gender disparity in the reporting of physical activity, but somewhat more women say that they exercise and do weight training on a weekly basis. Most overweight persons are middle-aged men (aged 45–66). Compared to the age group 25–45, the proportion of overweight persons is higher for both men and women.

More women than men have a healthy diet. Sixty-seven per cent of women eat fruit and vegetables every day, compared to just half of men. More men than women in this age group drink sugary drinks every day.

Figure 7.14. Living habits. Men and women aged 45–66. 2015



Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

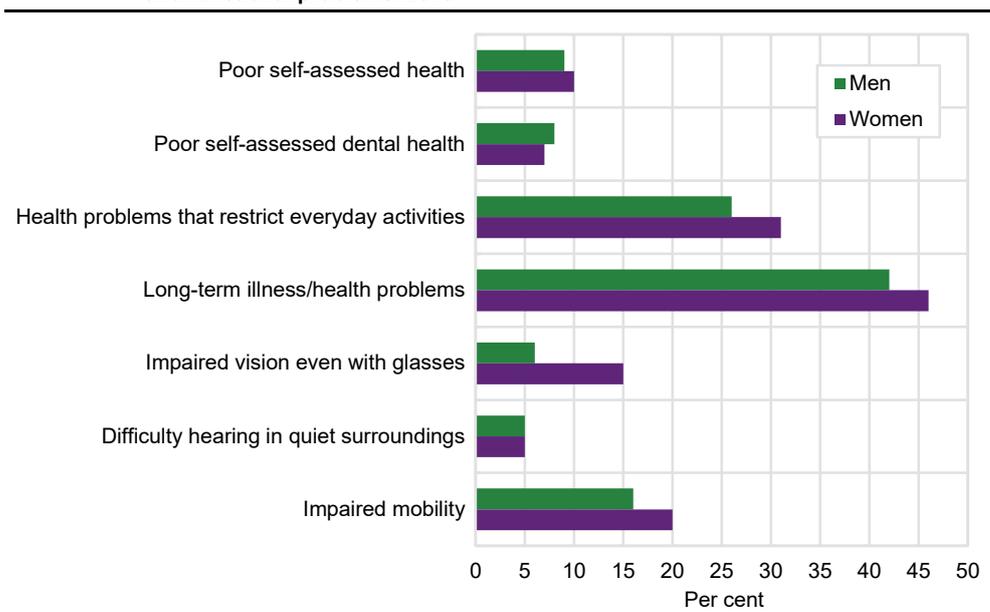
7.5. The elderly

The elderly today are generally healthier and more able-bodied than previous generations of elderly persons. However, in terms of numbers, the increase in elderly persons also means more elderly persons who are ill and injured. More people will live with cancer and heart disease, and more will have age-related illnesses.

The prevalence of long-term illness for both men and women increases with age, while the gender disparities for many conditions even out. Women have long-term illnesses and health problems that restrict their everyday activities to a greater extent, but the gender disparities are far less than for younger groups. Having impaired vision and hearing, as well as reduced mobility is more common among older age groups.

Women appear to have more sight problems than men, even with the use of glasses or contact lenses. Hearing problems can be measured in different ways. There is a considerable difference between having difficulty hearing in quiet and noisy surroundings; five per cent have difficulty hearing in quiet surroundings, while 42 per cent of men and 31 per cent of women have difficulty hearing in noisy surroundings. Further, almost one out of five persons aged 67–79 have reduced mobility, or difficulty going for a five-minute walk or climbing stairs.

Figure 7.15. Proportion of women and men aged 67–79. Self-perceived health, long-term illness and functional problems. 2015



Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

In the age group 67–79, one out of three women and men have high blood pressure. Musculoskeletal disorders are very common. One out of three women have osteoarthritis, and many women and men have neck or back disorders. There is also an increase in the prevalence of diabetes, COPD, angina and heart attacks.

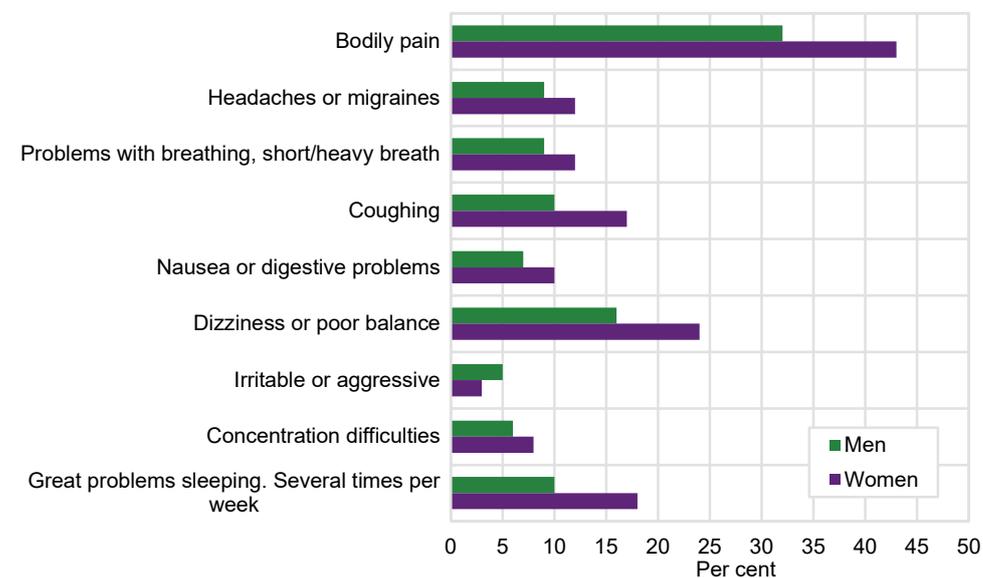
Table 7.7. Prevalence of various illnesses and injuries during the past 12 months among men and women aged 67–79. 2015. Per cent

	Men	Women
High blood pressure	33	32
Osteoarthritis	19	31
Back disorders	19	19
Allergies	10	16
Neck disorders	12	12
Asthma	5	10
Diabetes	11	9
Depression	4	7
COPD	8	6
Angina	3	6
Urinary incontinence	4	6
Stroke	4	4
Malignant cancer	4	4
Heart attack	6	2
Kidney failure	1	2
Injuries	5	5
Number of interviewees	581	503

Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

The prevalence of symptoms increases dramatically at this age. Forty-three per cent of women and 32 per cent of men have bodily pain. There is a greater prevalence of coughing and problems with breathing, and dizziness and poor balance also increase. The prevalence is higher among women than men.

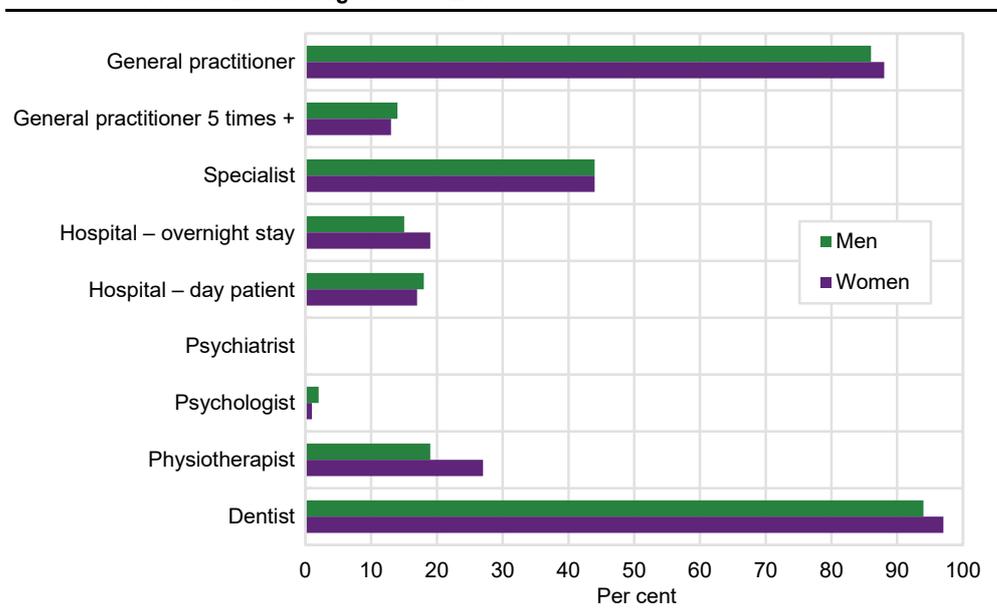
Figure 7.16. Symptoms among men and women aged 67–79 during a three-month period. 2015.



Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

There are few gender disparities in the use of health services in this age group. A large proportion of this population has consulted a general practitioner; 86 per cent of men and 88 per cent of women. Forty-four per cent have consulted a specialist, and the proportion is equally high among men and women. A few more women than men have spent the night in hospital in this age group and have had physiotherapy. Over 90 per cent of men and women have visited the dentist during the past two years.

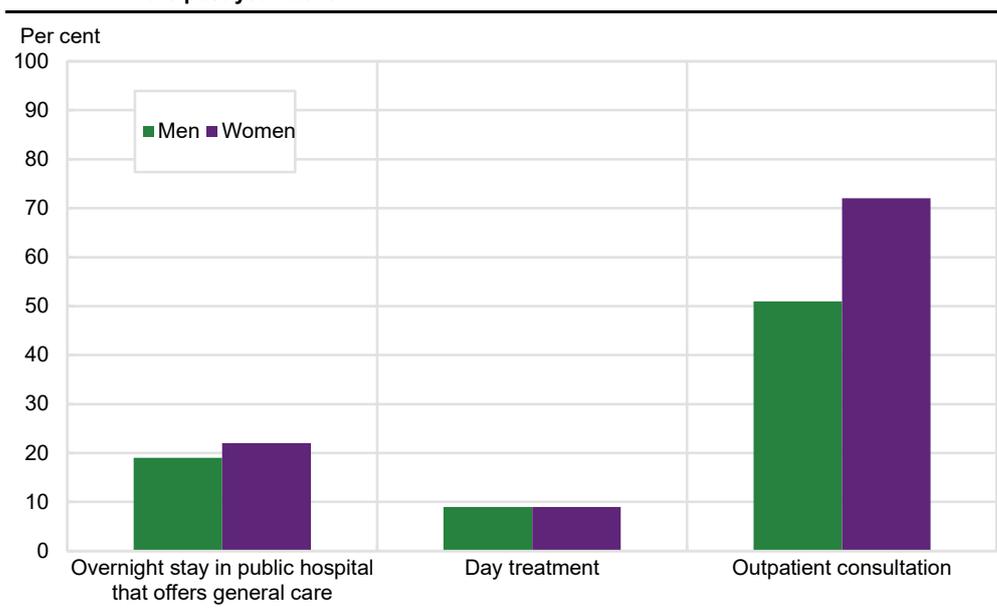
Figure 7.17. Proportion that have consulted the different health services during the past year. Women and men aged 67–79. 2015



Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

The statistics from the regional health authorities show that there is little gender disparity in the proportion of the age group 70–79 that has been hospitalised or received hospital treatment as a day patient in recent years. However, far more women than men in this age group have consulted an outpatient clinic (Statistics on the population's use of general hospitals, Statistics Norway).

Figure 7.18. Proportion of women and men aged 70–79 in the specialist health service during the past year. 2016



Source: Statistics on the population's use of general hospitals, Statistics Norway

Preventive health behaviour

Among the elderly, far more men and women have seen a doctor to have their blood pressure and cholesterol measured. There is more colorectal cancer among men than women, and more men in this age group have had a colonoscopy.

Table 7.8. Proportion of men and women who have had their blood pressure or cholesterol measured or had a colonoscopy, and proportion of women who have had a mammography or taken a cervical smear test, aged 67 or more. 2015. Per cent

	Men	Women
Blood pressure measured past year	82	79
Cholesterol measured past 3 years	84	78
Colonoscopy past 3 years	21	15
Women: mammography past 2 years	:	34
Women: cervical smear test past 3 years	:	36
Number of interviewees	742	749

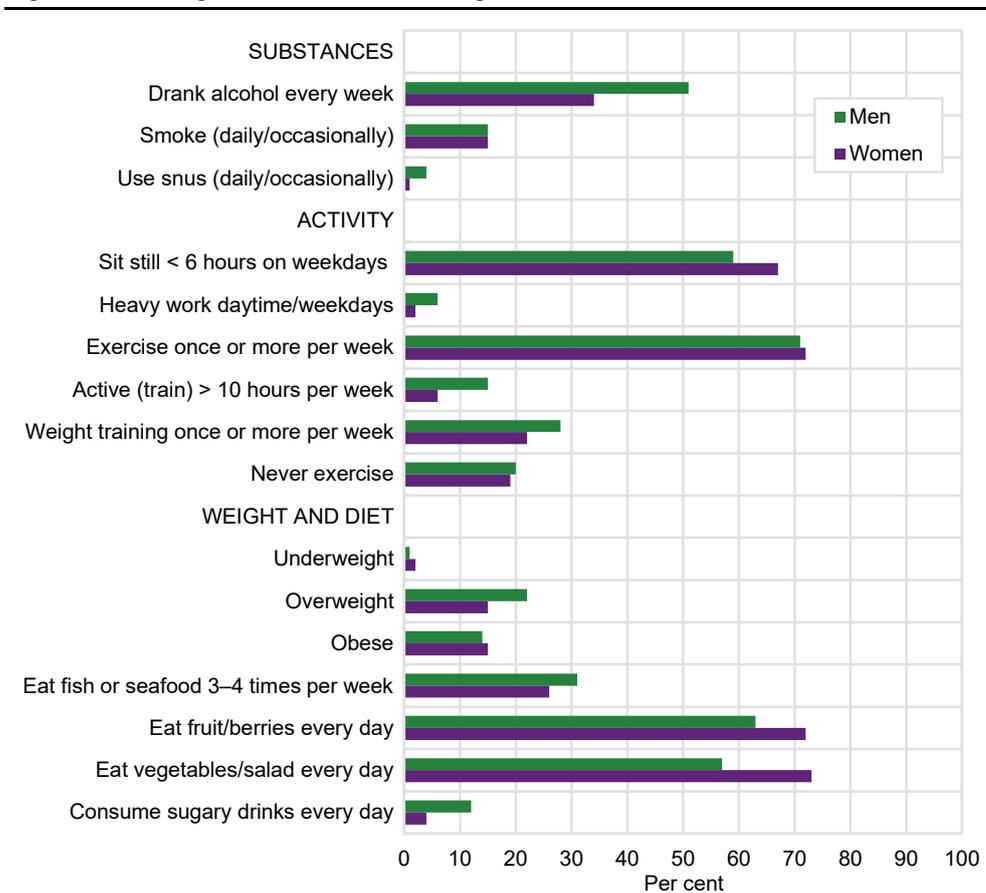
Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

Lifestyle and living habits of the elderly

Health problems are not normally a result of a person's current lifestyle, but a result of their lifestyle and circumstances over a long period of time, as well as genetic factors.

Twelve per cent of men and women in this age group smoke every day, and a number of them drink alcohol every week. Half of men aged 67–79 drink alcohol several times a week. Thirty-six per cent of men and 30 per cent of women this age are overweight or obese. Even though a relatively large proportion exercise and report that they are active, one out of five report that they never exercise. Many persons in this age group have a healthy diet: they eat fruit and vegetables every day and fish products three to four times a week. The proportion that consume sugary drinks is far lower than in other age groups, particularly among men.

Figure 7.19. Living habits. Men and women aged 67–79. 2015



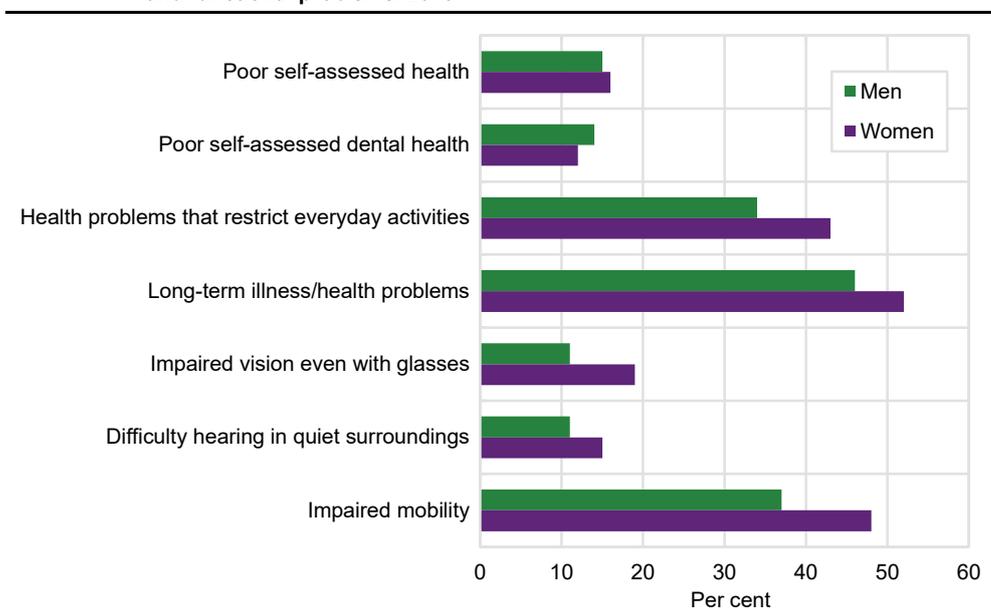
Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

7.6. Elderly persons aged 80 and over

Increasing numbers of elderly persons are living with chronic illnesses. Illnesses that used to entail premature death, such as diabetes, heart disease and cancer are now found to a greater extent in the category of chronic illnesses. The risk of cancer increases with age, and an ageing population means that more persons will be diagnosed with cancer. The elderly can also have several illnesses at the same time, which in combination affects their functional ability, quality of life and mental health.

There is little difference in how elderly men and women view their own health and dental health, but in this age group there are also more women with health problems that restrict their everyday activities, and far more women with reduced mobility. Impaired vision and hearing is common in older age groups. About one out of ten men aged 80 or more say that they have problems with their vision, even though they wear glasses. The proportion of women with sight problems is almost double. Hearing problems are also more prevalent among elderly women.

Figure 7.20. Proportion of women and men aged 80 or more. State of health, permanent illness and functional problems. 2015



Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

There is a higher prevalence of long-term illness among women aged 80 or more than men. Very many women have osteoarthritis and arthrosis. Two out of five women and one out of five men aged 80 or more have osteoarthritis. Back and neck disorders are also very common among both men and women. The proportion of women and men who experience bodily pain is also high.

Elderly men have a greater incidence of illnesses of the urinary tract and genitals (prostate). Problems with urinary incontinence increase. Nine per cent of men and 15 per cent of women aged 80 or more are incontinent. Elderly women have more illnesses of the intestines and peritoneum, and illnesses of the liver, bile ducts, pancreas and digestive system, while men aged 80 or more have ulcers and hernias.

COPD (Chronic Obstructive Pulmonary Disease) is reported among men far more often, while far more women are admitted to hospital with bronchial asthma (many men as well). Many men and women also report that they have symptoms like problems with breathing and coughing.

High blood pressure is common among both women and men at this age. Many persons also suffer from dizziness or problems with balance (41 per cent of men and 39 per cent of women). During the past few decades, cardiovascular disease mortality in the elderly has declined. Due to better survival rates, more people are living with cardiovascular disease. Far more women than men are admitted to hospital with a stroke, cardiac arrhythmia, and cardiac insufficiency in this age group.

Many fractures are due to reduced bone mineral density (osteoporosis), combined with a fall. Admissions for arm injuries in women aged 80 or more were triple that of men the same age, controlled for a different number of men and women in this age group. In this age group, two out of three persons are women.

Mental health problems appear to be less prevalent among the elderly than younger persons. Women aged 80 or more report slightly more often than men in the same age group that they have been depressed, with 11 and 2 per cent respectively.

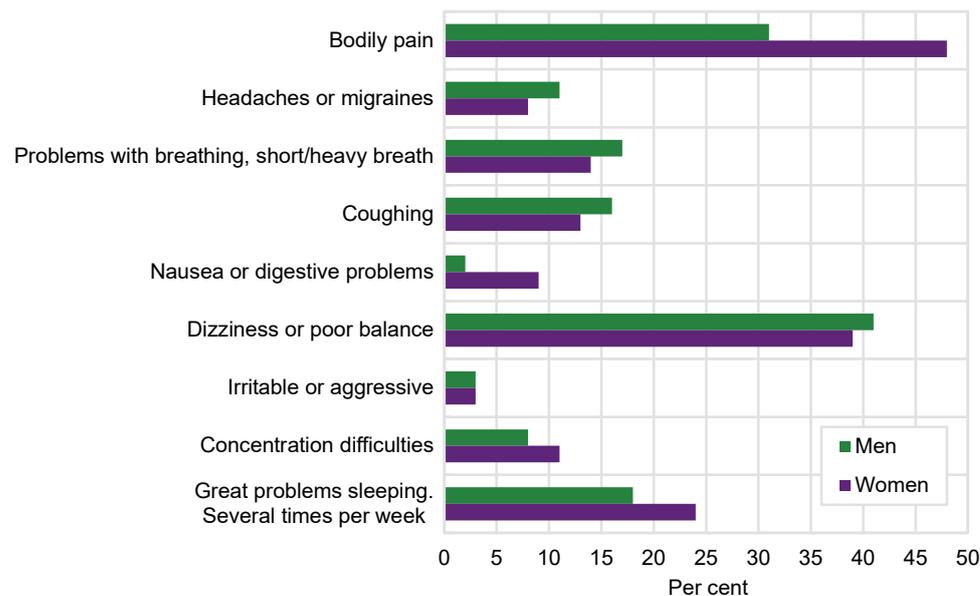
Table 7.9 Incidence of various illnesses and injuries during the past 12 months among men and women aged 80 or more. 2015. Per cent

	Men	Women
Osteoarthritis	21	42
High blood pressure	28	37
Back disorders	26	27
Neck disorders	12	15
Urinary incontinence	9	15
Diabetes	7	14
Allergies	9	12
Depression	2	11
Asthma	6	8
Angina	7	8
Heart attack	8	7
Stroke	4	5
COPD	10	4
Kidney failure	3	2
Malignant cancer	4	2
Injuries	3	6
Number of interviewees	114	160

Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

In this age group, a far higher proportion of women than men report that they suffer bodily pain. Compared to men, more women have digestive problems. For other symptoms (Figure 7.21), there are fewer gender disparities than for other age groups, and a slight overrepresentation of men for symptoms like dizziness/poor balance, short/heavy breath and headaches/migraines.

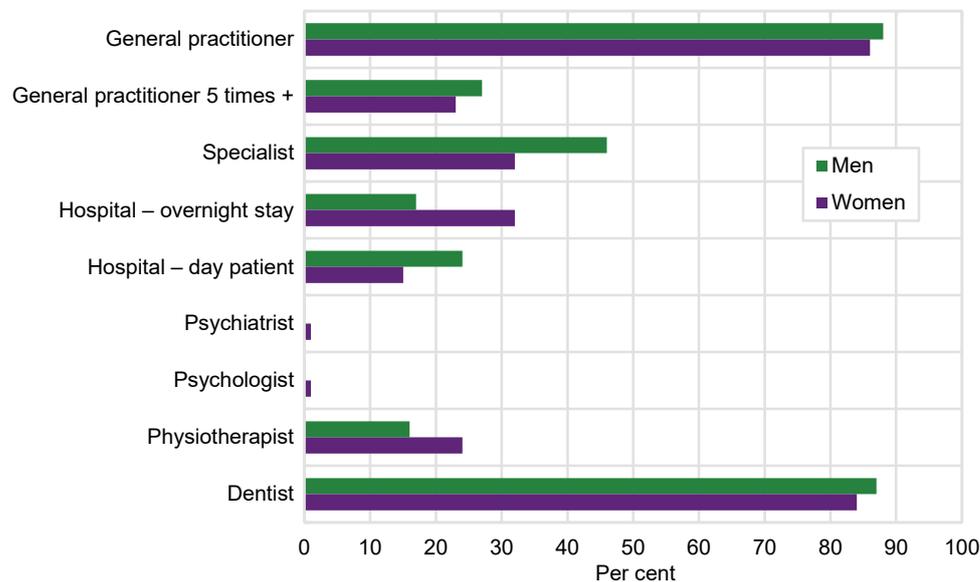
Figure 7.21. Symptoms among men and women aged 80 or more during a three-month period. 2015



Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

The gender differential between those who report that they have consulted a general practitioner or dental health services is small. Apart from overnight hospital stays and physiotherapy, these services are most used by men in this age group.

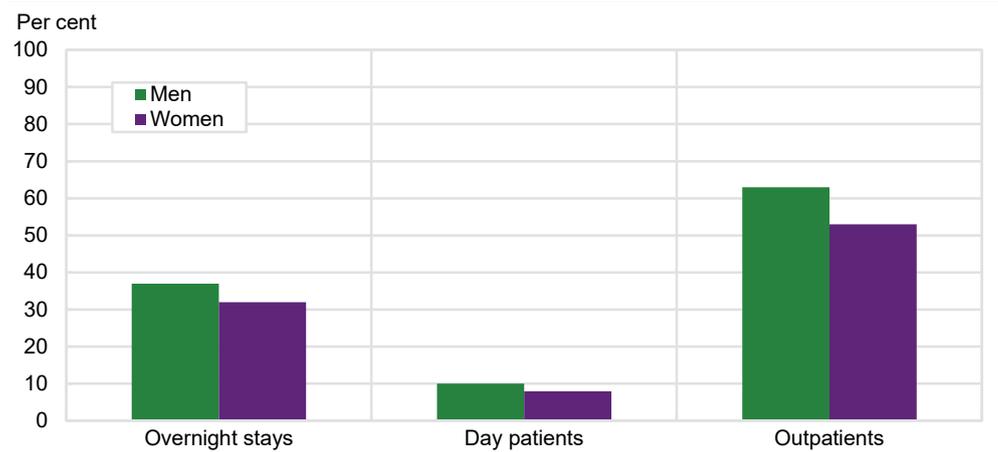
Figure 7.22. Proportion that has consulted the various health services during the past year. Women and men aged 80 or more. 2015



Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

Two out of three persons in this age group are women. Despite this, more men than women have used specialist health services during the past year. A slightly greater proportion of men than women aged 80 or more have stayed in hospital during the past year, and attended an outpatient clinic consultation (Statistics on the population's use of general hospitals, Statistics Norway).

Figure 7.23. Proportion of women and men aged 80 or more in the specialist health service during the past year. 2016



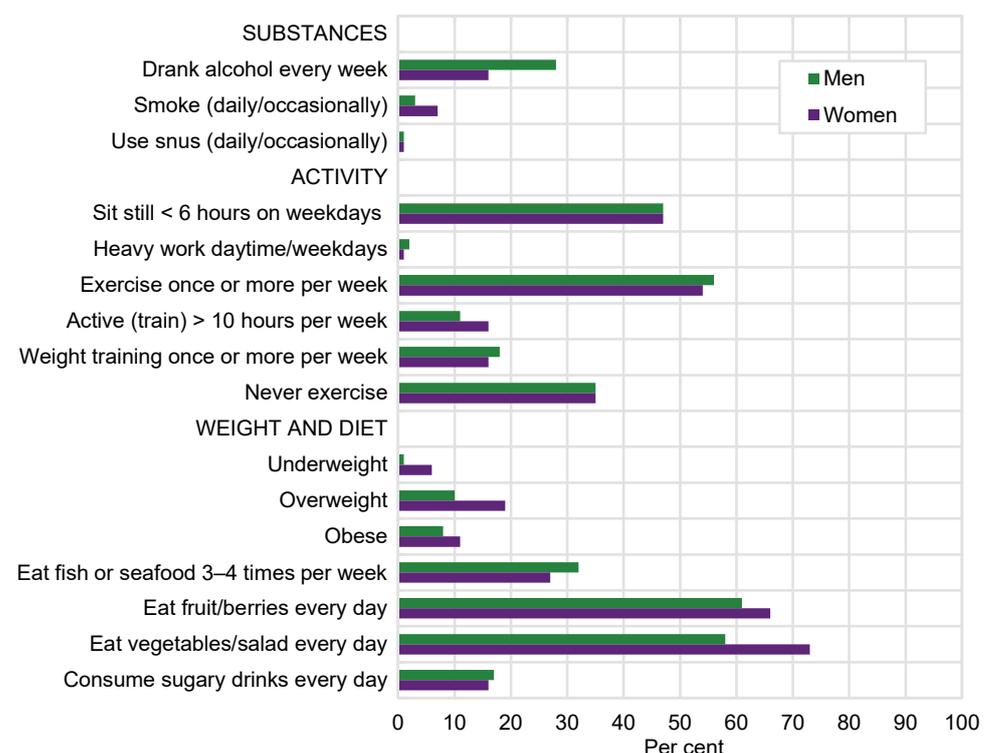
Source: Statistics on the population's use of general hospitals, Statistics Norway

Lifestyle and living habits of the oldest persons

More men than women in the oldest age group drink alcohol on a weekly basis. The proportion of smokers (everyday and occasional) among the elderly is higher among women than men. More women than men smoke every day (6 and 2 per cent respectively) in this age group.

Slightly more than half of elderly women and men report that they exercise every day, and one out of three report that they never exercise. A number of elderly women are underweight, while far more men are overweight. From a nutritional perspective, the women are far better than the men. Women eat fruit and vegetables every day to a greater extent. Unlike younger groups, where men drink sugary drinks to a far greater extent, the proportion that consume sugary drinks every day is equally high among elderly men and women in this age group.

Figure 7.24. Living habits. Men and women aged 80 or more. 2015



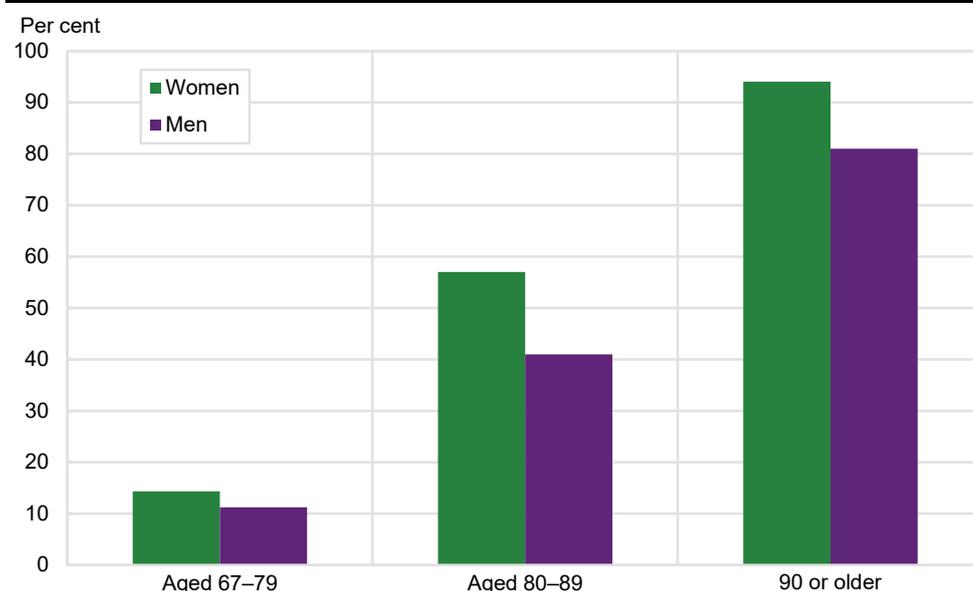
Source: Levekårsundersøkelsen om helse [Survey on living conditions and health], Statistics Norway

7.7. Most persons aged 90 or more receive municipal care services

Elderly persons with reduced functional ability need help in their everyday lives. Municipal care services are offered to all persons who need help managing everyday activities. Most receive help at home, while some live at nursing homes permanently.

Even though many younger persons are receiving care services, they do not represent more than a couple of per cent of persons aged under 45, and only 4–5 per cent of the age group 45–66. The proportion that receives municipal services increases after retirement, and women in the age groups above retirement age use the services to a greater extent than men. A full 94 per cent of women aged over 90 received one or more care services in 2016. Men's use is more moderate, with some 80 per cent of men aged over 90 receiving care services. All care services are included here, from elderly care alarms to placement in a nursing home (Mørk et al., 2017).

Figure 7.25. Proportion of recipients of municipal care services,¹ different age groups (all services). Men and women aged 67 or more. 2016



¹ All types of health and care services. Unique users who receive one or more health and care services during the year. For more details, see <http://www.ssb.no/helse/artikler-og-publikasjoner/kommunale-helse-og-omsorgstjenester-2016>

Source: Health and care statistics, Statistics Norway

References

- Berge, Christoffer (2017). Hva viser de ulike sysselsettingsstatistikkene? Hentet fra: <http://www.ssb.no/arbeid-og-lonn/artikler-og-publikasjoner/hva-viser-de-ulike-sysselsettingsstatistikkene>
- Egge-Hoveid og Sandnes (2013). Kvinners og menns tidsbruk i ulike livsfaser og familietyper. *Rapporter 45/2013*. Statistisk sentralbyrå, Oslo/Kongsvinger.
- Epland, Jon og Kirkeberg, Mads Ivar (2016). Barnefamilienes inntekter, formue og gjeld 2004-2014. *Rapporter 11/2016*. Statistisk sentralbyrå. Oslo/Kongsvinger.
- Eurostat (2016). Healthy Life Years and life expectancy at birth, by sex. Hentet fra: <http://ec.europa.eu/eurostat/web/health/health-status-determinants/data/main-tables>
- Eurostat (2016). Intra-household sharing of resources. Hentet fra: http://ec.europa.eu/eurostat/statistics-explained/index.php/Intrahousehold_sharing_of_resources
- Folkehelseinstituttet (2016). Forgiftninger med paracetamol øker blant unge jenter. Hentet fra: <https://www.fhi.no/nyheter/2017/roper-varsko-om-paracetamolforgiftning-bant-unge-jenter/>
- IHME, Institute for Health Metrics and Evaluation (2013). GBD Profile: Norway. Results 1990-2010. Hentet fra: <http://www.healthdata.org/results/country-profiles>
- Martin, L., H. Neighbors, D. Griffith (2013). The Experience of Symptoms of Depression in Men vs Women. *JAMA Psychiatry*. 28.august 2013. Hentet fra: <http://jamanetwork.com/journals/jamapsychiatry/fullarticle/1733742>
- Moe, JO, Steingrimsdottir, OA, Strand, BH & Næss, Ø. (2012). Trends in remaining life expectancy at retirement age (65 years) by educational level in Norway 1961-2009. *Nor J Epidemiol* 2012; **22**(2): 85-94.
- Mørk, E., Beyrer, S., Haugstveit F.V., H., Sundby, B., Karlsen, H. & Wettergren, J. (2017). Kommunale helse- og omsorgstjenester 2016. Statistikk om tjenester og tjenestemottakere. *Rapporter 26/2017*. Statistisk sentralbyrå, Oslo/Kongsvinger.
- NOU 2017:6. (2017). *Offentlig støtte til barnefamiliene*. Oslo: Departementenes sikkerhets- og serviceorganisasjon, Informasjonsforvaltning.
- Olsen, Bjørn (2017). Unge med innvanderbakgrunn i arbeid og utdanning, 2015 – Eksklusive EØS-/EU-innvandrere. *Rapporter 22/2017*. Statistisk sentralbyrå, Oslo/Kongsvinger.
- Omholt Løyland, Elisabeth (red.) (2016). Økonomi og levekår for ulike lavinntektsgrupper 2016. *Rapporter nr. 30/2016*. Statistisk sentralbyrå
- Sandbæk, M. og A. West Pedersen (2010). Barn og unges levekår i lavinntektsfamilier. En panelstudie 2000-2009. *Rapport nr. 10/2010*. Norsk institutt for forskning om oppvekst, velferd og aldring (NOVA).

Sandnes, Toril (red.) (2005). Fordelingen av økonomiske ressurser mellom kvinner og menn. Inntekt, sysselsetting og tidsbruk. *Rapporter 35/2005*. Statistisk sentralbyrå, Oslo/Kongsvinger.

Statistisk sentralbyrå (2017a). Døde, 2016. Hentet fra: <https://www.ssb.no/befolkning/statistikker/dode/aar>

Statistisk sentralbyrå (2017b). Sysselsetting, registerbasert, 2016, 4 kvartal. Hentet fra: <https://www.ssb.no/arbeid-og-lonn/statistikker/regsys>

Statistisk sentralbyrå (2017c). Sysselsetting blant innvandrere, registerbasert. Hentet fra: <https://www.ssb.no/arbeid-og-lonn/statistikker/innvregsys>

Vaage, Odd Frank (2011). Tidene skifter – Tidsbruk 1971-2010. *Statistiske analyser*, 125. Statistisk sentralbyrå, Oslo/Kongsvinger.

Wold, Marit (2017). Om variabelen yrke (gjelder f.o.m. 2015). Hentet fra: <http://www.ssb.no/arbeid-og-lonn/om-variabelen-yrke>.

Østbakken, Kjersti Misje (2014). Kjønn, lønn og barn – hva betyr barn for timelønnsnivået til kvinner og menn? *Søkelys på arbeidslivet 03/2014*, 31, 229-248.

Appendix A: Tables

Table A1.1. Immigrants aged 15–66 by status code, region of the world and gender. Q4 2015

	Total		Nordic region		Rest of Western Europe		EU countries in Eastern Europe		Rest of Eastern Europe		North America and Oceania		Asia		Africa		South and Central America	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Total	324 838	286 183	30 902	28 154	34 896	23 938	102 368	61 416	21 622	28 695	5 103	4 673	80 531	94 872	41 290	33 085	8 126	11 350
Employed	211 243	165 748	24 237	21 882	25 602	16 000	73 124	40 270	14 049	17 773	3 584	2 773	47 143	47 916	18 201	12 444	5 303	6 690
Job seekers	18 714	14 898	1 018	556	1 287	688	7 196	3 848	1 201	1 569	145	101	4 261	5 375	3 107	2 115	499	646
In education	23 646	23 930	913	1 140	1 410	1 495	2 615	2 702	1 494	1 835	187	268	8 182	8 575	8 363	7 262	482	653
Health-related benefits	19 525	20 386	1 527	1 677	1 096	920	1 458	1 506	2 479	3 059	152	240	9 161	9 783	3 073	2 286	579	915
Pensions	853	1 498	188	240	228	151	74	109	41	123	31	32	194	645	66	138	31	60
Other benefits	9 082	10 988	538	348	406	310	1 498	1 389	661	853	73	88	3 123	4 120	2 621	3 585	162	295
Unknown status	41 775	48 735	2 481	2 311	4 867	4 374	16 403	11 592	1 697	3 483	931	1 171	8 467	18 458	5 859	5 255	1 070	2 091
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Employed	65.0	57.9	78.4	77.7	73.4	66.8	71.4	65.6	65.0	61.9	70.2	59.3	58.5	50.5	44.1	37.6	65.3	58.9
Job seekers	5.8	5.2	3.3	2.0	3.7	2.9	7.0	6.3	5.6	5.5	2.8	2.2	5.3	5.7	7.5	6.4	6.1	5.7
In education	7.3	8.4	3.0	4.0	4.0	6.2	2.6	4.4	6.9	6.4	3.7	5.7	10.2	9.0	20.3 ¹	21.9 ²	5.9	5.8
Health-related benefits	6.0	7.1	4.9	6.0	3.1	3.8	1.4	2.5	11.5	10.7	3.0	5.1	11.4	10.3	7.4	6.9	7.1	8.1
Pensions	0.3	0.5	0.6	0.9	0.7	0.6	0.1	0.2	0.2	0.4	0.6	0.7	0.2	0.7	0.2	0.4	0.4	0.5
Other benefits	2.8	3.8	1.7	1.2	1.2	1.3	1.5	2.3	3.1	3.0	1.4	1.9	3.9	4.3	6.3	10.8	2.0	2.6
Unknown status	12.9	17.0	8.0	8.2	13.9	18.3	16.0	18.9	7.8	12.1	18.2	25.1	10.5	19.5	14.2	15.9	13.2	18.4

¹ Introduction programme 9,8 per cent respectively.

² Introduction programme 9,6 per cent respectively.

Source: The System for Data on Persons, Statistics Norway

Table A1.2. Population by immigrant category, age and gender Q4 2015

	Without an immigrant background		Immigrants		Norwegian-born etc.	
	Men	Women	Men	Women	Men	Women
Total	100.0	100.0	100.0	100.0	100.0	100.0
20–24	17.8	17.3	11.9	12.2	60.9	60.9
25–34	16.0	15.6	28.8	31.4	25.2	25.1
35–44	16.8	16.7	27.5	26.3	8.0	7.9
45–54	18.8	18.7	18.4	16.8	2.4	2.4
55–66	20.0	20.4	10.6	10.0	2.1	2.4
67–74	10.7	11.4	2.8	3.3	1.3	1.3

Table A1.3. Norwegian-born to immigrant parents, aged 15–66 by status code, region of the world and gender. Q4 2015

	Total		Nordic region		Rest of Western Europe		EU countries in Eastern Europe		Rest of Eastern Europe		North America and Oceania		Asia		Africa		South and Central America	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Total	23 132	21 788	1 279	1 201	948	867	835	820	1 769	1 788	157	150	14 440	13 549	2 896	2 709	808	704
Employed	11 961	11 369	846	757	590	513	494	528	811	923	100	96	7 579	6 943	1 126	1 203	415	406
Job seekers	705	568	25	16	19	21	25	13	55	40	1	2	422	391	121	63	37	22
In education	7 325	7 070	214	199	205	167	177	154	711	684	21	12	4 626	4 566	1 153	1 102	218	186
Health-related benefits	864	861	93	141	44	81	46	55	46	30	20	17	454	432	121	73	40	32
Pensions	38	30	11	12	12	6	6	2	-	1	2	4	4	2	3	2	-	1
Other benefits	402	322	22	10	17	12	16	13	20	21	1	1	241	212	64	41	21	12
Unknown status	1 837	1 568	68	66	61	67	71	55	126	89	12	18	1 114	1 003	308	225	77	45
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Employed	51.7	52.2	66.1	63.0	62.2	59.2	59.2	64.4	45.8	51.6	63.7	64.0	52.5	51.2	38.9	44.4	51.4	57.7
Job seekers	3.0	2.6	2.0	1.3	2.0	2.4	3.0	1.6	3.1	2.2	0.6	1.3	2.9	2.9	4.2	2.3	4.6	3.1
In education	31.7	32.4	16.7	16.6	21.6	19.3	21.2	18.8	40.2	38.3	13.4	8.0	32.0	33.7	39.8	40.7	27.0	26.4
Health-related benefits	3.7	4.0	7.3	11.7	4.6	9.3	5.5	6.7	2.6	1.7	12.7	11.3	3.1	3.2	4.2	2.7	5.0	4.5
Pensions	0.2	0.1	0.9	1.0	1.3	0.7	0.7	0.2	-	0.1	1.3	2.7	0.0	0.0	0.1	0.1	-	0.1
Other benefits	1.7	1.5	1.7	0.8	1.8	1.4	1.9	1.6	1.1	1.2	0.6	0.7	1.7	1.6	2.2	1.5	2.6	1.7
Unknown status	7.9	7.2	5.3	5.5	6.4	7.7	8.5	6.7	7.1	5.0	7.6	12.0	7.7	7.4	10.6	8.3	9.5	6.4

Source: The System for Data on Persons, Statistics Norway

Table A1.4. Immigrants aged 15–66 by status code, country group, length of residence and gender. Q4 2015

	EEA etc.								Africa, Asia etc.							
	Less than 4 years		4–9 years		10–14 years		15 or more years		Less than 4 years		4–9 years		10–14 years		15 or more years	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Total	60 294	39 229	75 440	42 095	12 857	10 317	24 646	26 507	36 003	37 040	33 736	43 333	23 905	31 187	57 957	56 475
Employed	41 746	23 038	55 974	29 821	10 038	7 995	18 765	20 053	14 104	10 530	21 127	23 354	14 201	18 287	35 288	32 670
Job seekers	3 355	2 040	4 963	2 370	498	303	828	480	1 406	1 782	2 935	3 704	1 834	2 011	2 895	2 208
In education	1 835	2 128	2 230	2 314	585	602	473	559	10 189	8 442	4 119	5 074	2 644	2 971	1 571	1 840
Health-related benefits	159	92	1 213	797	539	450	2 322	2 999	160	163	1 339	1 693	2 137	2 772	11 656	11 420
Pensions	10	8	22	24	12	19	477	481	4	36	11	104	21	143	296	683
Other benefits	882	927	979	782	244	144	410	282	1 611	2 048	1 531	3 088	1 229	1 714	2 196	2 003
Unknown status	12 307	10 996	10 059	5 987	941	804	1 371	1 653	8 529	14 039	2 674	6 316	1 839	3 289	4 055	5 651
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Employed	69.2	58.7	74.2	70.8	78.1	77.5	76.1	75.7	39.2	28.4	62.6	53.9	59.4	58.6	60.9	57.8
Job seekers	5.6	5.2	6.6	5.6	3.9	2.9	3.4	1.8	3.9	4.8	8.7	8.5	7.7	6.4	5.0	3.9
In education	3.0	5.4	3.0	5.5	4.6	5.8	1.9	2.1	28.3 ¹	22.8 ²	12.2	11.7	11.1	9.5	2.7	3.3
Health-related benefits	0.3	0.2	1.6	1.9	4.2	4.4	9.4	11.3	0.4	0.4	4.0	3.9	8.9	8.9	20.1	20.2
Pensions	0.0	0.0	0.0	0.1	0.1	0.2	1.9	1.8	0.0	0.1	0.0	0.2	0.1	0.5	0.5	1.2
Other benefits	1.5	2.4	1.3	1.9	1.9	1.4	1.7	1.1	4.5	5.5	4.5	7.1	5.1	5.5	3.8	3.5
Unknown status	20.4	28.0	13.3	14.2	7.3	7.8	5.6	6.2	23.7	37.9	7.9	14.6	7.7	10.5	7.0	10.0

¹ Introduction programme 16,9 per cent respectively.

² Introduction programme 12,6 per cent respectively.

Source: The System for Data on Persons, Statistics Norway

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ISBN 978-82-537-9604-8 (printed)
ISBN 978-82-537-9605-5 (electronic)
ISSN 0806-2056

