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World Health Organization Collaborating Centre on Investment for Health and Well-being

A Gender Equity Perspective in Reducing Economic Inactivity

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This briefing applies a gender equity lens to the impact of economic inactivity[1] in Wales, with a particular focus on health-related drivers. It is intended to inform policymakers, public health practitioners, and partners across health, economic development, and social policy.

Public Health Wales defines gender equity as ensuring people of all genders are treated fairly and have equitable access to opportunities, resources, and support. This recognises that people may face different challenges or needs, so some may require tailored support to achieve equal outcomes. Health is shaped by the conditions in which people are born, grow, live, work, and age, as well as by biological factors.

In healthcare, gender equity means designing systems and services that understand and respond to gender-related differences and inequalities, so everyone can access safe, appropriate, and effective care and have the opportunity for good health outcomes.

Key Messages

- Economic inactivity in Wales remains high, at 24.8% of working-age adults, above the UK average of 21.6% (Welsh Government, 2026)[1]
- Long-term sickness is the leading cause of economic inactivity in Wales, accounting for 32% of economically inactive females and 37% of economically inactive males (Welsh Government, 2025)
- Healthy life expectancy (HLE) for women in Wales is lower than for men, at 58.5 years compared with 59.2 years, respectively. The gap in HLE between the most and least deprived areas is also slightly wider for women (19 years) than for men (18 years) (Public Health Wales, 2026).
- Women face persistent barriers to economic participation, including caring responsibilities, poorer health outcomes, and labour market inequalities (OECD, 2023)
- Addressing gendered health inequalities can improve labour market participation, wellbeing, and economic growth (World Economic Forum, 2024)

[1] Economic inactivity includes people not in employment and not actively seeking work in the last four weeks, and/or unable to start within two weeks (ONS, 2025).

1. Economic and Societal Benefits of Gender Equity

Addressing gender inequity benefits individuals, communities, and economies. Countries that invest in affordable childcare, flexible working, and parental leave see higher women's participation in the workforce and stronger economic performance (OECD, 2023).

Employment is generally associated with improved physical and mental health outcomes; however, poor-quality or insecure work can have the opposite effect, reinforcing the importance of fair and secure work (Gerdes et al, 2026).

UK evidence shows that expanding funded childcare to include children aged 3-4 contributed to a £22.3 billion increase in economic output and supported 286,000 additional workers (PwC, 2019). Wider modelling suggests that £27–38 billion in annual output could be generated through improved childcare access (New Economy, 2023).

In Wales, childcare supports ~£1.2 billion in parental earnings annually. Yet 61,000 parents, 90% of whom are women, are unable to enter the workforce due to childcare barriers, such as the lack of affordable and accessible care, skipping meals due to reduced income and women spending on average 45 hours per week looking after a child (Early Years Wales, 2021).

2. Gender Inequality and Economic Inactivity in Wales

Gender inequities remain embedded in institutions, labour market structures, and cultural norms, limiting opportunities for women (OECD, 2023). At the current rate, global gender parity is over 120 years away (World Economic Forum, 2025). Despite progress in education and employment, women still face gaps in income, employment quality, and health outcomes (UN Women, 2020).

In Wales, gender inequity intersects with poverty. Women in deprived communities experience poorer health, reduced employment opportunities, and greater exposure to low-paid, insecure work (RCOG, 2024). Economic inactivity in Wales remains above the UK average, even when excluding students (ONS, 2025).

3. The Drivers of Economic Inactivity

Women are disproportionately economically inactive due to structural, social, and health-related factors (OECD, 2023). Whilst caring responsibilities were historically the main driver, more recently, long-term sickness is reported as the leading cause (31%), followed by caring responsibilities (21–22%) (Welsh Government, 2025).

Women continue to undertake most unpaid care and domestic work, are more likely to work part-time, take career breaks, and be in lower-paid sectors (UN Women, 2020). Women in employment generally experience higher rates of in-work poverty and material deprivation than men (Welsh Government, 2022).

4. The Role of Health

Health is both a driver and outcome of economic inactivity with both chronic physical and mental health conditions significantly reducing individuals' ability to enter or remain in employment (Burdof, Fernandes and Robroek, 2023).

The relationship between health and employment is mutually reinforcing, being out of work can lead to higher mortality, poorer general health (long-standing illness,

limiting longstanding illness), poorer mental health (including anxiety and depression), and higher medical consultation (medication consumption and hospital admission rates) through psycho-social factors, socioeconomic status and financial stress (PHW, 2022).

Improving workforce participation is crucial to addressing health inequalities, especially in deprived communities, in order to improve health and well-being. However, it is key that people are in good fair work, as opposed to low paid, insecure employment, as participation in fair work provides a sense of purpose and means that people have money, time and resources for a healthy life for themselves and their families. Fair, rewarding and secure work can reduce psychological stress, create a stepping stone out of poverty and help dependent children have the best start in life for a healthy life for themselves and their families.

5. Intersectionality and Women's Health Inequalities

Socioeconomic disadvantage is one of the strongest predictors of poor health; when it intersects with gender, inequities deepen (Marmot et al., 2020; Public Health Wales, 2026). Women's health is shaped by multiple intersecting disadvantages such as poverty, disability, racism, language barriers, or rural isolation. These intersections contribute to greater risk of disease, poorer symptom recognition, and reduced access to care. These intersections contribute to greater risk of disease, poorer symptom recognition, and reduced access to care (Bambra, 2022; Hawkes et al 2020).

Disabled women are particularly vulnerable in terms of financial security, as they experience some of the largest pay gaps when compared to disabled men or other women, and they are more likely to be in part-time or in low-paid roles (TUC, 2018).

6. Policy Approaches and Opportunities

Improving gender equality delivers health, social, and economic benefits. Higher participation strengthens the workforce, boosts productivity, and improves wellbeing. An intersectional improves approach allows policymakers and health services to design policies and services that address the diverse needs of women in Wales (WHO, 2021; Villosio et al, 2017).

Reducing women's economic inactivity requires coordinated policy action across health, economic, and social policy interventions:

- Gender mainstreaming – integrating gender perspectives into all policies and services (EIGE, 2023).
- Gender-responsive budgeting – assessing how spending affects different groups and ensuring resources support equality (OECD, 2023).
- Wellbeing economy approaches – prioritising health, equality, and sustainability alongside economic growth (WEA, 2022).

These complement existing legislative frameworks: Equality Act 2010, Well-being of Future Generations (Wales) Act 2015, Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, and the Socio-economic Duty.

Additionally, in 2025, the Senedd passed the Health Impact Assessment (Wales) Regulations, requiring public bodies to assess the potential impacts of proposed strategic decisions on health and well-being. The Regulations, which come into force in 2027, are intended to ensure that health inequalities are identified and considered as part of decision-making processes.

7. Conclusion

Economic inactivity and gender inequity are closely connected. Long-term sickness is now the leading cause of women's inactivity in Wales, with health inequalities, caring responsibilities, and labour market structures limiting women's ability to participate fully in society and the economy.

Addressing these challenges requires coordinated action. Improving Healthy Life Expectancy, strengthening policies that support women's health, expanding access to fair work and tackling structural gender inequalities will be critical to progress.

By taking a gender equity approach, Wales can support greater participation, reduce inequalities, and build a healthier, more equal, and more prosperous society.

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