Recent decades have seen major advances in gender equality. Are men and women now truly equal? The research conducted by INED’s Demography, Gender and Societies research unit confirms that much has been accomplished, but that the road ahead remains long.

**Reasons for discrimination:**
**HIV status, skin colour and sexual orientation**

In education, remarkable progress in gender equality has been achieved since the 1970s in France. Among the younger generations, women are now more highly qualified than men. In 2009-2011, 31% of women left the educational system with a qualification equivalent to three or more years in higher education, versus 24% of men. [1] Yet, like other contexts of child socialization, schools still generate gender inequality. Boys still form a large majority in the most prestigious academic courses that offer better future career prospects, even though they perform less well at school than girls. This paradoxical situation is explained by the gender stereotypes encountered throughout the educational trajectory: parents’ and teachers’ expectations, student-teacher interactions and peer relationships are all still coloured by gender representations that lead to different academic pathways for boys and girls and which narrow the range of opportunity, for girls especially. [2] Likewise, the representations in school textbooks perpetuate and lend continued legitimacy to an inequitarian gender order. They reflect neither the reality nor the ideal of parity and equality (Box 1).

**At work and in the family: persistent inequality**

Thanks to their academic success at all levels of education, and their higher levels of qualification, women are now massively present on the labour market, and the labour force participation rate is practically equivalent for both sexes: according to
INSEE’s 2012 Labour Force survey, at ages 25-29, among childless people, it stands at 87.8% for women, versus 91.8% for men. At ages 30-34, the rates are 90.9% and 94.4%, respectively.

However, the Generation 98 survey conducted in 2005 by CEREQ among young adults seven years after leaving the education system shows that young women’s early working career is more precarious than that of men, even though they are more qualified on average. During their first seven years after leaving education, twice as many women as men experience a long period of non-employment (17% and 9%, respectively), and fewer than half are on an open-ended employment contract (47%), versus 60% of men. [4] After seven years, women’s unemployment rate is higher than that of men, especially among the least qualified: for example, the unemployment rate among holders of a lower secondary vocational diploma (CAP, BEP) is 16% for women and 8% for men. Moreover, when young women have a job, they much more often work part time (12% versus 1% of men).

These multiple inequalities on the job market result in much lower wages for women than men. Seven years after leaving the education system, the gender wage gap ranges from 8% to 18% depending on the level of qualification, always to the detriment of women. For example, for holders of a high-school diploma (baccalauréat) women’s wages are 13% below those of men. Gender inequalities persist because of the system of career orientation in schools which encourages the majority of young women to make vocational choices that lead to less well-paid jobs. As they grow older, women’s and men’s career trajectories diverge even further. The situation is no better in the private sphere: women do more household and parenting tasks than men, even in couples where both partners work, and the gap grows wider after children are born (Figure). [5]

Gender inequalities in the family and employment spheres are mutually reinforcing: faced with lower wages, part-time working and unemployment, women tend to invest more in the domestic sphere, which, in turn, distances them even further from the labour market.

Sexuality: a faster change in behaviours than in representations

Surveys on sexual practices conducted since the 1970s reveal major changes that have narrowed the gap between women’s and men’s experiences. [6] In France, in the middle of the last century, woman began their sexual life much later than men (four years later in the 1940s), while today the age at first intercourse is around 17 and a half for both sexes. Like men, most women experience a period of active “sexual youth” before settling into a stable relationship. Women’s reported lifetime number of sexual partners more than doubled between 1970 and 2006 (from 1.8 to 4.4) while that of men, much higher (11.6), remained unchanged. It is easier for women today to have, and to speak about, a diversified sexual life.

The way sexual intercourse takes place has also become more balanced. In 1970, the man took the initiative in two-thirds of cases. In 2006, four-fifths of men and women reported that before the most recent intercourse, both partners had desired intercourse equally. Moreover, in the 1970s, few women aged over 50 in a union or a stable relationship reported being sexually active, whereas today this is commonplace: at ages 50-69, 77% of women have a partner, and 86% of these women are sexually active.

Contrasting with the growing similarity of men’s and women’s experiences, the images of male and female sexuality are still very different: in 2006, more than 60% of men and 75% of women believed that “by nature, men have stronger sexual needs than women”. Half as many
women as men agreed that “it’s OK to have sexual relations without love”. These representations establish a gender hierarchy of sexuality, with that of men responding to an irrepressible need, while that of women is placed in the context of love and relationships, providing a response to men’s needs.

The idea that sexual behaviours are governed by nature and by immutable biological or psychological realities is still widespread. Yet researchers have shown that sexual norms and behaviours depend on social and cultural contexts, and are influenced by historical and political factors. The spread of contraception, which has transformed women’s sexuality by dissociating the sexual act from its reproductive function is one example, and the visibility of homosexuality and attitudes towards it are another (Box 2).

Box 2. Attitudes to homosexuality

A majority of people now agree with the idea that homosexuality is a “sexuality like any other”, but women (60%) agree more often than men (49%), and the younger generations more often than the older ones (66% in the 18-24 age group versus 36% in the 60-69 age group). In practice, however, homosexuality is less well-accepted: even among young people (ages 25-34), 59% of men and 41% of women say it would be a problem for them if “one of my children told me that he or she was homosexual”. This is the main reason for the excess risk of depression and suicide among young homosexuals. [7]

Last, representations change more slowly than behaviours: women’s sexual drive is still presented as muted and modelled on men’s expectations, intolerance towards sexual minorities persists, and adults sometimes find it hard to accept young people’s sexual autonomy, that of girls especially. These inequalities in sexuality reflect broader inequalities in society, and serve to justify and perpetuate them. Clearly, equality must be a central component of sexuality education policies.

Violence: men assaulted in the street, women in the street, in the family and by their intimate partner

Violence is a corollary of gender inequality and gender stereotypes. Perpetrated in most cases by men, violence targets both men and women in different contexts. Representations of insecurity continue to focus on assaults in public places, ignoring those occurring in the home or between intimate partners. Yet the national survey on violence against women in France [8] has shown that 2.3% of women aged 20-59 had been physically or sexually assaulted by their partner, and that 6.7% had been harassed by him.

In 2007 (30 years after the United States), France started counting the annual number of murders by intimate partners. Femicides by an intimate partner (boyfriend, fiancé, lover, life partner or husband) and associated murders (murder of children or persons seeking to intervene) account for 30% of the 777 murders committed in France in 2013. [9] Intimate partner violence is one of the main causes of violent death.

A massive proportion of women have experienced sexual violence. Among women aged 18-69, one in five has experienced sexual violence at least once in her life (non-consensual sexual touching, attempted forced intercourse or rape) and 6.8% at least one instance of forced intercourse.[6] For men, the proportions are 6.8% and 1.2%, respectively. Among men, sexual assault is experienced mainly during childhood or adolescence, while for women, it occurs both before and after reaching adulthood. Incestuous rape is particularly frequent (20% of women reporting forced intercourse in their life said that the perpetrator was a male family member), as is rape by the intimate partner or ex-partner (30%). When the perpetrators are not family members, they are known by the victim in most cases (27%). In fact, only a small proportion of sexual violence takes the form of rape by a stranger late at night in a public place.

Taking account of gender in analyses of violence has provided new insights into previously invisible domestic and sexual violence. It also challenges the clear dichotomy in representations between the supposedly protective private sphere and the “dangerous” public sphere. These studies suggest that policies for combating delinquency and crime should shift their focus towards domestic violence, and more broadly, sexist and sexual violence in general.

Health and mortality: women live for longer, but men are in in better health

While women have the advantage of living longer than men, they spend a share of these additional years in poor health, affected by disease, disabilities and, ultimately, dependence. [10] At age 65, men and women can expect to live for just short of ten more years without feeling hindered in their daily activities. But women live with difficulties for three or four more years, on average, than men, notably in performing household tasks, and for two more years with limitations in personal care activities – a situation corresponding to a severe form of dependence. This paradox of a longer life expectancy combined with poorer health is partly linked to differences in the frequency and nature of the diseases that affect men and women. Women report, on average, more diseases that result in disabilities, such as osteoarticular diseases and anxiodepressive disorders. Men have more accidents and cardiovascular diseases or cancers which, while disabling,
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are also more often fatal. Thanks to their greater familiarity with the healthcare system (during their reproductive life, and for the care of their children and family) women tend to detect signs of disease more systematically, and at an earlier stage.

For many years, women benefited more from progress in life expectancy than men. Until the 1990s, the gender gap in life expectancy widened steadily, peaking at 8.3 years. The trend then started to reverse, and the gap had narrowed to 6.3 years in 2013 (with life expectancies of 85.0 years for women and 78.5 years for men). This change follows the adoption by men — following in women’s footsteps — of more positive attitudes to health (healthier lifestyle and diet, etc.). It is also a consequence of women’s adoption of more traditionally masculine health-damaging behaviours, such as smoking for example. In parallel, a recent increase in years spent with disability among the 50–65 age group has also been observed, among women especially. These were the first cohorts of women with a massive presence on the labour market. Alongside the damaging effects of certain working conditions, these women may have experienced difficulties reconciling work and family life. Moreover, women at the end of their working career and in the first years of retirement are the main carers of elderly dependent relatives. Their own health often suffers as a consequence, since the stress and strain of elder care increase the risk of mental health problems such as depression. Some studies have also observed that a significant proportion of carers, women with dependent partners especially, tend to neglect their own health or put off visits to the doctor, thereby speeding up their own entry into dependence. [9] This highlights the need for policies offering greater support for carers.

References


Abstract

Demographic studies have revealed the extent of recent progress in gender equality, but also the distance still to be covered. In a wide range of areas — be it representations in school textbooks, career trajectories, the division of household and parenting tasks, the evolution of conjugal and sexual norms, exposure to violence or health and disability — survey data all provide concordant evidence. Men’s and women’s trajectories are becoming more similar, but inequality still exists, most often to the detriment of women.