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The Royal Ministry of Children, Equality and Social Inclusion

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Report to the Storting

Gender equality in practice

Equal opportunities for women and men

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## 1 The main features of Norway's equality policy

### *Equality is about each individual's fundamental human rights*

Equality is basically a question of justice for each person as an individual. Everyone should have equal rights and opportunities to participate in society, regardless of gender, functional abilities, ethnicity, language, religion and sexual orientation. Everyone is entitled to live a life free of discrimination, violence and abuse. In this White Paper, the Government will address challenges to achieving equality between women and men. The Government will focus its efforts on five areas in which equality still faces formidable challenges. The challenges concern many people and have consequences for individuals as well as for society as a whole. These areas are childhood and education, working life, health, business and industry, and protection against violence. In addition, the White Paper examines Norway's efforts to promote equality at the international level.

In its work to promote equality, the Government seeks to include a male perspective and an immigrant perspective.

### *Equality is an integral aspect of Norway's identity*

Norwegian society is based on equality in general and on gender equality in particular. Women and men have the same formal rights and obligations, and good social and welfare schemes provide support for these formal rights. Compared with many other countries the world over, Norway has come far in terms of equality. Over the past 50 years, the steep increase in higher education and women's entry into working life have contributed to great changes in the very fabric of our society. Women and men alike participate in the world of work and civic affairs, and they share care-giving responsibilities.

In large parts of the world, gender is a factor that places strict constraints on individuals' rights and opportunities. In many countries, women are not allowed to make decisions about their own bodies or to move about freely outside the home. In many places, people look down on men who help provide care for children or other family members. In Norway, gender parity has mitigated these notions, allowing greater scope for individuals' freedom of action. For women, earning their own income is an important aspect of equality, and it helps prevent low income situations and difficult childhood conditions for children.

The Equal Rights Committee submitted two public reports, Official Norwegian Report (NOU) 2011: 18 *Structure for Equality*, and Official Norwegian Report (NOU) 2012: 15 *Policy for Equality*, which furnishes an overview and information about the status of equality in Norway. The reports indicate that even though Norway has made great strides towards equality in many areas, challenges remain. Women are victims of violence in close relationships, sexual harassment and rape far more often than men are. Young people still often choose their education and occupation by gender. Business and industry are largely

divided by gender. Although considerable progress has been made in the field of women's health, challenges remain. The Government is now addressing these challenges.

The Government will promote equality and improve protection against discrimination for everyone. Boys and girls should have the same opportunities and freedom to make their own choices, not least in actual practice. People are different, and their needs differ. For formal rights to have genuine content, society must consider these different needs. The public sector is to help eliminate obstacles that limit freedom of choice for women and men. Women and men must also be guaranteed the flexibility and freedom to choose the solutions that best suit them and their lives.

## 1.1 Equality is a social value

### *Equality helps improve the life of each individual*

A just society is contingent on equal opportunities for women and men, girls and boys. Everyone should have a chance to take advantage of their resources and make their own choices. Each individual is of equal worth and basically has the same rights and obligations. Equality policy should help create equal opportunities. People take advantage of the opportunities they have to make different choices, and society must be able to accept this.

The Government will reinforce individuals' actual opportunities to participate in and contribute to all aspects of community life, regardless of gender. Opportunities and freedom of choice are influenced by social patterns that are divided by gender. Traditional notions of how boys and girls ought to behave and look are presented by the media and passed on from person to person. Expectations can place constraints on individuals' freedom of choice. The expectations posed to men and women have grown more liberal over the past 30–40 years, but many of the choices made by individuals are still influenced by gender-related expectations.

Providing care for each other is an important social value. Without the provision of care, society could not function. A great deal of the care provided and received takes place within the family and in other close relationships. Greater equality has helped dispel the notion that providing care is a responsibility to be borne by women alone. In particular, in modern families with children, women and men share responsibilities to a far greater degree than before. Fathers provide care for their children more often than previously. This gives children a richer, safer childhood.

Equal opportunities also imply that women and men share responsibility for the family's welfare, both financially and in other ways, to a greater extent than previously. Women and men alike contribute to society by earning wages and providing care. It must nonetheless be up to the individual family to decide how to organise itself. What is right for one individual and one family need not necessarily be right for another. Families must take responsibility for their choices and for the financial security of all family members.

### *Equality helps create a better society*

While equality is first and foremost a goal in itself, it is also a policy instrument for the achievement of other societal goals. Equality helps reinforce the sustainability of society. Jobs for women and men alike contribute to high employment rates and to a high degree of self-sufficiency, to tax revenues for the common good and to a society in which the population participates actively. When women and men are considered on an equal footing, business and industry finds it easier to take advantage of the population's aggregate skills and expertise.

High participation in the labour force is a prerequisite for a welfare state, and employment should be worthwhile for the individual. It should be possible to work full-time in combination with having a family and other obligations. The state will frame regulations and subsidy schemes so that socio-economic considerations are defended and central policy instruments such as the Working Environment Act, parental leave and pension schemes support the goal of high participation in the labour force.

Equality is a prerequisite for democracy. Women and men alike should have the opportunity to influence the decisions that affect them. Political parties consider gender representation when they nominate people for political office, but decisions are also influenced through other channels. Power and influence continue to be divided unevenly between women and men in Norwegian society.

### *Equality applies to women and men alike, and regardless of where an individual comes from*

The Government wants the goals of equality to embrace boys and men, girls and women. Equality helps ensure that the potential for growth is improved for boys and men as well. The White Paper identifies some special challenges facing boys and men in present-day Norwegian society. The high proportion of boys who fail to complete upper secondary education is an example of this.

Several challenges related to integration are also challenges to equality. Low participation in the labour force among certain immigrant groups, especially among women, poses a challenge to equality. Many immigrants arrive from countries in which men and women have clear, gender-specific roles and responsibilities. In several of the immigrants' home countries, women complete less basic education than men do. The experience of and attitudes towards equality that some immigrants bring with them are put to the test in Norwegian society. Society cannot accept that some individuals do not share the same rights and opportunities as others. This White Paper will identify challenges involving women from immigrant backgrounds in particular.

## 1.2 Future challenges to equality

The Government will concentrate on the greatest challenges facing equal opportunity today. They are found in areas related to childhood and education; working life and business



and industry; health and protection against violence and abuse. These are areas that have a major impact on the development of society at large and for the social welfare of the individual. The Government will continue to strive for equality and women's rights in foreign affairs and development cooperation policy. The work to create equal opportunities for women and men takes time and requires systematic efforts.

Families are the strongest bond in society. Families provide the framework for children's formative years, and for family interaction and the distribution of responsibility between parents. Family-related social measures are intended to enable parents to combine work with the provision of care. Policy-making influences efforts to promote equality in the workplace. The Government will submit a separate White Paper on family policy.

A large part of the foundation for equal opportunity is laid early in life. Today's children generally experience that they have equal opportunity to choose their education and occupation freely. Nonetheless, one sees that recruitment to several types of vocational education is dominated almost exclusively by one gender. For example, boys dominate building and construction, while girls dominate fields related to health care. This is reflected in the labour market and serves to place constraints on individuals' choices and on the flexibility of the labour market. The completion rate for upper secondary education is clearly lower among boys than among girls. This challenge is especially pronounced in the trades and vocational training, particularly among boys who have immigrated to Norway. Another area that features gender differences involves leisure activities. Girls with immigrant backgrounds participate less than others in organised leisure activities, such as sports.

Norway has high participation in the labour force among both women and men, but there are clear gender divisions in the labour market. When women and men largely focus on different professions and work in different industries, this often impedes flexibility in the labour market. This places constraints on the individual and on society-at-large. Being able to support oneself is fundamental to equality. Part-time employment is more prevalent in sectors in which women are in the majority, and women have more sickness absence than men do. Employment among immigrant women is alarmingly low.

The differences in the labour market are not merely a matter of different industries and professions. Women are to a lesser extent represented in the management of larger enterprises or on executive boards where rules regarding gender representation do not apply. Fewer women embark on careers as entrepreneurs. This suggests that society has not been successful enough in including the entire population in innovation, value creation and administration.

Health has an impact on self-expression and on participation in working life and community life. There are several challenges to equality in the field of health care, especially as related to women's health. Historically, more attention has been devoted to diseases that most commonly affect men, than diseases that affect women. The upshot is that society has gaps in its knowledge about diseases that most commonly affect women. The Government will offset the differences in the health care services offered to women and men.

Violence and abuse pose challenges to equality. They impede equal opportunity and have severe consequences for individuals as well as for society-at-large. Far too many are

victims of violence in close relationships and sexual assaults. Violence leads to severe, long-term medical problems and undermines individuals' safety and quality of life. Women are the most frequent victims of violence in close relationships, rape and other sexual assaults. Forced marriage and female genital mutilation are forms of violence in close relationships that have very severe consequences for those involved. Young girls are especially susceptible, but boys and men are also exposed to violence in close relationships and sexualised violence.

Norwegian equality policy is based on national and international obligations and key political parameters. The Norwegian Government is working to ensure that these obligations are attended to both at home and abroad. At the international level, Norway shall be a clear voice speaking on behalf of girls and women, and its national policy shall stand out as a good example. By setting clear priorities in development cooperation, bilateral and multilateral alike, and by active participation in various international fora, Norway will help ensure that living standards improve for girls and women the world over.

### 1.3 Policy instruments to promote equality

The public sector sets many of the parameters for activities at work, in industry and in the civil sector. Regulations, budgets and funding schemes should contribute to equal treatment and predictability. At every level, the public sector is obligated to work in a goal-oriented manner to encourage actions that promote equality.

The content of this White Paper addresses the sectoral purviews of many ministries. Issues of equality traverse disciplinary divisions, as drawn up among the ministries. Initiatives in different fields that address the same general goals may create a synergistic effect at the societal level. The efforts and measures are described in more detail in the six chapters of this White Paper.

#### *Legislation and enforcement will be strengthened*

Rights and obligations embodied in legislation and regulations help ensure equal opportunity and prevent discrimination. The Government will submit a proposal for uniform, improved protection against discrimination. Existing discrimination legislation will be brought together into a single statute. This will help ensure that protection against discrimination will be equally strong in the face of all forms of discrimination. All human beings should have equal opportunities, regardless of gender, functional abilities, ethnicity, religion, philosophy of life, sexual orientation, gender identity or gender expression. The work to draft a common equality and anti-discrimination law is based on the proposal from the Discrimination Act Committee.<sup>1</sup> The National Committee submitted its report in 2009, and the committee's proposal to gather the anti-discrimination acts into a single act, was supported by a large majority of the consultative bodies.

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<sup>1</sup> Official Norwegian Report (NOU) 2009: 14

The Government has embarked on a review of the enforcement system for the purpose of distinguishing the ‘driver function’ from the ‘enforcement function’. The Government would like to determine how to improve the enforcement of discrimination legislation. Today, for example, those discriminated against rarely receive financial compensation. Equality and anti-discrimination legislation is enforced by the Equality and Anti-Discrimination Ombud and the Equality and Anti-Discrimination Tribunal. From several quarters, weaknesses have been pointed out with regard to the different roles played by the Equality and Anti-Discrimination Ombud as both the enforcer of and the driver for equality and anti-discrimination legislation.

The Ministry of Children, Equality and Social Inclusion administrates the legislation and enforcement system in the area of equality.

### *Sectoral responsibility and coordination*

The Government presumes that each sector takes responsibility for promoting equality. The administration of Norway is organised in such a way that individual sectoral ministries are responsible for services and policies aimed at the entire population. The authorities in the various sectors and at different administrative levels have the same responsibility for women as for men within their purviews. This principle of sectoral responsibility places responsibilities in the same place as the policy instruments. This also means that equality considerations are included in the assessments made throughout the administration. The individual Government authority will, within its purview, monitor the situation and study consequences for women and men alike.

To follow up sectoral responsibilities and ensure a comprehensive equality policy, the Ministry of Children, Equality and Social Inclusion is responsible for coordination. The Ministry helps gather knowledge, coordinates the work of the ministries, and deals with overall reporting on international obligations. At the directorate level, the Directorate of Children, Youth and Family Affairs is in charge of coordination. For more information about the principle of division of responsibility by sector, see Chapter 8.

### *Partners in promoting equality*

Equality is a shared social responsibility. It requires effort on the part of parties other than Government authorities. Participants from civil society, employer and employee organisations, business and industry, organisations and research groups are particularly important. All bear an independent responsibility for contributing actively to promoting equality and anti-discrimination. Norwegian business and industry still has room for improvement when it comes to increasing women's participation. The public sector has a special, statutory responsibility for regulations and policy instruments that facilitate equality. The Government will work along with civil society, business and industry and other actors to strengthen equality.

The municipal sector is a key player in the work to promote equality. The municipalities are in charge of most of the public services in this country. The citizenry turns to the municipality for health and care services, for day-care and education, for security and help in difficult situations. The municipality is a large-scale employer in the education, day-care, and nursing and healthcare sectors. The municipalities employ a large proportion of women in their workforce, and issues involving qualifications and working time arrangements, are important. The municipalities are a political level with a democratically elected administration. Gender balance is one aspect of the composition of municipal councils, and equality comes into play in municipalities' choices and ranking of priorities.

Cooperation between the authorities and employer and employee organisations is based on robust traditions in Norwegian working life and politics. Tripartite collaboration is an important factor in bringing more women into the labour market and for improving the opportunities for women and men alike to combine work and care-related responsibilities. In the future, employer and employee organisations will continue to play a key part in the success of improving equality in society-at-large.

A strong civil sector is of vital importance for ensuring freedom, diversity and the balance of power in society. In respect of issues of equality, many voluntary organisations have long and proud traditions. One of the strengths of voluntary organisations is that they mobilise and take advantage of volunteer efforts. Voluntary organisations help ensure that more voices are heard. They are a channel through which each individual can contribute and get involved, standing up for their own rights as well as the rights of others.

### *The policy instruments are intended to induce change*

The Government wants to support the positive development trends in society. As far as possible, policy instruments should promote results by channels other than by issuing orders, injunctions and quota systems. Many municipalities, employee and employer organisations, voluntary organisations and others actively strive to strengthen the proliferation of equality in their own areas. For instance, the health enterprises and educational institutions have developed working methods that encourage more equality. Experiments and innovations require support to be able to grow and be adopted by other communities. Many voluntary organisations, enterprises and municipalities invest great efforts that should be recognised as models for others. By spreading good practices and getting others to adopt them, equality is strengthened from the ground level up.

Societal trends are the sum of a multitude of actions and choices. The actions of individuals are influenced by attitudes and traditions. It should be easier to make different choices in educational fields and working life. The Government will support initiatives that help modify traditional behavioural patterns and distinctions by gender.

Knowledge is an important prerequisite for action. Up-to-date research and statistics are required to be able to monitor societal trends. There is still insufficient knowledge about the correlations between gender and health. More knowledge about the cause and types of

violence in close relationships will help facilitate effective support for the victims and for prevention.

#### 1.4 Goal-oriented, long-term efforts

Efforts to promote equality between women and men require changes in democratic structures and in the attitudes of individuals. Change calls for knowledge and awareness of how gender affects choices and opportunities. Structural changes take time. For that reason, equality policy must be long-term and goal-oriented.

In this White Paper, the Government presents how it will address future central challenges to equality. The challenges require long-term, goal-oriented efforts, and the White Paper presents strategies and policy instruments intended to contribute to a more egalitarian society. The Ministry of Children, Equality and Social Inclusion coordinates the Norwegian Government's efforts and monitors trends.

The monitoring of trends in different areas of society over time requires research, statistics and other documentation of differences between women and men. Evaluations and reports form a basis for determining whether measures have the effect intended. The Ministry of Children, Equality and Social Inclusion subscribes to a knowledge-based policy for equality. This also includes laying a foundation for good systems for documenting and analysing the status of equality in different areas of society. One such initiative is CORE – the Centre for Research on Gender Equality.

On assignment for the Ministry, the Norwegian Directorate for Children, Youth and Family Affairs is in the process of developing indicators to determine the degree of equality between women and men. They will also be developing indicators of equality in other areas, such as functional abilities, ethnicity and sexual orientation. The indicators will contribute to improving knowledge about differences.

## 2 Equal opportunities for boys and girls

[figur:figX-X.jpg]

Photo: Monica Strømdahl

Nowadays, boys and girls have equal opportunities. However, there are clear indications that boys and girls are influenced by their gender in their choices, and the opportunities they believe themselves to have. Equality means that children and young people should have the same opportunities to realise their potential and to choose an education and a career without being limited by their gender.

Day-care facilities and schools should help all children and young people succeed in education and working life regardless of their gender and circumstances. Family, friends and leisure activities all shape our development and the choices we make; families lay the foundation for children's upbringing, and welfare benefits and programmes help give young children a safe environment in which to grow up.

This chapter discusses fundamental issues relating to inequality in upbringing and education. There is a shortage of male staff in day-care centres and schools and there is a need to develop competencies on the importance of gender and equality in children's development. A number of indicators, including the respective grades achieved by boys and girls and national and international test scores, show that girls generally do better at school than boys, albeit with a few exceptions. Moreover, by far more boys than girls drop out of secondary school. Gender and expectations related to gender roles continue to play an important role in determining educational decisions; this is particularly striking in the vocational subjects. In higher education, more women than men take master's degrees, but men continue to dominate the upper echelons in academia. Children and young people from families with low incomes and girls with immigrant backgrounds are less likely to engage in organised leisure activities, and risk losing out on opportunities for developing valuable social skills.

### *The Government will*

- develop competencies on equality in day-care centres and work to recruit more men to work in the education sector
- take steps to promote non-traditional educational choices and careers through a variety of measures, including:
  - recruiting more girls to study the natural sciences by means of the project *Jenter og teknologi* (Girls and technology)
  - reviewing the programme structure in upper secondary education
  - considering further efforts to evolve the Internet portal *utdanning.no*
  - considering improved preparation of teaching aids and materials used in school counsellor training courses, and
  - considering offering support to the university colleges' network for school counsellor training

- expand the current state of research and understanding on the role of gender differences in determining learning outcomes, completion rates and educational choices.

*Moreover, the Government will*

- present a white paper on family policy
- follow up the consultation round on the proposed amendments to the Children Act with a view to promoting equal parenthood
- take steps to enable children and young people from low-income families and girls with immigrant backgrounds to participate in leisure activities such as sports
- enhance pupils' learning outcomes through measures such as *Lærerløftet* (Promotion of the status and quality of teachers – joint effort for a modern school of knowledge) and *Kompetanse for Mangfold* (Competence for Diversity)
- focus on boys and pupils with immigrant backgrounds as distinct target groups in a new strategy to improve reading and writing skills
- continue its efforts to improve upper secondary school completion rates through measures such as *Program for bedre gjennomføring* (Programme for improved completion rates), *Yrkesfagløftet* (Promotion of Vocational Education and Training Initiative in Upper Secondary School) and extending the pilot scheme for craft certificates
- follow up the expert committee for the assessment of lifelong career guidance

## 2.1 The Family

Children's families play a critical role in assuring a good childhood. Families are the strongest social unit in our society and play an important role in imparting traditions and culture to future generations. Parents and other close caregivers are role models and, consciously or not, pass on norms for what conduct is regarded as desirable. Families profoundly influence children's choices and how they master adult life. To a great degree, young people's educational choices and their attitudes to different types of educations and careers are shaped by their parents.

To a large extent, children's upbringing is also determined by their family's socio-economic status. The benefits provided by the welfare state for families with children are meant to support parents in their parental role, both as caregivers and providers, and promote parental equality.

Not all families are traditional nuclear family units consisting of mother, father and child. Today there is greater diversity in terms of family types, size and composition. It is important that all types of families are free to select those solutions that are appropriate for them, and that society welcomes families with a variety of identities and aspirations.

Statistics Norway's time use survey for the period 1971-2010 shows that men are taking a greater part in caregiving duties in the home. In the same period fathers' actual working hours have fallen, particularly among fathers of small children; in the same period, mothers' working hours outside of the home have risen. On average, mothers now work almost three times as much as they did in 1970. According to the survey the total time spent

on housework has fallen substantially over these years.<sup>1</sup> The fathers' role as active and involved partners in family life with equal caregiving responsibilities also beyond the first years of a child's life is an important factor in equality work.

Both parents are important caregivers in children's lives. Parents should have equal caregiving status and have the same rights. When deciding where the child is to live and parental contact, principal emphasis shall always be given to the best interest of the child. Parents must be given the same opportunities for contact, regardless of whether they are the mother or the father and of whether they live together or not. The Children Act should therefore facilitate good solutions that take into account the different needs of families, always giving greatest importance to the child's best interests. The Government has made some proposals to amend the Children Act with a view to encouraging equal parenthood, and these proposals have now been submitted to a consultation round. With a view to designing simpler and fairer regulations the Government will review child maintenance arrangements and subsidies for caregiving to children.

The Government has appointed a committee to evaluate the support provided to families with children. Among other things the commission will describe public service provision and transfer schemes to families with children under 18, and discuss what objectives should underlie such support programmes. The committee is due to submit its report in the early months of 2017.

The Government will present a white paper addressing family policy in 2016 which will describe the diversity in family structures existing today, and identify and discuss the challenges experienced by some families.

### *The parental benefits scheme*

The parental benefits scheme is a welfare programme designed to support families' caregiving efforts. Norway has a generous parental benefits programme, providing 49 weeks at full coverage or 59 weeks at reduced coverage. Parents may claim parental benefits until their child is three years old. The programme allows both mothers and fathers to combine caregiving to small children with work outside the home.

For most families the parental benefits programme consists of a maternal quota, a paternal quota and a shared period. To date women continue to claim the largest share of parental benefit days; in 2014 women claimed 77 per cent of all parental benefits days paid by the Labour and Welfare Administration (NAV). Many men claim the exact number of days afforded them by the paternal quota, and the share of parental benefits days claimed by men has risen in line with the expansion of the paternal quota during the past few years. Parents are free to elect how they wish to distribute the shared benefits period.

The Government has stepped up the shared period with eight weeks, effective as of 1 July 2014. This means that parents may now share either 26 or 36 weeks of the parental leave period as they wish. Fathers and mothers have a ten-week quota which is reserved for them,

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<sup>1</sup>Kitterød and Rønsen (2013).



and mothers have an additional right to three weeks of paid leave before birth. The Government believes it is important that families are given freedom of choice in allocating the parental leave period, and has therefore expanded the shared period with a view to giving families greater flexibility. Some of the paternal leave days are currently not being claimed and these days lapse. By giving families greater opportunities to adapt parental benefit claims to their respective situation the Government wishes to give children more time together with their parents.

Women without entitlement to parental benefits are paid a lump sum on birth and adoption.<sup>2</sup> As per 2015 the lump sum grant is NOK 44 190 per child. The benefit has risen by about 25 per cent over the past two years, improving the recipients' economic situation in the period around birth.

### *Cash-for-care benefits for parents of toddlers*

The cash-for-care benefit for parents of toddlers is financial support for families with young children that do not attend day-care centres. The scheme was introduced in 1998 when there was a shortage of day-care places. As day-care provision has improved, fewer people are being paid cash-for-care benefits. In September 1999, cash-for-care benefits were being paid for 79 per cent of one-year olds and 70 per cent of two-year olds. In September 2014, the percentage of one-year olds receiving cash-for-care benefits had fallen to 23 per cent.<sup>3</sup>

The cash-for-care benefits programme has been criticised by a number of Government committees, in part because it may be a contributory factor to women withdrawing from or remaining outside working life, and children not attending day-care facilities.<sup>4</sup> In August 2012 the cash-for-care benefits programme was reorganised and removed for two-year olds. In addition, a model with full payment or half-payment of cash-for-care benefits was introduced, replacing the previous model, which consisted of five different rates. Moreover, the amount paid for the youngest one-year olds was raised. There were predictions that the increment would result in increased use of this programme. In August 2014 the amount was raised again (to NOK 6 000), this time with the same sum being paid for all one-year olds outside of publicly-subsidised day-care. Average figures for the entire year show that 38 per cent of families were in receipt of cash-for-care benefits for at least one month in 2014, compared with 37 per cent in 2013. This is the first time since the introduction of cash-for-care benefits that a small increment in cash-for-care claims has been recorded.

There are indications that cash-for-care claims are levelling off. A study based on figures from September 2014 has examined whether families with immigrant backgrounds and families of Norwegian descent differ in their uptake of cash-for-care benefits. The study concluded that it appears higher benefits have affected families with non-immigrant backgrounds more than immigrant families; cash-for-care claims for these families rose from

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<sup>2</sup>In certain cases men can be paid the lump sum in connection with birth or adoption, for instance if the mother dies as a result of birth or if the father has been given custody of the child with a view to taking over sole parental responsibility.

<sup>3</sup>As of 1 August 2012 only families with children aged 13 to 23 months are eligible for cash-for-care benefits.

<sup>4</sup>Among others, see Official Norwegian Report (NOU) 2011: 7 and Official Norwegian Report (NOU) 2011: 14

16 per cent in September 2012 to 17 per cent in September 2015, while they fell from 46 per cent to 44 per cent among families with immigrant backgrounds.<sup>5</sup>

## 2.2 Day-care facilities

Day-care centres play an important role in giving all children equal opportunity for full and well-rounded development. At some point in their lives, most children attend day-care facilities. As per today about 97 per cent of all children aged three to five years attend day-care. The same is true for 93 per cent of children from families with immigrant background. The enrolment numbers for all children between one and five years are 90 per cent and 79 per cent respectively.<sup>6</sup>

Staff in day-care centres need to know and understand what giving all children equal opportunities means. Day-care facilities are supposed to help children acquire a thorough sense that all humans are equal. Children should see that gender, ethnic, cultural and socio-economic backgrounds are not limitations to developing personality traits and interests according to their own motivation and abilities. Measures to build competencies among day-care staff are important contributory measures.

Having both male and female employees can expand the educational potential of day-care centres and helps foster a positive working environment. Children need role models from both sexes. The recruitment of men to day-care has been a focus area for some time and trends indicate that more men work in the educational sector today. However, the percentage of men working in day-care centres remains low and efforts to recruit more men to the sector must be continued.

### 2.2.1 Knowledge and competencies on gender and equality

Equality work has a sound base in legislation and plans. Section 2 of the Kindergarten Act says

Caregiving, education and learning in kindergartens shall promote equality of status and opportunity among people, freedom of thought, tolerance, health, and understanding of sustainable development.

This is reflected in the framework plan for the content and tasks of day-care facilities/kindergartens (section 1.3):

Equality of status and opportunity, freedom of thought and tolerance are fundamental values to our society, which shall form the basis for caregiving, education, play and learning in kindergartens.

Following a request from the Directorate for Education and Training, a survey of the status quo was conducted in 2014 to assess the work being done to promote equality in day-

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<sup>5</sup>Egge-Hoveid (2015).

<sup>6</sup>Statistics Norway (2015b)

care centres.<sup>7</sup> A similar study was undertaken in 2010. Both studies investigated to which extent the staff was familiar with the framework plan's provisions on equality, the day-care facilities' day-to-day work to promote equality and its role in the day-care centres' own plans.

In 2010, 37 per cent of head pre-school teachers said that they knew little about the framework plan's provisions on equality. 63 per cent said that they had an idea, or a relatively good idea, of the framework plan's equality provisions.<sup>8</sup> In 2014, 97 per cent of head pre-school teachers in day-care centres said that they knew something, or had considerable knowledge, about the framework plan's equality provisions.<sup>9</sup> When asked whether the framework plan's wording on equality shapes the work in the day-care centres, 50 per cent of the head teachers replied that it "had a certain influence" or "had considerable influence" in 2010. The figures for 2014 were 82 per cent.

These results seem to indicate that the implemented measures have had the desired result and that progress is being achieved. Nevertheless, there is some doubt as to whether competencies are adequate to ensure equality considerations in the day-to-day work. In 2014, for instance, only 14 per cent of day-care centre heads said that their day-care centres could be said to truly engage in systematic work to promote equality.<sup>10</sup>

Not all boys and girls have the same needs, and the definition of high quality preschool childcare may vary in accordance with the children's individual needs. At the general level, differences between the sexes mean that one must have an awareness of different issues for boys and girls.<sup>11</sup> For instance it appears as if boys on average require greater support and attention than girls if they are to develop good language and social skills, and that they are therefore more vulnerable to variability in quality in day-care provision than girls.

Comprehensive studies of day-care facilities and children in Norway have shown that targeted educational work in nurturing surroundings can positively impact child development. The Institute of Public Health's language and learning study (SOL) has assessed almost 7 000 children, and drawn some robust conclusions on children and preschool day-care in Norway.<sup>12</sup> The study concludes that adequate space and educationally appropriate, creative and physical playing activities are important for child learning and development in day-care facilities. This was found to be the case especially for children that could be termed vulnerable. For instance, it emerged that vulnerable boys attending day-care centres where creative and physical activities were rarely planned more frequently displayed symptoms of language difficulties. Boys at risk in day-care centres that lacked adequate space for learning activities also had more symptoms of behavioural difficulties. Similarly, vulnerable girls in large groups more

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<sup>7</sup>Opheim et al. (2014)

<sup>8</sup>Likestillingssenteret (Centre for Equality) (2010)

<sup>9</sup>Opheim et al.(2014)

<sup>10</sup>Opheim et al.(2014)

<sup>11</sup>See for instance Zachrisson et al. (2014) and Nordahl (2012)

<sup>12</sup>[www.fhi.no/studier/spraak-og-laeringsstudien-sol](http://www.fhi.no/studier/spraak-og-laeringsstudien-sol)

frequently displayed symptoms of language difficulties; if they attended smaller groups, these girls displayed a reduction in language difficulties over time.<sup>13</sup>

The study is one of several studies indicating that day-care centres may enhance children's developmental and learning outcomes; however, this requires pre-school childcare of high quality, including staff that is able to tailor day-care provision to the needs of each individual child, taking into account the child's gender, age and ethnic and cultural background.

### 2.2.2 Investing in greater gender and equality competencies

Creating equal opportunities for all children requires the ability to identify each child's needs, and knowledge on gender differences where these relate to children's development. Measures to build competencies in the childcare sector should include up-to-date understanding of gender and gender differences. If development measures are to promote equality of opportunity, they must take gender into account.

Early childhood impressions, playing activities and experiences all help children develop their interests. Day-care facilities have the potential to create arenas for varied impressions and experiences; they are in a position to encourage the children to develop interests without reference to children's gender. Language and the natural sciences have been defined as set subjects in the framework plan. It is clear those schoolchildren that have had positive encounters and acquired knowledge and skills have an advantage when it comes to acquiring new knowledge; it is therefore important that pre-school childcare facilities help prepare children for future learning.

There are a number of different avenues being pursued to raise the quality of service provision in the day-care sector; however, the different strategies are closely connected. The Ministry of Education and Research has developed a national Science subjects strategy targeting maths and the natural sciences in particular. Part of the strategy is to focus attention on strengthening pupils' understanding of these disciplines. Day-care centres are important arenas for early promotion of these subjects; they already do work on *Numbers, Shapes and Spaces* and *Nature, Environment and Technology*. However, research indicates that there is room for improvement as regards day-care centre staff's competencies in these areas, and as regards the educational practice in day-care facilities.<sup>14</sup>

Giving girls and boys equal opportunities requires more than highly-qualified employees; legislation and curricula must also be clearly defined. The framework plan for day-care facilities' tasks and content will be revised alongside other relevant sources of guidance. Once updated, the framework plan will also incorporate recent research insights on gender differences, among other issues.

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<sup>13</sup>Brandlistuen et al.(2015)

<sup>14</sup>See e.g. Rambøll (2014)

There are certain differences between boys and girls as regards language.<sup>15</sup> Although most children develop normally, boys outnumber girls among the minority of children that have language difficulties and/or delays in language development. By boosting staff competencies in this field, and by initiating, structuring and disseminating up-to-date research on language learning and development, the Ministry of Education and Research will boost day-care facilities' ability to provide equal opportunities for girls and boys, independent of their background.

The Ministry of Education and Research will build competencies in day-care centres; funds will be channelled via the county governors for training measures. Some of these funds will be targeted especially at day-care centres that engage in gender equality projects.

### 2.2.3 Men in day-care facilities

The ratio of men among day-care centre staff is low; however, compared with other countries Norway has quite a few men working in day-care.<sup>16</sup> The percentage of men working as educational staff has risen. Although progress is not swift, things are moving in the right direction. In 2003, 5.7 per cent of day-care employees were men; by 2014 this had risen to 8.5 per cent. In the same period, the total number of staff rose from approximately 53 000 to more than 84 000. More than 4000 new men have in other words been recruited.

In 2003 28.7 per cent of day-care centres counted at least one man among their staff; in 2013 this was true of 49.1 per cent of Norwegian day-care facilities, meaning that half of day-care centres now have male employees. These figures in part reflect that there are now more large day-care centres than previously.

More men apply to pre-school teacher training: in 2010, 16 per cent of students beginning their pre-school teacher training were men. By 2013 this figure had risen to 19 per cent. There is reason to believe that this trend may ultimately re-enforce itself; as more men elect to work in day-care other men may feel encouraged to do the same. Educational and professional choices shaped by traditional gender stereotypes are also discussed under Section 2.3 and in Section 3.

### 2.2.4 Focusing efforts on boosting the number of men working in day-care facilities

The recruitment of men was one of the subjects addressed in the 2010 and 2014 surveys on the equality situation in day-care centres. In 2014 approximately one third of day-care centre heads answered that they had taken action to recruit men.<sup>17</sup> The researchers who conducted the study found that day-care facilities that were working actively to achieve equality were also more likely to succeed in recruiting men. The same link was identified in the 2010 survey.

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<sup>15</sup>See for instance Nærde et al.(2014)

<sup>16</sup>In Sweden, for instance, the percentage of men in the "förskolan" (pre-school in English) is about 3.5 per cent, see <http://www.skolverket.se/statistik-och-utvardering/statistik-i-tabeller/forskola/personal>

<sup>17</sup>Opheim et al.(2014)

The actions to encourage recruitment of men ranged from job adverts that explicitly encouraged men to apply to staffing collaborations with other day-care centres. Some day-care centre heads ran projects with lower secondary schools to recruit boys to engage in playing activities in the day-care centres in order to enhance play activities. More than half of the heads of day-care centres who had implemented employment equality measures said that they had also made use of their own or the day-care centre's network in order to boost the number of male staff.

The Directorate for Education and Training collaborates with the GLØD network which was set up in all counties in 2012 in order to shore up local recruitment efforts. The overarching objective of the GLØD project is to raise the competencies of day-care staff, boost the status of work in day-care facilities and increase recruitment of pre-school teachers. Among other things, the networks seek to recruit men to pre-school teacher training programmes and day-care centres. In addition, dedicated equality teams have been set up in all the counties. These teams work directly to recruit men and encourage retention of men in day-care facilities. Based on lessons learned and local needs, provisions are also made for measures to build competencies, local development work and experience-sharing, all with a view to promoting equality between boys and girls in day-care facilities. These networks are important organisational infrastructure and solidly rooted in local context, creating a good basis for including equality as a topic in its own right in the general efforts to improve competencies and quality in the day-care sector.

As early as the mid-90s, the website *mennibarnehagen.no* was created in response to feedback from men working in day-care centres. During the past few years the website has been run by Queen Maud University College with financial support from the Directorate for Education and Training being paid on an annual basis. Here stakeholders working to boost recruitment of men in Norwegian day-care facilities can share experiences.<sup>18</sup>

The Ministry of Education and Research wants to recruit more men to educational work in day-care centres. The county governors are allocated funds for regional networks to promote local recruitment and for in-service training; recruiting is an integral part of this work.

### **Box 2.1 Lower secondary school boys enhance play activities in day-care facilities**

In 2009 the county governor of Oppland made available funds for local equality development in day-care centres, and in Lundgardsløkka day-care centre in Lillehammer a pilot project was started in the same year. The idea underlying what is now known as the Lillehammer model is to give lower secondary school boys the chance to work in day-care facilities. Focus on lower secondary school boys is a way of furthering future recruitment to the pre-school teaching profession. The Lillehammer project has been a success and many other counties have initiated similar projects.

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<sup>18</sup>[www.mennibarnehagen.no](http://www.mennibarnehagen.no)

It is difficult to establish the direct impact of using boys to enhance play activities. Together with targeted efforts to disseminate information on day-care as a career path, the project is a way of showcasing the opportunities afforded by pre-school teacher careers. Moreover, the day-care centres that have had boys working for them to stimulate the children's play activities have benefitted directly from the project.

**[End of box]**

## 2.3 Education

### 2.3.1 Learning outcomes

It is the Government's objective that all pupils acquire sound basic skills. This means that all children should be able to read, do arithmetic, express themselves in speaking and writing, and be able to use digital tools. One of Norwegian schools' primary challenges is that many pupils fail to achieve adequate learning outcomes; this is the case especially for boys, and for pupils with immigrant backgrounds.

#### *Girls do best at school*

In general, boys have poorer learning outcomes than girls and tend to perform less well than girls in most subjects. This has been a stable trend for some time: however, there are also considerable differences in learning outcomes within the groups, i.e. among girls and among boys. Subject area, test and test types also affect the ways in which gender affects pupils' results. Research has also shown that if we are to understand pupils' unequal performance in Norwegian schools, gender, social and ethnic background must all be viewed in conjunction.<sup>19</sup>

Compared with other countries Norway has quite a pronounced gender gap, with girls outperforming boys. Girls have achieved significantly higher reading scores than boys in international studies (PISA year 10, PIRLS, years four and five) and gender differences in Norway are more marked than in the OECD countries as a whole.<sup>20</sup>

This is part of an international trend; girls perform better academically than boys in all countries. On average, girls' completion rate is eight percentage points above that of boys; in Norway this figure is as high as 18 percentage points, marking Norway as the country with the largest gender gap. Norwegian girls also top boys with regard to digital skills, with a gender difference that is slightly above the international average.<sup>21</sup>

The national tests done in Norwegian schools also document girls' superior reading skills; boys, however, do better at arithmetic. No gender differences have been identified in

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<sup>19</sup>Bakken (2010)

<sup>20</sup>OECD (2014)

<sup>21</sup>Ottestad et al.(2014)

the subject English.<sup>22</sup> Girls get better grades than boys in most subjects both in primary, lower secondary and upper secondary school. Here the gender gap is most pronounced in the subject Norwegian, and least notable in mathematics. Girls leave compulsory school with on average four points more from compulsory education than their male peers.

Studies have shown that there are greater gender differences in class work grades than in examination grades in upper secondary schools. The observed differences between the two sexes are primarily a result of boys achieving lower marks for class work than girls; boys in other words often do better in examinations than in class work, see Figure 2.2. However, if one compares boys and girls who achieved the same class work grades, boys are more likely to get a lower examination grade than girls.

[:figur:figX-X.jpg]

[Column labels]

Two or more marks higher

One mark higher

Same marks

One mark lower

Two or more marks lower

Boys                      Girls

[End column labels]

**Figure 2.2 The difference between class work marks and examination marks by gender. 2009/10–2012/13. Figures given in per cent.**

Source: The Directorate for Education and Training (2013)

In the national tests children and young people who have themselves immigrated to Norway generally do more poorly than their peers who were born in Norway and have immigrant parents. These, in turn, achieve lower results than other pupils.

Figure 2.3 shows that pupils with immigrant background improve their reading performance significantly more than other pupils. Improvements in arithmetic results are also somewhat better for pupils with immigrant status than for their non-immigrant peers. However, this is not the case for English; here pupils born in Norway to immigrant parents score considerably lower for academic development than their peers of Norwegian parentage.

[:figur:figX-X.jpg]

[Column labels]

Reading – English – Arithmetic	Reading – English – Arithmetic	Reading – English – Arithmetic
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<sup>22</sup>National tests 2014



Immigrants	Pupils born in Norway with immigrant parents	Remainder of the population
	Both sexes – Boys – Girls	

[End column labels]

**Figure 2.3 Improvement in performance from year 5 to year 8 in reading, English and arithmetic, by age. Pupils with immigrant background and other pupils. 2009/2010–2012/2013.**

Source: Statistics Norway

Gender differences are also noticeable in the academic development of pupils with immigrant background. Immigrant girls born abroad stand out, achieving the greatest improvement in reading performance. In arithmetic, greatest academic progress is found among immigrant boys born abroad and in boys born in Norway to immigrant parents. Immigrant girls who have themselves immigrated to Norway and girls born in Norway with immigrant parents are more in line with other pupils. For other pupils the gender differences are less marked.

When analysing the individual decisions allocating special needs teaching in primary and lower secondary school, boys outnumber girls. Figures from the database on compulsory schools (GSI) show that approximately 70 per cent of pupils in primary and lower secondary school who have been granted an individual decision for special needs teaching are boys. This percentage has been stable for many years. The percentage share of boys receiving special needs teaching is somewhat higher in primary school than in lower secondary school. There is considerable evidence that pupils who have been granted an individual decision for special needs teaching are also likely to be granted this in subsequent school years. There are thus almost three times as many pupils receiving special needs teaching in year 10 as in year 1.

### *Understanding boys' and girls' learning*

The research institute NOVA has prepared two overviews summarising the state of knowledge on gender differences and academic results in school.<sup>23</sup> These indicate that there is relatively little empirical research that directly documents what school-related factors cause or perpetuate differences between the two genders. A further shortcoming in the current state of research is that little has been done to examine the interaction between gender and other factors, such as social and ethnic background.

There are some studies that have sought to explain why and how gender differences in pupils' academic performance arise and what factors contribute to sustaining these differences. Specifically, researchers have looked into the significance of school-related and out-of-school factors.<sup>24</sup>

<sup>23</sup>Backe-Hansen et al.(2014), Bakken (2008)

<sup>24</sup>Backe-Hansen et al.(2014), Bakken (2008)

Previous studies argued that the causes of the gender-divergent academic achievement were non-school related, and could be attributed to social background and other family variables.<sup>25</sup> However, there is now a general consensus that also factors within the school domain significantly impact on pupils' school performance.<sup>26</sup>

Studies have shown that girls as a group appear to have greater aspirations to excel at school. They do more school work. Evidence suggests that boys to a greater extent require inner motivation if they are to do well.<sup>27</sup> Some international studies have also pointed out that teachers are likely to consider girls as more academically gifted than boys,<sup>28</sup> however it is possible that this perception is coloured by girls usually being viewed as having better social skill than boys in classroom situations.<sup>29</sup>

It has also been argued that the gender performance gap in schools can be attributed to peer culture. There are indications that it is easier for girls to combine high achievement at school with being popular in their peer group; boys on the other hand are more likely to develop an "anti-school culture", in which academic results are considered unmanly and uncool.<sup>30</sup>

In a study seeking to identify what characterises schools that have relatively small performance gaps between girls and boys,<sup>31</sup> it was found that these schools typically have high academic expectations of all their pupils and tend to strive for a good and inclusive learning environment. Further hallmarks are the positive teacher-pupil relations, and teachers who are clearly in charge of their classrooms. Moreover, the schools typically have specific programmes that focus on reading, including searching out reading materials that will interest boys.

Factors such as good class leadership and good relations between pupils and teachers as well as an inclusive sense of fellowship among pupils and clearly-defined expectations of pupils foster learning in all pupils, with boys benefitting particularly from this type of general sound educational practice.<sup>32</sup> Good teaching and class leadership are thus decisive factor for the reduction of gender differences in pupil achievement.

It has thus been established that there are specific teaching methods associated with different learning outcomes for boys and girls; however there are not enough schools that rely on these insights when choosing their teaching methods.<sup>33</sup>

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<sup>25</sup>Coleman (1994)

<sup>26</sup>Hattie (2009), Lekholm & Cliffordson (2009), Legewie & DiPrete (2012)

<sup>27</sup>Backe-Hansen et al.(2014)

<sup>28</sup>Robinson & Lubienski (2011)

<sup>29</sup>Backe-Hansen et al.(2014)

<sup>30</sup>Jackson & Scott (2002), Morris (2008)

<sup>31</sup>Nordahl et al.(2011)

<sup>32</sup>Hattie (2009)

<sup>33</sup>Nordahl & Dobson (2009)

Many schools currently place a strong emphasis on self-regulated learning,<sup>34</sup> with quite highly individualised learning activities. This is an educational approach that boys have greater difficulties with than girls.

### 2.3.2 Strategic effort for improved learning outcomes

Good schools that provide ample learning opportunities benefit all pupils, regardless of gender.<sup>35</sup> The Ministry of Education and Research has a number of strategic efforts to improve teaching and learning outcomes for both boys and girls. Measures that progress the quality of teaching will impact on both boys and girls, both those with immigrant background and those without. Early work and interventions that help pupils strengthen basic skills are important for improved learning outcomes and to ensure that more pupils complete upper secondary education. Below, we provide a more detailed account of some of the most important strategic efforts to promote improved learning outcomes for boys and girls.

#### *Promotion of the status and quality of teachers – joint effort for a modern school of knowledge*

Good teachers are key to pupils' learning outcomes. The programme *Promotion of the status and quality of teachers* has several objectives: academically excellent teachers in Norwegian schools; an attractive, high-quality teacher training programme; competency development, and a diversity of career paths for teachers. The introduction of new qualification requirements require teachers trained after 2014 and teaching the subjects Norwegian, mathematics or English at lower secondary school to have a minimum of 60 ECTS in these subjects. The minimum requirement for most other subjects is 30 ECTS. All teachers at primary level must have a minimum of 30 ECTS in Norwegian, English and mathematics. In June 2015 the Storting passed a resolution to extend these requirements to teachers who had trained before 2014 and the Government is now investing in a large-scale funding programme in post-and continuing education to help more teachers comply with the new requirements. The programme provides direct governmental funding for more than 5 000 teachers so that these can pursue further studies.

#### *Funds for the municipalities to improve the pupil-to-teacher ratio for years one to four*

The Storting has voted NOK 200 million to fund more teachers for the youngest pupils from the autumn term of 2015. These funds have been earmarked and will be channelled to the municipalities with the poorest pupil-to-teacher ratios. The aim is to increase the number of teachers per pupil from years one to four. With the funds, schools will be able to hire 700 new teachers at lower primary level. Up to 25 per cent of the funding will enter into a four-

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<sup>34</sup>Self-regulation can be defined as an attempt to change one's own thoughts, feelings, wishes/desires, actions and performance in order to maintain balance or normal functioning. "Self-regulation is quite decisive for learning and social adaptation in the first years at school, and when looking at persons' entire lives. Developments between ages three and five are particularly important for self-regulation." Ingunn Størksen, Norwegian Centre for Learning Environment and Behavioural Research in Education, Stavanger.

<sup>35</sup>"Opportunity to learn can be viewed as individuals', organisations' or society's perceived and recognised requirements to learning, development of competencies and use of competence". Dale and Wærness (2007)

year research project. The funds shall be allocated in a manner that permits assessment of how extra resources can be utilised so as to be most effective.

### *Competence for diversity*

Many pupils with an immigrant background face special challenges during their school career, such as not having lived long in Norway, an interrupted school history from their home country, language barriers and low socio-economic background. Through the programme *Kompetanse for mangfold* [Competence for diversity], day-care centres and schools are given opportunities to learn more about the challenges children, young people and adults with immigrant background face in their schooling. Universities and university colleges offer competency-building programmes to day-care centres and schools while building and refining competency in their own training programmes for teachers and pre-school teachers. The county governors' offices run courses on regulatory issues. These are available to day-care facilities and school owners involved in the programme. Programme evaluations indicate that it has proven difficult to recruit upper secondary schools, and that the municipalities that lack competencies about pupils with immigrant background display relatively little interest in the programme. The Ministry of Education and Research will continue its work to involve more schools and day-care centres that need competency in the programme. The programme will run from 2013 to 2017.

### *The strategy to promote reading and writing skills*

Being able to read and write are prerequisites for the mastery of all subjects. The new reading and writing strategy of 2015 especially targets pupils with reading and writing difficulties, boys, and pupils with immigrant backgrounds. The strategy is built on developing competencies in day-care facilities and schools, and on educational resources that are readily available. The interventions covered by the strategy are directed at children's language development, activities to stimulate reading and language in day-care centres and the transition from day-care to school. Special attention will be given to initial reading and writing education and the importance of reading and writing in all subjects. Reading and writing digital texts and using digital tools in the work to grow reading and writing skills will also be stressed.

### *The national maths and science strategy*

The new maths and science strategy *Tett på realfag* [Hands-on Science] reaches out to both boys and girls and does not specifically stress gender. The strategy's aim is to increase the number of pupils who have success in mathematics and the natural sciences. This is important to the individuals' pupils academic skill, mastery and motivation, and necessary for society and working life at large. The strategy is intended to mobilise, raise awareness and engage those who are best placed to promote children and young people's learning, motivation, joy and exploration of the natural sciences, in other words municipalities, county councils, day-care facilities, schools, pre-school teachers and teachers.

### *The programme Developing lower secondary school*

*Ungdomstrinn i utvikling* [Developing lower secondary school] is a national programme that backs local development projects in class leadership, arithmetic, reading and writing. All pupils should experience social inclusion and a sense of mastery, master basic skills, and have a chance to complete upper secondary education.

The programme involves three vital policy instruments: developing competencies in schools, learning networks and educational resources. In the period 2013 to 2017 all schools with lower secondary classes will be invited to participate in the programme, and all lower secondary teachers will be offered opportunities to develop their competencies. There are 22 university colleges and universities involved in the programme.

### *More research on the gender gap in school performance*

Awareness on how boys and girls differ in their development and learning requires staff with the relevant competencies. This includes knowing how biological and cultural differences influence learning. Insight into such questions is necessary for appropriate adaptation of teaching activities in day-care facilities and schools. Designing more effective measures is contingent on a better understanding of the factors that explain the differences between boys' and girls' learning and development, and learning more about this is a Government objective. The Government is particularly interested in research on self-regulation and learning activities in schools and the Ministry of Education and Research has commissioned a research group to conduct further study of these issues.

### *New national scheme offering subsidised day-care (free core hours)*

A new national scheme was introduced 1 August 2015 offering all four- and five-year olds from low income families subsidised day-care (each child is offered 20 free core hours per week). The income threshold has been defined as NOK 405 000 for 2015. An evaluation of previous pilots showed that the provision of free hours resulted in higher day-care attendance for children with immigrant background.<sup>36</sup> In addition, parents built trust in day-care facilities and an understanding of the importance of learning Norwegian at an early age. The pilot project had a positive effect on school results in Norwegian and mathematics among pupils with immigrant background in years 1 and 2. In addition to introducing the scheme for four- and five-year olds from low-income families, the Government will continue to conduct trial projects and development interventions involving subsidised day-care (free core hours) in 2016 with a view to fostering parent involvement in activities and recruitment of children for day-care enrolment.

### 2.3.3 Completion of upper secondary education

Currently only approximately 70 per cent of those starting upper secondary education complete school, with boys being especially likely to drop out of school and training. Completing upper secondary education is critical to young people's post-secondary education

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<sup>36</sup>Bråten et al.(2014)

and integration in the workforce. It is also of great socio-economic significance. Young people who do not complete upper secondary education are afforded far fewer opportunities in the labour market; they are more likely to be unemployed or suffer from health problems. Moreover, low completion rates entail a lower supply of skilled workers and less competent workforce. Statistics Norway has done projections showing that the demand for workers with upper secondary vocational training is outstripping supply with low upper secondary completion rates as an important contributory factor.<sup>37</sup>

The Government plans to incrementally raise the national target for completion and achieving pass rates for upper secondary school to 90 per cent.

### *Higher drop-out rates for boys*

About 76 per cent of girls and 66 per cent of boys who started upper secondary education in 2008 achieved university and college admissions certification or vocational qualifications over the course of five years.<sup>38</sup> Completion rates are especially low in vocational education and training; only 56 per cent of boys had completed and passed their vocational education and training within the stipulated five year period. The pupils' academic results from lower secondary school were found to be the single most significant factor affecting upper secondary completion rates. On average, children of parents that were highly educated attained better grades in lower secondary school than their peers with less-educated parents.<sup>39</sup> Giving all pupils equal opportunities, regardless of socio-economic background, is one of the primary objectives of Norwegian school.

Figure 2.4 shows completion rate by gender and immigrant background. Upper secondary completion rates for immigrants are lower than for the remainder of the population, and the gender gap is also greater for this group. Only 36 per cent of immigrant boys who have moved to Norway from abroad and started on a vocational training programme achieve vocational qualifications over the course of five years. Children born in Norway with immigrant parents are more likely to complete upper secondary school than pupils who have themselves immigrated to Norway; however, they are less likely to complete upper secondary school than other pupils. Among young people born in Norway with immigrant parents, the drop-out rate for boys is also higher than for girls.

[:figur:figX-X.jpg]

[Column labels]

Boys, specialisation in general studies	Girls, specialisation in general studies	Boys, vocational studies	Girls, vocational studies
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<sup>37</sup> Cappelen et al.(2013)

<sup>38</sup> Statistics Norway (2014a)

<sup>39</sup> Falch et al.(2010)

	Other	Immigrants	Pupils born in Norway with immigrant parents

[End column labels]

### **Figure 2.4 Upper secondary school completion rates. Gender and immigrant background. Figures given in per cent.**

Source: Statistics Norway (2014a)

However, analyses have shown that it is not the immigrant background in itself that accounts for the differences in completion rate between pupils with immigrant background and the remaining population, but academic results from lower secondary school and the parents' respective educational level.<sup>40</sup>

Over the last few years approximately 8 000 young people have reached year-end without having an apprenticeship. Although some of these subsequently do get an apprenticeship position or complete their vocational training in school, the shortage of apprenticeships is an important contributory factor in non-completion. Significantly more pupils with immigrant background lack apprenticeship positions. This is the case for boys especially. Among other pupils, however, girls have most trouble obtaining an apprenticeship position.<sup>41</sup>

Although there are more boys than girls who drop out of upper secondary school, non-completing boys are more likely than girls to be in work or education a few years later. This is because apprenticeship contracts are a more secure path to employment in industries such as building and construction than in the health sector or in childhood and youth services. This affects boys' and girls' chances of employment differently as girls typically opt for training and work in the health sector and childhood and youth services, whereas boys are more likely to choose building and construction.<sup>42</sup>

#### 2.3.4 Investing in higher upper secondary school completion rates

Early action and measures to help build pupils' basic skills are critical to improving learning outcomes and upper secondary completion rates. There is also a need for interventions directed specifically at pupils who do poorly at school and who are at risk of dropping out. The Government has initiated a number of different measures to improve learning outcomes and upper secondary school completion rates.

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<sup>40</sup>Falch et al.(2010)

<sup>41</sup>Directorate for Education and Training (2014a)

<sup>42</sup>Official Norwegian Reports (NOU) 2012: 15

### *The 0–24 partnership – coordinated multidisciplinary assistance for children and young people under 24 who are at risk*

The objective of the 0-24 partnership is to ensure that more children and young people grow up to have good health, complete school and gain the skills they need to be included in working life. Identifying which children and young people are at risk early on so that they can be provided the necessary support is critical, with such support being provided by cross-disciplinary teams when this is in the best interest of the child. It is therefore important that the various municipal services such as the health centres, day-care centres, child protection services, schools and the Labour and Welfare Administration (NAV) improve their existing cooperation with regard to concurrent use of the various interventions and services they offer. The Ministry of Education and Research, the Ministry of Labour and Social Affairs, the Ministry of Children, Equality and Social Inclusion and the Ministry of Health and Care Services are now working together with their respective directorates to adapt and accommodate the policy instruments being used in the various sectors. The objective is to make it easier for the municipalities to collaborate across professional boundaries and regulatory frameworks which sometimes hinder implementation of multi-disciplinary measures to support children and young people at risk.

### *Programme for improved completion rates*

*Program for bedre gjennomføring* [Programme for improved completion rates] (2014-2017) is targeted both at pupils who are at risk of non-completion of their upper secondary education and training and at pupils aged 15 to 21 who are not in training or work. The programme includes national, regional and local interventions. Key elements include building teacher competencies, qualification programmes for pupils and apprentices and school-based NAV-counsellors and psychologists. The programme also covers subsidies paid for apprentices with special needs. So as to secure that the measures are followed up actively at the local level, each county is given resources to fund project managers under the programme.

One of the primary intentions underlying the programme is to identify those interventions that help prevent drop-out or that help young people return to education and training so that they can complete and pass upper secondary education and training.

In partnership with the county councils, the Ministry of Education and Research has identified risk factors and critical phases where intervention is especially important. As part of the programme, a number of interventions will be trialled and their effect assessed on the basis of research-based and experiential knowledge. The conclusions from these studies will then form the basis for targeted interventions to improve upper secondary school completion rates at the local, regional and national levels.

### *Certificates of practice*

The certificates of practice programme is a specially designed two-year course of training to suit pupils who have completed year 10 and require a more practical approach to training than is provided by ordinary vocational training. Practice certificates started as a pilot



scheme in the academic year 2007/2008 and to date about 180 pupils have participated in the pilot scheme.

The practice certificate scheme gives pupils an opportunity to attend a formally recognised two-year practical training programme after lower secondary school, with a lot of the training being done in businesses. After two years the pupils sit an examination which entitles them to a certificate of practice. The intention is that pupils will achieve qualifications that, although not on a level with a full trade or journeyman's certificate, are in demand by employers. On completion of the practice certificate pupils can pursue further training to become skilled workers. Evaluations have shown that four of five pupils completed their two-year training programme including the final exam, and that three of four pupils then moved on to an ordinary apprenticeship.<sup>43</sup>

More boys than girls drop out of upper secondary education. Certificates of practice are a suitable alternative, especially for boys who want a more practical and shorter course of training. The practice certificate pilot scheme has been extended until 2017, and the Ministry of Education and Research is encouraging all county councils to participate in the project.

#### *The promotion of vocational education and training initiative in upper secondary school*

In the future both private businesses and the public sector will be in great need of proficient skilled workers. The status of vocational subjects must be boosted and high drop-out rates tackled. The Government's vocational education and training initiative has three primary objectives: closer collaboration between schools and working life; education and training that are more relevant and of higher quality; and that more pupils complete and achieve trade certificates.

More apprenticeship places are needed for pupils. The first two national budgets adopted by the present Government raised the training establishment subsidy with a total of NOK 10 000 per apprenticeship contract. In its budget for 2016 the Government proposes raising the apprenticeship subsidy further, with an additional NOK 2 500 per contract. In order to encourage businesses to accept apprentices with poor Norwegian language skills and who have not lived in Norway for long, the subsidy scheme for apprentices with special needs was in 2013 extended to also incorporate this group. The revised national budget included further funds for the scheme in the amount of NOK 6 million; the Government proposes to match this level of funding in 2016.

The Government will introduce more stringent requirements to the use of apprentices in public sector contracts by obliging public sector purchasers to include apprenticeship requirements when inviting tenders, and that apprentices be involved in the work on the specific project. This requirement will apply to both Norwegian and foreign businesses.

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<sup>43</sup>Høst (2011)

### 2.3.5 Boys' and girls' educational choices

Norwegian boys and girls to a large extent continue to follow traditional gender patterns in making educational and career choices. This is particularly evident in vocational education and training, where a number of educational programmes are dominated by either boys or girls. In higher education, there has been some evolution in gender patterns over the past few decades, especially for women. A number of university-level degree programmes that used to be dominated by men now have an equal balance of both genders; some of these now count more women than men among their students. The same is not true for some of the university college programmes, where some programmes, especially in the field of health and care services and pre-school teacher training programmes continue to be dominated by women.

The Equality Commission stressed that educational choices determined by traditional gender roles are a stumbling block on the path to equality.<sup>44</sup> Traditional educational choices shaped by gender stereotypes play a role in perpetuating a gender-segregated labour market, the pay gap and unequal working hours and workloads.<sup>45</sup> In addition, they hinder development of a flexible workforce able to fully meet the demands of different parts of the labour market. The health, nursing and caring professions are in dire need of more hands and there is a need to recruit more men to this sector. Failure to recruit an adequate number of girls to study Science subjects, such as technology and physics, especially among girls, will bring about a shortage of necessary skills and expertise.

Breaking with stereotypical understanding of gender-appropriate educational and career choices gives boys and girls more opportunities and greater freedom of choice, and will make the labour market less gender-segregated and more flexible. With a view to promoting a less gender-segregated working life, the Government wishes to make it easier for individuals to make unconventional educational and career decisions.

#### *Upper secondary education*

One of the principal findings from the evaluation of the Knowledge promotion programme was that Norwegian upper secondary education is strongly gender-segregated.<sup>46</sup> At upper secondary school, more girls than boys opt for the education programme for specialisation in general studies. Among the vocational subjects, boys are much more likely to do *Bygg og anleggsteknikk* [Construction and Building], *Teknikk og industriell produksjon* [Technical and Industrial Production] and *Elektrofag* [Electricity and Electronics], whereas girls tend to do *Helse- og oppvekstfag* [Healthcare, Childhood and Youth Development] and *Design og håndverk* [Design, Arts and Crafts]. A total of 85 per cent and 88 per cent of the applicants to *Healthcare, Childhood and Youth Development* and *Design, Arts and Crafts*

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<sup>44</sup>Official Norwegian Report (NOU) 2012: 15

<sup>45</sup>For further details on the gender-segregated working life, see Section 3.

<sup>46</sup>Vibe et al.(2012)

were girls, while only 4 per cent and 6 per cent of the applicants to *Construction and Building* and *Electricity and Electronics* were girls.<sup>47</sup>

Table 2.1 lists the percentage of women in the various upper secondary educational programmes.

**Table 2.1 Pupils, apprentices and training candidates in upper secondary education, by education programme/branch of study. Percentage of women. 2014.**

	Pupils		Apprentices/training candidates	
	In total	Percentage of women (%)	In total	Percentage of women (%)
In total	198 218	51	40 871	28
Programme for general studies	119 788	56	-	-
Specialisation in general studies	102 042	57	-	-
Sports and physical education	11 452	40	-	-
Music, dance and drama	6 294	67	-	-
Vocational education programme	78 430	43	38 955	28
Construction and building	8 087	5	7 844	3
Design, arts and crafts	4 056	87	1 994	91
Electricity and electronics	10 542	6	8 029	5
Healthcare, childhood and youth development	18 512	85	6 024	83
Media and communication	8 518	56	152	56
Fishing and forestry	4 397	53	848	29
Restaurant and food processing	3 838	50	1 959	46
Service, transport and communications	7 676	40	3 925	35
Technical and industrial production	12 804	11	8 180	10

Statistics Norway (2015c)

Boys with immigrant backgrounds are twice as likely as other boys to opt for the education programme Healthcare, child and youth development in upper secondary education and training. Although there is no clear answer to why this is so, it is possible that this is because boys with immigrant background have more male role models in the health

<sup>47</sup>The Directorate for Education and Training (2014b)

professions in their immediate surroundings than other boys, possibly affecting their educational choices.<sup>48</sup>

### *Higher education*

For a number of decades women's educational attainment has increasingly come to include higher education, and women have become more likely to apply to formerly male-dominated subjects where the sexes are now represented equally. Research has shown that men's choices are less susceptible to such changes, although there has been a small rise in the number of men training for some of the most female-dominated professions, such as pre-school teachers and nurses. It has been pointed out that these professions are unattractive in terms of wages, status and career opportunities, and that men's choices are thus less likely to change over time than women's.<sup>49</sup>

Women today make up 60 per cent of students in higher education. The percentage of women in the Faculty of Law intake is about 60 per cent, and about 70 per cent at the Faculty of Medicine. Women predominate particularly within the health profession and teacher training programmes, with women accounting for well over 80 per cent of students in some of the health subjects. For instance, 86 per cent of all students who were offered a place at the nurse training education programme were women in the autumn term of 2014.

The reverse gender imbalance is found in certain technological subjects and mathematical and natural sciences, and in the humanities, e.g. history and philosophy. Men continue to dominate these programmes although there has been a trend towards a better gender balance over the last few years. Individuals born in Norway with immigrant backgrounds are more likely to attend higher education than is the case for the remainder of the population. Table 2.2. shows changes in the percentage of men in different disciplines in higher education over the past 10 years.

**Table 2.2 Changes in the percentage of men in different disciplines 2004–2013. Figures given in per cent.**

	2004 Percentage men	2009 Percentage men	2013 Percentage men	Change in per cent 2004–2013
Subjects in health, social work and sports	20.6	20.3	20.6	0
Teacher training programmes and educational science subjects	25.3	23.9	24.6	-0.7
Social sciences and law	39.7	38	37.4	-2.3
Humanities and aesthetic subjects	37.9	27.6	39.3	1.4
Subjects in economics and administration	49.3	47.5	46.3	-3.0
Primary industry studies	51.9	48.5	51.7	-0.2

<sup>48</sup>Reisel & Teigen (2014)

<sup>49</sup>Reisel & Teigen (2014)

Natural sciences and technical subjects	70.0	68.1	67.9	-2.1
Transport, safety and service subjects	76.4	58.5	68.9	-7.5

Database for statistics on higher education (DBH)

### *Vocational technical college*

Vocational technical colleges offer vocationally-oriented education programmes that build on upper secondary education and training or equivalent prior learning and work experience. They range from a minimum of half a year to a maximum of two full years of study. In vocational technical colleges we find a gender imbalance that is the inverse of that found in higher education. About 60 per cent of students are men, and 40 per cent are women. In the spring of 2013 almost 5 000 students sat examinations at technical colleges. 57 per cent of these were men and 43 per cent were women.

Approximately 68 per cent of male students do natural sciences and technical subjects. About 94 per cent of students on these courses are men. Female technical school students mainly study health-related subjects, social care, sports, humanities and aesthetic subjects, as well as economics and administration. In these areas women are in the majority, ranging from 72 to 92 per cent of the student bodies.

### 2.3.6 Promotion of non-traditional educational choices in terms of gender

Both boys and girls need information on the full range of educational and career opportunities they can choose from, and the counselling and guidance provided in the schools as well as other types of career guidance are thus important. In addition, young people's views of educational and career paths are shaped by family, friends, their immediate surroundings and how such options are portrayed by the media and the educational institutions themselves. Young people wishing to make unconventional choices need to see that others have led the way and succeeded; this is underscored by the rising numbers of women studying medicine and law. The sum of policies and specific measures at various stages in the educational system over time has had a certain impact, above all in higher education. Examples include the Norwegian Centre for Science Recruitment, role models and networks.

With legal authority in the Act relating to Universities and University Colleges, intake procedures for higher education have used additional points allocated on the basis of gender.<sup>50</sup> Each educational institution may apply to the Ministry of Education and Research for the right to grant additional points to the underrepresented gender, providing there are grounds to justify this. The Norwegian University of Science and Technology (NTNU) has for instance made use of such additional points on the basis of gender to increase recruitment of women to technological subjects, and the Norwegian University of Life Sciences awards additional points to men who apply for studies as veterinary nurses or veterinarians.

The Ministry of Education and Research does not encourage gender quotas because they oblige the institutions to accept applicants with a poorer academic record to popular

<sup>50</sup>See Section 7-9 *Additional points for the gender that is underrepresented* of the regulations on admission to higher education.

studies while applicants of the opposite gender with better qualifications are being bypassed. However, if all qualified applicants are offered admission, such quotas make little difference. The allocation of additional points to members of the underrepresented gender also matters little if all qualified applicants can gain admission to higher education provided they are willing to move to a different educational institution.

The primary responsibility for defining the skills they require lies with employers, who must also recruit the appropriate staff to resolve the problems at hand. Employers should work together with educational institutions in their recruitment efforts. Employers, educational institutions and the authorities must all team up and showcase the multitude of career opportunities available to both women and men. The councils for collaboration with business and industry, which have been set up by all the universities and university colleges, are an important venue for this sort of strategic dialogue on shared challenges..

The educational institutions should have an awareness of how they brand their educational programmes and ensure that they avoid reinforcing established preconceptions of different studies. In representing the range of opportunities afforded by education and working life they should be creative and showcase the many educational possibilities and career openings for both genders.

### **Box 2.2 New branding resulted in more women applicants**

Sometimes all it takes to reach out to new student groups are new ways of thinking and a little tweak. A good example of a university that has actively updated the marketing of studies is NTNU. Around 2000, application rates were low for some of NTNU's programmes. This resulted in some discussion on the programmes' names. Among others, *Mechanical Engineering* [Maskinteknikk] changed its name to *Produktutvikling og Produksjon* [Product development and Manufacture]. Following this change the percentage of women rose from 21 per cent to 33 per cent between 2004 and 2012. There may be other reasons that help explain this change, but it is believed that the programme's new designation played a role. In 2014 NTNU wished to update its four ICT-related programmes of study. *Elektronikk* [Electronics] was changed to *Elektronisk systemdesign og innovasjon* [Electronic systems design and innovation]; *Teknisk Kybernetikk* [Technical cybernetics] became *Kybernetikk og Robotikk* [Cybernetics and robotics], *Datateknikk* [Data Engineering] became *Datateknologi* [Computer science], while *Kommunikasjonsteknologi* [Communications technology] retained its name. These programmes are being advertised under their new names for the first time this year; the impact of the change remains to be seen.

**[End of box]**

#### *Counselling and guidance in schools*

School counselling and guidance should help pupils learn about the many educational and career opportunities available to them. However, studies have shown that counselling and

career guidance do not sufficiently take into account the role of gender in educational choice.<sup>51</sup>

In 2012/2013 the Directorate for Education and Training commissioned a study to assess how university colleges could better incorporate gender equality and multicultural perspectives in post- and continuing education for counsellors working in primary and lower secondary school. The study concluded that the counselling and guidance departments at the university colleges tend to be very small and that they lack the resources to engage in interinstitutional activities to stay abreast of new research and engage in development work across institutions.<sup>52</sup> This makes building networks among university colleges all the more important. The report stressed the need for further investment in gender equality efforts and multicultural perspectives.

The Ministry of Education and Research will consider continued funding of the university college-based network so that the network may better establish and disseminate the results from its work among professionals, educational programmes and professional communities in the counselling field. The network's experiences are to be passed on to schools so that these can build on them. In addition, funds may be granted to develop resources, learning materials and materials to be used in existing and new counselling training programmes.

#### *Web-based support for good educational decision-making*

Studies have shown that searches done on the Internet are one of the prime sources of information people rely on in making decisions on their education.<sup>53</sup> Young people need to be supported in making informed and well-thought educational choices without being bound by traditional gender role patterns. There is therefore a need for educationally appropriate websites, easily-understandable factual information and digital tools that fully communicate the tremendous scope of opportunities open to young people, as well as the potential impact of their own decisions.

The Ministry of Education and Research will consider adding web resources to the ICT centre's portal *Utdanning.no* to support young people in their thinking and build their motivation to decide on their education and career. These resources should make it easy for pupils and teachers to compare the features of the educational programmes and careers they are considering, but know little about. Digital access to this sort of information would help give young people a better basis for decision-making on their education, and allow them to consider more unconventional options.

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<sup>51</sup> Mathiesen et al. (2010)

<sup>52</sup> Schulstock & Svoen (2014)

<sup>53</sup> Opinion Perduco (2013)

### *The subjects Educational choices and Working life skills*

In 2008 the compulsory subject *Utdanningsvalg* [Educational choices] was introduced in lower secondary school. The subject is to help pupils learn more and learn about a greater range of career paths before they make decisions on their future education. *Arbeidslivsfag* [Working life skills] in lower secondary school is for pupils who want to do more practical work and wish to try out the vocational training programme they are interested in. As part of a pilot scheme all municipalities have since 2011 been given the option of introducing the subject.<sup>54</sup> The subjects' curricula have been revised and the new curricula will be in force from the academic year 2015/2016. The competence objectives of the subject *Educational choices* cover gender stereotypes in educational and career choices.<sup>55</sup>

### *New programme structure in upper secondary education*

Boys are more likely than girls to opt for vocational secondary education and are therefore also more likely to follow the 2+2 model. This model involves two years of school followed by two years of training in a business. There are several possible explanations that can account for the difference in boys' and girls' preferences. It is likely that external, non-school matters are part of the reason, such as the gender-segregated nature of the labour market. However, there may also be aspects to the way vocational education is designed that weigh the scales in favour of, or at least fail to counteract, traditional, gender-based choices.<sup>56</sup> Starting work in a business where most staff are of the opposite sex can be quite difficult if one is young, for instance if one is a young girl working in the electrical trade. Completion figures show that unconventional choices may lead to young people quitting, changing their mind about their educational programme or training, and displaying lower performance.<sup>57</sup>

The Directorate for Education and Training will review the programme structure in the vocational educational programmes and propose changes. This will be done in partnership with the other social partners.<sup>58</sup> In connection with this work, the Ministry of Education and Research has also requested that the Directorate provide an account of how gender questions and encouraging choices that do not follow received gender norms are informing the efforts to design a new programme structure. This is to ensure that pupils make decisions on upper secondary education on the basis of their competencies and interests, not whether they are boys or girls.

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<sup>54</sup>The curriculum for Working life skills was adopted in the academic year 2015/2016 and is no longer a pilot curriculum. The subject is an alternative to foreign language or in-depth studies in Norwegian, Sami or English. However, offering Working life skills as an alternative to its pupils is optional for each school.

<sup>55</sup>See the discussion in the White Paper 20 (2012–2013) On the right path

<sup>56</sup>Vibe et al.(2012)

<sup>57</sup>Vibe et al.(2012)

<sup>58</sup>Letter of Assignment 11-14 from the Ministry of Education and Research to the Directorate for Education and Training



### **Box 2.3 Girls in automotive and electrical trades**

Being one of the few who leave the beaten path can be difficult. Pupils who make unconventional choices are more likely to drop out of upper secondary school than those who conform to traditional gender norms. Good role models and networks are important if boys and girls are to be recruited to and complete education programmes that are non-traditional.

*Jenter i bil og elektro* [Girls in automotive and electrical trades] is a business development project based on cooperation among the social partners, represented by Norsk Teknologi [Norwegian Technology], Norges Bilbransjeforbund [the Norwegian Motor Trade Association], El & IT Forbundet [the Electricians' and IT workers' union] and Fellesforbundet [the United Federation of Trade Unions]. These were stakeholders who wished to improve the recruitment situation and the status quo for girls in male-dominated occupations in the motor and electrical trades. The project resulted in the establishment of networks for girls in four counties: Oslo, Nordland, Sør-Trøndelag and Telemark. Social network gatherings gave the girls a chance to share their work experiences. Several of the participants also attended schools and education fairs to brief young people on opportunities in the vocational subjects and to give courses in the electrical trades to girls in year 10.

Inger Vagle and Ellen Møller were both involved with the project as guidance counsellors and wrote their doctoral theses on the project.<sup>1</sup> In their analysis they underline that it is important to view girls as a minority in male-dominated work places and implement appropriate strategies. Vagle and Møller describe this as a four-way partnership, as the networks that were built enabled the girls to develop a collective voice, making them the fourth party to what is usually a tripartite partnership involving businesses, trade unions and the authorities.

<sup>1</sup> Vagle & Møller (2014)

**[End of box]**

#### *Expert committee for life-long career guidance*

The Government has appointed a Government committee to investigate ways of strengthening life-long career guidance in Norway, in part in response to the continuing preponderance of gender stereotypes in shaping educational and career choices. Career guidance ought to empower individual persons' abilities and opportunities to make conscious and well-informed educational, professional and career choices. Guidance provision is an important policy instrument to encourage less traditionally gender-based educational choices. Schools, university colleges, universities, county council career guidance centres, the Labour and Welfare Administration and a number of private players all offer career guidance.

The expert committee was appointed with a view to reporting on how lifelong career guidance provision should be re-enforced. An important aspect is offering everybody access to public career guidance services, independent of their age and circumstances. One of a range

of issues to be addressed is to which extent career guidance services can reduce the impact of gender and gender roles on educational and career choice.<sup>59</sup>

### *Science subjects*

Recruitment to Science subjects (natural sciences and mathematics) is vital if we are to have the competencies we will require in the future. However, more boys than girls opt for Science subjects at both upper secondary school and in higher education. Compared with other OECD countries, the share of girls doing Science subjects in Norway is very small. Women only make up 16 per cent of graduates in Science subjects and technology; the average in the OECD is 21 per cent, and 24 per cent in Sweden.

*Jenter og teknologi* [Girls and technology] is a partnership between the Confederation of Norwegian Enterprises, the University of Agder and several other stakeholders aiming to raise the percentage of girls doing Science subjects at all levels. As part of the partnership, annual conferences and experience days are organised for girls in lower and upper secondary school. Role models and businesses work to inspire girls and highlight the possibilities open to them within science subjects. The programme has contributed to more girls choosing to do technology and engineering subjects at the University of Agder, up from 128 in 2005 to 395 in 2014. The Ministry of Children, Equality and Social Inclusion wishes to contribute to these recruitment efforts through the Girls and technology programme.

### 2.3.7 Men in schools

The learning environment children encounter in schools is dominated by women. At the lower and upper primary levels the share of men has been in decline and has now dropped to 25 per cent,<sup>60</sup> the percentage of men at lower secondary school is a little higher, 38 per cent.

A higher number of men in schools will provide children with young male role models and have a positive impact on recruitment to the teaching profession. It is also likely to contribute positively to the day-to-day gender role and equality work in schools. Statistics Norway has predicted a teacher shortage in the near future, and targeted recruitment work is thus vital, including encouraging male applicants. The Government wishes to raise the number of men working in the school sector.

### *Teacher training programmes*

Today one of four applicants to teacher training programmes are men. The statistics indicate a slight overall rise in the percentage of male teacher training students, up from 25.1 per cent in 2008 to 26.4 per cent in 2012. In the same period there has been a small rise in the percentage share of teacher training students with immigrant backgrounds.<sup>61</sup> In 2008 5.9 per

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<sup>59</sup>The committee is to submit its final report to the Ministry of Education and Research by the end of April 2016, and submit preliminary recommendations by 15 October 2015.

<sup>60</sup>Grunnskolen informasjonssystem (GSI) [Database for compulsory school]

<sup>61</sup>GNIST (2013)

cent of teacher training students had an immigrant background; by 2012 this had risen to 6.3 per cent.

Figures<sup>62</sup> from FSAT (previously known as the Norwegian Universities and Colleges Admissions Service) show that men aspiring to the teaching profession tend to apply to teacher training for compulsory school, years 5 to 10 (GLU 5-10) rather than for years 1 to 7 (GLU 1-7). The percentage of women doing GLU 5-10 is about 61 per cent, and about 83 per cent for GLU 1-7.<sup>63</sup>

The one-year programme in educational theory and practice (PPU) is a compulsory teaching programme for individuals who do not have teaching qualifications but who wish to teach in compulsory or upper secondary school. The share of men wishing to study PPU is about 40 per cent.<sup>64</sup> In 2004, there were 1 865 PPU-graduates. Of these, 40 per cent were men; in 2014 there were 2 117 candidates, of whom only 38 per cent were men.

### *Drive to recruit more men to work in schools*

The primary responsibility for recruiting teachers lies with school owners and school leaders. These must make deliberate efforts to play up the attractiveness of the teaching profession, also for men.

Equally, the various universities and university colleges have a responsibility for their own student recruitment endeavours. These institutions are regional players that are obliged to offer a portfolio of studies that meets the needs of regional business and industry. The Oslo and Akershus University College of Applied Sciences (HiOA) has given special emphasis to recruiting men and students from immigrant backgrounds to its teacher training programmes and in particular the teacher training programme for compulsory school teachers, years 1 to 7. HiOA has engaged in targeted contact with organisations, schools, trade fairs etc. to reach out to men and students with immigrant backgrounds. Further actions include the use of specially tailored information materials, a grant scheme and various buddy and mentor schemes.

Encouraging those men who are already training to become teachers to persevere and complete their studies is as important as recruiting new students. Ideas can be sought in the drive to raise the percentage share of men in day-care centres and on pre-school teacher training programmes,<sup>65</sup> especially with a view to recruiting more men to the primary compulsory teacher training programme for compulsory school, years 1 to 7.

As part of overseeing universities and university colleges the Ministry of Education and Research will ask higher education institutions to highlight gender imbalance issues in their follow-up of students.

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<sup>62</sup>Turnout figures

<sup>63</sup>Følgjegruppa for lærarutdanningsreforma [The Advisory Committee to the Teacher Training Reform] (2015)

<sup>64</sup>Database for Statistics on Higher Education (DBH)

<sup>65</sup>See [https://www.regjeringen.no/globalassets/upload/kd/vedlegg/barnehager/rapporter-og-planer/rekruttering/tiltaksplan\\_for\\_rekruttering\\_2011.pdf](https://www.regjeringen.no/globalassets/upload/kd/vedlegg/barnehager/rapporter-og-planer/rekruttering/tiltaksplan_for_rekruttering_2011.pdf)

Through its new strategy *Lærerløftet - på lag for kunnskapsskolen* [Promotion of the status and quality of teachers], the Government is laying a foundation to stimulate more people to aspire to the teaching profession, and to remain in the profession. By underscoring professional excellence, higher intake requirements to the teacher training programmes, professional training measures and new career paths for teachers the strategy will help raise the status of the teaching profession and make it more attractive. Secondary objectives include motivating more men to apply to teacher training programmes and opt for a school career. Efforts to encourage more individuals to make non-conventional educational and career choices, among other things by disseminating information on education and career options, will also have a positive impact on male recruitment to the teacher training programmes.

The Ministry of Education and Research has had a national recruitment campaign directed at the teacher training programme known as GNIST.<sup>66</sup> The objective is increased recruitment to teacher training programmes, raising the status of the teaching profession and attracting more male applicants. GNIST's campaign *Har du det i deg?* [Have you got it in you?] was particularly targeted at men and persons with an immigrant background. However, identifying concrete results of this type of initiatives is difficult.

The organisations and education authorities are continuing the GNIST partnership at the national and regional levels as a prime forum for dialogue, development and implementation of initiatives in schools. The Ministry of Education and Research encourages GNIST to pursue continued partnership in the counties, and is supporting continued dialogue and contact between the national and regional levels through a number of measures, including its annual conference for Regional GNIST. The Ministry is also supporting Regional GNIST through stimulation funds which are contingent upon continued collaboration within the county. These changes entered into force from August 2014, and GNIST's organisational structure will be evaluated after one year.

### 2.3.8 The gender balance in academia

Men continue to outnumber women among academic staff. If universities, university colleges and research institutes are to reflect the diversity found in the population at large, they must redress the gender imbalance and have a more representative staff mix.

Increasing the share of women in senior academic positions is a Government objective. Universities, university colleges and research institutes must recruit talent, both women and men, with and without immigrant backgrounds, and give all groups equal opportunities for professional development. Academic staff must be given equal opportunity to develop their talents regardless of gender and background; moreover, posts in the various disciplines must be attractive for both women and men. It is important that both institutions in

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<sup>66</sup>GNIST is a collaboration project between the Ministry for Education and Research, the Union of Education, the Norwegian Association of Local and Regional Authorities and others (KS), the National Committee for Teacher Training, the Norwegian Confederation of Trade Unions, (LO), the Confederation of Norwegian Enterprises, the Association of School Leaders, the Norwegian Association of Graduate Teachers, the Norwegian Union of School Employees, the National Union of Students, the Education Students under the Union of Education and the School Student Union of Norway. In addition the Norwegian Musicians' Union has now joined the project, but did not form part of the partnership 2009–2014.

higher education and research institutes strive to eliminate those factors that prevent women and other groups from succeeding. Society needs broad academic and professional perspectives and a comprehensive mix of competencies; these factors foster creativity and help evolve quality in both student teaching and research.

Systematic equality efforts have been made in academia for a number of years, and the percentage of women in senior posts has become a governance indicator for the university and university sector. The institutions of learning in higher education are required to have gender equality action plans. The Research Council of Norway has set up the *Program for kjønnsbalanse i faglige toppstillinger og forskningsledelse* [Programme for gender balance in senior positions in academia and research management], BALANSE, and the Ministry of Education and Research is monitoring progress through its governance system. If required, the Ministry raises inadequate performance under the programme in meetings held as part of steering the executive agencies it oversees.

The *Komit  for integreringstiltak – Kvinner i forskning* [Committee for action on integration – women in research], known as Kif, was set up in 2004 and has operated under a series of changing names and mandates. It is currently known as the *Komit  for kjønnsbalanse og mangfold i forskning* [Committee for gender balance and diversity in research] and has sought to influence the institutions in question through its website [www.kifinfo.no](http://www.kifinfo.no) and the Information Centre for Gender Research KILDEN, as well as advising and lobbying the ministries. The committee has been a driving force for improvements in gender equality in academia over the last few years.

### *Gender balance among academic staff at universities and university colleges*

EU figures show that the share of women in professorial positions in Norway (21.4 per cent) was a little above the EU average (19.8 per cent) in 2010.<sup>67</sup> Romania had the highest percentage of women, followed by Latvia, Turkey, Croatia, Switzerland, Bulgaria, Iceland, Finland and Portugal. The EU has also created an index to assess the so called "glass ceiling effect" which describes the relative probability of a woman obtaining a senior position compared to a man. Norway is above the EU average, but is far from the top-performing country. As regards the percentage of female deans and rectors in higher education, however, Norway tops the statistics with 32 per cent. Several countries with a high percentage of women staff score very low for this indicator. The EU has defined gender equality as one of its seven priority areas in its development of the European Research Area, a project in which Norway is actively involved.

The share of women and men in universities and university colleges also varies according to type of position. In 2013 over half of the staff in PhD positions were women. The same held true for assistant professorships and associate professorships at university colleges. The percentage of women among associate university professors is 43 per cent, but the percentage of female university professors is lower. Only 26 per cent of professors are women, see Figure 2.5.

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<sup>67</sup> All international data are from DG Research and Innovation (2014).

[:figur:figX-X.jpg]

[Column labels]

Professor	Reader/reader at univ. college/reader, teaching
Associate professor	Senior lecturer
Post-doctor	Assistant professor univ./Assistant professor univ. college
PhD position	

[End column labels]

**Figure 2.5 Percentage of women in various academic posts in universities and university colleges. 2005–2014. Figures given in per cent.**

Source: NSD

Figure 2.6 shows that the gender imbalance varies greatly among disciplines. More than 30 per cent of professors in medicine, health subjects and the humanities were female in 2013; but only about 10 per cent in technological subjects.

[:figur:figX-X.jpg]

[Column labels]

Medicine and health sciences

Humanities

Social sciences

Agricultural, fishery and veterinarian sciences

Mathematics and natural sciences

Technological subjects

[End column labels]

**Figure 2.6 Percentage of women holding professorships in various disciplines in universities and university colleges. 2013. Figures given in per cent.**

Source: NIFU (Nordic Institute for Studies in Innovation, Research and Education), R&D statistics bank

Overall there is a trend towards improved gender balance in the university and university college sector; on average, the percentage of women in professorial positions has increased about one percentage point annually since 2004. The percentage of women among newly appointed professors has risen significantly since 2008 and has been between 30 per cent and 36 per cent; if the rise of women professors continues at this rate, by 2028 about 40 per cent of professors will be women. This rate was surpassed in 2012 for associate professorships, which are the primary recruitment mechanism for professorships.

## Box 2.4 BALANSE

The Programme for gender balance in senior positions in academia and research management (BALANSE) was created by the Research Council of Norway in 2013. Its primary objective is to redress the senior level gender imbalance in Norwegian academia through undertaking new research, learning and innovative measures. When the programme grants were allocated for the first time in 2014 three of four projects were won by research institutes, NUPI (the Norwegian Institute of International Affairs), PRIO (the Peace Research Institute Oslo) and SINTEF respectively.<sup>1</sup>

With the grant, NUPI aims to increase the number of women with formal professorial qualifications to three. In 2013 NUPI had no women holding such qualifications, but seven male researchers who did.

PRIO's project also aims to increase the number of women qualified for professorships so as to reduce the institute's considerable gender imbalance. Women with completed doctoral degrees or who are reaching the end of their PhD position are eligible.

SINTEF has based itself on the principle that women do not require more support than men, but that they are given less support. The project thus consists of two intervention packages: the first part is directed at achieving change in research heads and the professional community; the second part at stimulating female talent. The project also involves the production of documentation, with projects insights being shared and incorporated in the SINTEF school.

<sup>1</sup> The fourth award was to the University of Bergen, in collaboration with Havforskningssinstituttet (Institute of Marine Research) and Bergen University College.

**[End of box]**

### *The gender balance in research institutes*

The research institutes are a heterogeneous group distinguished by a variety of academic arrangements, responsibilities, users, organisational structures, funding and histories. In 2012, 41 per cent of researchers and other academic staff in Norwegian research institutes were women; in 2013 women accounted for 48 per cent of full-time research equivalents in research institutes in the social sciences; the corresponding figures for research institutes on primary industries were 46 per cent, for environmental institutes 40 per cent, and 26 per cent at the technical and industrial institutes.<sup>68</sup> As many as 97 doctorates were completed at these institutes in 2012 (defined as a minimum of 50 per cent of the work being performed or funded by the institute in question). Women represented 56 of the doctoral candidates, and men 41.

### *Initiatives to improve the gender balance in academia*

Universities and university colleges have great autonomy; in many ways their leeway is only surpassed by that of the research institutes. The Ministry of Education and Research

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<sup>68</sup>The figures include institutes under the guidelines for governmental basic funding for research institutes.

has given these institutions framework conditions which they should use to stimulate equality and diversity in their activities. Leaders must actively pursue the goals of equality and diversity at all levels of their institutions; however, this presupposes that there are training programmes for leaders that also embrace gender and diversity issues.

In their work to combat discrimination, universities, university colleges and research institutes have given primacy to gender. When the KiF committee was re-appointed in the early months of 2014, its remit was extended and the name changed to also feature diversity. In the current period the committee is to add ethnicity to its gender focus, and address the issues created when gender issues are compounded by factors related to ethnicity. The committee's preliminary assessment of ethnic diversity in higher education and research in Norway has made it clear that there are many unknowns. There is a shortage both of research and of statistics. The Ministry of Education and Research is considering how more can be learned on these matters.

A number of measures have been implemented to improve the gender balance in higher education, and progress is being made. Although the goals have not yet been reached, this does not necessarily mean that new policy instruments are required; rather, existing instruments must be fully utilised, and implemented measures must be given time in which to work. The Ministry of Education and Research will monitor the situation and consider implementing new interventions if the positive trend does not endure.

## 2.4 Leisure time

Boys and girls live their lives in their families, at school, with their friends and through their leisure activities. All of these arenas help shape young people's thinking about themselves and their opportunities. Norway has more than 90 000 voluntary organisations, making Norway a world leader in the not-for-profit and voluntary sector. The voluntary organisations for children and youths, the various cultural and sports organisations and youth clubs are important social arenas for children and young people, and help foster safe and inclusive settings for children across the country. Children and young people involved in organised leisure activities acquire skills and a sense of mastery that can benefit them in their education and work trajectory. The Government backs activities for children and young people organised through clubs, organisations and other stakeholders in civil society.

### 2.4.1 Children and young people – different rates of involvement in leisure activities

Studies undertaken over the past decades show that children and young people are not as actively involved in voluntary organisations and activities as they used to be, with the scouts, musical bands, choirs and religious associations suffering the greatest decline.<sup>69</sup>

Young people's use of free time is changing; both children and youths increasingly spend their time in their homes. The number of girls who spend much of their time at home is somewhat higher than for boys; this is true for children in all years at school. There are only

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<sup>69</sup>NOVA (2014)



minor variations between each year. In their free time children and young people are most likely to meet up with other young people either in their own homes or at their friends' homes. Youths today spend a lot of time in front of tablets, computers and television screens; especially boys at lower secondary school spend a lot of time playing computer games. Mobile telephones, internet, a variety of internet games and social media allow children to have contact with friends even though they are at home. Communication technology has greatly reduced the need to meet up with friends at the local centre or outdoors.<sup>70</sup>

Notwithstanding this, 60 per cent of young people are actively involved in organisations, clubs or teams. A further 23 per cent have been members of such organisations. Significantly more girls than boys are involved in musical bands, choir, theatre and dance. Young people from low-income families and young people with immigrant backgrounds are less active in these types of organisations or teams.<sup>71</sup>

Sports clubs have remained popular among children and young people. This is especially true among the youngest adolescents. There are minor differences between boys' and girls' enrolment in sports clubs, although there are marginally more boys than girls in most age groups; however, the differences are diminishing. From the age of 12 to 13, enrolment in organised sports activities declines steadily. Despite this, sports clubs continue to be the dominant arena for exercise and physical activity in young people's free time. This includes the age group 13 to 19 years.

Boys with immigrant background are somewhat less likely to be on sports teams than other boys. While girls with immigrant background are also less active in sports clubs than other girls, the differential is much larger.<sup>72</sup> In general, gender differences within the group of children with immigrant backgrounds are much more pronounced than is found in the rest of the population. However, when measuring physical activity in general, and exercise outside of sports clubs, e.g. in gyms, differences between children and young people with and without immigrant backgrounds are much less marked.

There may be a number of different reasons why children and young people with immigrant backgrounds are less likely to be involved in organisations and activities than their non-immigrant peers. Among other things, more children with immigrant backgrounds come from low-income families.<sup>73</sup> A further factor may be that immigrant families often know less about Norwegian organisations and sports activities; combined with parents and families having different views on girls' participation in leisure activities, this may make families reluctant to support such initiatives. Moreover, the sport clubs and voluntary organisations themselves must strive to become attractive and inclusive arenas for all young people.

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<sup>70</sup>NOVA (2014)

<sup>71</sup>The Norwegian Directorate for Children, Youth and Family Affairs (2014)

<sup>72</sup>Seippel et al.(2011)

<sup>73</sup>Statistics Norway (2015a)

There has been a slight decline in voluntary work among youths in the early 2000s,<sup>74</sup> but the trend is not uniform. There has been a rise in activity among the youngest youths, aged 16 to 18, both in the total number of young people involved, and in the number of hours invested; older youths on the other hand have become less active.

Research shows that the gender difference in voluntary work has shrunk; however the differences between highly-educated and less-educated persons are on the rise. The same is true for the differences between groups with high and low income respectively.<sup>75</sup> 76 per cent of parents with children under age 16 have contributed voluntary work to their children's organised leisure activities over the past year, with no difference found between men and women. That means that measures directed at children and young people often reach the entire family, making this type of activities an important arena for integration for families with immigrant backgrounds.

#### 2.4.2 Investing in children's and young people's involvement in leisure activities

Sizeable funds are distributed every year through public funds from gaming and national budget allocations to measures targeting children and young people locally. The objective is to stimulate children and young people to join voluntary organisations in their local area. The Government believes that such activities should reach broad segments of the population. The Government encourages the organisations to give special attention to involving those groups that are underrepresented, be they girls, children and young people with immigrant backgrounds, or children and young people from low-income families.

The fact that girls with immigrant backgrounds rarely participate in organised leisure activities means that they are losing out on an important arena for socialising, friendship and mastery. The enjoyment of leisure activities and the joy and sense of fellowship such activities can bring should be available to all young people, including girls with immigrant backgrounds. The Government will make provisions to facilitate more girls with immigrant backgrounds joining leisure activities such as sports.

#### **Box 2.5 Come on, girls!**

In 2013 the Ministry of Culture appointed a committee to advise on involving girls with immigrant backgrounds in sports. The committee included representatives from Norwegian sports organisations. The report *Kom igjen, jenter!* [Come on, girls!] was submitted to the Minister of Culture at Holmlia on 1 April 2014, and included recommendations both to the Ministry of Culture and Norwegian sports at all levels. The report summarises the current state of research in the area, and among other things concludes that girls with immigrant backgrounds are not as frequently involved in sports clubs as boys from immigrant backgrounds, or as other boys and girls. However, this is an area that requires more research.

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<sup>74</sup>Aars et al.(2011)

<sup>75</sup>Saglie & Seggaard (2013)

In its report, the committee points out that the key to higher participation rates for immigrant girls is greater involvement, knowledge and a change in attitudes among the girls' parents. Parents with immigrant backgrounds must be asked to involve themselves and be required to contribute; good communication and information are critical.

**[End of box]**

### *Strategy against child poverty*

In May 2015 the Government presented its strategy to combat child poverty for the period 2015 to 2017. This strategy will give children and young people growing up in low-income families more opportunities to participate in common social activities on a par with others. A number of the measures are directed at greater participation and inclusion in leisure activities, culture and sports. Through governmental and municipal contributions as well as sports organisations and the voluntary sector in general, all children will be given the opportunity to be involved in at least one leisure activity.

### *The grant scheme Inclusion in sports clubs*

The objective of the grant scheme *Inkludering i idrettslag* [Inclusion in sports clubs] is to include new groups in the sports clubs' ordinary provision of activities and to counteract cultural background or family finances preventing children from participating in organised leisure activities.

The grants will be spent on measures directed at children and young people with immigrant backgrounds, especially girls, and children and young people from families that are unable to pay much. Measures must include physical activity for the participants.

The scheme was set up in 1993 and has over the years grown in geographical scope. Initially the project comprehended three major cities; today, it comprises eleven of the country's largest cities and several municipalities on the outskirts of Oslo. The scheme is administered by the Norwegian Confederation of Sports on behalf of the Ministry of Culture. In 2015, grants in the amount of NOK 11.5 are available for allocation from the public gaming funds for sports.

A further NOK 1 million was allocated in 2015 and the Government is considering further reinforcement, allowing for inclusion of a further four towns in the scheme.

### *Strategy committee for sports*

The Government has appointed a strategy committee for sports with the remit of identifying problem areas and preparing proposals for strategies to address these challenges in sports. Among other things the committee is to assess, consider and describe strategies that can help promote inclusion of groups that have traditionally had lower rates of inclusion in sports. This includes involvement of children and young people from low-income families and girls with immigrant backgrounds.

### *Learning more*

Several ministries are working together to fund the research programme *Sivilsamfunn og frivillig sektor 2013 til 2017* [Civil society and the voluntary sector 2013 to 2017]. The programme is being run as a partnership between the research institutes Institutt for samfunnsforskning [Institute for Social Research] and the Rokkansenteret [Uni Research Rokkan Centre] in Bergen. The research project *Minoritetsjenters idrettsdeltakelse* [Minority girls' involvement in sports] is part of this project and will contribute new research insights. The research project *Ungdoms deltakelse i politikk- og samfunnsliv: kontinuitet eller endring?* [Youths' participation in politics and community life: continuity or change?] is another project under the programme, aiming to provide a broad picture of youths' participation in community life and politics.

### 3 Gender equality in working life

The working life and welfare-policy goals for gender equality in working life are two-pronged. At the individual level, the goal is for everyone to be able to support themselves and their families by working. Income from work provides financial independence for men and women alike, and greater freedom of choice for individuals. This enhances gender equality. At the societal level, the goal is for the entire workforce to be utilised by reinforcing people's participation in working life. Women and men should have equal opportunities to participate in working life. It is important to strengthen the participation in working life of groups that have low labour force participation, and to enable as many as possible to use their abilities for gainful employment. The Government will pursue an active, comprehensive policy to increase employment and to promote open, inclusive and flexible working life.

Compared with many other countries in the world today, Norway has made great strides when it comes to gender equality in working life. Women and men in Norway have a high level of education. Only Iceland and Switzerland have labour forces in which women's participation is higher. Working women have their own taxable income and earn their own pension rights. Income from work provides financial independence for women and contributes to gender equality. Box 3.1 describes in more detail the employment trajectories for women and men over the past 40 years.

In recent years, and especially since 2004, immigration to Norway has increased vigorously. In 2014, there were approximately 700 000 foreign-born immigrants residing in Norway. If individuals born in Norway of foreign parents are included, the figure adds up to 760 000. Approximately three-quarters of them are in the 15 to 67 age group. Since 2004, there has been an increase in particular of immigrants from EU member states in Eastern Europe. This inward labour migration has contributed to overall economic growth. On the other hand, growth in gross domestic product per capita has declined in recent years.

Gender equality pays, not just for the individual, but also for society as a whole. Since 1930, Norway's value creation excluding the petroleum sector has grown seven-fold in real value. The bulk of this is due to increased labour productivity.<sup>1</sup> Norway ranks at the top of the OECD's surveys on labour productivity. More employment among women has contributed to the strong growth in value creation, see Figure 3.4.

However, gender equality still faces challenges in working life. Women have a weaker attachment to working life than men do. A large percentage of women are part-time workers. Those who have immigrated to Norway have lower labour force participation than the rest of the population, and employment among some groups of immigrant women is alarmingly low.

The Norwegian labour market features clear distinctions by gender. Both the distribution of genders in the labour market and differences in people's participation in working life lead to differences in the wages and income levels of women and men. During

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<sup>1</sup> Gross value added at basic prices per person-hour worked (constant 2005 NOK)

their occupationally active years, more women than men receive health-related benefits such as sickness benefits, work assessment allowance and disability benefits.

### *Combining work and family life*

Women still shoulder a larger share of the responsibility of caring for children than men do. For a long time, it was difficult for both parents to have full-time jobs when their children were small, because there was no good and reasonably priced childcare available for pre-schoolers. Now, the option of day-care facilities is available almost everywhere, and there are before- and after-school programmes available for many of the youngest pupils. Coupled with good systems for parental leave in connection with birth and adoption, this makes it easier to combine working with having small children. Figures from the annual Labour Force Survey (Statistics Norway) show that the proportion of women who work full-time and have children under the age of 16 increased from 55 per cent in 2004 to 67 per cent in 2014.

Gender equality in family life plays into gender equality in working life. The time use surveys show major changes over time, as men are increasingly shouldering care responsibilities at home, and men's actual working time has decreased, especially among fathers of small children.<sup>2</sup> Women continue to do most of the housework

### **Box 3.1                      Employment developments for women and men**

In 2014, there were just four percentage points more men than women participating in working life. Women's labour market participation increased from less than 50 per cent in the 1970s to 74 per cent in 2014 (15 to 64 years of age), see also Figure 3.2. During the same period, men's participation in working life was reduced from more than 80 per cent to 77 per cent. The employment rate for both men and women has been reduced in recent years and is currently more on a par with employment at the beginning of the millennium. The reasons for this are, among other things the weaker economic situation, an aging population with more seniors, and more immigration. Employment rates for men and women alike have increased for the over 60s age group. For women, there has also been an increase from age 55 and above. The decline in the employment rate since 2008 has also been curbed somewhat by the fact that more seniors are continuing to work longer. However, the employment rates for individuals over the age of 50 are still higher for men than for women.

**[End of box]**

**Figure 3.2    Developments in employment rates for women and men in Norway. 1972-2014. Ages 15-64.**

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<sup>2</sup> Egge-Hoveid & Sandnes (2013)

Sources: Statistics Norway (2015d), OECD (2015)

[Column labels]

Women

Men

[End column labels]

**Figure 3.3 Developments in employment rates in different age groups from age 50 and above. Women and men. 1972-2014.**

Source: Statistics Norway (2015d)

**Figure 3.4 Employment rate for women and men (left-hand axis) and gross value added at basic prices in constant 2005 NOK (right-hand axis)**

Source: Statistics Norway (2015d), (2015e)

[Column labels]

Employment rate, men 15 to 64 years of age

Employment rate, women 15 to 64 years of age

Gross value added at basic prices per person-hour worked (constant 2005 NOK)

[End column labels]

and care work in the home. In the years in which it is common to care for small children, the share of women who work part-time is four times as high as the share of men who work part-time. In other words, women adapt their working hours to the role of caregiver to a greater extent than men do. For those who work part-time, the consequence may be a weaker attachment to working life, lower wages and pensions, and more limited career opportunities. Since more women work part-time, women are the ones who usually pay the price by taking the time to do housework and/or care work. It is important to provide opportunities so that everyone who so desires has the opportunity to work full-time.

The Government would like to pave the way for families to have the opportunity to make their own choices about working and family life. In order to attain the goals set for equality policy, family policy must be in line with labour market and welfare policies. In 2016, the Government will present a white paper on family policy. This white paper is to describe the diversity of today's families, as well as identify and discuss the challenges facing some families. For a more detailed discussion of current schemes, see Chapter 2 about equal opportunities for boys and girls.

*Tripartite collaboration on gender equality in working life*

The social partners are key players in the efforts to strengthen gender equality in working life. Separately and together, trade unions and employer organisations are important drivers for promoting equal opportunities for men and women. Their roles are especially important when it comes to influencing recruitment, and to shaping vocational training and skills development in working life. Several organisations are actively engaged in recruiting to

educational or training programmes, vocations and management functions where gender distribution is currently skewed.

Good arenas for collaboration between the authorities and the social partners are built on sound traditions in Norwegian working life and politics. The main employer and employee organisations and the Government, as represented by the Ministry of Labour and Social Affairs and the Ministry of Children, Equality and Social Inclusion, have agreed on organised collaboration to promote equality between women and men in working life. This tripartite collaboration is rooted in the Advisory Committee on Labour Market and Pension Issues, and the topic of gender equality is discussed regularly by the Committee. In addition, a separate subgroup of the Committee discusses issues related to gender equality in working life. Important goals of the collaboration include promoting activities to ensure gender equality in business undertakings and to help enlarge the knowledge base underlying the policy.

The Government intends to further develop the tripartite collaboration to promote gender equality in working life. Tripartite cooperation is a good platform for further cooperation between the authorities and the social partners to achieve a good working environment, reduce sickness absence and institute appropriate measures to help ensure that those who want full-time employment or a higher percentage (time fraction) of part-time employment get the opportunities they want. Measures already implemented to reduce involuntary part-time employment show that devoting attention to the topic and systematic efforts on the part of undertakings can bring about significant results, see the discussion in Chapter 3.3.

### *The Government's efforts*

A steeply rising demand for labour in certain sectors means it is important to take advantage of all available resources. High employment requires that women and men alike participate in working life, and that women in particular strengthen their attachment to the labour market. Society is based on the notion that everyone who is able to do so supports themselves and their own families. Income from work leads to financial independence. Together with the social partners, the Government aspires to promote a culture of full-time employment. Efforts will be made to ensure that those who so desire can get full-time employment. Experience from pilot projects featuring measures to reduce involuntary part-time employment indicate that such measures are important for promoting a culture of full-time employment in the workplace. The Government will strive to ensure that more people can opt for non-traditional educations and occupations to contribute to a less gender-divided labour market.

### **Box 3.2 A gender equality and diversity standard for undertakings**

As part of the Agder counties' decade of focus on gender equality, the county councils began working to promote gender equality in working life. Along with regional business and industry and public undertakings, a pilot project was carried out to provide inspiration for systematic efforts to promote gender equality and diversity. Several private and public



undertakings wanted to improve their systematic efforts to promote gender equality and diversity, and they were looking for ways to do so. The Fafo Research Foundation (Fafo) was commissioned to draw up a proposal for a standard for gender equality and diversity at the enterprise level, and to study how a certification scheme could be developed. Fafo report 2014:18 *A gender equality and diversity standard for enterprises - a pilot project in Agder County* presents the results.

Based on personal experience, participants in the Agder Project identified working hours, especially women's extensive part-time work, few women in management, and the lack of inclusive working life for individuals from immigrant backgrounds/with disabilities as the main challenges to gender equality and diversity.

The undertakings were of the opinion that the most important aspect of a standard is to ensure that active, systematic efforts are made to promote gender equality and diversity in undertakings. Such a standard must not be overly bureaucratic and it must lend itself to being adapted to undertakings in a wide variety of circumstances. Norwegian undertakings vary greatly, but most of them are small or medium-sized. They are in different situations when it comes to engaging in gender equality and diversity work. This has been taken into account in the draft standard. The standard is process-oriented, and its main purpose is to provide a stimulus for systematic work in undertakings.

The gender equality and diversity standard contains six indicators, with the following goals:

1. to ensure support among management and other employees for systematic gender equality and diversity efforts throughout the undertaking,
2. diversity and gender equality in relation to recruitment and advancement,
3. full-time as the norm, part-time as a possibility,
4. adaptation for employees with special needs,
5. prevention and goal-oriented efforts to deal with harassment and discrimination, and
6. equal wages.

The report recommends certification for a gender equality and diversity standard. A certification scheme could be designed in one of two different ways, i.e. one based on Standards Norway/DNV, and one based on the organisational form chosen by the Eco-Lighthouse Foundation. For a more concrete assessment of the usefulness and effectiveness of a gender equality and diversity standard, it is further recommended that the proposal be tested at individual undertakings. Such a pilot project would contribute to systematic efforts on the part of undertakings and to further discussions about different certification schemes.<sup>1</sup>

<sup>1</sup> Bråten et al. (2014)

**[End of box]**

Active efforts to reduce sickness absence and efforts to help women from immigrant backgrounds to earn qualifications will contribute to gender equality in working life.

The Government will support this work by providing good tools and methods for promoting gender equality and diversity in working life. Aust-Agder and Vest-Agder counties have provided a prime example with their initiative for the certification of workplaces that satisfy a gender equality and diversity standard. The Ministry of Children, Equality and Social Inclusion will support further efforts through a pilot project on the certification of workplaces that can satisfy a pre-determined gender equality and diversity standard.

*The Government will*

- help provide more opportunities for young men and women who choose educations and occupations that promote a less gender-divided labour market,
- support efforts by providing methods to promote gender equality and diversity in working life,
- help ensure that more immigrant women can fit into the labour market, not least by
  - o strengthening Jobbsjansen [Job Opportunity], and
  - o improving the quality of the introduction scheme and courses in Norwegian and civics,
- continue and implement measures to help reduce sickness absence,
- further develop the tripartite collaboration on gender equality in working life in cooperation with the main employer and employee organisations.

*In addition, the Government will*

- facilitate labour market mobility for women and men, and carry out research projects to determine what promotes and what impedes mobility from a gender perspective,
- include more people in the workforce, not least by introducing a simpler, more efficient system of labour market programmes that is better adapted to users' need for assistance,
- follow up amendments to the Working Environment Act that have been adopted to help give employees and employers greater flexibility and opportunities to find local solutions to secure more working hours for part-time positions and more full-time employment,
- present a white paper on lifelong learning.

### 3.1 A gender-divided labour market

The labour market in Norway is largely gender-divided in that women and men have different occupations and take part in different industries and sectors. The gender-divided labour market places constraints on the individual's freedom of choice. Rigid patterns in the labour market lead to a lack of flexibility, resulting in poor utilisation of human capital. Further, a gender-divided labour market leads to different career opportunities for women and men.

The gender-divided labour market is reflected in a lower share of female managers. According to the Labour Force Survey (Statistics Norway), there were 195 000 managers in Norway in 2014, i.e. seven per cent of all those employed. Just 35 per cent of them were women. There are signs of a change in this pattern ensuing from a moderate equalisation of the gender distribution at the top level and a slight reduction in male domination. In 2014, 30 per cent of the managers in private and public sector undertakings were women. In public administration, women accounted for 52 per cent of the managers. Chapter 6 about business and industry discusses the challenges associated with recruiting more women to managerial positions.

The gender-divided labour market continues to represent a challenge and an obstacle to achieving gender equality. It places constraints on the individual's freedom of choice and presents a challenge because it impacts society's future labour needs.

At the individual level, the gender-divided labour market limits an individual's freedom of choice. At the societal level, it has an impact on recruitment to occupations, industries and sectors. The labour-intensive occupations, industries and sectors will thus also have a less favourable platform for recruitment as a result of the educational and occupational choices made by young men and women. Young people's choice of education and completion of upper secondary education are discussed in Chapter 2 about equal opportunities for boys and girls.

International comparisons often indicate that the Norwegian labour market is extremely gender-divided. Countries traditionally considered to have less gender equality come out with a lower level of gender division in the labour market. Among other things, this is ascribable to the fact that care-related responsibilities are largely performed by unpaid labour and outside the formal economy. A study performed by the Norwegian Institute for Social Research investigated what the outcome would be if working at home/housework were included as a separate occupation. The consequence is that it would change the outcome of the comparison. Working at home/housework are tasks performed almost exclusively by women in certain countries. When account is taken of unpaid work at home/housework, Norway ranks as one of the countries with the least gender-division of labour overall.<sup>3</sup>

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<sup>3</sup> Barth et al. (2014)

*Female- and male-dominated sectors*

Women predominate in public administration. The share of women (aged 15 - 74) employed in public administration was 69 per cent, compared with 31 per cent of men in 2014. The share of women (aged 15 - 74) employed in the private sector was 37 per cent, compared with 63 per cent of men in 2014. In the municipal sector, nearly 80 per cent of all those employed are women. A study from 1995 shows a tendency for women to move from the private sector to public administration when they take on family obligations.<sup>4</sup>

A more recent study shows that fathers' career achievements are clearly higher than those of mothers. Following the birth of children, many mothers put their careers on hold.<sup>5</sup> The study from 1995 showed, among other things, that highly educated women have a strong probability of leaving the private sector in favour of public administration once they become mothers, and this has consequences *inter alia* for gender equality in business and industry<sup>6</sup>. The Ministry of Labour and Social Affairs has invited applications for a new research project to examine in more detail what influences mobility between the public and private sectors, as seen from a gender perspective. Follow-up of the project will be undertaken in collaboration with the Ministry of Children, Equality and Social Inclusion and the social partners.

Helse- og sosialtjenester	Health and social services
Finansiering og forsikring	Finance and insurance
Jordbruk, skogbruk og fiske	Agriculture, forestry and fishing
Overnattings- og serveringsvirksomhet	Accommodation and food service activities
Informasjon og kommunikasjon	Information and communication
Personlig tjenesteyting	Personal services activities
Transport og lagring	Transport and storage
Off.adm. og forsvar	Public adm., defence, soc. security
Bygge- og anleggsvirksomhet	Construction
Undervisning	Education
Teknisk og forretningsmessig tjenesteyting,	Technical and commercial services
Oljeutvinning, industri, elektrisitet, bergverk	Oil prod., manufacturing, electricity, mining
Varehandel	Retail

Share of women

Share of men

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<sup>4</sup> Hansen (1993 and 1995)

<sup>5</sup> Halrynjo & Lyng (2010)

<sup>6</sup> Hansen (1995)

**Figure 3.5 Share of employed women and men in different industries. Per cent. 2014.**

Source: Statistics Norway (2015d)

*Female- and male-dominated industries*

Many industries are either male-dominated or female-dominated. The health and social services are dominated by women, who account for more than 80 per cent of those employed. In the education sector, 65 per cent of all those employed are women. At the other end of the scale are industries such as transportation, agriculture, forestry, fishing, manufacturing and oil production, where nearly 80 per cent of those employed are men.

Looking at the number of jobs in the various industries, health and social services represent the largest industry, with 520 000 employed, see Figure 3.6. This industry provides employment for 34 per cent of all women and seven per cent of men.

Helse- og sosialtjenester	Health and social service
Finansiering og forsikring	Finance and insurance
Jordbruk, skogbruk og fiske	Agriculture, forestry and fishing
Overnattings- og serveringsvirksomhet	Accommodation and food service activities
Informasjon og kommunikasjon	Information and communication
Personlig tjenesteyting	Personal services activities
Transport og lagring	Transportation and storage
Off.adm. og forsvar	Public adm., defence, soc. security
Bygge- og anleggsvirksomhet	Construction
Undervisning	Education
Teknisk og forretningsmessig tjenesteyting,	Technical and commercial services
Oljeutvinning, industri, elektrisitet, bergverk	Oil prod., manufacturing, electricity, mining
Varehandel	Retail

**Figure 3.6 Number of employed women and men by industry, 2014. Number employed in 1000s.**

Source: Statistics Norway (2015d)

*Female- and male-dominated occupations*

Many occupations are dominated either by men or by women. Based on the occupations that employed more than 25 000 people in 2014, it is shop assistants, day-care assistants/assistants at before/after-school facilities for school children, healthcare workers, primary school teachers and nurses that constitute the largest groups, see Table 3.1. All of these occupations are dominated by women, with percentages ranging from some 60 per cent to some 90 per cent. Men predominate among carpenters, wholesale sales representatives, electricians, civil engineers, dairy and livestock producers, lorry and trailer drivers and warehouse employees/stock clerks. In these occupations, the share ranges from more than 70 per cent to nearly 100 per cent men.

**Table 3.1 Occupations with 25 000 or more employed by gender and share of women in the occupation. 2014.**

	Both genders	Men	Women	Share of women
	(1 000)	(1 000)	(1 000)	%
All occupations	2 637	1 392	1 245	47
Shop workers	152	53	98	64
Assistants at day-care facilities and before/after-school facilities for school children, etc.	92	16	76	83
Healthcare workers	86	10	76	88
Primary school teachers	84	23	61	73
Nurses	62	5	57	92
Senior consultants in public and private enterprises	58	23	35	60
Woodworkers and carpenters	55	54	0	0
Sales representatives (wholesale)	54	41	14	26
Office workers	52	10	42	81
Cleaners of commercial properties	52	11	42	81
Other caregivers	38	6	32	84
Pre-school teachers	33	2	31	94
Managers in the retail trade	32	19	14	44
Electricians	32	31	1	3
Accountants	30	9	21	70
Secondary school teachers, etc.	29	13	16	55
Civil engineers	29	25	4	14
Dairy and livestock producers	28	21	7	25

Auditors, accounting consultants	27	13	14	52
University-level lecturers	25	13	12	48
Warehouse employees and stock clerks	25	20	4	16
Lorry and trailer drivers	25	24	0	0

Source: Statistics Norway (2015d)

### *Characteristics of change*

There are signs of a positive trend towards less gender-division on the Norwegian labour market. More women are applying for previously male-dominated occupations that require higher education. There is little change for women in the occupations that require less education. It pays for women to take untraditional choices, especially with a view to wages. More women are taking higher education in fields previously dominated by men. However, no changes are apparent in men's educational and occupational choices. See Chapter 2 for a more detailed discussion on the educational choices of young women and men.

Young women and men born in Norway of immigrant parents choose their educations and occupations freely across traditional lines of female- and male-domination. On the other hand, women and men who are themselves immigrants tend to choose more traditional female and male occupations.

### *Constraints on freedom of choice and supply of labour*

The educational and occupational choices made by women and men influence recruitment to occupations. Few men choose educations and careers in care-related occupations. Different projections indicate challenges related to future demand for labour, especially in the health care and care sector. Statistics Norway makes regular projections concerning future demand for and supply of labour.<sup>7</sup> These projections indicate a strong future need for labour in the fields of teaching and nursing and caregiving. According to these projections, the demand for teachers will outstrip the supply by 50 000 in 2030, assuming a continuation of today's educational choices among young men and women. Chapter 2 takes a more detailed look at the demand for men as teachers. Just as there will be more demand for teachers, there will be a need for approximately 50 000 more employees with short higher educations in nursing and caregiving. Healthcare workers with upper secondary school qualifications will also be in short supply.<sup>8</sup> This imbalance between future demand and supply underscores the importance of initiatives to promote recruitment to the educations and occupations that will be needed 15 to 20 years from now. It will be easier to meet these needs if it is possible to recruit from the entire labour force. One significant challenge will therefore be to pave the way for the recruitment of men to this type of educations and occupations.

<sup>7</sup> Gjefsen et al. (2014)

<sup>8</sup> Roksvaag & Texmon (2012)

### *Wage differences between women and men*

The fact that women have a weaker attachment to the labour market leads to differences in wage and income levels between women and men. The average wage gap between women and men has been reduced over the past 30 years, but progress has been very slow since the year 2000. Women in full-time employment earned an average of 88.4 per cent of men's wages in 2014. This was an improvement from 87.9 per cent in 2013.<sup>9</sup> Including part-time employees, women had an average monthly wage equivalent to 86.4 per cent of men's average monthly wage in 2014. Looking at the median wage, women earn 94.3 per cent of men's wages. Adjusted for qualifications, sector, industry and occupation, the wage gap is slightly less than 7.5 per cent, according to the Institute for Social Research.<sup>10</sup>

The main responsibility for wage formation rests with the social partners. It is essential to monitor developments in income from work for women and men. More women in full-time positions and a breaking down of the gender-divided labour market will also help to narrow the gaps between women and men in employment income.

### *Gender-related differences in retirement pensions*

On average, men have higher national insurance retirement pensions than women do, not least because their average wages have been higher and they tend to have worked full-time for more years than women have done. Today's retirement pension levels for women and men are determined by earlier years' participation in the labour force. Pension earnings from today's participation in the labour force will not be apparent for quite some time. The pension system alone cannot correct the skewedness between the genders, since payments are contingent upon rights accrued through participation in the labour force. It is therefore important to pave the way for women and men to have equal opportunities for full-time employment.

That being said, certain national insurance rules help curb the differences in pensions between women and men, including the minimum pension, the ceiling on annual pension accrual, accrual for caregiving duties, and pensions for surviving spouses. In 2014, women's retirement pensions from national insurance averaged approximately 76 per cent of men's retirement pensions. The percentage has climbed slightly since 2005. A further levelling of women and men's retirement pensions is expected. This is the case since women who will become retirement pensioners in the future will have participated in the labour force for longer and will therefore have higher pension accruals than those who leave the labour force. This will contribute to a certain equalisation of retirement pensions for women and men.

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<sup>9</sup> Official Norwegian Report (NOU) 2015: 6

<sup>10</sup> See Annex 7 to Official Norwegian Report (NOU) 2015: 6 and Barth et al. (2013)



Although some equalisation has been registered, there are still gender-related differences. Calculations performed by the Labour and Welfare Administration (NAV) indicate that women will have an average of seven fewer years of participation in the labour force than men.<sup>11</sup> This gap has diminished only very slightly since 2001, when it was just over eight fulltime equivalents of work. Part of the difference is due to women being temporarily out of the labour force more often than men as a result of providing care for children. The difference between women and men in the number of lifetime years of participation in the labour force is relatively small. The main reason that women have fewer fulltime equivalents in the labour market is that far more women than men work part-time.

### **Box 3.3 More women in the Armed Forces**

The Armed Forces are a large-scale employer and a separate social sector, with a broad range of different specialisations and career pathways. More than 17 300 people were employed in the Armed Forces in 2014. Of that number, approximately 11 800 were military employees and approximately 5 500 were civilian employees. In addition, more than 10 000 individuals reported for compulsory military service. The Armed Forces had more than 600 apprenticeships and approximately 900 people were in training programmes. The Armed Forces have traditionally been dominated by men. In 2014 as well, approximately 90 per cent of military employees were men, while the share of men among civilian employees was roughly 67 per cent.

Conscription is an important recruitment arena for the Armed Forces. General conscription was introduced for women and men on 1 January 2015. This implies equal obligations and rights for women and men to defend their country. Qualified women improve the level of competence among the conscripts and employees in the Armed Forces, thereby increasing the operational capacity of the Armed Forces. A broader recruitment base enables the organisation to be more open to innovation and more flexible in finding solutions for its tasks.

The Armed Forces aspire to recruit the best-suited, most motivated individuals from the entire population. The Armed Forces require the expertise of women and men alike. More gender parity among conscripts would contribute to more gender equality in society at large as well as in the Armed Forces. In 2014, roughly 16 per cent of the conscripts reporting for first-time mandatory military service were women, and that percentage is on the rise. These women gain skills and experience that few women before them have had.

The first cohort subject to general conscription comprises those born in 1997. They will report for duty from summer 2016. In spring 2015, the first part of the military medical and psychological testing was conducted for approximately 62 000 young people from the 1997 cohort. Thirty-seven per cent of the women indicated that they are motivated to serve. These results continue a trend of growing motivation for and interest in service among women and men alike.

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<sup>11</sup> Haga (2014)

Concerted efforts are being made to recruit and retain more female recruits, non-commissioned officers and officers in the Armed Forces. Research is being conducted, and recruitment processes, selection criteria and HSE work are being assessed. This has generated new knowledge and awareness within the organisation. Consciousness-raising among leaders, assessment of career opportunities and measures related to family policy are intended to encourage more women to choose in favour of the Armed Forces. The Armed Forces has experienced that inclusive measures in connection with routine service are among the most important ways to retain competent women. Over time, the new conscription policy can also be expected to lead to the recruitment of more women to military careers. The fact that women have access to all positions has gained the Armed Forces valuable experience that has attracted international attention. Norway is a pioneer in this context.

**[End of box]**

Since 2011, it has been possible to draw a flexible retirement pension from the national insurance system from the age of 62. The majority of those who have taken advantage of this opportunity are men. Of those who draw a retirement pension before the age of 67, more than 70 per cent are men, although the percentage of women has increased somewhat over time. Many of those who draw a retirement pension before the age of 67 combine their pensions with work. The skewed gender distribution in drawing retirement pensions early is due to the fact that almost twice as many men as women are entitled to draw a flexible retirement pension. This is because more women than men receive pensions through other schemes, e.g. disability pensions, and because more women than men have accruals that are too low to allow them to draw a flexible retirement pension. Even correcting for these factors, there is still a clear preponderance of men who have taken advantage of the opportunity to draw a flexible retirement pension before the age of 67. Under the new pension reform, annual pensions increase the longer one waits to draw them. In other words, those who postpone drawing their pension will get higher annual benefits. For individuals with a high residual life expectancy, it will often offer a financial advantage to wait to draw retirement pensions, and women have a higher average life expectancy than men.

#### *Efforts to counteract a gender-divided labour market*

The Government will try to make it easier for young men and women to choose untraditional educations and occupations, see Chapter 2. Further, the Government will strive to ensure that educations and occupations are less dominated by one gender. Offering more opportunities for both genders will help secure enough qualified labour in all segments of the private and public sectors.

### **3.2 Employment among immigrant women and men**

On average, those who have themselves immigrated participate less in the labour market than the rest of the population. This is especially true of women from certain countries. Altogether, immigrant women had an average employment rate that was nearly nine percentage points

lower than the rate for women in the rest of the population in 2014.<sup>12</sup> Immigrant men had an average employment rate that was four per cent lower than for men in the rest of the population in 2014.

Immigrants to Norway vary widely in terms of both their reasons for coming to Norway and the type of skills they bring with them. Some come as labour immigrants, others as refugees and still others for the purpose of family reunification. Generally speaking, the availability of work is an important motive for immigrants from the EEA, and employment among these groups is also higher than for groups from Asia and Africa. Immigrants from Asia and Africa come to Norway more often as refugees and for the purpose of family reunification. They must adapt their skills to the Norwegian labour market in order to get jobs. Finding work is a particular challenge for those with very little education and without basic skills in reading, writing, arithmetic and the use of ICT. Different age distributions often have a significant impact on the time fraction of employment. The immigrant population is younger, on average, than the general population. If one assumes the same age distribution among immigrants as among the rest of the population, the differences in employment would be even greater, see Figure 3.7.

A corrective can be achieved by looking at employment by age. Figure 3.7 shows figures for 2014. Among immigrants, individuals from country group 1, Western Europe, etc., have the highest rate of employment, and country group 2, EU member states in Eastern Europe, the next highest rate, while country group 3, the rest of the world, has the lowest rate.

Fewer women from immigrant backgrounds than men from immigrant backgrounds have jobs. The difference in employment between immigrant men and women was nearly 10 per cent in men’s favour in 2014 Q4. The comparable difference between men and women in the population otherwise was five per cent. Women with backgrounds from countries in Asia and Africa have a lower employment rate than other groups of immigrants.

Employment among immigrant women in Norway is among the highest in the OECD member states. Four countries have higher employment rates among women than Norway, while the employment rate for men from immigrant backgrounds is not particularly high. Ten OECD countries have higher employment rates for men than Norway.

[Column labels]

	Men		Women
Majority population	Immigrants, group 1	Immigrants, group 2	Immigrants, group 3

[End column labels]

**Figure 3.7 Employment rate per one-year cohort of different groups of immigrants<sup>1</sup> and the majority population. 2014.**

<sup>1</sup> Country group 1: the Nordic countries, Western European EU/EEA member states, the USA, Canada, Australia and New Zealand

<sup>12</sup> Registered employment statistics. Statistics Norway

Country group 2: EU/EEA member states in Eastern Europe (Bulgaria, Estonia, Lithuania, Latvia, Poland, Romania, Slovakia, Slovenia, the Czech Republic and Hungary)

Country group 3: National background from countries in the rest of the world (Africa, Asia, etc.)

Source: Register-based employment statistics

Attitudes among different immigrant groups to women's participation in the labour market, characteristics of the labour market and the content of welfare schemes are factors that affect immigrant participation in the labour market. Women from countries with a low employment rate often have little or no education, little work experience, insufficient knowledge of Norwegian and report more often that they suffer from poor health. The availability of jobs for these women is often limited to those that offer low wages and unstable working conditions.

Discrimination in working life is also a factor that can contribute to lower employment among immigrant men and women alike. Employers play a key part when it comes to ethnic diversity in working life. The largest percentage of cases brought before the Equality and Anti-Discrimination Ombud involve issues related to discrimination in working life. In 2013, the Ombud received 325 queries related to discrimination in connection with recruitment to working life. Roughly 18 per cent of them involved possible discrimination based on ethnicity and/or language.<sup>13</sup> The study *The Scope and Causes of Discrimination* shows that job-seekers with foreign-sounding names encounter higher barriers than applicants with Norwegian names, even though their qualifications are identical.<sup>14</sup> Altogether, the study showed that applicants with foreign-sounding names have a 25 per cent lower probability of being called in for a job interview than applicants with Norwegian names. The study shows a clear difference between the public sector and the private sector. In the public sector, the difference is 10 per cent, while it is no less than 35 per cent in the private sector.

### **Box 3.4 Proposed changes in labour market programmes**

Proposition to the Storting Prop. 39 L (2014-2015) sets out proposals that will simplify and reduce the number of labour market policy schemes.

#### *New job qualification programme*

As of today, extensive use is made of this programme to gain experience by working at ordinary undertakings. The programme is primarily aimed at job-seekers with little or no experience of working life, e.g. young people and newly-arrived immigrants. The documented effect on the transition to employment is weak. The Government will modify the orientation

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<sup>13</sup> Equality and Anti-Discrimination Ombud – CERD 2014, The Ombud's Report to the UN's Racial Discrimination Committee – a supplement to Norway's 21st/22nd periodic report.

<sup>14</sup> Midtbøen & Rogstad (2012)

of the programme in order to achieve better results. The name of the measure will be changed to work training.

### *More clarity concerning the goal of the programme*

There should always be an agreement that describes the purpose and content of the work training programme for the individual participant. This will entail more obligations for all parties, and should serve to clarify the distribution of roles between participant, employer, NAV, and other partners if any, for example, the educational authorities.

### *Closer, better follow-up*

The follow-up of the work training programme should be adapted to the needs of the individual participant, and follow-up on the part of NAV is to take place at least every third month. Opportunities for the programme participant to be hired by the undertaking will be considered regularly, for example, in connection with the transition from work training to employment with subsidised wages.

**[End of box]**

## 3.2.1 Efforts to increase immigrants' participation in working life

The Government has instituted several measures to help more immigrants find jobs. Women and men who have immigrated and reside in Norway legally are entitled to an assessment of their needs and ability to work under the auspices of NAV, on a par with everyone else. The needs assessment forms the basis of qualification for measures. The types of measure offered depend *inter alia* on what type of help the individual needs to find employment. Unemployed immigrants from countries outside the EEA are to be given priority when admission to labour market programmes is approved. A total of 5 704 immigrants took part in labour market programmes in 2015 Q1, accounting for 43 per cent of all participants in unemployment measures. The majority come from Asia and Africa. Women take part in programmes to a greater extent than men. In 2015 Q1, 1.1 per cent of all women residents from immigrant backgrounds, roughly 3 000 women, took part in a programme. Comparable figures were 0.8 per cent, or approximately 2 000, for men, and 0.2 per cent, or approximately 3 000, for Norwegian-born women. This is an expression of the fact that unemployed immigrants have a greater need for measures than the rest of the population. Evaluations<sup>15</sup> indicate that the chances of immigrants finding jobs increase when they participate in the programme for time-limited wage subsidies<sup>16</sup> and labour market training courses.<sup>17</sup> Many of these courses also include Norwegian-language courses geared to the labour market. According to the

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<sup>15</sup> Hardoy & Zhang (2010) and Kvinge & Djuve (2006)

<sup>16</sup> Percentage of wage reimbursement paid to an employer for a limited period of time to compensate for an employee's low productivity.

<sup>17</sup> Labour market training courses consist of different courses funded by NAV and intended to help qualify job-seekers for vacant positions, but they may also be given to people in danger of falling outside of working life. The labour market training courses will often involve a combination of practical and theoretical training, and may include work experience at ordinary undertakings. Training can be given for up to 10 months.

evaluations, the work experience programme has had little effect on advancement to the labour market, see a more detailed discussion in the status segment of Proposition to the Storting Prop. 39 L (2014-2015) *Amendments to the Working Environment Act*.

One goal is to ensure that as many as possible are able to support themselves by participating in working life. This means that labour and welfare policies must help support the goal of high participation in working life. Proposition to the Storting Prop. 39 L (2014-2015) describes the further development of income maintenance schemes and changes in the labour market programmes intended to increase the use of ordinary working life to include more people in the workforce.

### 3.2.2 The introduction scheme, Norwegian-language courses and *Job Opportunity*

There are several schemes in place that are intended to help immigrants learn the Norwegian language and gain the skills needed to participate in the labour market. The Introduction Act regulates two of the schemes, the introduction programme and courses in the Norwegian language and civics. *Job Opportunity* is for immigrants who are not likely to get a job on the labour market, and who are not included in other schemes. *Job Opportunity* is aimed at immigrant women in particular, who need help to join the labour force.

Far fewer participate in the introduction programme than in courses in the Norwegian language and civics. The Government will evaluate the introduction scheme and courses in Norwegian and civics. The evaluation will provide more knowledge about what brings good results in the municipalities' efforts to improve skills among newly arrived immigrants. It will include recommendations to strengthen and further develop the schemes.

The Government is also considering a different set of policy instruments to improve the quality of the schemes, with a view to facilitating the transition to work and education for immigrants. Draft legislation has been proposed regarding the right to take a leave from the introduction programme in response to an offer of work and regarding measures to ensure that newcomers get courses in Norwegian and civics more quickly (the municipality will be assigned responsibility for taking the initiative for courses). The qualifications of Norwegian and civics teachers should be strengthened. A skills upgrading programme has also been drawn up for programme advisors to deal with approval schemes for foreign educations.

Figures from Statistics Norway show that 14 700 people took part in the introduction programme in 2014. Forty-nine per cent of the participants were women and 51 per cent were men. The majority of participants came from Somalia, Eritrea, Syria, Afghanistan and Sudan. Most of the participants were between the ages of 26 and 35.<sup>18</sup>

The national objective of the introduction programme is that 70 per cent of the participants are to be employed or have advanced to an educational or training programme by the year after they have completed the programme. Of the past five cohorts that Statistics Norway has followed (2008-2012), between 60 and 63 per cent of the participants have been

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<sup>18</sup> Statistics Norway (2014b)

working or studying by the year after they completed the programme.<sup>19</sup> Twelve per cent were registered as being unemployed or on labour market programmes. The figures also show that there are large gaps between women and men. Of those who completed the programme during 2012, 70 per cent of the men had jobs and/or had advanced to education or training as of November 2013. For women, the figure was 52 per cent.

### *Courses in Norwegian and civics*

One goal is to ensure people with the right and/or obligation to get instruction in Norwegian and civics start taking courses quickly and complete mandatory courses within three years, which is the deadline set in the Introduction Act. Of those who acquired the right and obligation to attend courses in 2012, 85 per cent of the women and 91 per cent of the men began taking courses within the first three years. Figures from the National Introduction Register show that 87 per cent of the women and 92 per cent of the men fulfil their obligation within three years.

Mandatory final examinations in Norwegian and civics were introduced from 1 September 2013. There was a significant increase from 2012 to 2013 in the number of participants who took the exam. Far more women than men sit the exam. Women achieve better results than men, especially on the written tests.

### **Box 3.5 Introduction programme**

The objective of the introduction programme is to augment recent immigrants' opportunities to take part in working life and in society otherwise, and to improve their financial independence. The introduction programme will offer qualifying courses on a full-time basis for up to two years, or three years under certain circumstances. The qualification courses are to include courses in the Norwegian language and civics and initiatives to prepare participants for employment or education.

Participants in the introduction programme receive financial aid for their participation. Tax will be deducted from the financial aid, which is granted to a specific individual and directly contingent on that individual's participation. The financial aid is twice the national insurance minimum amount (G) per year, and two-thirds as much for those under the age of 25. The financial aid for the introduction programme is based on the individual and is independent of the family situation. It is intended to motivate both spouses to take qualifying courses, not solely the person who would traditionally be considered the main provider.

The right and obligation to attend the introduction programme applies to refugees and their reunified family members, as well as to individuals allowed to reside in Norway on independent grounds pursuant to Sections 53.1, b, 53.2 or 53.3 of the Immigration Act, see Section 2 of the Introduction Act. Only individuals between the ages of 18 and 55 who are in need of basic qualifications are covered. These people are required to have arrived recently,

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<sup>19</sup> Enes (2014)

that is, no more than two years can have passed since they have taken up residence in Norway. As a general rule, it is required that the person in question has been granted residence pursuant to an agreement between the immigration authorities and the municipality.

**[End of box]**

### **Box 3.6 Courses in the Norwegian language and civics**

The right and/or obligation to attend courses in Norwegian and civics refers to people who have been granted a residence permit that provides grounds for a permanent residence permit or collective protection after 1 September 2005, see Section 17 of the Introduction Act. Only people between the ages of 16 and 55 have the right and/or obligation to take the courses. While individuals between the ages of 55 and 67 have no obligation to take the courses, they do have the right to do so.

The rules give the right and/or obligation to attend 600 hours of courses, of which 550 hours are instruction in the Norwegian language and 50 hours are civics classes. If needed, those who have a right and obligation to get courses can receive up to 2 400 hours of further courses in the Norwegian language.

Labour immigrants with residence permits pursuant to Sections 23 and 25 of the Immigration Act and their reunified family members, i.e. mainly labour immigrants from countries outside the EEA/EFTA, are required to take courses, but they are not entitled to free courses. The obligation for this group is 300 hours of instruction, also for those granted a residence permit after 1 January 2012. EEA nationals and their family members who are entitled to reside in Norway pursuant to the EEA chapter of the Immigration Act, as well as Norwegian and Nordic nationals, have neither the right nor the obligation to take courses in Norwegian and civics.

The completion of mandatory instruction, 300 hours or 600 hours, is a requirement for being granted a permanent residence permit. People who apply for Norwegian citizenship must have completed the courses required under the Introduction Act, or be able to document sufficient knowledge of Norwegian to acquire Norwegian citizenship.

**[End of box]**

#### *Job Opportunity*

The objective of *Job Opportunity* is to increase employment among immigrants who have little likelihood of finding work on the labour market, and who are not covered by other schemes. The highest priority target group for the scheme is stay-at-home women. Based on the model used by the Introduction Scheme, *Job Opportunity* involves individually adapted programmes that give qualifications for taking part in working life, improve skills in the Norwegian language and improve insight into Norwegian society. The participants receive



financial aid of at least 1 G per year. The scheme is administered by the Directorate for Integration and Diversity.

As a step in the Government's strategy against child poverty (2015-2017), *Children who live in poverty*, the allocation for *Job Opportunity* was augmented by NOK 5 million from autumn 2015. With effect for the full year from 2016, the increase will be NOK 10 million.

### **Box 3.7      *Job Opportunity* in the urban district of Grünerløkka**

A large percentage of the population of the urban district of Grünerløkka is from an immigrant background, and the urban district has long experience of integration work and qualification programmes for immigrants through various measures and programmes. The urban district has also experienced a positive development in the results of qualification efforts through *Job Opportunity* in recent years. In 2014, more than 80 per cent advanced directly to work or education/training after completing the programme, an improvement from 33 per cent in 2012 and 50 per cent in 2013. The positive development in the results has taken place at the same time as the number of participants has grown. In 2014, the project had 56 participants, up from 17 participants in 2012. Stay-at-home women have been the target group for the project in the urban district since 2009.

The key elements in *Job Opportunity* and the urban district's work to provide qualification programmes for immigrants include thorough surveys, close follow-up, good job matches, extensive preparation prior to practical start-up, and close cooperation with local business and industry. Interdisciplinary cooperation and a comprehensive focus on qualification measures have contributed to the urban district's good results. In recent years, *Job Opportunity* and the introduction programme have cooperated closely with the district's local business sector to strengthen and further develop local business and industry. One goal for this work is to develop a verifiable method that the urban district calls "The Grünerløkka Model". The basic components of this model include knowledge about partner undertakings, clear agreements, a regular contact at NAV and, in the company, good knowledge about the users, close follow-up before, during, and after the trainee period, and availability.

**[End of box]**

The increase will primarily go to projects aimed at reunified family members of Norwegian and Nordic nationals. This should help increase participation in working life, especially for women in low-income families. This strengthening is discussed in more detail in the budget proposal submitted by the Ministry of Children, Equality and Social Inclusion for 2016.

Efforts to increase employment among immigrant women have been strengthened by the establishment of *Job Opportunity*. In 2013, three of five former stay-at-home women made a direct transition to work or studies immediately after completing the programme. *Job*

*Opportunity* was made a permanent scheme from summer 2013. Municipalities with at least 750 immigrants and Norwegians born of immigrant parents can apply for subsidies. The programme can run for up to two years, with an option to extend for up to one more year. For those who lack basic reading and writing skills in their native language, the programme period can be extended by up to one more year, that is, to a total of four years.

The scheme is based on experience gained from the trial scheme *Ny sjanse* [*New Chance*].<sup>20</sup> The Kaldheim Committee recommended strengthening *New Chance* by increasing allocations for the establishment of more projects, and the Committee was of the opinion that women in particular should be given priority.<sup>21</sup> It is socioeconomically profitable to invest in tailor-made measures, not least for immigrant women who have little likelihood of finding their own jobs the labour market.<sup>22</sup> From 2012 to 2014, the allocations to *New Chance* tripled. At the same time, the number of participants increased from roughly 460 in 2012 to some 1350 in 2014.

### *Primary and secondary education*

People who are over compulsory school age but require basic schooling, are entitled to such schooling unless they are not entitled to secondary education for young people pursuant to Section 3-1 of the Education Act. Adults who have completed primary school or the equivalent but who have not completed secondary education, have the right to apply for secondary education from the year they turn 25. This education is governed by the Education Act. During the 2014/2015 school year, there were 6 417 participants in ordinary primary school education for adults. More than 90 per cent of the participants that school year were from minority-language backgrounds. As regards upper secondary education for adults, there are a variety of schemes available, and there are schemes for getting approval of qualifications at this level. The organisational model makes it difficult to provide a full overview of participation. However, statistics indicate that nearly 22 000 people took part in secondary education for adults in 2013.<sup>23</sup> Of that number, approximately one-fourth were immigrants. The municipality is responsible for offering primary school education and Norwegian courses for adults, but the county authorities are responsible for secondary education for adults.

### **Box 3.8 Good results from work to provide qualification programmes in Lørenskog Municipality**

In recent years, Lørenskog Municipality has seen positive development in the results from its introduction scheme. Of participants in the programme in 2009, 61 per cent were employed and/or taking an education or training by the following November, while the result

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<sup>20</sup> Trial scheme during the period 2005-2013

<sup>21</sup> Official Norwegian Report (NOU) 2011: 14

<sup>22</sup> Gleinsvik (2012)

<sup>23</sup> Ianke (2014)

improved further to 75 per cent for those who completed the programme in 2012. The results for *Job Opportunity* have also been good in recent years. In 2013, 73 per cent of the participants were employed and/or taking an education or training after completing the programme, while in 2014, 71 per cent had advanced to employment and/or education/training.

This trend is closely related to the municipality's close, long-term cooperation with employers, active use of traineeships, systematic training of participants, and collaboration with voluntary organisations.

In 2009, the refugee and immigrant service in Lørenskog municipality set up a network of traineeships in the municipality. Since 2009, the traineeship network has been maintained and further developed, and today it consists of approximately 100 employers from municipal entities as well as private undertakings. The employers provide traineeships and mentors for participants in the programmes and thus lay the groundwork for valuable work experience. The refugee and immigrant service contributes by providing close follow-up and individually adapted education/training for the participants.

The collaboration with the municipal employers enjoys support from the highest level and the various sectors are committed through a contract which is renewed every year. In the contract, the municipality has decided that 40 refugees and immigrants will be given an opportunity for language courses and work training related to work in day-care centres/schools, caregiving, cleaning, food services, janitorial work, office work and accounting.

In furtherance of this collaboration with employers and to improve the follow-up work done on site for the trainees, targeted teaching plans have been developed in the fields of caregiving, cleaning, retail and day-care. The teaching plans are for use by the employers and the mentors, who are responsible for routine follow-up of the participant at the workplace, and by the supervisor from the refugee and immigrant service.

The municipality also cooperates closely with the voluntary sector and has recruited a total of 30 volunteers from organisations such as the Red Cross, *Job Opportunity*, Norwegian People's Aid, the Volunteer Centre, and the Soroptimist International Union of Norway, who actively assist with work to provide qualification programmes for participants. The volunteers provide expertise and engagement in connection with different initiatives, e.g. the inclusion contact scheme, help with homework for children and adolescents, a women's club, a language café, and a mentor programme for women from immigrant backgrounds. All of these measures are operated and coordinated by the refugee and immigrant service.

**[End of box]**

The Action Plan *Vi trenger innvandrernes kompetanse* (2013–2016) [*Action plan 2013-2016: We need the skills of immigrants*] concerns a more comprehensive effort to help ensure that immigrants can use their skills in working life. The action plan contains initiatives in three main areas: approval schemes, recruitment to the public and private sectors, and

entrepreneurship for immigrants. As a step in the follow-up of the plan, a study has been initiated to learn more about the need for supplementary education for immigrants from countries outside the EEA who apply for accreditation for occupations that are regulated by law. Further, a study is being made to propose models for the production of statistics. The purpose is to monitor the flow-through, and to see how long it takes for immigrants to receive approval of the skills they bring with them.

The Government is to develop a comprehensive new policy for adults who are in danger of being excluded from the labour market, or who have already been excluded. In spring 2016, this work will be presented in a white paper on lifelong learning and exclusion. The white paper is being drawn up jointly by the Ministry of Education and Research, the Ministry of Labour and Social Affairs, and the Ministry of Children, Equality and Social Inclusion. The Government's goal is to help ensure that each individual acquires qualifications and basic skills that can provide a platform for a stable, lasting attachment to the labour market. The target group consists among others of individuals with little education, weak basic skills and/or a lack of proficiency in the Norwegian language, and who therefore face challenges in adapting to or dealing with the demands of working life. Immigrants who fail to get recognition for their previous qualifications are also included in the target group.

#### *Subsidies for mentor and trainee schemes*

As of 2014, a new subsidy scheme was introduced whereby undertakings in the public and private sectors can apply for subsidies for mentor and trainee schemes. The purpose of the subsidy scheme is to get more individuals from immigrant backgrounds to join working life, engage in career development and network building, and make better use of their own skills. A total of seven projects received subsidies for mentor and trainee schemes for individuals from immigrant backgrounds in 2015. Most of the projects target women and men alike. One example is the Confederation of Norwegian Enterprise's (NHO) *Global future*, a talent programme for well-educated immigrants. Some of the projects focus on women in particular. One example of this is the employer organisation Virke's mentor programme *Humentor*, which is based on diversity management. The programme aims at skills upgrading for the mentee, the mentor and the company. The mentees are well-educated women who are just starting their careers, and the mentors are managers with long experience of Norwegian business and industry.

### **3.3 A culture of full-time employment in working life**

Thirty-eight per cent of all employed women worked part-time in 2014. Women work part-time somewhat less today than they did a decade ago. Women who work part-time for large parts of their lives are in a weaker financial position than women and men who work full-time. Approximately 90 per cent of them have stated that they have neither actively sought to nor are available to work more.<sup>24</sup> By way of comparison, 14 per cent of men worked part-time. Ninety-two per cent of them also responded that they are not interested in working

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<sup>24</sup> Statistics Norway (2015d)

more. If one is less adamant about the requirement that one must actively have sought more work and be available for more work, approximately 75 to 80 per cent of the women who are employed part-time responded that they are not interested in working more hours.

There are significant differences between how women and men participate in full-time and part-time work. Part-time work over a number of years has an impact on job security and predictability. Short part-time, i.e. between one and 19 hours per week, is generally described as representing a marginal attachment to working life. Most people work long part-time, i.e. between 20 and 36 hours per week. Of those who work part-time, 62 000 are underemployed, that is, they would like to work more hours and they have actively sought this and are available to work more hours.<sup>25</sup> The underemployed account for approximately 9 per cent of all part-time employees, and the percentage was slightly higher for women than for men in 2014. Many people, especially women, work part-time their whole lives. There are also some people who work part-time due to poor health or family obligations, for example. The share of women who work full-time increased from 56 per cent in 2006 to nearly 62 per cent in 2014. This is especially true of women with children under the age of 16. At the same time, there has been a decline in the share of women who work short part-time, from 21 to 16 per cent, while the share of women who work long part-time has remained extremely stable.

In its report, the Productivity Commission underlines that it is important for society to maintain the norm of full-time employment, and to ensure that the norm of full-time employment is not set too low.<sup>26</sup> The Commission underlines at the same time that it is worth noting that insufficient flexibility in respect of part-time work can interfere with participation in working life, especially among women, the elderly and individuals with reduced capacity for work. High participation in the labour market for both women and men is necessary in order to ensure the workforce and the income base on which Norwegian society depends. It makes it possible for individuals to be self-sufficient. It is important that the individual employee is able to make choices that suit different life situations. At the same time, work schedules and rotation systems should not be built up in such a way that the systems themselves create part-time positions and cause problems for those who wish to work full-time.

### 3.3.1 Part-time employment by occupation

Part-time work is especially prevalent in female-dominated occupations in the health and social services, retail sales, teaching and in services in the state and municipal sectors. Figures from the Norwegian Association of Local and Regional Authorities (KS) show that more than 60 per cent of employees in the nursing and care sector work part-time. Some occupations are characterised by both men and women doing a lot of part-time work. Those who work part-time over time are concentrated in a few female-dominated occupations, especially in the nursing and care sector in the state and the municipalities, where it might be said that there is a fairly widespread culture of part-time employment.

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<sup>25</sup> Statistics Norway (2015d)

<sup>26</sup> Official Norwegian Report (NOU) 2015: 1

Most occupations featuring many part-time positions are occupations that do not require higher education or perhaps require no education at all. The *Policy for Equality* points out that those with higher educations are less likely to work part-time than those with less education.<sup>27</sup> In individual occupations, the share of part-time work among women is highest for nursing assistants, shop assistants, kitchen assistants, healthcare workers, janitors, hospitality workers and cleaners, as well as for assistants who work in day-care and before- and after-school facilities.

Some of the occupations that have many part-time positions are characterised by the fact that the jobs have to be done around the clock or involve work outside ordinary business hours and weekend work. Such occupations will often feature different kinds of rotations, with ceilings determined either by law or by agreement regarding working hours, rest periods, and the frequency of weekend work. These provisions in respect of working hours can easily result in many part-time positions.

### *Actual working hours and unutilised labour resources*

The most common number of working hours in Norway is 37.5 hours per week. In 2014, the actual number of working hours worked<sup>28</sup> averaged 30.9 hours per week for women and 37.4 hours for men. Some women work on rotation schemes that may entitle them to shorter working hours for full-time employment under the Working Environment Act. In the individual industries, women's actual working hours, with the exception of in retail trade, are equivalent to between 75 and 80 per cent of a 37.5-hour week. This means that even though many women work part-time, the unutilised labour resources represented by women who work part-time are not particularly high, see Figure 3.8.

Staffing in municipal nursing and care services is characterised by a high percentage of women. In the care services, women represent approximately 80 per cent of the full-time equivalents. At the same time, the care services typically have a high prevalence of part-time positions and high sickness absence. The average contractual number of working hours (time fraction) in 2013 was 72.6 per cent of a full-time position. Only 39.6 per cent of the group consisting of nursing assistants, care workers and healthcare workers and 59 per cent of nurses held full-time positions. The municipal health and care service is facing challenges with respect to competence and human resources that have an impact on capacity as well as the quality of the services. Approximately one-third of the

Bergverksdrift og utvinning	Mining and extraction
Jordbruk, skogbruk og fiske	Agriculture, forestry and fishing
Finansiering og forsikring	Finance and insurance
Off.adm., forsvar, sosialforsikring	Public admin., defence, social security

<sup>27</sup> Official Norwegian Report (NOU) 2012: 15

<sup>28</sup> Actual working hours cover all person-hours of paid work performed, including overtime or extra work in excess of agreed working hours (extra time), but excluding absence due to holidays, illness, leave, industrial disputes, etc.

Agentur- og engroshandel, unntatt med motorvogner	Agency and retail trade, except motor vehicles
Teknisk tjenesteyting, eiendomsdrift	Technical services, real estate operations
Industri	Manufacturing
Informasjon og kommunikasjon	Information and communication
Transport og lagring	Transport and storage
Elektrisitet, vann og renovasjon	Electricity, water and waste collection
Forretningsmessig tjenesteyting	Commercial services
Undervisning	Education
Bygge- og anleggsvirksomhet	Construction
Alle næringer	All industries
Helse- og sosialtjenester	Health and social services
Handel med og reparasjon av motorvogner	Trade in and repair of motor vehicles
Overnattings- og serveringsvirksomhet	Accommodation and food service activities
Personlig tjenesteyting	Personal services
Detaljhandel, unntatt med motorvogner	Retail trade, except motor vehicles

**Figure 3.8 Average actual working hours per week for women and men, by industry**

Source: Statistics Norway (2015d)

**Box 3.9 Collaboration on the big decision regarding full-time employment**

The Norwegian Association of Local and Regional Authorities (KS) on the employers' side, and the Norwegian Union of Municipal and General Employees, the Norwegian Nurses Organisation and the labour union Delta on the employees' side, signed an agreement in 2013 to cooperate on creating a culture of full-time employment in the municipal sector. The agreement states *inter alia*:

- The municipal sector shall be an attractive employer that recruits sufficient and well-qualified employees. Accordingly, the general rule shall be full-time employment.
- Good, appropriate solutions for developing a culture of full-time employment in the municipalities must be found locally. The local scope for action must be made clear and utilised within the framework stipulated by the central authorities.
- In the municipal sector, the services can be organised in the form of a broad selection of working hour arrangements that are adapted to meet users' needs for good, safe and predictable services on both weekdays and weekends.

- A culture of full-time employment is to be based on working hour arrangements that take employee health, job protection and welfare into account. Working hour arrangements should make it possible to work full-time until retirement age.
- The municipalities themselves must find solutions for appropriate staffing, taking into account the undertakings' actual needs.
- Vacancies for part-time positions should give preference to increasing the positions of other part-time employees rather than to advertising new part-time positions. If it is nonetheless considered appropriate to advertise the position, it should be advertised as a full-time position.
- In order for the municipal sector to be an attractive workplace in the future, it is important that recently qualified individuals be offered permanent full-time positions.

**[End of box]**

employees are not trained in healthcare or social services. Projections indicate that there will be a significant shortage of nurses and healthcare workers in the years ahead, as well as a certain shortage of assistant occupational therapists, nurses, midwives and doctors. Further, the sector will have a growing need for services due to the aging population. Having fewer young people will lead to a shortage of personnel.

In 2011, the health authorities were asked to reduce the use of part-time employment in hospitals by 20 per cent. This was followed up by systematic efforts, and the use of part-time employment has now been reduced by roughly 20 per cent in all regional health enterprises. The Ministry of Health and Care Services (HOD) is following up these efforts.

#### *Experience gained from attempts to introduce measures to reduce involuntary part-time employment*

For several years, the Ministry of Labour and Social Affairs and the Ministry of Local Government and Modernisation have funded pilots to develop working arrangements aimed at increasing the working hours of part-time employees. Some undertakings have also tried different working hour arrangements on their own. Most of the pilots have been successful; for more details, see Box 3.7 and Box 3.8.

### 3.3.2 Efforts to promote a culture of full-time employment

The Government will encourage a working life that makes it possible for those who want to work full-time to do so. More opportunities to work full-time will probably also increase the likelihood that more men will want to work in occupations that are currently dominated by women. The evaluation of the pilots involving measures to reduce involuntary part-time employment show that having fewer positions involving few working hours strengthens the working environment. Employees with the right qualifications and a good knowledge of the workplace make it easier to work more professionally and efficiently. A better working environment and more professionalism benefit the users.<sup>29</sup> The provisions on working hours in the Working Environment Act have been amended to make it easier to find solutions

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<sup>29</sup> Moland (2015)



locally, but within the same parameters as for total working hours, see Proposition to the Storting Prop. 48 L (2014-2015) *Amendments to the Working Environment Act and the Act relating to General Application of Wage Agreements, etc.* and Recommendation 207 L (2014-2015) *Recommendation from the Labour and Social Affairs Committee concerning amendments to the Working Environment Act and the Act relating to General Application of Wage Agreements, etc. (working hours, age limits, sanctions, etc.)*. This may offer employees and employers somewhat more flexibility when it comes to finding local solutions for how to increase working hours for those working part-time and promote more full-time employment. The amendments make it possible to adapt working hour arrangements, also to meet the employees' needs. Experience from the pilots designed to reduce involuntary part-time employment, see Box 3.8, indicates that these are important policy instruments for promoting a culture of full-time employment in the workplace. More access to individual arrangements regarding the calculation of a fixed average number of normal working hours, and

### **Box 3.10 Pilot programmes with initiatives to reduce involuntary part-time**

Since 2011, the Ministry of Labour and Social Affairs has funded pilot programmes to develop working hour arrangements with the aim of increasing the working hours/time fractions of part-time employees.

Forty-seven pilots were included in the programme. Most of the pilots were conducted in different municipalities and health enterprises, and most of them have taken place in the health and care sector. Two pilots were carried out in the private sector, in retail trade and security services. Pilots were carried out with pools of in-house staffing units, combination work across entities, annual rotations, negotiated rotations, working more often than every third weekend, long shifts on the weekend, consistent long rotations followed by time off, 3+3 rotations, work schedules for all employees and training/skills upgrading. Many pilots tested different working arrangements and combinations of same. The Directorate of Labour and Welfare and VOX, the Norwegian Agency for Lifelong Learning, have been in charge of the pilots. An advisory reference group consisting of the social partners, the Ministry of Labour and Social Affairs, the Ministry of Communications, the Ministry of Local Government and Modernisation, the Ministry of Health and Care Services, and the Ministry of Education and Research has been associated with and has monitored the pilot projects.

Fafo has been commissioned to evaluate the consequences of all the pilots.<sup>1</sup> The evaluation showed that almost all the initiatives have had a positive effect on time fractions for part-time positions. Some initiatives have completely eliminated involuntary part-time employment, while others have only brought about a reduction of less than 10 per cent.

The highest average time fractions for part-time jobs have been achieved by initiatives involving staffing units and combination work, that is, by working at several places. Measures based solely on skills upgrading have been the least effective. One of the reasons for this is that the employees have not gained work experience after the theory part of their training and have therefore not earned a certificate of completed apprenticeship. Some of these individuals

and other recently qualified individuals are expected to have opportunities to work more hours going forward. Of the initiatives that have been tested in the programme, about two-thirds will be continued.

The reported outcome of the pilots is a better working environment for many individuals. Many also report improved skills, a greater sense of mastery, a more equitable distribution of shifts and working hours, as well as better control of working hours, leisure time and private finances. In particular, long shifts have been identified as being positive for the working environment. There are also reports of better service quality, especially as a result of the pilots with negotiated rotations and long shifts.

Many of the measures in the programme free up more time for management and user-centric work. This is partly because the number of employees in the department is reduced when the positions with the smallest time fractions are eliminated. The initiatives also help to reduce the turnover of personnel, meaning that fewer resources are spent on recruitment, training and supervision. The time spent on recruiting temporary employees is also reduced. Some of the initiatives also involve transferring the responsibility for temporary employees to staffing units and/or in-house consultants.

Many workplaces have become more attractive to qualified labour due to new working hour arrangements. This also helps raise the level of expertise in the undertaking.

### *Long rotations*

The term "long shifts" or "long rotations" means that workers work long shifts for several consecutive days, followed by time off. The long shifts used in the pilot projects were, in turn, divided into working hour arrangements involving long shifts only on the weekends and arrangements involving long shifts also on weekdays.

The pilots involving long rotations report more satisfied users, which translates into more tranquil shifts for the employees. When there are adequate breaks, it does not appear to be more difficult to work long shifts than ordinary shifts, rather the contrary. Quality is further improved because it is easier to recruit qualified personnel. When the system of taking breaks is inadequate or when cooperation with employees who do not work long shifts is not good enough, there are those who opt out of the arrangement.

### *Staffing units/temp pool/combination work/trainees*

These pilots involve individual employees working for staffing units and thus working at several places. Skills upgrading is important to the success of this programme, and where this has been a priority, the pilots have generally been successful.

### **Box 3.10 cont.**

#### *Negotiated rotations*

Negotiated rotations are working arrangements where the employees, within certain parameters, set up their rotations themselves. The employees have fixed time fractions that must be worked during a given scheduled plan period. This period usually varies from four to 12 weeks. Considerable documentation has been produced earlier to indicate that employees like having more control of their work time and time off. More people have time fractions and work somewhat more on weekends. Some combine negotiated rotations and temp pools, which also allows for more combination work.

As with long rotations and staffing units, the best results are achieved when emphasis is placed on achieving sufficiently high time fractions. Where time fractions are high, employees tend to be more independent and there is more continuity in the services.

#### *3+3 rotations*

Some have tried 3+3 rotations, i.e. three days on followed by three days off. All reports indicate satisfaction with higher time fractions, more independent workers, and better continuity in the services. Nonetheless, some report too much weekend work, and that costs are higher.

#### *Annual rotations*

The principle underlying annual rotations is that they are set up for one year at a time. An annual rotation can be practiced with more or less flexibility. An annual rotation makes it possible to plan and distribute labour-intensive and labour-free periods, if so desired. In some of the pilots, it was a problem that the annual rotation did not sufficiently take into account the needs of employers and employees for flexibility throughout the year. All initiatives involving annual rotations helped reduce the scope of involuntary part-time employment and low time fractions. However, the average time fraction and the share of full-time employment have not increased much over the average in comparable undertakings.

#### *Measures involving skills upgrading alone*

Measures involving skills upgrading alone have many good targets, and they have achieved good results in the form of higher formal qualifications for many individuals. Most of the projects also report better quality of service and more satisfied employees as a result of the newly acquired qualifications. However, few of the skills upgrading projects are primarily aimed at the issue of full-time versus part-time employment. It is also difficult to extract benefit from the knowledge gained by the employees and to motivate them to be more flexible at work. There has not been sufficient focus on trainee positions, meaning that many have not acquired formal occupational qualifications.

### *Summary*

Generally, the pilots show that the type of measure that may work well in one place does not necessarily work well in another. This may be related to the pace of the work, interest on the part of the employees, user/customer needs, etc., but it may also be due to poor project management. Many of the most successful initiatives are led by managers who see several initiatives in a larger context, and who take advantage of many different instruments.

The more clearly intentions and goals are formulated, the easier it is to inform and then engage those involved. Measurable goals help make it easier to document and assess the degree of goal achievement along the way. Successful projects have managed to communicate information about goals and the intention of the initiatives. However, information to employees not involved in an initiative, but whose work situation is affected by the initiative, often appears to have been inadequate.

The evaluation points out that broad-based support engenders legitimacy. The most successful pilots also have clear project plans produced jointly by management and employee representatives. Involving the employees in the choice of rotations is particularly important in workplaces where new and old systems are to coexist. Those who are to continue with traditional rotations must also be involved. The report points out how important it is that employers do not underestimate the significance of genuine involvement on the part of the employees and employee representatives.

Many of the initiatives to reduce low time fractions encounter resistance from employees who do not welcome change. This may be because management underestimates the strength of part-time employment cultures, that they do not provide sufficient information, that they do not provide enough support in the form of necessary skills upgrading or that they are not adequately prepared to listen to employees and employee representatives when objections are raised.

1 Moland (2015)

**[End of box]**

### **Box 3.11 Men in healthcare**

Projections indicate that it will be necessary to recruit more workers to the health and care sector in order to meet future needs. Men represent an untapped resource in the health and care services. In order to facilitate more recruitment of men, a national project has been established on the basis of experience from the project "Men in healthcare" carried out in Trondheim Municipality. The project was established in Trondheim Municipality in 2010, then subsequently expanded to become a nationwide project in 2012. "Men in healthcare" is one of the most successful measures to recruit men to the health and care sector in Norway.

"Men in healthcare" recruits men aged 26 to 55 to a 12-week supervised training programme as a health recruit at a nursing home to try out the health and care service as a potential occupational pathway. Following the trainee programme, there is a dialogue and

collaboration on a fast-track training pathway leading to a certificate of completed apprenticeship as a health worker.

As of February 2015, 800 men had expressed interest in the project, divided among 25 municipalities in six counties. Following interviews and a selection process, 132 men have started on this training pathway. Thus far, 25 of them have earned their certificates of completed apprenticeship and all are currently gainfully employed. During the course of 2015, 180 more men will become health recruits.

The following six counties have introduced the initiative: Sør-Trøndelag, Nord-Trøndelag, Buskerud, Hedmark, Møre og Romsdal and Vestfold. The goal for further implementation is programme start-up in two or three counties each year.

Men in healthcare is a joint project involving municipalities, county councils, NAV, county governors, the Norwegian Association of Local and Regional Authorities (KS) and the Directorate of Health. The project is headed by the KS and is part of the Care 2020 Programme.

Source: [www.mennihelse.no](http://www.mennihelse.no)

**[End of box]**

more opportunities for agreements between an employer and local employees' representatives will make it easier to work longer shifts on some weekends/weekdays. Going forward, working hours will also be easier to schedule, since one will not be dependent on a steady stream of new approvals to be able to continue the scheme. The Norwegian Labour Inspection Authority and the Petroleum Safety Authority Norway have also been given more authority to grant dispensation from the Working Environment Act in connection with applications for alternative rotational schemes. The Government will monitor developments and investigate more closely to see how the new rules are being applied in Norwegian working life.

The Government has appointed a Working Hours Committee to review and evaluate the overall working hours regulations, not least in light of the need for more labour, and to determine how labour can best be employed in the decades ahead. The Committee will submit its recommendation at the end of 2015.

#### *Efforts to include more people in the labour force*

The Government will strive to ensure that as many people as possible can take part in working life. The Government seeks to increase the use of wage subsidies and facilitation schemes in its labour market policy. Combined with more use of temporary employment, this may help bring more people into the labour force, see Proposition to the Storting Prop. 39 L (2014-2015) *Amendments to the Working Environment Act and the Act relating to Social Services (access to temporary employment etc. and conditions regarding activity for subsistence grants)*.

Based on the Government's proposal in Proposition to the Storting Prop. 39 L (2014-2015), the Storting has resolved to introduce an activity requirement for welfare recipients. The goal of the activity requirement is to make welfare recipients fully or partially self-

sufficient. The activity is intended to improve the welfare recipient's opportunities for work or education/training. It should be work-oriented and meaningful for the individual.

The introduction of new disability insurance on 1 January 2015 paves the way for combining work and disability benefits. Under the new scheme, it will always pay to work. The rules for dormant pension rights have been continued in the new disability insurance, and will continue to ensure income by reinstating disability insurance that has been approved in the event the attempt to work has to be abandoned within a 10-year period.

The Storting has adopted amendments to the benefits for single mothers or fathers (transitional benefit, education benefit and child care benefit) that will apply from 1 January 2016. The amendments include more clearly defined activity requirements, and the Government is of the opinion that these amendments will enhance motivation to make the transition to work or to advance to relevant education. The amendments to these benefits will continue to provide income for a limited period of time while single parents are preparing to support themselves and their children on their own earnings.

### **Box 3.12 Working together for a better municipality**

In 2011, the then Ministry of Municipal and Regional Affairs entered into an agreement with the social partners, The Norwegian Association of Local and Regional Authorities (KS), The Norwegian Confederation of Trade Unions (LO kommune), The Confederation of Vocational Unions (YS Kommune), Unio and the Federation of Norwegian Professional Associations (Akademikerne) regarding the programme *Working together for a better municipality*. The programme is a framework programme for local development projects focusing on sickness absence/presence, full-time/part-time employment, competence, recruitment and reputation, and it will run through 2015. The programme is based on local cooperation and support from elected officials, the administration, and the employee organisations. Approximately 110 municipalities have taken part in local projects during the programme period.

The aim of the programme as regards the issue of full-time/part-time employment is: *To establish a culture of full-time employment and to test new initiatives and models that reduce involuntary part-time employment and increase the average number of working hours (time fraction) for part-time employees.*

The municipal sector makes significant use of part-time employment. More than half of municipal employees work on a voluntary or involuntary part-time basis. In the county administrations, approximately one-third of employees work part-time. Part-time employment is especially widespread in the nursing and care sector. Fifty-three per cent of municipal sector employees work part-time.<sup>1</sup> At the same time, there will be a growing need for labour, especially in the nursing and care services. In *Working together for a better municipality*, nearly 30 municipalities are addressing the issue of more full-time employment/less part-time employment. The municipalities find that extensive part-time employment seems to have an adverse effect on sickness absence, skills development, recruitment and reputation. Similarly,

municipalities that manage to reduce the use of part-time employment in their projects find that reducing part-time employment has a positive effect in the same areas.

The municipalities that address the issue of full-time/part-time employment implement many different initiatives. All carry out initiatives related to the testing of alternative working hours arrangements, for example, long shifts and cooperative rotations. Several municipalities are testing different kinds of temporary employee schemes, staffing pools and overbooking of rotations in order to increase time fractions. Some municipalities are also working with measures to improve qualifications by, for example, training unskilled labour, thereby qualifying them for larger time fractions. All municipalities work with several different measures in parallel.

<sup>1</sup> KS (2014)

**[End of box]**

The Storting has also adopted amendments to the Working Environment Act in respect of the provisions on temporary employment, see Proposition to the Storting Prop. 39 L (2014-2015) and Recommendation to the Storting Innst. 208 L (2014-2015). New general access is being introduced in respect of temporary employment for up to 12 months. The employee is entitled to permanent employment after three years of temporary employment on a general basis and in connection with temporary posts. One important aim of the amendments is to pave the way for more people to join the labour force. More constraints are also being placed on the new general access to temporary appointments, so that permanent tasks are not performed by temporary employees over time, or to the extent that permanent employment is no longer the main rule in an undertaking.

More women than men are currently employed on a temporary basis. At the same time, more women than men have a reduced capacity for work or are receiving health-related benefits. These are groups that may benefit from the greater opportunity to join working life ensuing from the amendment.

The Government will monitor developments. Research projects have been implemented to monitor developments in different forms of attachment to working life. In cooperation with the social partners, an evaluation will be conducted to determine whether the scheme of temporary employment works as intended, and what effects it has on the individual and on the labour market.

## 3.4 Sickness absence among women and men

### 3.4.1 More women receive health-related benefits

During their occupationally active years, more women than men receive health-related benefits, e.g. sickness benefits, work assessment allowance and disability benefits. The share of those outside the work force due to illness and reduced working capacity is higher in Norway than in many other countries. Total annual sickness absence for men was 4.9 per cent, compared with 8.2 per cent for women in 2014. Sickness absence has been reduced for men and women alike since the first agreement on Letter of Intent regarding a More Inclusive

Working Life (in Norwegian: "Inkluderende arbeidsliv", or IA agreement) was signed between the authorities and the social partners in 2001.

A general characteristic of sickness absence, in Norway and abroad, is that women have a significantly higher rate of sickness absence than men. In Norway, sickness absence is far higher than in the other Nordic countries, the UK and the Netherlands. The relative difference in sickness absence between women and men in Norway increased somewhat from 2001 to 2014. According to the statistics, women's overall seasonally adjusted sickness absence in 2001 Q2 was nearly 50 per cent higher than men's, a difference of 2.9 percentage points. In 2014 Q4, women's sickness absence was 67 per cent higher than men's, a difference of 3.3 percentage points.

Of the employees on sick leave in 2014, women accounted for 60.3 per cent of the paid days of sick leave taken, adjusted for fraction of sick pay, and men accounted for 40 per cent. The share of women who receive work assessment allowances is 5.4 per cent, compared with 3.6 per cent among men aged 18–67, cf. figures from the Norwegian Labour and Welfare Administration (NAV) as of December 2014. The share of women who receive disability benefits is also higher than the share of men. As of September 2014, 11.1 per cent of women aged 18–67 were on a disability pension, compared with 7.7 per cent of men.

### 3.4.2 Developments in sickness absence

Up to 2003, total sickness absence climbed to more than eight per cent. This was followed by an abrupt, pronounced decline. Several factors may have affected developments in sickness absence. Amendments to regulations introduced in connection with the first IA Agreement to promote better follow up of employees on sick leave and entailing stricter rules for taking sick leave for more than eight weeks, as well as more use of medical certificates allowing graded sick leave, may be among the most important causes of the decline in sickness absence. Since 2005, the percentage of sickness absence has been more or less stable, with a temporary increase in the early half of 2009, which was exceptional and a result of the financial crisis.

The extent to which cyclical economic fluctuations have had an impact on sickness absence is debatable. Research gives no clear answer as to whether there is causality between the situation on the labour market and sickness absence, and, if so, what the correlation is. The trend in sickness absence is also influenced by developments in the receipt of other benefits. A study from the Ragnar Frisch Centre for Economic Research indicates that sickness absence would have been higher if more people had remained on the job rather than leaving the labour market through retirement due to disability or other benefits.<sup>30</sup>

Table 3.2 shows developments in total and self-certified absenteeism, as well as in total absenteeism, by gender, during the period from 2001 to 2014. Sickness absence has been reduced for men and women alike since

### **Table 3.2 Total sickness absence by gender, and self-certified absenteeism, overall. Lost person-days ensuing from sickness absence as a**

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<sup>30</sup>Biørn et al. (2013)



### percentage of agreed working days (percentage of sickness absence). 2001–2014.

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total, Both genders	7.4	7.8	8.2	7.1	6.7	6.9	6.9	7.0	7.5	6.8	6.7	6.5	6.5	6.4
Total, men	6.1	6.4	6.8	5.8	5.4	5.6	5.5	5.6	6.1	5.4	5.3	5.0	5.0	4.9
Total, women	9.1	9.5	10.0	8.7	8.3	8.6	8.7	8.9	9.3	8.5	8.6	8.4	8.3	8.2
Self-certified, both genders	0.8	0.9	0.9	0.9	0.9	0.9	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0

Source: Statistics Norway

2001. From 2012–2014, the total annual rate of sickness absence was 6.5 per cent. This was lower than in the period 2009–2011.

Since the first IA Agreement was signed in 2001, total annual absenteeism has never been lower than it was in 2012, 2013 and 2014, but the goal of a 20 per cent reduction in total sickness absence has not been reached.

The annual total sickness absence for men was 5.0 per cent in 2013 and 4.9 per cent in 2014, which was also the lowest registered annual level since the IA Agreement was signed. The annual total sickness absence for women was 8.2 per cent in 2014 and is at the lowest level registered since the IA Agreement was signed in 2001.

Self-certified sickness absence saw a slight increase from 2001–2014 and is currently at 1 per cent. This has taken place in industries dominated by public administration, in particular. This may indicate that increasing the self-certification period due to the IA Agreement has had an effect.

#### *Differences in gender and age*

Women have substantially higher sickness absence than men in all age groups. Sickness absence for men increases with age, except for the oldest age group, 65–69 years, where employment is low. Women's absenteeism has a somewhat different age pattern. Women between 25 and 44 years of age have higher absenteeism than the subsequent age groups. A great deal of this absenteeism can be related to illness during pregnancy. Examining the absenteeism of non-pregnant women only, women's sickness absence is nonetheless higher than men's. The complications and maladies of pregnancy alone do not explain why women's absenteeism is higher than men's. Nor does it explain why sickness absence increases with age for all age groups. Non-pregnant women aged 35–44, for example, have higher absenteeism than women aged 45–49. The difference between women's absenteeism and men's absenteeism is greatest in the 25–39 age group.

#### *Gender differences in sickness absence*

Ordinary explanations of gender differences in respect of sickness absence are that they are ascribable to pregnancy-related disorders, other health differences, that women find it easier to consult the public health service, that women are subject to a double burden of work and

responsibility for children, and experience special work-related stress in occupations with a high preponderance of women. Official Norwegian Report (NOU) 2010: 13 *Work for health* (Almlid Committee) reviews the knowledge status regarding gender differences in rates of sickness absence. The Almlid Committee concludes that many of the gender differences cannot be explained on the basis of available knowledge, and that many of the causes of the gender differences in sickness absence are unknown.

The report from the Almlid Committee states that pregnancy is one important reason for the gender differences in sickness absence. Nonetheless, gender differences in sickness absence can only partially be explained by the difference in sickness absence in connection with pregnancy. Explanations for gender differences in sickness absence have been discussed often. In 2011, the Norwegian Institute of Public Health held a meeting of researchers who are experts in their fields about the causes of gender differences in sickness absence. One important part of the task was to draw up a report summarising the discussion. One of the main findings of the report is that there are large gender differences in sickness absence in other countries as well, and that it is the high overall sickness absence that makes Norway stand out, not the fact that there are significant gender differences. According to the report, there are no reliable explanations for why sickness absence is higher among women than among men. The selection of women's or men's occupations does not appear to be a valid explanation for gender differences in respect of sickness absence, and ongoing studies suggest that the differences cannot be explained by gender differences in connection with medical problems either. Further, the report concludes that the double-work hypothesis<sup>31</sup> cannot be rejected, but that the underlying mechanisms are not sufficiently well understood. To understand these, the researchers were of the opinion that one should examine roles, attitudes and identities linked to the double-work hypothesis.<sup>32</sup> As a follow-up to this report, the Ministry of Labour and Social Affairs commissioned the Ragnar Frisch Centre for Economic Research to examine whether different attitudes, norms and preferences can explain gender differences in respect of sickness absence.<sup>33</sup> The resulting study indicates that men and women are somewhat different as regards attitudes, norms and preferences. Further, the study concludes that certain attitudes, norms and preferences correlate with sickness absence. However, the researchers did not find that the differences between the genders help to explain gender differences in respect of sickness absence.

There is also recent research that emphasises the importance of the psychosocial working environment and the connection between the gender-divided labour market and women's occupational health.<sup>34</sup> The research communities are divided on this point, and there is still uncertainty attached to the correlation between gender and sickness absence. More research efforts are in progress, not least in conjunction with the programme on sickness absence, work and health under the auspices of the Research Council of Norway. Gender

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<sup>31</sup>The combination of paid work and unpaid care work

<sup>32</sup>Mykletun and Vaage (2012)

<sup>33</sup>Hauge et al. (2015)

<sup>34</sup>Sterud (2014) and Ose et al. (2014)

differences in medical problems as a cause of sickness absence are a topic that has been studied to a lesser degree. Chapter 5 contains a more detailed discussion of working life and gender differences in health.

### 3.4.3 Efforts to reduce sickness absence

The Government is concerned about the causes of sickness absence among both women and men since the social costs of absenteeism are vast, but also because it has a gender dimension. There is extensive research literature on gender differences in sickness absence, but there is no single clear answer regarding the causes of sickness absence or explanations for women's relatively high rate of sickness absence. The Government will continue with initiatives and introduce new measures to help reduce sickness absence. More use of sliding-scale sick leave and more consistent enforcement of the activity requirements for employees on sick leave are key initiatives. Efforts to develop systems for decision-making support for those who certify sick leave were initiated in 2014. This will ensure greater predictability and more equal treatment in the process to certify sick leave. Pilots will clarify whether it is advisable to require a change of regular general practitioner for those who have been on sick leave for six months. A pilot with a new medical assessment after six months will be initiated in Hordaland County in autumn 2015.

#### **Box 3.13     "Letter of Intent regarding a More Inclusive Working Life (IA Agreement)"**

The social partners and the authorities have signed a letter of intent regarding a more inclusive working life, i.e. the IA Agreement. The current agreement runs from 4 March 2014 to 31 December 2018. The first IA Agreement was signed in 2001.

The paramount objectives of the IA Agreement are to improve the working environment, increase job presence, prevent and reduce sickness absence and prevent exclusion and attrition from working life.

Goal 1: A 20 per cent reduction in sickness absence relative to the level in 2001 Q2. This means that sickness absence at the national level should not exceed 5.6 per cent.

Goal 2: Improve employee retention and boost the employment of individuals with disabilities.

Goal 3: Gainful employment for individuals over the age of 50 to be extended by 12 months. This refers to an increase compared with 2009 for the average term of gainful employment of people over the age of 50.

Cooperation on the IA Agreement is based on a common understanding that the workplace is the most important arena for inclusive working life. The IA Agreement has helped ensure more attention and closer interaction at every level between the authorities, employee and employer organisations and undertakings. One important platform for cooperation is that participation in work is often a health-promoting activity in itself. High priority is given to contact between the undertakings and employees on sick leave to prevent sickness absence from leading to lasting attrition from working life. The use of sliding-scale

sick leave is an important policy instrument. The current IA agreement offers significant simplifications in the system for follow up of employees on sick leave.

The parties to the IA Agreement 2014–2018 agreed to attach greater importance to knowledge development, including the testing and evaluation of policy instruments. The follow-up methods employed by Hedmark County are currently being tested in Rogaland, Aust-Agder and Buskerud counties. Pilots are in progress to clarify with the workplace what possibilities there are for adapting and activating employees on sick leave (Sykmeldt i jobb/At work on sick leave). Pilots have also been initiated to explore more goal-oriented follow up through better classification of sick leave pathways (the 1234 Project), while new pilots are in the pipeline to test possibilities for return-to-work trials in undertakings.

**[End of box]**

## 4 Protection against violence and assault

[[:figur:figX-X.jpg]]

Photo: Monica Strømdahl

Violence and assault are a gender equality issue. Violence has serious consequences for society. Gender-based violence, harassment and coercion reduce people's ability to participate actively in society. Violence can cause physical harm to people and increases the risk of mental and somatic illness. At worst, violence results in loss of life.

Violence in close relationships alone costs Norwegian society an annual NOK 4.5–6 billion.<sup>35</sup> Violence and assault are a major challenge to society; one that is persistent. Violence is also a public health issue. Recent studies show that the extent of violence in close relationships has remained fairly stable over time.

Men are responsible for most of the violence. They make up 87 per cent of all persons charged with crimes against life, person and health, and 81 per cent of the persons charged with crimes in family relationships. Men are most at risk of violence in public places, during the weekend and violence committed by perpetrators under the influence of drugs/alcohol. Women are most at risk of violence in close relationships, rape and other types of sexual assault, as well as sexual harassment. Young girls are particularly at risk, but also boys and men experience violence in close relationships and sexualised violence. Boys and girls who are exposed to violence and assault at a young age are at significantly greater risk of violence and assault as adults.

This chapter looks at violence and assault that mainly target women and girls, or where women and girls suffer disproportionately; i.e. violence in close relationships, including female genital mutilation, forced marriage and severe restrictions on young people's freedom, as well as rape, sexual harassment of youths and hate speech. The chapter focuses on women and men who experience or carry out acts of violence in close relationships against present or former partners. The Government's work on violence in close relationships builds on White Paper Meld. St. 15 (2012–2013) *Forebygging og bekjempelse av vold i nære relasjoner – Det handler om å leve* [Preventing and combating violence in close relationships – It's a matter of living] and the action plan against violence in close relationships *Et liv uten vold (2014–2017)* [A life without violence]. The work to help children at risk is a key part of the public efforts. The action plan *A good childhood lasts a lifetime (2014–2017)* presents the Government's strategy to combat violence and sexual assault against children and youths under the age of 18. Forced marriage and female genital mutilation are also forms of violence in close relationships. The White Paper is also based on the *Action plan against forced marriage, female genital mutilation and severe restrictions on young people's freedom (2013–2016)*.

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<sup>35</sup>Vista Analysis (2012)

The public authorities have a special responsibility for preventing all types of violence and assault. The public authorities and the support services today have more knowledge about violence in close relationships and rape compared with just a few decades ago. There is also far greater openness on these topics. Norway has well-developed health and care services, a family counselling service, a child welfare service, crisis centres, centres against incest and sexual assault, and a police and court system. Certain challenges remain in spite of this.

Under-reporting of cases of violence and assault provide grounds for concern. The police and health and care services are underutilised. The same applies to personal networks. Cases are not reported to the police, health and care services are not used, and many people are reluctant to tell those closest to them about the offences committed against them. At the same time, the public support services must collaborate better on the users' needs.

Voluntary organisations play an important role in the work to prevent and combat violence in close relationships. Women's organisations have driven much of the initiatives against violence towards women, but society today is much more committed to combating this violence. Many of today's services were first offered by voluntary organisations and have later been taken over or partly financed by the public sector. Voluntary organisations, also those that represent men, play an important role in putting violence and assault on the agenda. Victims may find it easier to contact organisations and request help and guidance than to contact the public authorities. Collaboration between voluntary organisations and the public authorities is key in order for the work to combat violence in close relationships and sexual assault to succeed. Public funding schemes contribute to this collaboration.

Sexual harassment is a major gender equality problem. Studies from Sør-Trøndelag county show that six out of ten pupils in upper secondary school had experienced at least one form of sexual harassment during the past year.<sup>36</sup> The Equality Report calls for more goal-oriented, systematic and knowledge-based work to prevent sexual harassment. The Commission on Equality underlines that preventing sexual harassment and rape must be seen as a whole, and that work to increase awareness of gender, body and sexuality must be integrated into the schools' work against bullying.<sup>37</sup>

The Government is concerned about the extent of hate speech in Norway. Such utterances limit the individual's opportunities for participation in the public discourse. Hate speech not only affects the individual or society as a whole. It limits the public debate and can lead to social exclusion and increased polarisation.

### *The Government will*

- increase efforts to combat violence in close relationships through
  - greater knowledge about its causes, prevention and assistance to persons at risk
  - developing care services for victims and improving coordination in the public support apparatus

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<sup>36</sup>Bendixen & Kennair (2009) and Bendixen & Kennair (2014)

<sup>37</sup>Official Norwegian Report (NOU) 2012: 15

- continuing to develop the police's work to combat violence in close relationships
- implementing development projects that may strengthen municipal crisis centre services for groups at risk
- increase its efforts against rape
- increase its work to combat forced marriage by
  - improving the national housing and support scheme for young people over the age of 18 who have been victims of forced marriage, threats of forced marriage or other honour-related violence, and
  - investigating whether the current state of the law is able to effectively enforce the legislation against forced marriage
- work in a targeted manner to combat female genital mutilation by
  - reviewing dropped cases regarding female genital mutilation pursuant to the General Civil Penal Code, and
  - sharing knowledge about the negative health effects of female genital mutilation
- increase knowledge about hate speech.

*The Government will also*

- continue to support teaching programmes to prevent violence and harassment among youths
- continue to support voluntary organisations that work to combat forced marriage, severe restrictions on young people's freedom and female genital mutilation.

## 4.1 Violence in close relationships

### 4.1.1 The extent and consequences of violence in close relationships

Violence in close relationships occurs in every class of society and in every environment. At the same time, some people are at greater risk than others. Between 75 000 and 150 000 persons are exposed to violence in close relationships every year in Norway.<sup>38</sup> A 2014 study shows that about 8 per cent of the women asked and almost 2 per cent of the men in the survey had experienced serious violence from their partner; aggravated, recurring and controlling violence.<sup>39</sup> There is less of a difference between men and women in relation to minor partner violence; at 14 and 16 per cent. Almost half of the persons who had experienced violence from their parents or guardians as children had also experienced violence between their parents or guardians. Both mothers and fathers commit acts of violence against children, but fathers or male guardians were more often cited as perpetrators of violence.

The incidence of violence among youths is high. A study from the Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS) charts experience with violence and

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<sup>38</sup>Vista Analysis (2012)

<sup>39</sup>Thoresen and Hjemdal (2014)

assault among girls and boys aged 16–17. The study shows that 13.3 per cent of girls and 3.7 per cent of boys had experienced some form of sexual assault during their lives. In the study, 7.8 per cent stated that they had experienced minor violence, and 1.7 per cent stated that they had experienced serious physical violence committed by their parents or guardians. Girls and boys had been exposed to physical violence to an equal extent. Both fathers and mothers committed the acts of violence, but men were the perpetrators more often than women. One out of five children who had been exposed to violence had experienced violence from both parents.<sup>40</sup>

For youths in lower secondary school, there was a high risk of rape and other forms of assault.

The study also looks at living conditions, mental health and contact with the legal system and the health and care services. It shows that a clear majority of youths who experienced violence felt guilt and shame about what had happened. There is a clearly higher incidence of mental health problems among youths who have experienced violence and sexual assault.<sup>41</sup>

There appears to be substantial under-reporting in relation to assault in family relationships. 25 per cent of violence in family relationships has been reported to the police.<sup>42</sup> In 2014 the police received a total of 3 075 complaints pursuant to the provision in the General Civil Penal Code regarding abuse in family relationships.<sup>43</sup> This is about three times more complaints than in 2007. The increase can be attributed to greater openness in society around violence in close relationships, but one must also take into consideration the increased efforts of the police in that field in recent years.

At worst, violence in close relationships can lead to loss of life. There were 177 partner homicides in Norway in 1990–2012. A full 144 of the victims were women.<sup>44</sup> Partner homicides have accounted for 20–30 per cent of homicides every year during the past 15 years. More knowledge about risk factors for partner homicide is required in order to be able to better assess and handle risk.

#### 4.1.2 Efforts to combat violence in close relationships

The Government works to combat violence in close relationships through research, prevention and better coordination of the public support services. The Government will develop care services for victims. The action plan against violence in close relationships *Et liv uten vold* (2014–2017) contains 45 measures. The plan springs from White Paper Meld. St. 15 (2012–2013) *Forebygging og bekjempelse av vold i nære relasjoner – Det handler om å leve*

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<sup>40</sup>Myhre, Thoresen & Hjemdal (2015)

<sup>41</sup>Myhre, Thoresen & Hjemdal (2015)

<sup>42</sup>Thoresen and Hjemdal (2014)

<sup>43</sup>Act No. 131 of 21 December 2005 included a dedicated provision regarding assault in family relationships through an amendment to Section 219 of the General Civil Penal Code of 1902.

<sup>44</sup>Fjellaldalen (2012)



[Preventing and combating violence in close relationships – It's a matter of living]. The Ministry of Justice and Public Security will follow up the plan in conjunction with the Ministry of Children, Equality and Social Inclusion, the Ministry of Health and Care Services, the Ministry of Labour and Social Affairs, the Ministry of Local Government and Modernisation and the Ministry of Education and Research.

The main challenges are associated with the quality of the services and better collaboration and coordination within and between each service. A lack of quality and coordination can lead to victims not receiving the help they need, and that persons in particularly vulnerable situations are not served by the existing services.

The Government will strengthen the competence and coordination of the public support services. Increasing research efforts will provide a better foundation of knowledge for both prevention and assistance. Work is ongoing to increase knowledge about violence in close relationships and to continue to develop and improve services in both the health and care services, the crisis centre services, the family counselling offices, and the police.

Every year the Ministry of Justice and Public Security allocates funds for a dedicated action package to prevent violence in close relationships. Among the actions that received funding in 2015 is an information campaign organised by the police that is targeted towards victims of violence in close relationships and the general population. The campaign to raise awareness on so-called party-related rape, the National Criminal Investigation Service's *Kjernekar* (Great guy) campaign, will continue. ung.no's campaign that targets violence in close relationships will also continue.

The ICDP parent training programme<sup>45</sup> will also be adapted to parents in asylum reception centres, and UDI will implement preventive measures targeted at families that have been reunified. The project *Et spørsmål om ære?* [A question of honour?] tests assisted dialogue on forced marriage, female genital mutilation and severe restrictions on young people's freedom. The project will continue, be evaluated, and summed up so that it can be used at other mediation services if it receives a positive evaluation.

A study will also be carried out to identify effective preventive measures in the work to combat violence in close relationships. The intention is to identify measures that are effective in terms of prevention, and which are suitable for further dissemination. The study will cover measures in Norway, the Nordic region, and in other countries.

### *Further development of the police's work*

Persons who experience violence and threats of violence in close relationships are entitled to assistance and protection, and to be treated well by the police and the legal system. Violence in close relationships is a criminal offence, like other violence. The manner in which the police, the public prosecuting authorities and the courts handle cases regarding violence in close relationships has a great impact on citizens' trust in the legal system. The police and the legal system ensuring rapid follow-up of these cases has a strong deterrent effect.

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<sup>45</sup>ICPD stands for International Child Development Program.

*Nærpolitireformen* (the local police reform) is based on fewer, but stronger and more competent police districts.<sup>46</sup> This will improve the police's expertise and provide specialist knowledge on crime for which there currently is insufficient data. The quality of the police's work with crimes will be improved. The average case processing time for serious crime like rape and violence in close relationships, from filing of a complaint to legally-binding decision, will be shorter.

The police's work has received a significant boost in recent years, and they have received a number of new instruments to deal with and protect victims. There is a greater focus on investigation and processing of cases relating to domestic violence. Establishing domestic violence coordinator positions in every police district has helped victims of violence be met with understanding, knowledge and insight by the police. The largest police districts have set up dedicated teams to review cases regarding violence in close relationships.

The police has a number of measures that can be used to protect victims of violence in close relationships. These measures include mobile attack alarms, a ban on visits and making contact, and a secret address. Bans on making contact that can be reinforced with electronic control are the most recent additions to the police's protection 'toolkit'.

The *SARA Spousal assault risk assessment guide* will now be introduced at every police district throughout the country. SARA helps the police structure their work with threat assessments, through a check list of risk factors for partner violence. SARA will be used to assess the risk of recidivism when an act of violence has already taken place. This helps prevent partner violence, and ensure that the necessary and goal-oriented safety and protection measures are implemented. SARA also leads to improved collaboration with other players. The Ministry of Justice and Public Security has granted funds to the Vestfold crisis centre in order to develop and test similar tools to assess children's risk of recurrent violence – *SARA for children*.

Victims of violence in close relationships are entitled to help that covers all needs and aspects of the case. The help to be given must include both the victim of violence, their children, and the perpetrator. In the spring of 2015, Stovner district in Oslo established a project to colocate the police and other public support services at a single site in order to help victims of violence. The consequences of this project will be evaluated as part of NOVA's research programme on violence in close relationships. The project is expected to provide knowledge about how victims of violence in close relationships can be followed up better by the police together with the support services.

The police's work to combat violence in close relationships has been assessed.<sup>47</sup> The evaluation looks at procedures for cooperation within the police and between the police and other players, and at how victims are met by the police. The evaluation report identifies a number of action points to be followed up by the National Police Directorate. The points include making the guidelines for how the police deal with children in crises clearer. Better

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<sup>46</sup> Proposition to the Storting Prop. 61 LS (2014–2015)

<sup>47</sup> Aas (2013)

procedures will be established for collaboration between the child welfare service and the police in cases where children are exposed to or witness violence. Statistics Norway has been engaged to analyse family violence cases, from filing of complaints to judgment. The Norwegian Police University College will also review use of Section 219 of the General Civil Penal Code regarding family violence.

#### **Box 4.1 New General Civil Penal Code**

The new General Civil Penal Code will offer greater protection against violence and assault.

The Government has proposed that the new General Civil Penal Code enter into force on 1 October 2015. It will replace the General Civil Penal Code of 1902. The prescribed penalty scale for gross maltreatment in close relationships will be increased from 6 to 15 years' imprisonment. Pursuant to the General Civil Penal Code of 2005, all sexual activity with a child under the age of 14 is defined as rape. The same applies to persons who compel a child under the age of 14 to engage in acts that correspond to sexual activity with themselves and to those who carry out qualified sexual acts with children under the age of 14.

The new General Civil Penal Code has a clear division of the penal provisions in terms of what can be considered gross offences.

The Government has also appointed a commission to devise a new Criminal Procedure Act. A new Act that is better adapted to our time is needed; one that allows more efficient processing of criminal cases and ensures that they are processed in accordance with the requirements regarding due process. The commission will submit its report by 1 November 2016.

**[End of box]**

#### *Increasing the competence of the services*

Increasing competence in the support services helps combat violence and prevent harmful effects for adults and children. Knowledge about prevention and early intervention should therefore be increased in all relevant programmes of study. The expertise in the services must cover all forms of violence, including forced marriage, female genital mutilation and sexual assault. Ensuring that the public support services have good knowledge about violence and sexual assault will require including the subjects in basic, further and continuing education for all of the relevant occupational groups that come into contact with children and youths. The Government will therefore ensure that knowledge about violence and sexual assault is included in health and social care studies and in the early childhood and primary school teacher education. Further education and continuing education programmes on violence and sexual assault will also be identified and catalogued. The purpose is to increase the availability of such studies, recruit more students and, if appropriate, to improve the academic content. Knowledge about violence and assault is also part of police studies.

### *The crisis centre services*

Crisis centres are the main support service for victims of violence in acute crises. At crisis centres, victims encounter employees with expertise in protection and safety who can give them advice and guidance.

The Act relating to municipal crisis centres entered into force in 2010. The Crisis Centre Act imposes an obligation on all municipalities to offer crisis centre services to women, men and children. The target group of the service is victims of violence or threats of violence in close relationships. It is intended to be a low-threshold service, free for users, and a place where persons can seek help without a referral or advance notice. This means that the service must be available all year around-the-clock. The crisis centre services must be holistic, and each person must receive services tailored to their needs. This means that the services from the crisis centre and other public support services must be coordinated well. The crisis centre services include follow-up during the phase following stays at the centre.

#### **Box 4.2 Use of crisis centres**

There were 46 crisis centres in Norway in 2014.<sup>1</sup> The main trend is that there is little change, compared with previous years. Most of the users are women. There were 1 917 adult residents at the crisis centres in 2014; 136 of them were men. The number of men has virtually quadrupled since the service was established by law.

There were 2 373 users of the day service, a number which has remained fairly stable over time. 9 152 visits to the day service were recorded in 2014. This shows that crisis centres are an important counselling body, also for past residents, who represent 43 per cent of all visits to the service.

In 2014, 62 per cent of the residents came from an immigrant background. In most cases, the residents and the users of the day service had a close relationship with the perpetrator of the violence. For 80 per cent of the residents, the perpetrator was the current or former spouse/cohabitant or boy/girlfriend.

Children (together with parents) are an important user group at crisis centres. In 2014, 1 507 children lived at crisis centres. There has been a regular decline in the share of stays that ended with the resident returning to the perpetrator of violence – from 23 per cent in 2006 to 15 per cent in 2014.

<sup>1</sup> The Norwegian Directorate for Children, Youth and Family Affairs is responsible for monitoring the status of the crisis centre services. The Directorate publishes an annual report containing statistics for the crisis centre services in Norway. Sentio Research Norge is responsible for the data.

**[End of box]**

### *The municipalities' implementation of the Crisis Centre Act*

Research Institute NOVA has evaluated the municipalities' implementation of the Crisis Centre Act.<sup>48</sup> The evaluation shows that the municipalities' work with the crisis centre

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<sup>48</sup>Bakketeig et al. (2014)

services is proceeding in the right direction. At the same time, there are challenges that make it necessary to monitor developments also in the years ahead.

The evaluation shows that users of crisis centres in Norway are satisfied with the help they receive. The services for children in crisis centres have improved after the Act entered into effect. Most of the centres now have dedicated experts on children. Employees' competence has improved. The number of centres with dedicated experts on residents' issues has doubled. In addition, more of the employees at the centres have higher education. Virtually all of the municipalities participate in the collaboration on the crisis centre services for men.

Even though services for men have gradually improved, they still do not meet the statutory requirement of quality for this group of users in relation to physical standard, safety and the content of the service. Several municipalities do not have services for victims of violence with drug/alcohol problems and/or serious mental illnesses. Nor are the crisis centre services for disabled persons satisfactory. Many municipalities do not follow up residents during the phase after their stay in a crisis centre, as intended in the Act. Some people stay in the centres for longer than necessary because it is difficult to find a new home.

The crisis centre services must be able to meet the needs of all persons who suffer violence in close relationships. There are examples of municipalities that have established crisis centre services also for users with additional problems linked to drugs/alcohol and mental illness. Other municipalities can learn from these experiences.

On the whole, the municipalities spend more money on the crisis centre services now than before the Act was introduced, but there are great variations from one municipality to the next. On a national basis, the service has improved its capacity, even though some centres have been shut down after the Act entered into force. The shutdown of the centres impacts on availability and has led to some victims having to travel further than before.

### *Further development of the service*

The Ministry of Children, Equality and Social Inclusion will consider how to follow up the assessment through close contact with the Norwegian Directorate for Children, Youth and Family Affairs.

The Directorate will continue focusing on professional development for crisis centre employees. The Regional Centres for Violence, Traumatic Stress and Suicide Prevention (RVTS) are involved in this work. In 2015, the Directorate published a new guide to the Crisis Centre Act for the municipalities.

Good crisis centre services are about more than the services offered to victims of violence at each crisis centre. Only one-third of municipalities have drawn up an action plan to combat violence in close relationships, and one out of five municipalities has a coordinator for this work. The municipalities are responsible for providing good coordination of the support services, and helping and supporting victims of violence during a re-establishment phase. The Government will encourage more municipalities to draw up municipal action plans to combat violence in close relationships. Such plans can be a useful tool in order to achieve

more holistic and organised work in this field. NKVTS has written an electronic guide on behalf of the Ministry of Justice and Public Security for the municipalities to use in order to begin this work. RVTS will help the municipalities with this work.

The Government will implement development projects that will improve municipal crisis centre services for groups at risk. The support is mentioned in the proposed 2016 budget from the Ministry of Children, Equality and Social Inclusion.

### *The family counselling service*

The core tasks of the family counselling service are treatment and counselling for family problems, conflicts or crises in the family. The service is responsible for mediation pursuant to the Marriage Act and the Children Act. The family counselling offices also offer supervision, information and education for the support services and the general public. About 10 per cent of family counselling cases are in relation to violence. The family counselling service will help prevent harmful behaviour from developing, and prevent violence-related problems.

There are 47 family counselling offices in Norway. Twenty-eight of them are state-run, while 19 are church-run. The service is a free first-line low-threshold service with interdisciplinary staffing on the specialist level. The family counselling offices handle about 42 000 cases annually, and their activities are regulated by the Family Counselling Services Act.

The Government has implemented efforts to develop the family counselling service. Allocations to the family counselling service increased by NOK 50 million in 2015, compared with 2014. In addition to strengthening the family counselling service's preventive work and the work with high-conflict families, the Government will improve the family counselling service for children and families who are victims of violence and services for perpetrators of violence. The treatment capacity will be improved, so that the family counselling service can offer therapeutic aid to families and children who live with violence. This will be directed towards the perpetrator of the violence, the victim of the violence, the children in the family, and the family as a whole.

### *Treatment services for perpetrators of violence*

The help and treatment services for perpetrators of violence are an important part of the work to prevent violence in close relationships. There are several national schemes within the Norwegian Correctional Service and psychiatric health care, family counselling service and care for people suffering from drug/alcohol addiction. The programme for the Correctional Service includes anger management training following the *Brøset model*. The training is offered to female and male inmates with violence and aggression issues. This type of treatment supports each person's ability to regulate anxiety, depression and anger. In addition, the Ministry of Justice and Public Security is funding a pilot project for female inmates who have experienced violence in close relationships. The pilot project is a joint venture between the Secretariat of the Shelter Movement, the Oslo Women's Shelter and the

Norwegian Correctional Service, and offers inmates counselling on responses to violence, the perspective of children on violence, and advice on how to better care for oneself.

The family counselling offices collaborate with Alternative to Violence (ATV). ATV offers holistic services to perpetrators of violence and families that experience violence. ATV is a private foundation that receives grants from the Ministry of Children, Equality and Social Inclusion and the Ministry of Justice and Public Security, among others. There are 11 ATV offices in Norway. ATV is a low-threshold service, and no referral is needed. ATV also carries out research and knowledge development, as well as courses, teaching and supervision.

The Ministry of Children, Equality and Social Inclusion wishes to carry on the scheme, with grants to the ATV foundation in order to operate ATV offices. The Ministry wants to strengthen collaboration between the Directorate for Children, Youth and Family Affairs, the family counselling service and ATV regarding treatment services for adult perpetrators of violence and services for children who experience violence in close relationships, so that more people receive services. The Directorate and ATV have drawn up plans for this collaboration, which is now being followed up.

#### *New online portal*

The Ministry of Justice and Public Security is establishing a new online portal on violence in close relationships and rape for victims and the support services. The main objective of the portal is to make information about rights and support measures easily available, and to communicate them well, adapted to the user's needs. NKVTS is responsible for developing and operating the portal in collaboration with the Norwegian Women's Public Health Association and other voluntary organisations. In connection with the online portal, there are plans to establish a national helpline for victims of violence in close relationships and rape.

#### *Research on violence in close relationships*

The Government has allocated NOK 50 million over a five-year period for a research programme on violence in close relationships. The programme began in the autumn of 2014. NOK 25 million of these funds is earmarked NKVTS and NOK 25 million has been awarded to the research institute NOVA. In addition, NKVTS has been awarded NOK 2 million annually for research on the impact on health of violence in close relationships. The purpose of the research programme is to generate more knowledge about the causes, extent and consequences of violence in close relationships. The programme will also look at the work of the social welfare system to combat violence in close relationships, how victims encounter these services, and the work of voluntary organisations in this area. The programme will disseminate knowledge that may lead to further development of measures that prevent and combat violence and is intended to offer good and effective help to victims and perpetrators of violence. This will contribute to a holistic development of knowledge about violence in close relationships in Norway.

NKVTS is to develop, maintain and share knowledge and competence that can help prevent violence and traumatic stress, and reduce consequences to health and society. The Centre receives an operating grant from the Ministry of Health and Care Services, the Ministry of Children, Equality and Social Inclusion and the Ministry of Justice and Public Security. In 2015, the basic grant was NOK 42.4 million. In addition, NKVTS receives funding for different projects, like the programme for research on female genital mutilation, research on minorities that are exposed to violence in close relationships and research on the processing of violence and assault cases pursuant to the Children Act.

The Ministry of Children, Equality and Social Inclusion and the Ministry of Health and Care Services have tasked NKVTS with carrying out two projects to chart the treatment services for perpetrators of violence. The charting will be completed by the end of 2015, and will provide an important foundation for further development of treatment services for perpetrators of violence.

A three-year research project on partner homicide funded by the Ministry of Justice and Public Security will end in the autumn of 2015. The objective has been to identify risk factors and develop more accurate preventive measures. The research will be carried out by the Centre for Research and Education in Forensic Psychiatry (SIFER) in 2012–2015. The study contains an analysis of 177 partner homicides in the period 1990–2012. The study is based on court documents and interviews with a sample of the parties involved.

## 4.2 Forced marriage, female genital mutilation and severe restrictions on young people's freedom

### 4.2.1 A broad and holistic approach

Systematic work has been carried out over several years to combat forced marriage and female genital mutilation in Norway. Voluntary organisations have contributed actively to this work by helping victims and putting these challenges on the public agenda. Voluntary organisations play an important role. They work with prevention and for changes in attitudes and practices in relevant communities, and they offer help to victims. An important aspect of the work is to communicate the information that forced marriage and female genital mutilation are illegal in Norway. An objective for education in social studies for immigrants is that the participants learn about important Acts, rules and values related to equality and children's rights. The Government will continue to grant funds to voluntary organisations that carry out preventive, attitude-building work, and offer support for victims.

The work to prevent forced marriage and severe restrictions on young people should start early. One report shows that education and participation in work among parents and young people leads to greater independence for youths when choosing a partner.<sup>49</sup> The report is based on two population surveys that posed questions about parental involvement in young people's choice of partner.

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<sup>49</sup>Elgvin & Grødem (2011)



Measures like research, cooperation with voluntary organisations, inter-agency teams of experts and minority advisers in schools have helped increase knowledge among both the authorities and the youths concerned. Research and evaluation show that these measures have given some workers specialised competence, but that it does not have enough of an impact on efforts to prevent and redress violence and assault in close relationships more generally.<sup>50</sup> Greater knowledge in all relevant public services will therefore remain an objective. Efforts to combat forced marriage, female genital mutilation and severe restrictions on young people's freedom should be an integral part of the public services' work to combat violence in close relationships.

In order to improve coordination, the inter-agency team of experts for the prevention of forced marriage and female genital mutilation moved to the Directorate for Children, Youth and Family Affairs in September 2015. This brings the team of experts closer to tasks which are coordinated by the Directorate, such as the national housing and support scheme for young people who have been victims of forced marriage and honour-related violence, and the work to combat violence against and sexual assault of children and youths. The Norwegian Directorate of Integration and Diversity has coordinated the work of the team of experts since 2008.

*The Action plan against forced marriage, female genital mutilation and severe restrictions on young people's freedom (2013–2016)* has shown that the preventive measures against forced marriage also prevent strict social control. The plan contains several measures to increase competence in the public services. Most of the services related to prevention and treatment of female genital mutilation have been established in the health sector.

The Institute for Social Research is conducting a follow-up evaluation of the current action plan. The first sub-report identifies structural challenges associated with how public agencies organise the work. They are linked to implementation of the action plan's main goal of better collaboration and coordination of the efforts to prevent and remedy violence and assault.<sup>51</sup> The next sub-report in the follow-up evaluation will take a closer look at the work to combat female genital mutilation.

### **Box 4.3 Key support services**

*The team of experts to combat forced marriage and female genital mutilation* provides advice to the support services on specific cases regarding forced marriage, female genital mutilation and other forms of honour-related violence. The team of experts consists of representatives from the Directorate of Integration and Diversity, the Norwegian Directorate of Immigration, the National Police Directorate, the Directorate for Children, Youth and Family Affairs, the Norwegian Labour and Welfare Administration and the Norwegian Directorate of Health.

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<sup>50</sup>Bredal & Lidén (2015) and Bredal & Wærstad (2014)

<sup>51</sup>Bredal & Lidén (2015)

*Minority advisers* work at a number of lower and upper secondary schools in Norway. They offer specific advice and follow-up of individual pupils and work to increase knowledge about forced marriage in schools. This helps prevent forced marriage and severe restrictions on young people's freedom, and contributes to pupils from minority groups completing and passing upper secondary education.

*Integration counsellors* work at four foreign service missions in areas with high immigration to Norway, and where forced marriage occurs. The integration counsellors work to increase competence and case processing capacity at foreign service missions on cases regarding forced marriage and other family-related questions. They contribute to improved knowledge to the central Government in Norway about the countries of origin of immigrants, and develop networks and collaboration with actors who can assist with the work to combat forced marriage in the country in which they are serving.

*The Norwegian Red Cross helpline for forced marriage and female genital mutilation* is a national service. Its mandate is to provide information about matters related to forced marriage, honour-related violence and female genital mutilation with the particular objective of reaching children under the age of 18.

*Crisis centres* are the primary emergency service for all victims of violence. Persons who are threatened with forced marriage may need a sheltered place to stay.

Several municipalities have developed services associated with *the national housing and support scheme for young people over the age of 18 who have been victims of forced marriage or other honour-related violence*. This gives young people over the age of 18 a safe home, protection, activity therapy follow-up and help establishing contact with other services.

*The child welfare service* has a housing scheme for children under the age of 18 who are victims of honour-related violence, have been forced into marriage or who have been threatened with forced marriage.

*Voluntary organisations* work with prevention and opinion building, and provide help in crises.

*The health centres and school health service* works with prevention of female genital mutilation and follow-up of girls and women who have been mutilated. It also works to prevent violence in close relationships, including forced marriage.

*Gynaecological clinics* offer a reopening service at several locations in Norway for all women whose genitals have been mutilated and who request this service.

**[End of box]**

#### 4.2.2 Forced marriage and severe restrictions on young people's freedom

Being able to choose one's own partner is a human right. All forms of coercion and strong control over this choice are unacceptable. Both boys and girls experience forced marriage and other severe restrictions on their freedom. Girls are often subject to stricter control and restrictions than boys. Studies show that youths who state that they have little

influence on their choice of partner are also subject to other forms of control. This can be seen particularly in relation to social contact with persons of the opposite sex.<sup>52</sup>

Forced marriage and severe restrictions on young people's freedom occur all over the world, and among people of different faiths or beliefs. It is difficult to provide reliable figures on the extent of forced marriage in Norway, and substantial under-reporting must be expected. Information about the number of cases is mostly based on data from different parts of the support services. In 2008–2014, reports showed that most inquiries came from individuals with a background from Pakistan, Iraq, Somalia, Afghanistan and Turkey. This is based on figures from the Directorate of Integration and Diversity regarding the number of inquiries to the team of experts for the prevention of forced marriage and female genital mutilation, and to minority advisers and integration counsellors. In 2014, the team of experts had the highest number of inquiries since its establishment in 2004, with a total of 414 new contacts. 163 of these inquiries were in relation to forced marriage or fear of forced marriage. The number of inquiries registered by the Directorate regarding forced marriage and severe restrictions on young people's freedom increased from 2008 to 2014.

The number of adults with an immigrant background from relevant countries is on the rise, and the potential for transnational forced marriage is rising – see Box 4.4. Measures to combat forced marriage are therefore still necessary. Developments in marriage patterns for this group shows a higher age for contracting marriage, fewer transnational marriages, and fewer people who marry someone from their parents' country of origin. This is linked to a strong increase in the pursuit of higher education by immigrant youths. These changes may result in reduced growth in the groups at risk.<sup>53</sup>

#### **Box 4.4 Marriage patterns among immigrants and Norwegian-born persons with an immigrant background.**

- It is more common among immigrants and their Norwegian-born children to be married than the rest of the population of the same age. However, it is now less common for both immigrants and their Norwegian-born children to marry at an early age than in the past.
- Out of the ones who marry, many immigrants from Asian and African countries find spouses from the same country as themselves. This also applies to immigrants from several countries in Europe, especially those who came to Norway as labour migrants.
- The number of Norwegian-born persons with immigrant parents of marriageable age has risen, but there is no equivalent increase in the number of marriages entered into among them.<sup>1</sup> The number of persons who come to Norway to start a family with a Norwegian-born person with immigrant parents is low. The figure has been about 200 persons annually since 2000. About half of the 200 have been reunified with

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<sup>52</sup>The Swedish National Board for Youth Affairs (2009)

<sup>53</sup>Lidén et al. (2015). The report shows that in 2010 there were about 13 000 unmarried persons over the age of 20 with a background from the countries which are considered risk countries for translational forced marriage, based on the Norwegian Directorate of Immigration's processing of applications for family reunification: Pakistan, Turkey, Somalia, Morocco, Iraq, Iran, Afghanistan, Eritrea, as well as persons covered by the category "stateless" in the immigration administration. The group grows by over 2 000 persons annually.

Norwegian-born persons with a Pakistani background, and those who marry find their spouse in Norway more frequently.

- Among Norwegian-born persons with a Turkish or Pakistani background, it is still common to have a spouse with an immigrant or similar background. The probability of having a partner with a similar background is slightly lower among those whose parents were born in Vietnam, India and Morocco.
- Age and level of education have an impact on the choice of spouse. Those who marry at a young age and whose highest level of education is lower secondary school, are slightly more likely to have a partner with a similar background.<sup>2</sup>

### *Influence on the choice of spouse*

Young people with an immigrant background were asked in two surveys how much influence they have over their choice of partner. The question from Statistics Norway read as follows: "To what extent did you have an influence on (a) the decision to marry, and (b) the choice of spouse?" There was a high drop-out level from this study, and those who answered chose the highest alternative "very strong influence".

Fafo's study covers persons who have migrated themselves, in addition to a sample of young Norwegian-born persons with a Pakistani background. The drop-out level from this study is low, and the answers are split among the different alternatives. The respondents were asked: "Parents can contribute in different ways when their children are looking for a spouse. When you married, would you say that (a) it was your decision alone who you would marry, (b) you made the decision, but listened to your parents' opinions, (c) your parents made the decision, (d) your parents made the decision but listened to your opinion, (e) none of the above/do not want to answer."<sup>3</sup>

Both men and women stated that their parents had chosen their spouse, but women on average more frequently than men. Out of 463 respondents aged 20–34, the answers were broken down as follows:

- The respondent's decision alone 42.8 per cent
- Made the decision, but listened to their parents 27.4 per cent
- The parents made the decision 8.9 per cent
- The parents made the decision, but listened to the young persons 19.9 per cent
- Do not know 0.2 per cent
- None of the above 0.6 per cent
- Do not want to answer 0.2 per cent

<sup>1</sup> Sandnes & Henriksen (2014)

<sup>2</sup> Wiik (2014) and Bredal & Wærstad (2014)

<sup>3</sup> Gulløy (2006) and Kavli & Nadim (2009)

### **[End of box]**

Queries to the central support services that combat forced marriage show that the backgrounds, ages and circumstances of the persons who ask for help are different. They range from recently-arrived refugees in asylum reception centres to youths who were born in Norway and grew up here. The number of queries increased from 2008 to 2014. The minority

counsellors at lower and upper secondary schools receive most questions regarding control, threats and fear of forced marriage. Their experiences show that preventive work to combat forced marriage allows them to identify children and youths who are victims of different forms of psychological and physical violence in close relationships. They are told about threats, violence and different forms of control that impose severe restrictions on the self-realisation of young people. The team of experts for the prevention of forced marriage and female genital mutilation has the largest share of cases regarding fear of and completed forced marriage, threats and honour-related violence. To an increasing extent, the work of the integration counsellors at Norwegian foreign service missions covers children, youths and women who have been left in another country against their will. Experiences show that better and earlier intervention in Norway could have prevented these cases. This is why it is important that the support services in Norway have the competence both to prevent this from happening, and to protect and assist the victims.

### *Efforts to combat forced marriage*

Youths who have been forced to marry, been threatened with forced marriage or other honour-related violence and have broken with their family and network, often have great difficulty building a new life. There is room in the national housing and support scheme for people over the age of 18 who need protection. The Government increased funding for this scheme in the 2014 and 2015 budgets, and a total of NOK 13.2 million has been allocated for 2015. Funds have also been set aside in order to find good models for better organisation of the scheme. The Institute for Social Research recently charted the work with activity therapy in the housing scheme.<sup>54</sup> This is the first time that the users have been asked to provide input to charting. The recommendations in the report match the input from voluntary organisations. Follow-up must be improved in order to achieve a better transition to an independent life after staying in a centre. It must be presumed that it is not possible to identify all cases, and that there is substantial under-reporting. The Government will reinforce the national housing and support scheme for persons over the age of 18. The funding has been mentioned in the Ministry of Children, Equality and Social Inclusion's proposal for the 2016 national budget.

### **Box 4.5 Et spørsmål om ære?**

In 2013–2014, the Sør-Trøndelag Mediation Service carried out the project *Et spørsmål om ære? [A question of honour?]*. The project tests assisted dialogue in cases regarding forced marriage, female genital mutilation and severe restrictions on young people's freedom through training, professional development and development of methods. The main purpose of the project is better care for victims of honour-related violence. The Mediation Service collaborates with the Multicultural Information and Dialogue Centre in Trondheim. Together, they have developed a conversation method based on reflection on cultural differences. The topics discussed during the conversations between the victim and the family

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<sup>54</sup>Institute for Social Research report 2014:13.

are freedom, friends, boy/girlfriends, raising children, forced marriage, education and work. Also the child welfare service and the police have been key partners in the project.

At the end of 2014, 32 cases were linked to the project. The cases dealt with youths who experience severe restrictions on their freedom, family conflicts associated with the choice of partner, and violence and threats against spouses. The project will continue in 2015, and will be evaluated.

**[End of box]**

#### *Amendments to the legislation to combat forced marriage.*

Effective enforcement of the rules is important in relation to prosecution and the preventive effect of legislation in cases regarding violence. Forced marriage may occur in formally contracted marriages and in marriages contracted through extrajudicial agreements and religious ceremonies. This affects persons both over and under the age of 18. Court cases have shown the prosecuting authorities that the provisions in the General Civil Penal Code to prevent forced marriage and child marriage, i.e. Sections 222 and 220, should be amended in order to include the contracting of marriage through extrajudicial agreements and religious ceremonies. The Institute for Social Research has charted extrajudicial religious marriages, and has reviewed criminal cases where forced marriage was part of the matter under prosecution. The findings in the report support the experiences of the prosecuting authorities and illuminate several aspects of the current legislation governing the contracting of marriage.<sup>55</sup> The Government will investigate whether the current state of the law is adequate for effective enforcement of the legislation against forced marriage.

The Ministry of Justice and Public Security has initiated a consultation process regarding a proposal for amendments to the Immigration Act and Regulations designed to counteract forced marriage. The measures include introduction of an age limit of 24 to start a family, and raising the maintenance requirement in cases regarding family reunification. The Ministry of Justice and Public Security is working on this matter.

#### 4.2.3 Female genital mutilation

Very few cases have been reported of female genital mutilation performed on girls after they have moved to Norway. However, a large group of girls and women have been mutilated prior to coming to Norway, and they have varying needs for health care. The incidence of female genital mutilation is particularly high in certain African countries in a belt around the Sahara, and in several countries in the Middle East. In many cases it is a tradition among certain ethnic groups and not throughout the country. Immigrant groups in Norway from countries where female genital mutilation is practised extensively include Eritreans, Ethiopians, Gambians and Somalis. The integration counsellors, minority counsellors and the team of experts for the prevention of forced marriage and female genital mutilation have

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<sup>55</sup>Bredal & Wærstad (2014)

received few queries regarding fear of or the carrying out of female genital mutilation. No cases regarding female genital mutilation have been heard by the Norwegian courts.

This practice is banned in many of the countries in which female genital mutilation occurs. Nevertheless, it is practised extensively. Norway's international work to combat female genital mutilation is discussed in Chapter 7.

Women and girls will continue to come to Norway in the years ahead, having been mutilated in their country of origin. The health and care services must be prepared to help them.

### *Work to combat female genital mutilation*

New cases of female genital mutilation will be prevented by offering good health and care services, providing information to new arrivals, and talking to victims. Victims must receive the help they need. Studies show that the migration process plays a major role in attitudes regarding female genital mutilation, and that many people change their minds after migrating to a country where female genital mutilation is banned and not practised.<sup>56</sup> Even though it is positive to see that attitudes are changing among immigrants from areas where female genital mutilation is practised extensively, it is important that the authorities continue the work to raise awareness of the impact on health and to inform immigrants that female genital mutilation is a serious criminal offence.

The Government will work with prevention, and share knowledge about the negative effects on health of female genital mutilation, and about the offering of the health and care services. This can be done by increasing funding for information work and support groups for women and health care workers. It is assumed that greater knowledge about health issues will help parents to resist the mutilation of their daughters.

Female genital mutilation is a serious criminal offence, but no convictions have yet been made pursuant to the provision in the General Civil Penal Code. The police have received 46 complaints that have been dropped. Reviewing the cases that have been dropped will provide greater knowledge about the police's work to combat female genital mutilation and a better understanding of how the current legislation is applied. In conjunction with the Ministry of Justice and Public Security, the Ministry of Children, Equality and Social Inclusion will review all of the cases that have been dropped.

## 4.3 Rape

In general, rape victims are women, and the perpetrator is a man. The consequences of rape on the victim are serious and direct, and it is also a serious societal problem, generating fear among the population. The Government has therefore put high priority on measures that prevent and combat rape.

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<sup>56</sup>Bråten & Elgvin (2014)

#### **Box 4.6 The definition of rape in the General Civil Penal Code**

Any person who engages in sexual activity by means of violence or threats, or engages in sexual activity with any person who is unconscious or incapable for any other reason of resisting the act, or by means of violence or threats compels any person to engage in sexual activity with another person, or to carry out similar acts with himself or herself, shall be guilty of rape and liable to imprisonment for a term not exceeding 10 years. In cases of rape where the sexual activity was sexual intercourse, the penalty shall be imprisonment for not less than three years. The same shall apply when the rape is sexual activity with a person who is unconscious or otherwise incapable of resisting the act, and the offender has put the person into that condition in order to achieve sexual activity. Importance shall be attached to whether the aggrieved person was under 14 years of age.

In cases of aggravated rape, the prescribed penalty scale is imprisonment for a term not exceeding 21 years. This applies when the rape is committed by two or more persons jointly, the act is committed in a particularly painful or offensive manner, the offender has previously been convicted of rape or in cases where the aggrieved person dies or sustains serious injury to health as a result of the act.

#### **[End of box]**

The penal legislation and its enforcement shall provide real and effective protection against involuntary sexual contact. The current rape provision has been written to indicate different cases of sexual activity where consent is lacking. The consultation memo from the Ministry of Justice and Public Security of February 2013 discussed whether lack of consent should receive a more prominent position in the rape provision. Work is currently ongoing to follow up the consultation memo.

It is of fundamental importance that victims of rape who report the crime to the police are met with respect and understanding. All complaints must be followed up by sound, structured investigation. The police's handling of rape complaints is key to how cases are followed up and to whether the perpetrator is convicted in a criminal case. Sound handling reinforces trust in the police and leads to more rape complaints being filed and less under-reporting.

#### **4.3.1 Extent, under-reporting and underuse of services**

An incidence study from NKVTS shows that just over 9 per cent of all women and about 1 per cent of all men are victims of rape during their lives.<sup>57</sup> Many women who have been the victims of rape (44 per cent) were afraid of being seriously injured or killed, and many suffered physical harm (29 per cent). Half of the women who had been raped reported that the assault had taken place before they turned 18.<sup>58</sup> A substantial number of the persons who reported rape were under the age of 15 at the time of the rape. This shows how important it is to focus on age groups younger than 15 in the prevention work and support services.

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<sup>57</sup>Thoresen & Hjemdal (2014)

<sup>58</sup>Thoresen & Hjemdal (2014)



Schools and school health services will play a critical role in preventing rape and establishing early contact with the victims of this type of violence.

**Table 4.1 Sexual assault by age group**

Age groups	Sexual contact before the age of 13 (in %)		Rape before the age of 18 (in %)		Other sexual assault before the age of 18 (in %)	
	Women	Men	Women	Men	Women	Men
1939–1949	9.1	5.1	3.6	0.6	7.6	5.1
1950–1959	10.1	3.4	6.1	0.9	11.9	4
1960–1969	15.4	4.9	3.8	1.6	14	7.1
1970–1979	10.9	3	3.7	0.7	13.9	4
1980–1989	7	2.8	4.9	0.5	12.1	4.8
1990–1995	6.6	1.9	6.6	1.1	14.3	5.2

Source: Thoresen and Hjemdal (2014)

A 2014 report from the National Criminal Investigation Service shows that on a national basis, the number of rape complaints is somewhat lower than in 2013.<sup>59</sup> The report shows that over half of the persons who report rapes had experienced sexual assault as children. 75 per cent of the persons who are registered as suspects, charged parties or convicts in rape cases in 2014 were also registered as having committed other crimes.

Rape occurs in different circumstances and in different relationships. Figures from the National Criminal Investigation Service show that 1 233 rapes were reported in Norway in 2014. This is 1.9 per cent less than in 2013, but 14.4 per cent more than in 2010. However, there is reason to believe that many rapes are not reported. There are many reasons why rape victims do not file a complaint with the police, and these reasons are complex.

The National Criminal Investigation Service analysed 69 per cent of rape complaints in 2014.<sup>60</sup> A full 48 per cent of all reported rapes in 2014 were so-called *party-related rapes*, while 16 per cent were *relationship rape*. *Assault rapes* made up 11 per cent of the complaints, while 10 per cent were *vulnerability rapes*. The figure finally shows that 15 per cent were in the category "other". This group includes rapes that may have been committed by acquaintances outside a party setting, or rapes committed by persons who the aggrieved party has met through social media.

So-called *party-related* rapes are linked to parties and night life, where drugs and alcohol are often a component. The prescribed penalty scale for this type of rape is four years' imprisonment. *Relationship rapes* take place between persons who live together or former partners. The rape may be a once-off event, but is often part of a number of other assaults and includes other types of rape. *Assault rapes* are committed against a random victim in a public

<sup>59</sup>National Criminal Investigation Service (2015)

<sup>60</sup>National Criminal Investigation Service (2015)

place without justification, either at the workplace, at a nightspot or in a car. The last category is *vulnerability rape*, assaults against persons in socially-marginalised groups.

[*:figur:figX-X.jpg*]

**Figure 4.2 Rape complaints reported to the National Criminal Investigation Service by rape category. 2014.**

[Column labels]

Party-related rape

Other

Vulnerability rape

Assault rape

Relationship rape

[End column labels]

Source: National Criminal Investigation Service (2015)

The survey from NKVTS shows that 86 per cent of the women who had been raped knew the perpetrator. The largest group was friend, acquaintance, neighbour or colleague. Boyfriend/partner or former partner made up the second-largest group of perpetrator.<sup>61</sup>

*Not enough victims seek help*

Despite a greater public focus on rape, there is still significant under-reporting. One-third of rape victims had never told anyone. None of the men and only 10 per cent of the raped women in the survey stated that they had been examined or sought medical treatment during the first few days after the rape. Only just over 10 per cent of the women had filed a complaint with the police themselves. Out of the 24 men who had been raped, only 4 had chosen to file a complaint with the police.<sup>62</sup> The NKVTS survey of persons aged 16–17 has the same findings.<sup>63</sup>

4.3.2 Efforts to combat rape

*The police's work to combat aggravated sexual offences will be given priority*

The Government will reinforce its efforts to combat rape. Efficient police investigation work and case processing of high quality are essential in order to combat rape. The quality and competence of the police's and prosecuting authorities' processing of rape cases will be further improved. The letter of allocation from the Ministry of Justice and Public Security to the police for 2015 contains clear guidelines regarding quality and efficient processing of rape

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<sup>61</sup>Thoresen & Hjemdal (2014)

<sup>62</sup>Thoresen & Hjemdal (2014)

<sup>63</sup>National Criminal Investigation Service (2015), Myhre, Thoresen & Hjemdal (2015)

cases. The average case processing time, from filing of a complaint to a decision by the prosecuting authorities,

must be shorter in 2015 than in 2014. This is followed up by the annual objective and priority circulars from the Director of Public Prosecutions, which state that aggravated sexual offences, including rape, must be prioritised.

For several years, the Director of Public Prosecutions has focused on serious sexual offences as one of the main national priorities. In its directive from 8 November 2013, the office ordered use of written investigation plans in rape cases. In its directive to the chiefs of police of 30 March 2015, the provision was expanded to apply to other serious forms of crime, including cases regarding violence in close relationships and sexual offences against children. The chiefs of police are responsible for the local prosecuting authority and must ensure that the objective and priorities of the Director of Public Prosecutions regarding the processing of criminal cases are met in each police district.

An important task for the regional public prosecuting authorities is to ensure that central objectives and priorities are met in practice, and that this is monitored through inspections and other higher level supervision. The results of the inspections are made known to the chiefs of police, with the expectation that any deviations are corrected. Following the change of Government, funds have been granted in order for the police to receive 700 new positions. The 2015 national budget also grants more funds to the public prosecuting authorities and the higher prosecuting authority, corresponding to a total of 68 positions. By increasing funding to the prosecuting authorities with a total of NOK 51.4 million, the recommendations in the report from the Police Directorate, *Etterforskning i politiet 2013* [*Police investigation 2013*], are being met. This is why also the Police Directorate has drawn up a general plan that contains measures for development of the field of investigation in order to ensure the correct capacity and level of quality. The role of investigation in the Norwegian police will be improved. A career path will be developed in the investigative disciplines, with a focus on management, results and good follow-up of the persons who work on these cases.

Persons who report rape must be taken seriously throughout the legal process. The Ministry of Justice and Public Security will therefore also begin a thorough review in order to learn how to improve care for victims. This will ensure that persons who file a complaint regarding rape are followed up after they file a complaint, and receive help from the different disciplines until judgment is pronounced.

On 10 June 2015, the Storting decided to implement the local police reform. The objective of the reform is to ensure the presence of a competent and efficient local police where the population lives. One of the objectives is larger and better groups of professionals. With the *Nye politidistrikter* [New police districts] project, the Police Directorate will review how the police organises its work to combat sexual assault. The police has drawn up clear procedures for effective securing of evidence during the 24 first hours after a rape has been reported. The best possible police work during the initial phase of the investigation is often critical to subsequent investigative measures and to the prosecuting authorities' work on such cases. When the police begin investigating quickly, key evidence is secured during the initial

phase. This includes crime scene investigation, collaboration with reception centres for victims of assault and the health and care services, interviews of the aggrieved party and witnesses, drawing up charges, interviews of witnesses, and securing biological and technical evidence, like video and telecommunications data.

The police's work with sexual offences was evaluated in the spring of 2015.<sup>64</sup> The evaluations contain points for learning and propose several measures in order to strengthen the police's investigative work on this type of case. The Ministry of Justice and Public Security will follow up the recommendations in consultation with subordinate agencies. A specific point for follow-up in the evaluation is changing the nature of the rape group at the National Criminal Investigation Service, permanently strengthening the unit with 16 positions starting in the autumn of 2015. The rape group was established as a project in 2010, following the recommendations of the Commission on Rape in Official Norwegian Report (NOU) 2008: 4 *Fra ord til handling* [From words to action]. Most of the competence of the rape group lies in investigation, forensic science, analysis, and sharing of information and competence in the field of rape.

As part of the research programme on violence in close relationships, NOVA will also conduct a research project on sexual violence in close relationships. The project deals with sexual violence among couples and boy/girlfriends. The project also looks at peer groups, which are an important emotional and social community for youths. The project particularly focuses on youths because youths are at particular risk of this type of assault. Knowledge gained through studies of youths is transferable to other age groups.

Within the frame of the research programme on violence in close relationships, NKVTS will also carry out a study of self-awareness and understanding of assault and responsibility among men who have committed rape or other gross sexual offences. The study will yield new knowledge about rape and perpetrators. Gender equality and rape will be one of the aspects that is illuminated.

#### *Support services in the health and care sector.*

The reception centres for victims of assault were established in order to offer emergency assistance to persons who have experienced rape and/or violence in close relationships. In 2016, the health and care services offered to victims of rape and assault will be integrated into the ordinary services. This means that the specialist health service will have the primary responsibility for services for children and adults who have experienced sexual assault. Existing municipal reception centres for victims of assault may be granted a continued existence through agreements between the regional health authorities (the specialist health service) and the municipalities. The current practice, where the health and care services conduct forensic investigations in order to assist the police's work when a complaint has been filed, must continue.

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<sup>64</sup>National Criminal Investigation Service (2015a), National Police Directorate (2015a)

The emergency medical service is a gateway for help, also for persons who have experienced sexual assault, regardless of how services for victims of assault are organised. The emergency medical service will treat emergency cases in the regular manner, and will refer cases as required. Following the acute phase, most of the medical and psychosocial follow-up will take place locally. The new Emergency Medicine Regulations incorporate the requirement that doctors who work at the emergency medical service alone, without back-up on-call staff, must have taken a course on handling violence and assault.<sup>65</sup>

It is important to secure evidence and documentation of harm to victims of violence and assault, but this is a challenging field. Today it is standard practice for the police to requisition the securing of evidence from the health and care services when the victim has filed a complaint with the police. The Directorate of Health's guide recommends that evidence be secured as part of the health service, irrespective of whether the matter has been reported to the police. The Commission on Rape is among those who have pointed out that not enough evidence is secured and harm is documented, and that this is detrimental to the rule of law.<sup>66</sup> There is reason to believe that evidence is not secured in a number of cases because there are no clear guidelines for when this should be done. Responsibility for the task is not clearly defined, and the work is costly. Through the letters of allocation for 2015, the Ministry of Health and Care Services and the Ministry of Justice and Public Security have tasked the Directorate of Health and the Police Directorate with determining who is responsible for securing evidence in the event of violence and/or sexual assault.

### *Rape must be prevented*

The Equality Report pointed out the need for systematic and knowledge-based prevention work, especially targeted at youths.<sup>67</sup> Youths and young adults are particularly vulnerable to assault and are over-represented among the perpetrators reported to the police. The report also points out that the work to prevent rape should be seen in the context of prevention of sexual harassment. In Subchapter 4.4, the White Paper discusses work at school to prevent sexual harassment.

### **Box 4.7 #ikkegreit**

The ung.no website and service ran the *#ikkegreit* [#notOK] campaign in the winter of 2015. The purpose was to provide youths with information about offences, violence and assault in close relationships. The purpose of the campaign was to familiarise youths with the ung.no website as a place to find quality-assured and reliable information on topics that interest young people. Through advertisements and short films published on Facebook, the

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<sup>65</sup>The Regulations No. 231 of 20 March 2015 relating to requirements regarding and organisation of municipal emergency medical services, ambulance service, medical first responder services etc. (the Emergency Medicine Regulations) will enter into force on 1 May 2015.

<sup>66</sup>Official Norwegian Report (NOU) 2008: 4

<sup>67</sup>Official Norwegian Report (NOU) 2012: 15

campaign helped raise youths' awareness of setting boundaries and the difference between innocent jokes and bullying, arguing and psychological violence, cuddling and sexual assault. During the campaign, news items were published on dedicated Facebook pages on a daily basis, and Twitter and Instagram were used for communication purposes. The message and the films were displayed on the walls of 428 000 youths aged 13–20. 159 000 of them have clicked on to articles containing further information on ung.no. The film clips have been downloaded over 200 000 times. The www.ung.no website is operated by the Directorate for Children, Youth and Family Affairs, and the campaign was financed by the Ministry of Justice and Public Security.

**[End of box]**

In the autumn of 2013, the Ministry of Justice and Public Security launched a campaign to improve attitudes towards rape called *Kjernekar*, with a focus on so-called party-related rape. The campaign quickly received about 65 000 followers on Facebook. The campaign appeals to the great guy, men aged 18–35 who take care of themselves and others. They dare speak up, and pay extra attention, making sure that everyone has a good evening. In addition to the facts regarding rape, the website contains links to important addresses for rape victims. The website has also been translated into English. The *Kjernekar* campaign includes two lower secondary school textbooks as part of the subject Norwegian, where the pupils analyse the message of the campaign.

#### **Box 4.8 Prohibition against sexual harassment and protection**

Sexual harassment is prohibited according to Section 8a of the Gender Equality Act. Sexual harassment means unwanted sexual attention that is a nuisance to the subject of the attention. The Act states that also employers and the managements of organisations and educational institutions shall prevent harassment.

Pursuant to Section 9a-3 second and third subsections of the Education Act, schools shall work in an active and systematic manner to promote a good psychosocial environment where all pupils feel safe and have a sense of social belonging.

The Working Environment Act Section 4-3 No. 3 states that employees shall not be subjected to harassment or other improper conduct. The remarks to this point state that there may be a need to give employees stronger protection against psychological burdens like harassment or different types of bullying. Sexual harassment or unwanted sexual attention at work are mentioned as examples of this.<sup>1</sup>

<sup>1</sup> Reproduced in Proposition to the Odelsting Ot. Prop. 77 (2000–2001)

**[End of box]**

## **4.4 Sexual harassment among youths**

A distinction is made between three types of sexual harassment. Verbal harassment includes the use of gendered words like whore and homo, remarks about the body, appearance or private life, and proposals or demands for sexual favours. Non-verbal harassment includes

sexually-laden staring and showing pornographic pictures, and more indirect forms like texts, chatting etc. with sexual content, spreading rumours, and a person publishing pictures with sexual content of the person in question on the internet or by mobile phone. Physical harassment covers involuntary sexual contact like hugging, groping of the breasts or crotch, and kissing.<sup>68</sup>

Boys and girls are particularly vulnerable when they are adolescents. This increases the importance of the work to prevent different types of assault during this phase. Girls and young women are particularly at risk of sexual harassment, but boys and men are also at risk. Boys and girls must be made aware of setting boundaries and respect for one's own and other people's bodies. Youths are in a phase of life where their self-image and identity is developing, and they are vulnerable in terms of affirmation and remarks from others. Sexual harassment threatens the safety and integrity of the victim.

When one person sexually harasses another person, this reinforces rigid gender roles, and defines acceptable gender expressions for girls and boys. A study from Sør-Trøndelag county points at the need to teach sexual communication in order not to overstep other people's boundaries.<sup>69</sup> More knowledge is needed about sexual harassment in order to be able to properly direct the preventive work.

#### 4.4.1 The extent of sexual harassment among youths

A study of violence and assault of children and youths from 2007 showed that 23 per cent of girls and 8 per cent of boys had been groped against their will.<sup>70</sup> The national figures for violence in a lifetime perspective from 2014 are almost identical; 21 per cent of women and 8 per cent of men had experienced at least one form of sexual offence or sexual assault before the age of 18.<sup>71 72</sup> A study of youths aged 18-21 in Oslo showed that 31 per cent of girls and 7 per cent of boys stated that they had been pressured into unwanted sexual acts.<sup>73</sup>

A study on sexual harassment among upper secondary pupils in Sør-Trøndelag was carried out in 2014 as part of a major effort to combat sexual harassment in the county. This was follow-up of a corresponding survey in 2007. In 2014, 63 per cent of girls and 62 per cent of boys reported at least one form of sexual harassment in the past year. This was a decline of a full 10 percentage points compared with the figures from 2007.<sup>74</sup> 46 per cent of boys and 34 per cent of girls had sexually harassed others. In this too, the decline was about 15 percentage points compared with the 2007 figures. For physical sexual coercion, a decline of about 5 per

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<sup>68</sup>Helseth (2007)

<sup>69</sup>Bendixen & Kennair (2014)

<sup>70</sup>Stefansen & Mossige (2007)

<sup>71</sup>Thoresen & Hjemdal (2014)

<sup>72</sup>Here sexual assault includes sexual groping by use of force or threatening to harm the victim, drug/alcohol-related assault, pressure to participate in sexual acts, and other sexual offences and assault.

<sup>73</sup>Mossige (2001)

<sup>74</sup>Bendixen & Kennair (2014)

cent was recorded compared with the 2007 figures. 7 per cent of boys and 4 per cent of girls reported having used physical force or coercion against a boy of the same age at least once during the past year. The corresponding figures for use of physical force or coercion against a girl of the same age are 7 per cent for boys and 3 per cent for girls. Boys are more involved in physical sexual aggression towards others than girls.

Even though most boys are the harassers and most girls are the harassed, sexual harassment transcends gender. Boys and girls experience different forms of harassment.<sup>75</sup> Girls were more exposed to comments regarding their bodies and appearance, as well as groping and assault. Boys were particularly exposed to homophobic statements. Girls studying trades were more at risk than girls taking studies to prepare for university. Homosexual and bisexual pupils and pupils who themselves were immigrants or whose parents were immigrants, reported a slightly higher incidence of sexual harassment and coercion to sex. The pupils in these groups were also slightly more involved in sexual harassment of others.<sup>76</sup>

Even though the figures from the Trøndelag region show a slight decline, it is clear that sexual harassment is still an extensive problem. The researchers do not want to conclude that the decline is an effect of the work that has taken place in Sør-Trøndelag to prevent sexual harassment.

It is reasonable to assume that youths in Sør-Trøndelag are not unique, and that sexual harassment occurs extensively among youths in schools throughout the country.

#### 4.4.2 Efforts to combat sexual harassment.

The Equality Report highlights the need for more targeted and systematic work in schools and in other arenas in which youths come together. Work to increase awareness of gender, body and sexuality can be made part of the school's work against bullying. The most serious forms of sexual harassment border on rape and attempted rape. Setting boundaries and respect for other people's bodies is an important topic in the work to prevent sexual harassment and rape. This is why it is necessary to look at prevention of sexual harassment and rape as a whole. The Djupedal Commission calls for special measures to prevent sexual harassment and to increase knowledge about the topic.<sup>77</sup>

Prevention is necessary in order to guarantee girls and boys a safe adolescence. Knowledge about sexual communication, learning to respect one's own and others' bodies and boundaries, and gaining awareness of gender roles, expectations and power struggles can help prevent sexual harassment. Breaking stereotypes and expanding the boundaries for how boys and girls express themselves is also important in the preventive work. There are a number of voluntary actors who have important competence to contribute. Through work to reach all youths, for example those of lower secondary school age, the authorities and voluntary

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<sup>75</sup>Bendixen & Kennair (2009)

<sup>76</sup>Bendixen & Kennair (2014)

<sup>77</sup>Official Norwegian Report (NOU) 2015: 2



organisations may better prepare boys and girls to protect themselves from sexual assault. This is an important investment in safety, health and greater equality, and can help limit the extent of assault in the short and long term.

### *Prevention and work*

Through the ung.no service, the Directorate for Children, Youth and Family Affairs has worked to prevent violence in close relationships in order to be able to provide guidance to youths, teachers and other persons who work with youths on sexual harassment.

In 2015, the Ministry of Children, Equality and Social Inclusion will summarise existing knowledge on sexual harassment. This will help identify unanswered research questions.

The Equality Report proposes that the prohibition against sexual harassment be enforced by the Equality and Anti-Discrimination Ombud.<sup>78</sup> In connection with the work on a new common gender equality and anti-discrimination Act, the Ministry of Children, Equality and Social Inclusion will initiate a study regarding the enforcement apparatus in the area of gender equality and discrimination.

Over a period of several years, youth organisations and communities have pointed out the need for issues related to life skills development to be part of the school curriculum. There is a great need to create an arena for discussions on mental health, violence, assault, sexuality, digital bullying, gender roles and gender identity in a protective setting. In order to meet this need, the Norwegian Children and Youth Council (LNU), in conjunction with other organisations, has been tasked with specifying and developing input that can be used at schools. The input will be assessed by the Norwegian Directorate of Education, together with the Directorate of Health and the Directorate of Children, Youth and Family Affairs, see measure 10 in the action plan *A good childhood lasts a lifetime*. Despite schools being responsible for prevention, studies show that few schools work systematically with sexual harassment. There are also few links between this issue and the work to combat bullying. There are several competence objectives in primary and lower secondary school associated with this, such as pupils being able to express and discuss issues related to sexuality, sexual orientation, gender identity, setting boundaries and respect. A booklet was prepared in 2009 to give teachers an academic resource for *A teaching programme for lower secondary school pupils in order to prevent violence and harassment* among youths.

Strengthening schools' work to combat sexual harassment among youths may limit the extent of this type of assault in the short and long term. The Djupedal Commission has studied the actions that must be implemented in order to improve the school environment and reduce bullying. The Commission submitted its Official Norwegian Report (NOU) 2015: 2 *Å høre til. Virkemidler for et trygt psykososialt miljø* [Belonging. Instruments to achieve a safe psychosocial environment] in March 2015. The Report shows that at present the groups of specialists that work with harassment, including sexual harassment and discrimination, are

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<sup>78</sup>Official Norwegian Report (NOU) 2012: 15

few and far between. Furthermore, these communities have little or no contact with the groups of specialists that work to combat bullying. The Commission proposes that groups of specialists be developed with competence on how schools can most effectively work to combat discrimination and harassment, and can evaluate and control the quality of the work that is performed. All the work done to provide a safe psychosocial school environment must be seen as a whole. An assessment must be made on how one may strengthen groups of specialists that can examine the work related to harassment and discrimination on different grounds.

After the consultation round, the work to follow up the Report by the Ministry of Education and Research will consider relevant proposals in the fields of offences, bullying, harassment (including sexual harassment) and discrimination.

The Ministry of Children, Equality and Social Inclusion will consider supporting voluntary organisations, foundations and the like in order to develop and offer a teaching programme for youths in years 8 to 10 of school. Teachers should be able to use the programme in their ordinary teaching. This can give boys and girls a better foundation in the work against sexual harassment and assault.

#### **Box 4.9 Examples of preventive work**

The Sex and Politics association has conducted campaigns in February every year since 2011, offering schools a free teaching programme on the body, sexuality and setting boundaries. Its objective is to improve schools' teaching about sexuality. The teaching material addresses pupils in years 4 to 10.

*Rosa Kompetanse* [Pink Competence] is a teaching programme that has been developed by the National Association for Lesbian, Gay, Bisexual and Transgender People (LLH). It teaches school employees how to safely address gender and sexuality topics. The teaching programme provides tools that can be used in a school setting. An important objective is to reduce the incidence of gender-related bullying. *Rosa Kompetanse* received funding from the Directorate of Education in 2015.

There are 22 centres against incest and sexual assault in Norway. In addition to offering help and support to victims and their next-of-kin, the centres offer an information service and teaching. Many centres have teaching programmes for primary and lower secondary school and for upper secondary school about sexual assault.

*Nei = Nei Sex uten samtykke = voldtekt* [No = No Sex without consent = rape] is a card that has been created by the Centre for Equality. The card provides information about important helplines and websites that youths can use.

**[End of box]**

## **4.5 Hate speech**

Hate speech restricts the individual's opportunities for participation in the public arena. It is a gender equality problem when girls and boys and women and men are threatened as a

result of what they say. Hate speech not only affects the individual or society as a whole. It limits public discourse and can contribute to social exclusion and increased polarisation.

Several actors have responsibilities in the work to combat hate speech. The state must secure an absence of discrimination and actively promote gender equality and equal opportunities for all persons to participate in society, including in the public discourse. Civil society players have helped put the matter on the agenda, and are actively working with the subject. The Equality and Anti-Discrimination Ombud has written a report on hate speech and hate crimes. In the report, the Ombud proposes a number of measures to combat hate speech. The media and media editors have a particular responsibility for content published in their domain. Awareness of this responsibility has increased during the past few years, and several media have taken action to eradicate hate speech.

#### **Box 4.10 Prohibition against hate speech**

The rules regarding what can be said and what can be published online are the same as in the rest of society, and are regulated in the General Civil Penal Code. Aiding and abetting is also a criminal offence pursuant to several provisions in the Code.

Norwegian law prohibits certain forms of serious hate speech. The General Civil Penal Code contains provisions that provide protection against serious hate speech (Section 135 a), threats (Section 227), violation of a person's right to be left in peace by frightening or annoying behaviour (Section 390 a), defamation (Sections 246 and 247) and violation of another person's privacy (Section 390). Some types of hate speech alone, or in combination with other behaviour, can be criminal offences pursuant to these provisions. Section 3-6 of the Damages Compensation Act grants the right to compensation for certain types of defamation and violations of privacy. In addition, there is a general prohibition against harassing workers or other untoward conduct in Section 4-3 No. 3 of the Working Environment Act.

The Norwegian anti-discrimination legislation provides protection against harassing speech towards one or more specific persons on the grounds of gender, disability, ethnicity, including national origin, skin colour, descent and language, religion, belief, sexual orientation, gender identity and gender expression. Harassment means all actions, omissions or utterances that serve to or are intended to appear offensive, intimidating, hostile, demeaning or humiliating. In working life, there is also protection against harassment due to age, political views and membership of trade unions. Breaches of the anti-discrimination legislation can trigger a right to compensation and reparation.

**[End of box]**

Hate speech in particular is directed towards women and ethnic and religious minorities, and possible solutions to this challenge are discussed in this chapter.

#### **4.5.1 The extent of hate speech**

There is little research on the extent of hate speech in Norway. However, there are many examples of hate speech in the Norwegian public discourse, as gender-specific and

often threatening sexualised harassment of women in general, and women from ethnic minorities in particular.

According to figures from the 2013 Freedom of Expression Barometer and the Freedom of Expression report from the Institute for Social Research, offensive remarks are directed towards women in Norway regarding their sexuality and appearance more frequently than towards men (20 per cent against 4 per cent).<sup>79 80</sup>

Fritt Ord's new freedom of expression survey shows how the minority and majority population are met differently after they make statements in the public discourse. 36 per cent of the population in ethnic and religious minorities state that negative remarks have made them more sceptical towards speaking publicly. The figure for the rest of the population is 19 per cent. According to the study, the probability of offensive remarks being made regarding gender or appearance is considerably greater for women.

The Freedom of Expression Barometer is an opinion poll of the population's attitudes towards freedom of expression, and consists of a set of fixed questions that is followed up biennially. The poll shows that most people believe that it is important to protect freedom of expression, but far fewer support the right of controversial groups to express themselves. There is great support for the idea that it should be possible to penalise persons and media if they harass others, make public details of persons' private lives or disseminate incorrect statements.

A 2012 study documented that there is clear prejudice and scepticism of Jewish, Muslim and Roma people in Norway. From a European perspective, however, the extent of anti-Semitism in Norway is fairly low, and at the same level as in the United Kingdom, Netherlands, Denmark and Sweden. Attitudes vary by gender, age and level of education. Women, youths and persons with a high level of education are more positive towards Jews, while men, the elderly and persons with a low level of education are more negative. There is far greater scepticism towards other groups, like Muslims, Somalis and Roma – gypsies. Those with the strongest anti-Semitic attitudes are those who express the most negative attitudes towards other groups as well.

#### 4.5.2 Efforts to combat hate speech

There is little knowledge about hate speech, and the Ministry of Children, Equality and Social Inclusion will take steps to increase knowledge about hate speech in 2016. The Ministry has also begun work to systematically review measures, knowledge and research in this area. The review will provide a foundation for an overall assessment of the work to combat hate speech. The work to combat hate speech, discrimination and harassment must be seen in the context of work to prevent violent extremism.

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<sup>79</sup>Roalsvig et al. (2013)

<sup>80</sup>Enjolras et al. (2014)

The players who control online discussions etc. play a central role. Training on "netiquette" is also important, not least for young persons. Norway can learn from the experiences of other countries that have come far with this work.

Democratic preparedness against racism and anti-Semitism (DEMBRA) is a project in the Government's work to combat anti-Semitism, racism and undemocratic attitudes. DEMBRA is run by the Center for Studies of Holocaust and Religious Minorities. The Directorate of Education has asked DEMBRA to develop and execute an educational programme for schools to support the work to combat anti-Semitism, racism and antidemocratic attitudes.

The Action Plan against Radicalisation and Violent Extremism contains several relevant measures to combat hate speech. These include measure 24 to enhance the police's presence on the Internet, measure 25 to prevent discrimination, harassment and hate speech on the Internet, measure 26 to prevent hate rhetoric, measure 27 to increase knowledge about how to counteract undesirable experiences on the Internet, and measure 28 to improve efforts to prevent hate expressions and radicalisation on the Internet.

In 2014 and 2015, the Ministry of Children, Equality and Social Inclusion granted funds to the national campaign *Stopp hatprat på nett* [Stop hate speech online] which is affiliated with the Council of Europe's campaign *Young people combating hate speech online*. The funds are used for social meeting places and information work to support youths and groups that are more at risk of online harassment and discrimination than others. The campaign is a measure to reinforce the efforts of civil society to fight discrimination and make youths better able to recognise and respond to hate speech.

One of the aims of the course at the Norwegian Police University College, *Kulturforståelse og mangfold* [Cultural understanding and diversity] is to increase students' competence on hate crime. The topic also occupies a central position in the University College's first degree in preventive police service. Oslo police district is one of four police districts, as well as the National Police Immigration Service, that works on the project *Trygghet og tillit – politiets arbeid i et multi-etnisk samfunn* [Safety and trust – the work of the police in a multi-ethnic society]. The objective of the project is to increase trust between the police and the minority/immigrant population. Methods and measures that focus on dialogue and meetings with the public will be developed in order to provide good service and fight crime.

The police's database of criminal cases contains a registration function that allows selection of cases where the motive is considered as being hate-related. Hate crime has been followed up in the Director of Public Prosecutions' objective and priority circular regarding review of criminal cases in 2015. On 1 September 2014, Oslo police district expanded the mandate of a group to investigate crime committed by youths that had been established at Manglerud police station. The group will investigate all hate crime cases at Oslo police district, and develop specialised knowledge and competence on such crime.

In 2015, the Ministry of Children, Equality and Social Inclusion, in conjunction with several other ministries, will initiate a study of Norwegians' attitudes towards Jews and other ethnic and religious minorities.

## 5 Good health for women and men

[[:figur:figX-X.jpg](#)]

Figure 5.1

Photo: Monica Strømdahl

Health is an important factor for all of us, and crucial to living a good life. Good health means opportunities for the individual and for society as a whole. High quality health and care services must be equally available to the entire population, irrespective of gender, sexual orientation, place of residence, age and ethnicity. This is part of the Government's aim to create a health service for the patient, centred on the needs of the patient.

As a dimension of health, gender is important for a number of reasons. In addition to the biological and physiological differences between women and men, role patterns, social inequality and use of health and care services affect women's and men's health and behaviour in different ways.

Central challenges relating to gender equality in the context of health, particularly that of women, will be addressed in this chapter. The disease picture is different for women and men, and the courses of some illnesses may take different forms. In the past, diseases that mainly affect men have received greater attention than diseases where the majority of sufferers are women, and more men than women used to be included in clinical trials. As a result, there may still be inadequate information about diseases that are more typical of women, and this may have a bearing on the efficacy of treatment on women in the case of diseases that affect both genders. Generally speaking, a broader gender perspective on health could render visible imbalances between women and men and lead to improved services for both women and men. Greater awareness of the different needs of women and men and the development of more gender-specific treatment could improve the quality of health and care services. This is an important step towards attaining the goal of equal health and care services for women and men.

The Ministry of Health and Care Services works along two axes to attain this goal. The one axis focuses particular attention on disorders where either women or men are in the majority or have special difficulties. The other axis is designed to include the gender perspective in all health and care sector activities to which it is relevant.

The health of women and men in Norway is generally good, but there are still challenges in some areas. The number of young women with psychological problems and chronic pain and fatigue conditions is growing. Women are over-represented in the sickness absence and disability statistics. It is important to examine the connection between work and health, and to strive to develop effective therapies and self-management programmes that can help optimise the functioning of women who are on sick leave or at risk of having to take sick leave or becoming disabled.

Men have a shorter life expectancy than women, and the mortality figures for a number of diseases that affect both genders are higher for men. Expectations regarding men's roles may influence men's attitude to illness, and how the health and care services relate to them. Young men are also over-represented when it comes to substance abuse problems and deaths due to accidents and suicide. It is very important to find effective therapeutic and preventive strategies to meet the health challenges where men are over-represented.

The relative numbers of elderly people in Norway will increase in the years ahead, and a large proportion of them will be women. This is particularly true of the oldest age groups. In order to meet the health challenges of the future, the health of the elderly needs to be considered from the perspective of gender. The gender perspective is important in research, disease-prevention work, care and rehabilitation services and in the treatment of illness among the elderly.

A smaller percentage of women and men from immigrant backgrounds report that they are in good health than the population at large. Fewer women from immigrant backgrounds have assessed their health as good or very good compared with men from immigrant backgrounds. The Government wishes to build further on *Nasjonal strategi om innvandreres helse 2013–2017* [National strategy for immigrant health 2013–2017]. The strategy paves the way for building expertise on the special health problems of immigrant groups, and of the cultural and linguistic challenges that arise in meetings between patients from immigrant backgrounds and the health and care services.

*The Government will:*

- prioritise research on the health of elderly women, working life and health, and the health of minority women, within the framework of the Research Council of Norway's national strategy for women's health.
- learn more about the reasons for undesirable discrepancies in the health and care services provided for women and men in a lifetime perspective
- ensure that updated knowledge of men's and women's special needs is applied
- arrange for better prevention, diagnostics, treatment and self-management of diseases that lead to women being on long-term sick leaves and becoming disabled
- establish a free catch-up vaccination programme against human papillomavirus (HPV) for all girls/women up to the age of 26
- arrange for initiatives focusing on the health challenges of older women
- ensure that the gender perspective is better integrated into decision-making processes and the practical provision of health and care services
- ensure that the services are geared to the different needs of men and women
- ensure that any different effects for men and women are identified by developing and evaluating measures that can affect people's health.

*In addition, the Government will*

- ensure that the health and care services provide greater opportunities for active participation in social and working life for young and older women with psychological and other health-related challenges
- work for early diagnosis and targeted services for men



- build further on *Nasjonal strategi om innvandreres helse 2013–2017* [National strategy for immigrant health 2013–2017].

## 5.1 Women's health on the agenda

In 1997 the then Government established a committee to report on the health of women in Norway. The Women's Health Committee concluded that the gender perspective was generally lacking in professional development in the field of medicine and in research and in public planning work. Official Norwegian Report (NOU) 1999: 13 *Women's health in Norway* was described at the time as historical, and helped to put the issues of women's health and gender as a health factor on the agenda in a way that they had never been before. The findings in the report strongly influenced later developments in the work on equal health and care services. This is discussed in more detail in Section 5.4.

The report on women's health formed the basis for the previous Conservative Government's (Bondevik II) *A strategy for women's health* (2004–2013), which was submitted in a separate chapter of White Paper St. Meld. 16 (2002–2003) *Prescriptions for a Healthier Norway*. The strategy describes the need for action in the four main areas of decision-making processes, building and transfer of knowledge, health practice, and violence and assault. The Directorate of Health has reviewed *A strategy for women's health* on the instructions of the Ministry of Health and Care Services. The directorate gathered information through an open consultation in 2014. External participants have submitted their assessments and provided valuable input for further work in this area. The strategy has kindled professional engagement, and research has been initiated on important aspects of women's health. Strategies, professional guidelines and action plans have been prepared. Programmes have been run throughout the strategy period.

The Ministry of Health and Care Services has followed up proposals relating to health from the Women's Health Committee.

A special strategic programme of research on women's health was introduced in 2004 by the Research Council of Norway. The Norwegian Institute for Alcohol and Drug Research has initiated research on women's use of intoxicants. The need to take account of the gender perspective is included as a guideline in the commissioning documents of the health authorities and the Research Council.

The National Advisory Unit on Women's Health was established in 2006. This was an important step in the effort for women's health. The unit's work is concerned with knowledge mediation, professional development and research on diseases that primarily affect women, reproductive health and gender differences in the context of health. The unit's close proximity to clinical practice is important for the development and implementation of new knowledge in clinical practice.

Several other advisory units specialising in subjects with a bearing on women's health have also been established in the specialist health service. These include the national advisory units on breastfeeding, gynaecological oncology, pregnancy and rheumatic diseases, and on incontinence and pelvic floor health. Several national centres for treating women have been

established, such as the Norwegian National Unit for Fertility Preservation with Autologous Ovarian Tissue, Norwegian National Unit for Fertility Preserving Surgical Treatment of Cervical Cancer and the National Referral Centre for Gynaecological Fistulas. In 2008, the Directorate of Health prepared a guide for assigning priorities in gynaecology in collaboration with the four regional health authorities.<sup>1</sup>

The Directorate of Health has worked in a number of areas to improve services associated with, and women's situation in connection with, reproduction. Among the most important initiatives are the Development Strategy for Midwifery Services and Guidelines on Quality Requirements for Maternity Care. The regional health authorities have reported an increased focus on pregnancy and maternity care in collaboration with the primary health service.

The Women's Health Committee pointed out that insufficient account was taken of gender as a variable in medical research. In 2001, the National Committee for Medical and Health Research Ethics developed guidelines for including both genders in medical research. In cases where the one gender is omitted from the trial, there must be tenable reasons, both ethical and scientific, for doing so. Nor must pregnant women be excluded from trials of relevance to them.

New OECD figures show that Norway has very good results for cancer treatment, measured in terms of five-year survival. Norway tops the OECD statistics for cervical cancer results and is among the best in Europe for breast cancer. An evaluation has been conducted of the mammography screening programme for breast cancer and follow-up of breast-cancer patients has improved. Seven sub-projects were included in the evaluation. They included studies of mortality, cancer detected between two screening rounds (interval cancer rates), over-diagnosis, women's feelings about and their experiences of the screening programme and an evaluation of the programme expenses. The evaluation was completed in spring 2015. It concludes that the goal of a 30 per cent reduction in mortality due to breast cancer has almost been achieved. From a societal perspective, the cost-benefit ratio appears to be within the level defined by the health authorities as acceptable for health and care services. In consequence of the results of the evaluation, the mammography programme will continue.

A national action plan against osteoporosis and osteoporotic fractures has been carried out.<sup>2</sup> The Government will follow up with new initiatives, of which further details are given in Section 5.2. The Government has augmented services for patients with chronic pain and fatigue disorders of uncertain cause. A number of national advisory units have been expanded, including the complex disorders unit.

The five regional resource centres on violence, traumatic stress and suicide prevention (RVTS) have been strengthened to increase expertise and guidance for health and care services.

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<sup>1</sup> The guide assists health service specialists in their assessment of referrals.

<sup>2</sup> The action programme for the prevention and treatment of osteoporosis and osteoporotic fractures (launched in 2005).

The committee's proposal to lift the ban on freezing and storage of unfertilised eggs has been followed up. At present the discussion concerns equality between egg and sperm donation. These matters are regulated in the Biotechnology Act, and will be followed up as part of the work of evaluating the Act.

Since Official Norwegian Report (NOU) 1999: 13 *Kvinner helse in Norge* [Women's health in Norway], several actions have been taken that have led to increased knowledge of women's use of medicines. A national prescription register has been established which makes it possible to gather information about gender differences in use of medicines. The Norwegian Mother-and-Child Cohort Study has added sound knowledge on the use of medicines during pregnancy, and about which medicines are safe to use during pregnancy. In addition, the access of the general public to manufacturer-neutral information on medicines in connection with pregnancy has been facilitated by means of the service *tryggmammamedisin.no* [safe mother medicine].<sup>3</sup> Over the past ten years, more has also been learned about the attitudes of pregnant women to medicines and naturopathy.

Today there are special treatment programmes for women at several substance abuse treatment institutions. In addition there is a separate treatment institution that only accepts women. With the shift in substance abuse treatment from more programme-based to more individually customised therapies, this means that there is also more scope for adapting treatment options to women.

*A strategy for women's health* outlined some measures that specifically targeted girls and elderly women from minority backgrounds. The topics were research, knowledge about health and health and care services, the use of medicines and the problem of violence. The Research Council finances a number of immigrant health projects, including programmes on *Public Health, Sickness Absence, Work and Health*, and the earlier *Health and Care Services Programme*. A number of the projects in these programmes have a distinct gender perspective. For example, a survey has been conducted on the effect for women of measures to improve the quality of health services for ethnic minorities.

### 5.1.1 Research on women's health

Women's health is an initiative financed by the Ministry of Health and Care Services through earmarked funding to the Research Council. The programme started in 2004 against the backdrop of *A strategy for women's health*. In 2005, the Research Council drafted the report *Kvinner helse – hvor står vi i dag* [Women's health - where are we today?] which showed that there was a pressing need for research on women's health. The Research Council was granted some NOK 54 million for 15 projects on women's health to be conducted in the course of the strategy period from 2004 to 2013. In addition there are a number of ongoing projects with relevance for women's health, both in the health portfolio of the Research Council and in its portfolio generally. In 2015, the Government boosted this investment, raising it to its current NOK 10.5 million.

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<sup>3</sup> RELIS Pharmacovigilance Centre is responsible for the service.

There has been research on pregnancy, mental health, osteoporosis, menopause, global health, cancer and violence against women. In addition, many of the other health research programmes and the regional health authorities finance research that is important for increasing knowledge about women's health, or illnesses and health problems where women are over-represented, such as CFS/ME.<sup>4</sup>

### **Box 5.1 Gender Based Violence and Childbirth – analysing data from European cohort studies**

One of the projects that received earmarked funding from the Research Council of Norway is the European study on gender violence and childbirth (financed in the period 2011–2014). The goal of the study is to consider whether rape and other non-voluntary sexual relations have negative consequences for women during pregnancy, such as haemorrhaging and hospitalisation during pregnancy, prolonged childbirth and complications during childbirth, and birthing methods. Of the 18 per cent who had been subjected to violence, 3.6 per cent reported the most serious form of violence (rape). Those who had been subjected to the most serious forms of violence also had most problems during pregnancy and childbirth. The figures show that every fifth pregnant woman midwives encounter has experienced sexual violence.

Another study from the same research project shows that women subjected to assaults are far more frequently hospitalised during pregnancy. Of those who had been subjected to the most serious assaults, 12.5 per cent were hospitalised during pregnancy, while 5.8 per cent of those who did not report assaults were hospitalised. These two studies support one another and provide important knowledge in the follow-up of pregnant women.

#### **[End of box]**

In 2007, the Ministry of Health and Care Services stipulated that the regional health authorities must take account of the gender perspective (gender differences in illness and treatment) in clinical research, including ensuring that analyses of research results be performed where relevant. The regional health authorities have therefore reported on the research funds allocated to women's health in their annual reports.

In 2015, the Government has extended the 2014 strengthening research by the health authorities in six prioritised areas of illness, and in health service research. In 2015, NOK 110 million was allocated for the purpose. Among the areas to receive priority are musculoskeletal disorders and chronic pain and fatigue disorders. These are groups of illnesses in which women are over-represented. Research is one of the National Advisory Unit on Women's Health's three core activities, alongside knowledge dissemination and professional development. The unit has been involved in the establishment of national and international research networks that contribute to research on causes and treatment of diseases in the areas of reproduction and gender differences in health.

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<sup>4</sup> Chronic fatigue syndrome (CFS) / myalgic encephalopathy (ME).

The purpose of the National Advisory Unit on Minority Health (NAKMI) is to create and communicate research-based knowledge that can promote good health and equal health services for persons from immigrant backgrounds.

In addition, a number of participants in the voluntary sector contribute to research on women's health. The Norwegian Women's Public Health Association initiates and funds research on women's health and living conditions. The association grants from six to ten million Norwegian kroner annually in donations for research and development projects. The association prioritises fields such as women and children who have been subjected to violence and sexual assault, the special challenges of girls and women in minority communities, and reproductive health and gender equality issues.

There is a continued need for research focusing on women's health. The Directorate of Health's assessment, following its review of *A strategy for women's health*, is that there is a particular need for more research on gender and health, working life and health, and immigrant health. There is a deficiency of knowledge in these areas that may impact gender equality and health. Although the Research Council and the regional health authorities carry out considerable research on women's health, and extensive work on women's health and gender differences in health is ongoing at the National Advisory Unit on Women's Health, NAKMI and other relevant communities, the development of this field still has a long way to go.

### 5.1.2 Need for stronger emphasis on gender in all health research

As regards the gender perspective in health research, a great deal of the initiatives up to the present have been aimed at including the female perspective. There has not been a corresponding focus on men's health from a gender perspective. Expanding the gender perspective to encompass both genders would create a framework for better knowledge development. A concrete example from Danish research shows that men who survive cancer respond more negatively to taking part in cancer rehabilitation programmes than women.<sup>5</sup> The reason is the actual design of the rehabilitation programme. Knowledge about the differences between the ways women and men experience their own illness may facilitate the creation of conditions for the whole patient group. Another example is that, until recently, the possibility of men developing breast cancer has been under-communicated and has led to men with the disease not taking notice of or understanding their symptoms.

Both the physical and social aspects of gender (sex and gender, respectively) are important in health research. This applies both to interaction within the individual gender, and in the social interplay and organisation between the genders. Both biological and environmental factors define and influence physical and social differences between the genders. It is now generally known that the genders of experimental animals influence findings and have to be accounted for. However, new international research shows that gender as a variable is also relevant in biochemistry and cell research. The gender of cells has relevance, and influences findings. Failure to take account of gender at this level is

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<sup>5</sup> Handberg, et al. (2013)

widespread, however. It may have negative consequences for diagnostics, the development of medicines, and treatment.

The Government wishes to ensure that present day health research allows to a greater extent for issues connected with gender differences.

### 5.1.3 Continued need for a spotlight on women's health

A great deal has been achieved in the area of women's health since the Women's Health Committee delivered its report in 1999, but there are still unresolved challenges. It is important that new knowledge from clinical and practice-near research be employed in developing services geared to women's needs. The knowledge needed to develop relevant measures targeting women with an immigrant background is still sadly lacking. The implementation of new knowledge into clinical practice is the greatest general challenge in the fields of women's health and gender differences in health. There are also areas associated with women's health that still present challenges.

The Government wishes to ensure that services are tailored to men and women's different needs when enough is known to make this possible, in that the gender aspect is taken into account in the development and follow-up of strategies and action plans. The Government will ensure that updated knowledge of men's and women's special needs is applied.

Rapid demographical changes associated with increased risk in the fertile segment of the population is a challenge to reproductive health and to care during pregnancy. More pregnant women from immigrant backgrounds, an increase in the proportion of older pregnant women, pregnant women with chronic disease, overweight and previous caesareans pose new challenges for the health and care service. New knowledge is necessary for meeting these challenges. Good health and good conditions during pregnancy are important to the health of future generations. New knowledge about the effect of hormone treatment on infertility and the use of hormones during menopause is necessary. Fertility-preserving measures for women and cardiovascular disease in women are examples of women's health topics that continue to be central.

Many women die of cardiovascular disease. There is much to indicate that the disease has a gender-specific clinical course. The proportion of elderly people in the population is growing. There is a great need for knowledge about the health and quality of life of older women. It is important to improve the knowledge base for promoting treatment, care and quality of life for the elderly.

Although Norway receives top ranking in international comparisons of contentment and welfare, mental problems and disorders present a major public health challenge. This applies to both women and men, but young women are over-represented. Mental health has a bearing on general quality of life, but also on qualification for and participation in working life. The challenges in connection with young women's mental health are described in more detail in section 5.3 on gender differences in health.

Women have had higher sickness absence than men for a long time. This also applies at the international level. In the light of the research that has been done, it is difficult to find adequate explanations for the wide and persistent gender difference in sickness absence. However, gender differences in health problems as a cause of differences in sickness absence between women and men have not been studied to the same degree. Moreover, little light has been shed on the situation of women who have immigrated to Norway, as far as sickness absence and connection with the labour market is concerned. Women's health and work are taken up in section 5.3 on working life and gender differences in health.

There is broad scientific agreement that there may be variation in the efficacy of drugs as a result of gender. However, there is still limited knowledge about the different efficacies for women and men. The same is true for adverse reactions. In Norway, the Norwegian Medicines Agency monitors drugs for adverse effects and disseminates new knowledge about adverse reactions to health personnel. Drugs are an important means of treating, alleviating and preventing disease and discomfort, and inadequate knowledge increases the risk of error when treating women. It is therefore still important to increase knowledge of gender differences with respect to the efficacy and side effects of drugs. In the course of 2015, the Directorate of Health is scheduled to start work to summarise existing documentation regarding gender-related differences in the efficacy of and adverse reactions to drugs.

Norway's immigrant population is widely diverse. This is one of the reasons that it is complicated to obtain a good, holistic overview of the state of health of women of immigrant background. The use of health registers and research needs are described in more detail in White Paper 19 (2014–2015) *Folkehelsemeldingen – Mestring og muligheter* [The Public Health Report - Self-management and possibilities]. More knowledge is needed about health and illness and the use of health services by women with immigrant background. The *Nasjonale strategi om innvandreres helse 2013–2017* [National strategy for immigrant health 2013–2017] takes up the need for more knowledge.

## 5.2 Gender differences in health

The health of women and men in Norway is generally good. Women live longer than men, but experience more illness. Women consult doctors more frequently, and they take more medicines. Mortality for a number of diseases that affect both genders is lower for women than for men.

Mental disorders and chronic pain are among the reasons many women suffer from poor health. Osteoporosis, fractures, and pregnancy and childbirth complications are the most central health problems that affect women.

Violence and assault are a public health problem. This applies in particular to women's health, because women are more susceptible to violence and assault than men. Work to combat violence is described in more detail in Chapter 4.

In Norway, men report that they are healthy for a longer period of their lives than women, but they have shorter lives. Men have a four-year shorter life expectancy than women. Over the past 20 years, the difference in life expectancy has narrowed. This is partly

because of the decline in mortality as a result of cardiovascular disease and a decline in traffic fatalities. In 2013, life expectancy was 83.6 years for women and 79.7 years for men. Figures from the Norwegian Institute of Public Health show that men with immigrant background have better health and fewer health challenges than women in the immigrant groups surveyed. Men have higher mortality than women for the non-contagious diseases: cardiovascular disorders, cancer, COPD and diabetes. Men also have higher mortality due to accidents and substance abuse than women, and more men than women commit suicide.

This chapter provides a picture of women's and men's health and health challenges which is based mainly on reports from the Institute of Public Health. These reports describe the state of health in Norway with the aid of data and analyses from a number of national and international sources. The bulk of the fact-based data that is available on immigrant health today is based on the results of a few health surveys of individual immigrant groups.<sup>6</sup> The data from these surveys forms the basis for the description of the immigrant population in this chapter.

### 5.2.1 Mental health and mental disorders

Lifetime incidence of mental disorders means how large a proportion of the population experiences a mental disorder in the course of their life. The total for both genders is between 30 and 50 per cent, but there are significant differences between women and men in the incidence of individual disorders. For example, the incidence of depression and anxiety disorders is twice as high in women as in the population as a whole.

There is little information to date about the prevalence of mental disorders among immigrants. A number of Norwegian studies have used data from HUBRO in 2000–2002 and the survey of health and living conditions among adult immigrants in 2005. These studies found that the proportion of mental health problems<sup>7</sup> was higher among the immigrant population than among the population in general, but that there was variation from one group to the next. Of the immigrant groups represented in the study, immigrants from Iran, Iraq and Turkey had the highest proportions of mental health problems (around 40 per cent), while the lowest proportions were among immigrants from Sri Lanka and Somalia (about 16 per cent). The numbers reporting mental health problems increased with age, and women were more strongly represented than men. Similar studies have not been conducted since 2002.

Differences in mental health problems between immigrants and the rest of the Norwegian population appear to be less pronounced among children and adolescents. This difference emerges from figures from a study based on data from the three surveys UngKul

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<sup>6</sup> The HUBRO health survey in Oslo 2000–2002 covers adult immigrants from Turkey, Iran, Pakistan, Sri Lanka and Vietnam (Institute of Public Health). The youth version of the survey, UNGHUBRO, was carried out among all tenth year students (aged around 16) in Oslo in 2000–2002, and then in the rest of the country. Surveys of health and living conditions among adult immigrants in 1986, 1993 and 2005. The last of these surveys covered immigrants from Turkey, Iran, Pakistan, Sri Lanka, Vietnam, Somalia, Chile, Bosnia-Herzegovina, Serbia and Montenegro.

<sup>7</sup> Mental health problems encompass symptoms that have a significant impact on well-being, day-to-day activities and social intercourse, but without meeting the criteria for a diagnosis. Mental disorders are understood as symptom burdens that are so extensive that they qualify for a diagnosis.



(Oslo and Bergen), Barn i Bergen [Children in Bergen] and the Akershus Survey, which were carried out in 2002, 2006 and 2007, respectively. The same study found that emotional problems in particular were more widespread among children and adolescents with an immigrant background than among other Norwegian children and adolescents. In the age group 10–12 years, 13 per cent of boys with immigrant background reported emotional problems compared with five per cent in the rest of the population. The corresponding figures for girls were 18 and 10 per cent.

There is inadequate knowledge about specific causes of mental problems and disorders. Apart from being a problem *per se*, violence is also a serious risk factor for mental health problems, not least for children who grow up in families where they are exposed to or subjected to violence. Patients with mental disorders have a higher incidence of somatic diseases, and live for a shorter time than the rest of the population. The higher mortality can be attributed to genetic and socioeconomic conditions, and to an unhealthy lifestyle, suicide and use of drugs. Patients who have concurrent substance abuse are particularly susceptible to accidents, injuries due to violence and early death. In 2010, mental disorders and substance-related disorders were the chief cause globally of loss of life years with deteriorated health, with depression (40 per cent) and anxiety disorders (15 per cent) as two of the chief contributors.

The onset of most mental disorders takes place in young adulthood. Anxiety disorders often start in the teens, substance-related disorders between the ages of 20 and 30 and mood disorders between the ages of 30 and 40.

### *Young women and mental health*

The proportion of young people aged 16 to 24 with a high score for mental problems rose from 1998 to 2012. This is shown by figures from the surveys of living conditions. The increase was greatest among young women, 23 per cent of whom had high scores in 2012 compared with 13 per cent in 1998. The corresponding figures for young men were seven and 12 per cent. In the age group 16 to 24, the proportion of young women who report considerable problems is more than twice as high as for men. Many (23.9 per cent) report reduced capacity for work as a result of mental health issues. A large proportion of the younger women also report poor self-management (30.9 per cent) and reduced vitality (33.0 per cent). The findings are also reflected in the results of the students' health and well-being survey of 2014. The proportion with serious mental symptoms has increased among both genders since 2010, but the increase is much stronger among women. Twenty-four per cent of women students report severe mental symptoms, compared with 12 per cent of men.

A steadily increasing number of girls and young women struggle with eating disorders and self-harm. Social media add to the pressure to look good and be successful. Eating disorders are the third most common mental disorder among young women. The therapeutic options for eating disorders include cognitive therapy, family therapy and relation-based therapy. Prevention is possible, and there is a fairly good knowledge base of programmes that challenge young people's attitudes regarding body and weight, or which focus on dissatisfaction with one's body and self-esteem and adopt a critical attitude to pressure to diet

and culturally conditioned ideals of beauty. The measures in question are relatively universal, but especially target girls aged around 15 and up. The service options for the patient group vary in both content and quality. The Directorate of Health is engaged in drawing up new, national clinical guidelines for treatment of eating disorders, in which targeted action is recommended for implementation at all levels of the health and care service.

[[:figur:figX-X.jpg](#)]

**Figure 5.2 Developments in self-reported mental problems in young people aged 16-24. Per cent.**

Andel (%)	Proportion (%)
Menn	Men
Kvinner	Women
Lineær (Menn)	Linear (men)
Lineær (Kvinner)	Linear (women)
Lineær (Totalt)	Linear (total)

Source: Norwegian Institute of Public Health

### *Need for knowledge about mental health*

More knowledge is needed about factors that influence mental health. This applies both to knowledge of effective means and measures for creating a health-promoting society, and how best to prevent mental problems and disorders. It is important that gender be included as a variable in research projects where relevant, and that special emphasis is placed on issues related to the mental health of young women, and with women's health in relation to work. More knowledge is needed about what triggers depression, whether there are overlooked gender differences in symptoms and courses, and whether men and women should have different treatment. Knowledge about mental health and female biology is also needed, and about the part played by social factors in the course of a mental disorder.

Mental health as a part of public health work is described in more detail in White Paper no. 19 (2014–2015) *Folkehelsemeldingen – Mestring og muligheter* [The Public Health Report - Self-management and possibilities]. A description is provided of how the knowledge base on mental disorders is to be strengthened. Among other things, a register of mental disorders and substance-abuse disorders is to be established. The work of developing public health profiles,<sup>8</sup> the youth data survey and the county surveys must all include mental health. The ongoing work of developing sectoral public health indicators must include indicators of

<sup>8</sup> Since 2012, the Norwegian Institute of Public Health has published public health profiles to assist the local authorities in the work of gaining an overview of the state of health at municipal level. The profiles contain statistics on population, living conditions, the environment, ways of life and health and illness.

mental health and well-being. These are examples of how mental health must be at the heart of work to develop and disseminate tools and models for public health work in the municipalities.

Analyses of research funding employing the Health Research Classification system show that mental health research is one of the areas that receive the largest amounts of research funding, both in the regional health authorities and through the Norwegian Research Council.

### *Improving mental health in young people*

In White Paper no. 19 (2014–2015) *Folkehelsemeldingen – Mestring og muligheter* [The Public Health Report - Self-management and possibilities], the Government singles out mental health as one of the new areas on which public health work is to concentrate. Mental health must be an equally valid part of public health work. More people must experience good mental health and well-being, and the social differences in mental health must be reduced. The Government intends to concentrate on children and adolescents and create a society that does more to promote mental health by placing more emphasis on factors in the surroundings that help to promote self-management, a sense of belonging and an experience of meaningfulness. The Government is to draw up a health strategy for young people. The strategy is to cover the age group 13–25 years, and according to plan will be presented in 2016. Among other things, the strategy must shed light on how to ensure availability, capacity and well-coordinated services for young people, including online health services. The challenges boys and girls meet can be very different, and may require different approaches. The strategy will take account of the gender perspective. Problems associated with mental health, loneliness, mobbing, the problem of dropping out, substance abuse, violence, sexual assault and society's pressures and feeling like an outsider, will be dealt with. In addition, a look will be taken at the manner in which the health and care services look after young people with special health challenges.

In White Paper 26 (2014–2015), *The primary health and care services of tomorrow – localised and integrated*, the Government announces that it will make it a statutory obligation for the municipalities to have competency in psychology. The intention is that this statutory requirement will enter into force in 2020. Notice has also been given that the Government will restructure the subsidy scheme for recruitment of psychologists to the municipalities. The majority of the psychologists recruited so far through the subsidy scheme work with children and adolescents.

### *Mental health in elderly women*

Although more people need health-related assistance when they reach an advanced age, the majority are nonetheless in good or very good health. Women have more health problems than men, and they come earlier. In health surveys, elderly men report that they have better health than elderly women report having.

[::figur:figX-X.jpg]

**Figure 5.3 Proportion in the age group 65–79 who feel they are in good/very good health. 2002-2012. Per cent**

[Column labels]

Men

Women

[End column labels]

Source: Norhealth/Statistics Norway

The most frequently occurring mental disorders among the elderly are depression and anxiety. Depression increases with age. Both anxiety and depression are more widespread among women than among men. Impaired health and functioning in later years can affect opportunities for social contact and lead to loneliness. There appears to be a stronger connection between loneliness and mental health than between loneliness and physical health. Loneliness is more widespread among the elderly than among the young, and three of ten people over the age of 80 say that they are lonely. The Government is heightening its efforts to reduce loneliness among the elderly and create conditions for more social contact and activity. In the Revised National Budget for 2015, the Government increased by a total of NOK 10 million support for the work of voluntary organisations to prevent loneliness among the elderly.

Developments in the past decade have been positive. The prevalence of depression and anxiety has fallen in older age groups. In 2008, about five per cent of those aged 65–74 suffered from depression and anxiety, compared with around 11 per cent in 1998. Among women over the age of 75, 12 per cent suffered in 2008 compared with 14 per cent in 1998. Physical health problems, particularly impaired function, vision or hearing, can be a cause of anxiety or depression. The Government investment in mental health will also benefit elderly women.

The aging of the population will affect society as a whole. In order to improve the quality of life and well-being of the elderly, the Government will make a concerted effort to increase their participation in working life and in the community. In autumn 2015, the Government will present a strategy for a modern senior citizens policy. The strategy is intended to help to elicit more knowledge on factors that will promote an active life for seniors, and will have a gender perspective. A more detailed account is given in Report no. 19 to the Storting (2014–2015) *Folkehelsemeldingen – Mestring og muligheter* [The Public Health Report - Self-management and possibilities].

### 5.2.2 Chronic pain and fatigue conditions

Chronic pain is a major health challenge, both in Norway and globally. Pain is probably also the most usual reason for patients to seek out the health and care service. There are no data on this issue in Norway, but in Sweden 28 per cent of general practitioners' patients have one or more medically defined pain condition. Similar results are found in Denmark. It has also been shown that patients with chronic pain spend four to five times as many days as an inpatient in a hospital as the rest of the population. Long-term pain is more

common among women than among men. The gender differences are moderate with respect to pain in general, but considerably greater for more severe pain, particularly pain that is experienced in several parts of the body. The gender differences are also apparent when experimental subjects are subjected to pain in laboratory experiments, and they have also been found in some laboratory animals. This is evidence that biological mechanisms underlie the gender differences. The prevalence of chronic pain among young people is not well mapped in Norway, but as figure 5.4 shows, pain is more prevalent in young women than in men of the same age group.

[.:figur:figX-X.jpg]

### Figure 5.4 Proportion of the population with chronic pain, by age

[Column labels]

Per cent

Women

Men

Both

[End column labels]

Source: Fit Futures in 2010 (15–16 year-olds) and the Tromsø Survey in 2008 (age 30 and above)

There is a disturbing trend of chronic fatigue in young people. Women are in the majority when it comes to fatigue conditions such as CFS/ME.<sup>9</sup> Uncertain estimates based on foreign studies indicate that there are between 10 000 and 20 000 cases in Norway. In the period 2008 to 2012, 5 809 patients were registered in the Norwegian Register of Patients with the diagnosis CFS/ME. Seventy-five per cent of them were women, and the majority were in the age groups 10–19 and 30–39. A national advisory unit on CFS/ME was established in 2012 to boost the national building up of research and expertise. The unit is intended to help to develop and raise the quality of services for CFS/ME patients through an integrated care pathway. It is also responsible for ensuring that expertise on the syndrome is built up and disseminated, and for providing guidance for the health and care service as a whole. Moreover, it is responsible for monitoring and mediating treatment results, participating in research and teaching and establishing researcher networks. This professional community reports an increase in patients referred with chronic fatigue disorders. The reasons for this increase are not known.

[.:figur:figX-X.jpg]

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<sup>9</sup> Chronic fatigue syndrome (CFS) / myalgic encephalopathy (ME).

**Figure 5.5 The number of hospital stays with registered primary or secondary condition post-viral fatigue syndrome, 2008–2012, gender and age.**

[Column labels]

Number of hospital stays 2008–2012

Age (in years)

Man

Woman

[End column labels]

Source: Norwegian Patient Register

Chronic pain may affect work capacity and physical function, mental health and quality of life, sleep and mortality. We do not know the causes of some pain conditions. The symptoms may occur individually or collectively. The usual names given to these conditions are fibromyalgia or other forms of chronic muscular pain, whiplash and tension headaches. Sufferers of these conditions are predominantly women. Common to these groups is that we lack a generally accepted understanding of the causes of the disease, its mechanisms, and the treatment options. People are affected to varying degrees, but for a considerable number of people it is a question of severe loss of quality of life that may last for a number of years.

When a definite cause of the problems is not known, it is also difficult to find the right treatment. Patients may be sent from one specialist to another: neurologists, rheumatologists, specialists in physical medicine or in psychology/psychiatry. Specialisation in hospitals coupled with uncertainty concerning the problems has caused many of these patients to feel that they were tossed back and forth in the system, where a difficult process often ends without a diagnosis or adequate treatment. This is a challenge for the health service.

There have long been relatively large differences between the options for assessing and treating this type of disorder, compared with those available for illnesses where men are in the majority, such as diabetes and cardiovascular disorders. The Government wanted to see a change in this situation. In 2015, NOK 20 million were therefore granted for a pilot project with the specialist health service's diagnostic centres, with the aim of offering patients a better service for assessing chronic pain and fatigue conditions and a simpler meeting with the services. A teaching network is also to be established, with relevant professional communities taking part to boost the mediation of information in this area. This will help ensure good, comprehensive care pathways for patients and equality in the treatment services offered countrywide. This is one of the Government's initiatives for evening out differences and ensuring more equal treatment options for women and men. The project is to be evaluated. The Government will then consider making the arrangement apply nationwide.

*Need for knowledge*

The Government will pave the way for more and better knowledge about this type of disorder: causes, disease mechanisms and possible treatment and management techniques. In both 2014 and 2015, the letter of allocation to the Research Council of Norway included

guidelines to the effect that research on chronic pain and fatigue disorders such as CFS/ME, borreliosis and fibromyalgia must receive priority.

In 2015, the Government has extended the increased funding of 2014 to research by health authorities on high-priority diseases, and to health service research. It was stipulated that the funding should be spent on large, inter-regional projects in seven areas. Pain and fatigue conditions such as CFS/ME, fibromyalgia, borreliosis and musculoskeletal problems are included here. The four regional health authorities have established a national collaboration on research for six of these areas, with one regional health authority responsible for coordination. This might yield knowledge that benefits these patients. In the national research effort on musculoskeletal health, work is in progress to link the primary health service more closely with the research environments at hospitals and universities. Closer cooperation between the primary health service and the research communities could be of considerable benefit to these patient groups. The national advisory units in the specialist health service play an important part in disseminating new knowledge with a view to keeping health and care personnel updated on these diseases and disorders in their encounters with patients.

#### *Pain and musculoskeletal disorders in elderly women*

More women than men over the age of 80 report musculoskeletal diseases, and the gender difference increases with age. The over-representation of women is particularly related to osteoporosis and fall and fracture injuries. The great majority with osteoporosis are elderly women. Seventy per cent of all broken hips are suffered by women. In 2008, 4 403 women aged 75 or over suffered a fractured hip for the first time, and 26 per cent of them died within a year of the fracture.

Fractures tend to occur after working age. This may be one reason why osteoporosis has not been a highly prioritised health problem in the past, or in the public eye in the same way as some other medical conditions. Since the Women's Health Assessment of 1999, this situation has improved. The Norwegian Knowledge Centre has performed a number of systematic summaries of knowledge on topics related to osteoporosis and the consequences of osteoporosis. Various aspects have been studied, from prevention with the aid of medicines, prevention of falls, surgical techniques for fractures, to rehabilitation programmes for patients who have suffered a hip fracture.

The national research collaboration NOREPOS, (Norwegian Epidemiological Osteoporosis Studies) is a project involving four universities and the Norwegian Institute of Public Health. NOREPOS works on a variety of projects. For example, a joint project, supported by the Research Council of Norway, is investigating why there is such great variation in the risk of osteoporotic fractures within Norway. This in turn may lead to an understanding of why the incidence of fractures is so high in Norway. The same health surveys upon which the NOREPOS collaboration is based are also included in CONOR, a network of Norwegian health surveys. The collection of health data and biological material is to form the basis for research on the causes of diseases and aspects of the health of the Norwegian people, including fractures and osteoporosis.

Although the elderly of the future will probably enjoy better health than those of today, life after the age of 85 will often be affected by illness and loss of function. There is a large preponderance of women in the oldest segment of the population. It will therefore be particularly important to implement measures for elderly single women that help to maintain their functioning and quality of life.

For the "younger elderly" women, emphasis should be placed on maintaining their physical vigour, with a particular view to preventing and postponing health problems and reduced mobility. There is also a need for greater efforts to prevent fall and fracture injuries, particularly among the "oldest elderly" women. The Government will intensify work to prevent falls, with the goal of reducing the number of hip fractures by ten per cent by the end of 2018. Fall prevention is to form part of the work of developing services and be integrated into cross-sectoral work. Better nutrition and increased physical activity are important preventive measures. These measures are described in more detail in the reports to the Storting on the primary health service and public health.<sup>10</sup>

### 5.2.3 Non-communicable diseases – cardiovascular disease, cancer, COPD and diabetes

Norway has committed to the World Health Organisation's target of reducing the mortality of non-communicable diseases (NCD) by 25 per cent by the year 2025. These diseases are cancer, cardiovascular disease, chronic obstructive pulmonary disease (COPD) and diabetes.

The Government will follow up the NCD strategy (2013–2017) by intensifying efforts in this area. The Directorate of Health has been commissioned to assist in implementing the strategy, which has both a public health and a health and care services perspective. This means, among other things, that the health service and health personnel must contribute to prevention, treatment and follow-up, as new knowledge is acquired. The Directorate of Health will ensure that measures and standardisation of practice contain a gender perspective in their recommendations. The aim is to involve the voluntary sector and patient and user organisations in achieving these goals.

#### **Box 5.2 NCD STRATEGY (2013-2017)**

The NCD Strategy is a joint strategy for preventing, diagnosing, treating and rehabilitating victims of these four widespread diseases, defined by WHO as Noncommunicable Chronic Diseases (NCD). The diseases have a lot in common, and there is great potential for preventing them and the distress and premature deaths they cause. Some of the causes are common to these diseases, some are specific to the individual disease and some are unknown. Those affected often have more than one of the diseases and several of the risk factors. It is well documented that risk factors that are central to all the diseases are tobacco,

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<sup>10</sup> White Paper Meld. St. 26 (2014–2015) *The primary health and care services of tomorrow – localised and integrated* and White Paper Meld. St. 19 (2014–2015) *Folkehelsemeldingen – Mestring og muligheter* [The Public Health Report - Self-management and possibilities]



unhealthy diet, physical inactivity and abuse of alcohol. White Paper 19 (2014–2015) *Folkehelsemeldingen – Mestring og muligheter* [The Public Health Report - Self-management and possibilities] contains a more detailed account of measures designed to make healthy choices simple.

**[End of box]**

### *Cardiovascular disease*

Cardiovascular disease is the class of diseases that leads to the largest number of deaths in the population overall, and men have a 64 per cent higher incidence of premature death due to these diseases than women. Figures for acute myocardial infarction and acute stroke combined show men to be seven to ten years younger than women when they are afflicted.

Knowledge of the prevalence of cardiovascular disease among immigrants is limited. Self-reported data indicates that there are gender-related differences among immigrants just as there are among the rest of the population.

White Paper 19 (2014–2015) *Folkehelsemeldingen – Mestring og muligheter* [The Public Health Report - Self-management and possibilities] contains a more detailed account of measures designed to make healthy choices simple. The measures in the report include:

- Initiating experiments at a selection of lower secondary schools where the students will have an increased number of periods per week of physical activity and/or physical training
- Strengthen and continue work with the food industry, for example through the Minister of Health and Care Services' working group for business and industry
- Issue invitations for broad-based cooperation on increasing practical cookery knowledge and skills
- Introduce requirements for standardised tobacco packaging
- Encourage central and municipal government as employers to pursue a policy on intoxicants that is anchored in the management.

### *Cancer*

The incidence of cancer is 40 per cent higher in men than in women. Norway has the highest incidence in the Nordic countries of cancer affecting men. Men under 70 years of age have a ten per cent higher cancer mortality than women.

Testicular cancer is the most common form of cancer for men aged between 15 and 49. Norway and Denmark have the world's highest incidence of testicular cancer. Prostate cancer is the most common form of cancer for men in the age group 50 and above. The mortality rate is falling, but Norway has a high prostate cancer incidence and mortality compared with the rest of Western Europe. Lung cancer has changed from being a disease dominated by men to being more equally shared between the genders. One reason for this is that women began to smoke at a later stage than men.

The Government has taken steps to ensure faster diagnosis and less waiting time for cancer patients by establishing cross-disciplinary diagnostic centres in each health region for

patients suspected of having cancer or some other serious disease. Twenty-eight treatment packages have now been introduced for cancer. They are designed to ensure that cancer patients are fast-tracked for assessment and treatment. Cooperation with general practitioners is being strengthened. High quality and expertise in assessment, treatment and rehabilitation of cancer patients must be provided in line with national cancer treatment programmes. Good treatment quality must be assured through good patient pathways. These are designed to ensure that cancer patients avoid unnecessary waiting for assessment and therapy. *Together – against cancer, the National Cancer Strategy 2013–2017* is to form the basis for the development of services for cancer patients. A national action plan has been drawn up which describes concrete measures for achieving the goals of the strategy.

Prostate centres are now being established in all the health regions. The centres will create conditions for good and efficient assessment of patients with prostate cancer. By linking together several specialists, the basis is laid for good interdisciplinary assessment and decision-making that assures patients of good quality therapy and a good patient pathway. The recovery package for prostate cancer was one of the first packages that was introduced, in January 2015.

### **COPD**

Mortality due to COPD remains higher among men, although it has increased among women over the past decade. Women began smoking later than men, so lag behind when it comes to the development of chronic pulmonary diseases. Many women who have smoked for many years have now reached an age when the risk of COPD is increasing.

There are no drugs that affect the prognosis and mortality of COPD. The only treatment that has proved to have any effect is smoking cessation. Exercise and self-management of disease also yield health benefits. The new COPD guidelines therefore recommend that everyone with COPD with a certain degree of laboured breathing should receive a local government offer of rehabilitation. White Paper 26 (2014–2015) *The primary health and care services of tomorrow – localised and integrated* discusses how the service can better follow up patients with chronic diseases, including COPD.

The health service, including the Healthy Life Centres, have a particularly important part to play in tobacco cessation. To prevent exclusion from working life because of pulmonary diseases, it is important to address the problem early enough, before COPD develops. Smoking cessation courses run by the place of work are a form of action used by many employers.

The main goal of the National Action Plan for Tobacco Cessation is that everyone who uses tobacco should be systematically asked about their tobacco habits by health personnel and offered help to stop using it. The Government wants an active tobacco policy, and presents the framework for a new tobacco strategy in White Paper 19 (2014–2015) *Folkehelsemeldingen – Mestring og muligheter* [The Public Health Report – Self-management and possibilities]. There may be different reasons why women and men use tobacco products. The strategy will take account of the gender perspective where relevant.

## *Diabetes*

Overall, more men than women have diabetes. There are on average eight women with diabetes for every ten men with diabetes in Norway. The gender differences vary somewhat with age and ethnicity. Men have 3.5 times higher mortality due to diabetes before the age of 70 than women.

Immigrants originating from the Indian subcontinent have a higher incidence of type 2 diabetes at an earlier age than the majority population. A survey of Romsås and Furuset suburbs in Oslo showed that 14 per cent of men and 28 per cent of women from Pakistan, India and Sri Lanka aged 30–59 had known or newly diagnosed diabetes, compared with six and three per cent, respectively, with a Norwegian background. Diabetes is a particular challenge for some groups of immigrants due to heredity, changes in living habits and language challenges. Voluntary organisations make a considerable contribution in this respect. In recent years, the Diabetes Association has received support for information work, motivation groups, the Diabetes Line and work with immigrant health. In the Government Budget for 2015, the Ministry of Health and Care Services has increased the funding for the work of the Diabetes Association that targets immigrants.

## *Non-communicable diseases (NCD) and special challenges for men*

Contemporary gender role patterns, social inequality and under-use of health services are factors that affect men's health. Lifestyle has a bearing on health and death risk. In general, men make less use of the primary healthcare services than women. Although women also have health challenges, the figures show that men have a higher mortality than women for the noncommunicable diseases cardiovascular disease, cancer, chronic pulmonary disease and diabetes. One possible reason for this may be that men only seek medical assistance when their illness has advanced further. This has also been addressed in the Swedish report *Men and gender equality* (Swedish Government Official Report 2014: 6), which states:

One of the keys to improved public health and reduced social vulnerability would therefore appear to be to give priority to measures for reaching men and encouraging men to seek medical assistance earlier.

It is important to create conditions that give men the same early diagnosis opportunities as women. This can be achieved by gearing the services better to men's needs.

The differences in survival may also be due to differences in men's and women's lifestyles and the precautions they take against disease. White Paper 19 (2014–2015) *Folkehelsemeldingen – Mestring og muligheter* [The Public Health Report – Self-management and possibilities] concludes that evaluation of precautionary measures should be conducted in light of the genders' different needs and life phases, and that gender should be included in studies of normative behaviour. Moreover, gender-adaptation should be considered in information campaigns and information activities. The report describes these and other instruments that the Government intends to employ to strengthen prevention of lifestyle disease and health problems.

## 5.2.4 Substance abuse, suicide and accidents

### *Substance abuse*

In the under-70s age group, 178 men and 64 women died of drug-related causes in 2010. The mortality figures for the past 10 years have been stable. The number of alcohol-related deaths is 70 per cent higher for men in the under-70s age group. Substance use and behavioural disorders are far more prevalent among men than among women. In the period 2008–2012, about 71 000 men and 33 000 women aged 23 to 62 were treated by the specialist health service for a substance use disorder.

Abuse of alcohol is the most common substance use disorder. The number of hospitalisations for alcohol-related primary diagnoses is higher for men than for women. The figures for 2012 were 4 083 hospitalisations for men and 1 981 for women. Mental disorders and substance use disorders are often concurrent. The Government intends to give priority to work in the fields of mental health and substance abuse and to present a plan for escalating work on substance abuse in the course of 2015. Services, and how to develop them further, will be in focus in the escalation plan. In evaluations of individual customising of services for substance-dependent individuals, account will have to be taken of many different factors, one of them being the gender perspective.

### **Box 5.3 Customised substance abuse therapy for women and for men**

An American survey (SAMHSA 2006), which focused on gender differences in drug use, showed that young boys and girls had different substance abuse patterns. The survey covered all adolescents between the ages of 12 and 17 who received treatment for their substance abuse problems in the USA in 2005. Girls begin to abuse substances at an earlier age than boys. Abuse of hashish and marijuana was most widespread among boys, while girls tended more to report alcohol and central nervous system stimulants as their primary intoxicant. Boys were most frequently institutionalised for treatment via the correctional services, while girls were most frequently institutionalised by a caregiver close to them.

SAMHSA believes that the results showed that to some extent boys and girls had different reasons for using intoxicants. Girls institutionalised for detoxification had a concurrent mental disorder far more frequently than boys. The survey showed that girls used intoxicants to build up their self-image, and as self-medication against mental distress. This means that, in parallel with intensifying preventive work and early intervention, a focus must be maintained on double diagnoses.

In Norway, the design of programmes for prevention, early intervention and therapy in the field of intoxicant abuse has traditionally featured a gender-neutral approach to the different target groups.

New perspectives on the significance of gender have revealed that women with intoxicant abuse problems have tended to meet a support system that largely reflected an understanding of what could help men. As a consequence of the new women's perspective, the foundation Stiftelsen Bergensklinikkene started a separate therapy programme for women

already in the early 1990s. It was largely inspired by Jean Baker Miller and the Stone Center in the USA. As an extension of the special programme for women, a strong professional community evolved, focussing on both theoretical and clinical development work. Several research studies on therapy were also conducted in connection with the work. As a consequence of this professional community, Stiftelsen Bergensklinikkene was given responsibility for the area of specialist expertise *Women and intoxicants* when the regional resource centres for substance abuse were established.

Subsequent practical experience showed that the treatment system may not have been especially tailored for men either. In the light of this knowledge, Stiftelsen Bergensklinikkene has now divided all its clinical activities along gender lines, and has also accumulated expertise on men's development of identity, movements towards substance abuse problems, and need for therapy. As a consequence of this shift, the resource centre has also reformulated its area of expertise from *Women and intoxicants* to *Gender and intoxicants*.

The clinical community is constantly engaged in maintaining and developing expertise on gender-specific therapy. Guidance is provided and in-house instruction given on the topic of gender and intoxicants.

With the passage of time, the specialist community has also focused on understanding differences between women and men in prevention of substance abuse and early intervention, as well as in the treatment programme.

**[End of box]**

The escalation plan will help to ensure the capacity and quality of the service. The objective is to ensure better prevention and follow-up of individuals with substance abuse problems, a shorter waiting period and higher quality. For a more detailed account, see White Paper 26 (2014–2015) *The primary health and care services of tomorrow – localised and integrated*.

Many patients have to wait too long for treatment, not least intoxicant abusers and people with mental disorders. The arrangement of free choice of treatment should therefore be introduced first in mental healthcare and interdisciplinary treatment of substance abuse in the specialist health service in the course of 2015. The arrangement implies that after receiving necessary medical assistance and an offer of therapy, patients can decide themselves whether treatment start should take place at private institutions that will be included in the arrangement.

### *Suicide and accidents*

Men are about three times as much at risk of suicide as women. The action plan for prevention of suicide and self-harm 2014–2017 provides a summary of goals and measures for preventing suicide and self-harm. The action plan is to serve as an aid for the implementation and further development of efforts in this sphere in the years ahead. The Government increased its efforts to prevent suicide and self-harm with an allocation of NOK 5 million in 2014.

Accidents are the most frequent cause of death for people under the age of 45, and a full 20 per cent of male fatalities under the age of 25 are due to fatal accidents. Use of intoxicants is often a contributory factor.

In 2013, 152 men and 38 women under the age of 70 died in transport accidents. The age groups with the largest number of deaths are adolescents and young adults (aged 15-24) and elderly people over the age of 80. The Government wishes to extend the National strategy on accidents and strengthen cross-sectoral cooperation to prevent accidents that result in personal injuries.

[.:figur:figX-X.jpg]

**Figure 5.6 Numbers who die as a result of accidents per 100 000 persons per year. Average for the period 2008–2012, by age group and gender**

[Column labels]

Fatalities per 100 000

Men

Women

[End column labels]

Source: Register of causes of death

*Special challenges for men*

The Swedish Government Official Report of 2014, *Män och jämställdhet* [Men and Gender Equality], reviewed the gender equality situation with respect to men and health. Among other things, the report states (freely translated):

It is necessary for many men to question traditional male norms of being "strong", for example by not talking about feelings. It is important to point out that the norms that link masculinity to toughness, and that affect men's willingness to seek medical assistance and talk about how they feel prevail both in the individual man and in the health and care services.

As we have seen, there can be a high price to pay for living by these norms. Men, not least young men, need to be made aware of the cost to themselves and society at large of their risk behaviour. One means of doing so is by providing men with readier access to appropriately adapted information about their over-mortality, which is linked to risk behaviour, alcohol, violence, accidents, depression and suicide.

The challenges with regard to men's health and social vulnerability are to increase understanding of how many men's self-image is linked to risk behaviour, and to strive to meet men's needs within, for example, the social services and the health and care services.

The results of Norwegian research on men's health reveal that traditional masculinity, with its strong focus on strength, self-control, self-management and stamina, affects men's

health. It is important to take factors of this kind into account when tackling men's health challenges. This may be particularly relevant with respect to risk-reducing behaviour and suicide prevention. There are also differences between women and men when it comes to establishing and mobilising social networks and help-seeking behaviour. Men are more vulnerable than women in this respect, and initiatives should be developed for more adequately reaching out to men who are sick or experiencing a life crisis. Network groups, mentorship and online action can be useful tools for men experiencing a life crisis.

### 5.2.5 Sexual and reproductive health

By international standards, Norwegian women have good reproductive health, and this is considered to be attributable to a high level of education, women's status and self-determination in the context of health. Maternal mortality is very low in Norway, and there are guidelines for care in connection with pregnancy, childbirth and maternity. Norwegian men have good reproductive health by international standards.

The average age of women giving birth for the first time is rising. In 2012, the average age of first-time mothers in Norway was 28.4 years, and in Oslo it was 30.5 years. This is a generally undesirable trend because, statistically, both mother and child are more susceptible to complications as the mother's age increases. However, the Norwegian Institute of Public Health points out that this undesirable tendency appears to be very largely balanced by general good health on the part of those giving birth and the high quality of pregnancy and childbirth care.

The decline in neonatal mortality is probably attributable to a general improvement in public health and living conditions, and to good care during pregnancy and childbirth. Complications during pregnancy, like detachment of the afterbirth (placental abruption) and preeclampsia, have declined. Other complications predominate now, such as overweight pregnant women, fear of giving birth and other mental challenges in connection with pregnancy and childbirth.

Girls and women who have been subjected to female genital mutilation may suffer complications in connection with childbirth. Hospital outpatient clinics, children's wards and maternity departments are required to provide information about health problems and other consequences for health that may result from genital mutilation. In each health region, there is a women's clinic that has a special responsibility to follow up girls and women who have been subjected to genital mutilation. The clinic offers consultation, examination, treatment and, if so required, surgical reversal. Prevention of and action against genital mutilation are described in Chapter 4.

Sexual and reproductive health are fundamental to the general physical and mental health and well-being of individuals, couples and families. They are also important for the social and economic development of society. The Government will develop an overall strategy for sexual health which includes measures to prevent undesired pregnancy. The strategy is scheduled to be submitted in spring 2016.

### **Box 5.3 Health clinic for boys**

Asker Municipality established a separate health clinic for boys as early as in 2000. On one day of the week, the health clinic for adolescents is reserved for boys. As a result of concerted efforts and various measures directed exclusively at boys, Asker Municipality has seen a steady increase in the number of boys who visit the health clinic in the course of the years they have operated this service. Prior to its establishment in 1999, the proportion of boys who visited the health clinic was 8.6 per cent. In 2012, the proportion had increased to 26.4 per cent. The increase has not been solely on the boys' day, but also on the two other days in the week when the health clinic for adolescents is open. The municipality interprets this as meaning that it has become more acceptable for boys to visit the health clinic. Asker Municipality's results show that once boys are used to visiting the health clinic, they also bring up all kinds of issues. These may relate to sexual health, psychosocial challenges, physical problems, dysfunctions, questions associated with substance abuse, use of anabolic steroids etc.

#### **[End of box]**

The school health service and the health clinic for adolescents are well used services. Health personnel provide adolescents with guidance on issues relating to physical, mental and sexual health. In many places, the school health service plays an important part in sex education. The Government has strengthened the school health service and the health clinics, which girls make more use of than boys. Little is known about why this is the case, but some municipalities have succeeded in increasing the proportion of boys who use the service by adapting it especially to them. Asker Municipality is an example of this; see Box 5.4. Developing and providing good services for children and adolescents is contingent on attention being paid to the experiences and views of this group. In the work on the adolescent health strategy, young people of various backgrounds will therefore be invited to provide input about challenges and proposed actions. This can provide valuable input into the development of the school health service and the health clinic service for both boys and girls. The adolescent health strategy is discussed in more detail in Section 5.2.1.

#### *Offer of catch-up vaccination against human papillomavirus*

There are over 100 different types of human papillomavirus (HPV). HPV infection is the most common sexually communicable infection in the world, so much so that most Norwegian women and men become infected in the course of their lives. Most of those infected are not aware that they have had an infection because it does not usually cause symptoms. In most people, the infection passes by itself, but in some it may persist, and may lead to the development of cervical cancer. It is not known why some of those who are infected develop cancer while others do not. In order to monitor for the preliminary stages of cervical cancer (cell changes), all women aged between 25 and 69 are called in for a "pap test" every three years (mass screening for cervical cancer).

Vaccination against HPV was introduced as part of the vaccination programme for girls in the 7th school year, starting in the 2009/2010 school year. The vaccine provides protection against the HPV strains that are the cause of at least 70 per cent of cases of cervical



cancer. Up to the present, anyone other than 7th year girls, who are offered it free of charge, have had to pay themselves, either through their GP or at a health station.

HPV-related cancer has a social dimension, in the sense that women with a low education and income have less opportunity to have pap tests, consult the doctor later after symptom onset and are less willing and able to pay for HPV vaccination themselves.

The Government wishes to establish a free catch-up programme of vaccination against human papillomavirus (HPV) for all girls/women up to the age 26 years. The programme is to be carried out in 2016 and 2017.

### *Abortion*

Abortion figures have dropped over the past 10 years. In 2014, 14 061 abortions were carried out in Norway. This is equivalent to 11.8 abortions per 1 000 women. Most abortions are performed on women in the age group 20–24 years, 21.8 per 1 000 women.

The abortion rate among some groups of women from immigrant backgrounds is far higher than in the rest of the female population.

Appropriately adapted information and easy access to contraception are means of reducing the abortion figures. Oslo University Hospital and Oslo Municipality run a free evening clinic for women from immigrant backgrounds who need health information, follow-up after childbirth and guidance on contraception and family planning.

The Government has arranged for health visitors and midwives to have the right to write prescriptions for all kinds of hormonal contraception and IUDs, irrespective of their place of service. On 22 March 2015, health visitors and midwives were given expanded prescription rights, entitling them to prescribe all hormonal contraceptives to women from the age of 16. This right comes into force on 1 January 2016. The move will make all types of contraception readily available to all women over the age of 16.

### *Overweight and obesity*

Mother's diet during pregnancy affects the child's health, both during the foetal stage and after birth. Overweight is an increasing problem, also for women from immigrant backgrounds. Surveys have shown that over 50 per cent of women with a background from Turkey and about 40 per cent of those with a Pakistani background are obese. Every fourth pregnant woman in Norway is overweight, running a risk of pregnancy complications and future health challenges for both mother and child. The aim is to provide all pregnant women with advice on diet and physical activity, with special follow-up of those who are overweight. Norway is participating in an EU project, the aim of which is to develop good models for preventing overweight among pregnant women and small children.

Targeted, gender-specific interventions are important for preventing the development of obesity in women from immigrant backgrounds. Many of the health clinics provide excellent services for immigrant women, in the form of special breast-feeding groups, dietary advice etc. The Oslo Red Cross has many health-promoting options for women from immigrant backgrounds that can serve as good examples of targeted measures.

### *Post-natal depression, fear of childbirth (tokophobia) and post-traumatic stress*

Depressive symptoms are to be found in 10–15 per cent of new mothers. Increased attention has been paid to post-natal depression, and extensive research is being conducted on prevalence and risk factors. Midwives, health visitors, doctors and others who in their professional capacity meet women who have just given birth must be aware of signs of post-natal depression and the importance of offering support and treatment.

International studies indicate that up to 20 per cent of all pregnant women suffer from great apprehension or fear of giving birth. Anxiety during pregnancy has been related to a number of negative consequences, such as premature birth and a heightened need for analgesics, and sometimes a more prolonged delivery. This may lead to increased risk of acute caesarean section, foetal growth inhibition and oxygen deficiency for the newborn baby.

Previous negative childbirth experiences have much to say for the development of tokophobia in subsequent pregnancies. Concern for the mother's mental health after childbirth is not in itself sufficient grounds for choosing delivery by caesarean section, and the delivery method does not seem to have any bearing on anxiety and depression in connection with childbirth. Nonetheless, about 20 per cent of all planned caesareans in the Oslo area are carried out because the pregnant women have tokophobia. This is unfortunate, partly because there is greater risk associated with caesarean section than with vaginal delivery, and partly because it absorbs huge hospital resources.

Around a third of all women experience childbirth as traumatic, and up to six per cent meet the criteria for the diagnosis post-traumatic stress syndrome subsequent to the birth. Traumas related to childbirth are a burden for those affected and may lead to the woman avoiding further pregnancies. Most maternity departments in Norway have introduced therapy programmes to treat fear of childbirth. More knowledge is needed about the efficacy of the treatment. A better understanding of women's subjective experience of childbirth may make it possible to prevent tokophobia and help to reduce the number of caesarean sections for which there are no medical grounds.

Mental health, including depression during pregnancy, is a topic that has been highlighted through research programmes on women's health under the auspices of the Research Council of Norway.<sup>11</sup>

### *Pelvic girdle and pelvic floor disorders*

Pelvic girdle pain affects every fifth pregnant woman, and is a widespread cause of sick leave during pregnancy. The reasons for pregnancy-related pelvic girdle pain are not known, but hormonal and mechanical factors are assumed to play a part. The number of pregnancies, a high body/mass index, heavy work, and psychological and sociodemographic factors also appear to play a part. Measures to reduce overweight in women of fertile age and to adjust the workplace of pregnant women can help to prevent pregnancy-related pelvic

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<sup>11</sup> This is discussed in more detail in Section 5.1.

girdle pain. Pelvic floor pain and other lower abdomen problems, such as urine incontinence, may impact quality of life.

Research on the effect of pregnancies and childbirth on women's general health has been financed by the Research Council under its women's health programme.<sup>12</sup> This has led to possible complications ensuing from childbirth, such as urinary incontinence and leakage from the bowel, now being included as topics in the Nord-Trøndelag County Health Survey. These are topics to which little attention has been given in the past. Nonetheless, more knowledge is needed about what disorders like this mean for work participation, and the taboos associated with these disorders must be eliminated.

### 5.3 Working life and gender inequalities in health

Norway is one of the OECD countries that spends the largest share of GDP on health-related social insurance benefits. Sickness absence in Norway is by far the highest of all the OECD countries. There is little to indicate that the high proportion of people who receive health-related social insurance benefits in Norway is due to Norwegian health being poorer than that of other countries. Substantially more women than men receive health-related social security benefits in Norway. Sickness absence is discussed in more detail in Chapter 3.

The fact that a higher proportion of women than men receive health-related social insurance benefits is not unique to Norway, however. A similar pattern is found in all OECD countries with a universal welfare state and high labour force participation by women. Both men and women in Norway have high sickness absence compared with other countries.

The sickness absence statistics of the Norwegian Labour and Welfare Administration (NAV) show where the absence occurs, and in which groups, but the full causality of sickness absence is not known. However, the illnesses that cause sickness absence and disability benefit are known. It is important that the health service directs its efforts towards developing services and preventing disability, so that as many as possible have the health to take part in working life and remain in work until the ordinary retirement age, which is currently 67.

Together, the two large diagnostic groups mental disorders and musculoskeletal diseases account for about 60 per cent of all disabled people. Fig. 5.7 shows that there has been an increase in the percentage of disability pensioners with mental disorders, while the reverse applies to musculoskeletal diseases. The percentage of the latter group of disability pensioners has decreased. In addition to these two large diagnostic groups, around seven per cent of the disabled have diseases of the nervous system, and six per cent have cardiovascular disease.

[[:figur:figX-X.jpg](#)]

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<sup>12</sup> This is discussed in more detail in Section 5.1.

### Figure 5.7 Number of disability pensioners – trends in the largest diagnostic groups.

[Column labels]

Mental and behavioural disorders

Diseases of the musculoskeletal system and connective tissue

[End column labels]

Source: NAV

As Fig. 5.8 shows, the figures for illnesses that are the cause of sick leave for men and women show distinct gender differences. There are differences between the numbers of women and men in the diagnosis groups musculoskeletal disorders, mental disorders and cardiovascular disease. Musculoskeletal disorders are the most frequent cause of sickness absence, and more so for men than for women, although women have more lost person-days. In particular, men have more lost person-days due to back problems. Women have more sick leave due to mental disorders than men, and the difference is largest in the category mild mental disorders.

[::figur:figX-X.jpg]

### Figure 5.8 Doctor-certified person-days of sickness absence according to diagnosis, by gender. 2014 Q4. Number

[Column labels]

Allment og uspesifisert	General and unspecified
Sykdom i fordøyelsesorganene	Gastrointestinal diseases
Hjerte- og karsykdommer	Cardiovascular diseases
Muskel- og skjelettlidelser	Musculoskeletal diseases
- Herav ryggliedelser	- Of which, back disorders
- herav nakke-, skulder og armlidelser	- of which, neck, shoulder and arm disorders
Sykdommer i nervesystemet	Neurological diseases
Psykiske lidelser	Mental disorders
- herav lettere psykiske lidelser	- of which, mild mental disorders
- herav angst og depressive lidelser	- of which, anxiety and depressive disorders
Sykdommer i luftveiene	Pulmonary diseases
Svangerskapssykdommer	Diseases related to pregnancy
Andre lidelser	Other disorders
Menn	Men
Kvinner	Women

[End column labels]

Source: NAV

### *Musculoskeletal disorders as a cause of sickness absence and disability pensioning*

The diagnosis 'musculoskeletal disorders' is the most common cause of sickness absence and disability pensioning. Back and neck pain causes major health problems and impaired quality of life. Risk factors for back and neck pain are complex and to some extent unknown. Working environment, psychosocial factors and socioeconomic status appear to play a part. Some pain conditions also arise as a result of injuries to the musculoskeletal system. The Norwegian Labour Inspection Authority has special guidelines on prevention of work-related musculoskeletal disorders.

Data from HUBRO in 2000–2002 showed that more women than men with an immigrant background had musculoskeletal problems, 20–26 per cent compared with 15 per cent.<sup>13</sup>

Over the past 10–15 years, there have been significant developments in medicinal treatment of rheumatic diseases, particularly rheumatoid arthritis. As a result, this patient group has experienced considerably less distress and enjoyed better functioning. Fig. 5.9 shows that women are the majority sufferers of many of the disorders for which there is no clear cause, such as fibromyalgia. Women account for between 80 and 90 per cent of the prevalence of these disorders in the population. At the beginning of 2012, about 130 000 people were on disability benefits because of CFS/ME, fibromyalgia, neck pain, musculoskeletal disorders, unspecified back pain and unspecified jaw pain. There was an increase of 3 000 from 2010 to 2011, with the youngest age cohorts accounting for the largest percentage increase. The Government's strengthening of options for these patients, as described in Section 5.2, may lead to faster diagnosis and treatment programmes and may thereby also prevent these patients from being put on disability benefits.

**[::figur:figX-X.jpg]**

### **Figure 5.9 Number of disability pensioners with the diagnosis musculoskeletal disease as at 31 December 2012**

[Column labels]

Musculoskeletal

CFS/ME

Fibromyalgia

Neck pain

Unspecified back

Women

Men

[End column labels]

Source: NAV

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<sup>13</sup> Norwegian Institute of Public Health

### *Mental disorders as a cause of sickness absence and disability pensioning*

Mental disorders are most common among women, and are an important reason for sickness absence and disability pensioning. In three of four patients with mental disorders, the illness starts before the age of 25, and many have recurring problems throughout their lives. A substantial proportion of people with mental disorders are therefore at risk of being put on sick leave or disability benefits. One of a hundred working days is lost because of sick leave due to mental disorders, and an increasing proportion of sick leave is attributable to mental disorders. In 2011, every third disability pension was attributable to a mental disorder. Over half of those receiving a disability pension before the age of 40 were receiving it because of a mental disorder. As Figure 5.10 shows, more women than men are on disability benefits because of mental disorders. Almost twice as many women as men are disability pensioners because of mood disorders. The Government's efforts to address mental health issues are also intended to help curb the trend of placing people on disability pensions for this type of disorder.

[:figur:figX-X.jpg]

**Figure 5.10 Recipients of disability pension owing to mental disorders. At 31 December 2011. Number**

Psykiske lidelser og adferdsforstyrrelser	Mental and behavioural disorders
Organiske psykiske lidelser / schizofrene og paranoide lidelser	Organic mental disorders/schizophrenic and paranoid disorders
Affektive lidelser (stemningslidelser)	Affective disorders (mood disorders)
Nevroser og adferds- og personlighetsforstyrrelser	Neuroses and behavioural and personality disorders
Psykiske lidelser pga. Rusmiddel- og tablettbruk	Mental disorders due to substance abuse
Menn	Men
Kvinner	Women

Source: NAV

Studies reveal that being on sick leave for an extended period *per se* increases the risk of dropping out of working life permanently. Effective measures to reduce sickness absence may therefore lead to a decline in the numbers of both women and men who drop permanently out of working life.

The scheme *Back to work faster* includes services offered by NAV and the specialist health service and consists of an option of occupational rehabilitation, to prevent unnecessarily prolonged sickness absence. There are *Back to work faster* programmes in all counties. NAV offers follow-up, assessment, occupational rehabilitation and therapy options for people with both mild mental disorders and complex disorders. The specialist health service has increased its ordinary capacity and established new services, including treatment and rehabilitation programmes, to enable people on sick leave to return to work faster. The

Ministry of Health and Care Services has asked the regional health authorities to ensure that hospitals apply this scheme more consistently to groups that are often on sick leave for long periods, i.e. people with mild mental disorders and musculoskeletal disorders. There are plans for improving NAV's *Back to work faster* programme by improving cooperation between NAV and the health service, developing professional methods and requisitioning skills in NAV, and requiring results and predictability from suppliers. Steps are being taken to enable *Back to work faster* to be considered at an earlier stage of sickness absence by providing better information and guidance for persons prescribing sick leave and other target groups.

The Government aims to draw up an escalation plan for habilitation and rehabilitation. Behaviour associated with health and illness may differ in women and men, for example in connection with techniques for coping with illness and life crises. It is important to take this into account when developing rehabilitation services. These perspectives will be included in the work on the escalation plan for rehabilitation and the development of learning and mastery centres.

#### *Differences in sickness absence and the work situation for women and men*

Both the causes of and the gender differences in connection with sickness absence and disability pensioning are discussed in detail in Official Norwegian Report (NOU) 2010: 13 *Work for health. Sickness absence and exclusion in the health and care sector*. An important backdrop to the work on the report was that the health and care sector itself has high sickness absence and also ranks high with respect to transfers to other health-related social security benefits. The Committee's point of departure was that being in work promotes good health *per se*, and that a more inclusive working life can contribute to improved health and lessen health differences in the population.

Groups that drop out of working life have poorer health than those in work. This applies not only to recipients of health-related benefits, but also to the unemployed and to recipients of social benefits. In addition, sickness absence and lack of connection with working life have financial consequences for the individual. Despite a generous sick-pay scheme, employees suffer financially from extended sickness absence. Sickness absence leads to a reduction in future income and increases the risk of dropping out of working life. Sickness absence and disability pensioning entail considerable costs to society, and constitute a challenge for the health and care sector, which has a large and growing need for manpower. According to analyses performed by the Commission, the principle explanation for the high absence within the sector is the large proportion of women compared with other sectors. As the health and care sector has a large preponderance of women, gender differences have a pronounced effect in this sector. According to the Commission, there is a correlation between sickness absence, being placed on a disability pension, and the health of the individual. The individual's perception of health and illness and the relationship between health and work may also have a bearing on the matter. The situation at the workplace affects both health and the extent to which health problems actually lead to absence. This is true of everything from physical stress to organisational factors and the psychosocial working environment. Evening and night work appear to entail a higher risk of sickness absence.

Cyclical fluctuations in the labour market, sick pay schemes and the social security system as a whole influence financial incentives to work. Sickness absence and disability pensioning are influenced by the individual's connection with working life, and there is much to indicate that absence is influenced by the social environment. It has been well documented that women have had substantially more sickness absence and disability pensioning in the past few decades than men. Gender differences can only be partly explained by sickness absence in connection with pregnancy and health problems that are restricted to women. There is substantial evidence that the hypothesis of a double burden (combination of work and care responsibilities) can only explain the gender differences to a limited degree. However, there are studies that show the opposite. An ongoing research project found a marked decline in sickness absence among women who were only children and had elderly parents in municipalities that substantially increased their capacity to care for the elderly.<sup>14</sup> There is inadequate knowledge about both the causes of absence generally, and gender differences in the absence rates.

There has been a strong focus on gender differences in sickness absence, without anyone being able to provide a good explanation for the differences. The increase in women's sickness absence is related to a number of factors. Women's labour force participation generally has increased sharply, as has participation by pregnant women. The number of jobs in what was traditionally "men's work" have decreased, and jobs in what was traditionally "women's work" have increased. Health and social services are one of two areas that have seen strong growth in employment in recent years.

According to one study, differences in the way the two genders experience the psychosocial working environment may explain a considerable part of the higher risk of sickness absence with doctor's certificates observed among women.<sup>15</sup>

A recent Norwegian survey maintains that in order to reduce sickness absence in Norway, a holistic approach is needed that takes account of both the work aspect and the family aspect of the sick person's life.<sup>16</sup>

### *Need for knowledge*

In the past, occupational medicine research was largely carried out on men in male-dominated occupations. Today, too, there is little research associated with women in occupations where women predominate. In White Paper 2008: 11 *Yrkessykdommer* [Occupational diseases] it is pointed out precisely that there is a lack of documentation of cause and effect between occupational exposure and the development of illness in a number of occupations in which women predominate. This is repeated in White Paper 29 (2010–2011) *Felles ansvar for et godt og anstendig arbeidsliv* [Shared responsibility for a good and decent

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<sup>14</sup> Løken et al. (2014)

<sup>15</sup> Sterud (2014)

<sup>16</sup> Solheim (2011)



working life], with references to the fact that musculoskeletal disorders are the largest diagnostic group associated with exclusion from working life.

More knowledge is needed about the relationship between women's health and work. This should be based on interdisciplinary approaches. There is no consensus in the research community, and there is still uncertainty concerning the relationship between gender and sickness absence. More knowledge is needed in this area, and the Government will strive to learn more about the reasons for women's high sickness absence and use of disability benefits. This is to be done both by studying factors in women's work situation which may have a negative effect on their health, and by continuing to prioritise research on diseases and circumstances that lead to sick leave and disability.

## 5.4 Equal services for women and men

Healthcare is a knowledge-intensive sector. Procedures, therapies and methods are constantly being developed, and knowledge of what is best practice is by no means a given. Achieving closer integration of the gender perspective into decision-making processes and in the practice of health and care services is a challenge. Although it is generally acknowledged that there is a gender perspective to health, it is not accepted as the norm. A gender perspective in research, education and health and care services has not yet been fully established in Norway in the same way as in comparable countries. "Sex and gender", combining a biological and a sociocultural perspective on health and care, must be better integrated into all parts of the health and care services. The aim is to create systems that ensure the application of updated knowledge of men's and women's special needs. This requires awareness and support from management at all levels, and the development of a culture that is capable of altering its practice in pace with updates in knowledge.

The Government will ensure that the gender perspective is better integrated into decision-making processes and in the practical provision of health services through the Government's encouragement of participation by women and men at all levels.

### 5.4.1 Encouraging user participation – the patient in the centre

The Women's Health Committee reviewed women's encounters with the health services, and one of the findings was a need for user participation. Since then, the health and care sector has undergone extensive judicialisation, with the establishment of a number of important patient and user rights. The Government has strengthened the position of the patient, and will create conditions to enable women and men to exert influence throughout the process, from research to development and evaluation of services.

Given stronger user influence, women and men will set the terms for the quality of the health and care services to a greater extent than previously. White Paper 11 (2014–2015) *Kvalitet og pasientsikkerhet* [Quality and patient safety 2013] points out that the quality of the services can be raised by bearing in mind that men and women have different needs. National quality indicators and professional guidelines are examples of instruments that can contribute to a more active patient and user role and to equality in the services provided.

#### 5.4.2 Leadership development in the health and care services

Good leadership is crucial to the creation of the patient-centred health service. White Paper 26 (2014–2015) *The primary health and care services of tomorrow – localised and integrated* takes up leadership challenges in municipal health and care services. Considering its size and complexity, there are few leadership positions in the health and care sector. Managers are responsible for professional quality and patient safety in the health and care services. Good systems for coordinating routines and professional procedures and for dealing with non-compliance are therefore necessary. Managers are responsible for securing the competencies necessary to enable them to exercise their own role as manager. Moreover, the municipal management must determine whether the requirement of prudence is satisfied through the control system that has been established. The Government will contribute to better management both through sufficiently clear requirements of management, and by strengthening managerial skills. Measures will include defining managerial requirements through regulations, improved access to management training programmes, cooperation with the specialist health service, and drawing up guidelines for municipal monitoring of private participants with service contracts.

#### 5.4.3 National professional guidelines

National professional guidelines are intended to ensure that health and care services:

- are of high quality
- assign the correct priorities
- do not result in undesirable variation in service options
- solve cooperation challenges
- offer patients integrated care pathways

Recommendations issued in national professional guidelines are not legally binding, but normative, and provide guidance by indicating desirable and recommended choices of action. However, individual evaluations must be made in connection with each choice of action. The health service's owners and management are responsible for facilitating activities to ensure compliance with recommendations issued in national professional guidelines.

The Directorate of Health monitors matters that have a bearing on the public health and developments in the health and care services. The Directorate of Health shall develop, mediate and maintain national professional guidelines.<sup>17</sup> The Directorate of Health is not required to draw up guidelines for all areas. In areas where there is wide variation in combination with a serious condition and treatment that requires substantial resources, there may be reasons for the Directorate to draw up national professional guidelines. The professional communities in all areas of the specialist health service draw up their own professional guidelines and procedures.

In 2015, the Directorate of Health was asked to take account of gender when developing professional guidelines, where knowledge summaries and research provide a basis

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<sup>17</sup> See Section 12-5 of the Health and Care Services Act and Section 7-3 of the Specialist Health Services Act.

for this. The use of professional guidelines and instructions is an important tool in quality assurance work and for reducing baseless variation in the provision of services. Treatment can be adjusted so that equally good service is provided for women and for men.

#### 5.4.4 National quality indicators

The national quality indicator system is designed to assure everyone of equal access to high-quality health services. The quality indicators are statistics that contribute to shedding light on the quality of the service. For example, the health service's available resources, the patient pathway and the outcomes of health services for patients are graded in order to provide patients, their families and the general public with more knowledge about the quality of treatment in the health service. As of August 2014, the system consists of 60 indicators that are published on [www.helsenorge.no](http://www.helsenorge.no). When the quality indicators are combined with patient-reported outcome measures and the results of patient and user surveys, a more complete picture is provided of the quality of the services. The Directorate of Health is to develop user surveys further for use as a method, in order to acquire user experience of service quality. The information provided by the quality indicators can be used to detect undesirable gender differences, so that necessary action can be taken. This should lead to more equal services for women and men.

One of the three national targets in public health policy is a society that promotes health throughout the entire population. This is expressed in Report no. 19 to the Storting (2014–2015) *Folkehelsemeldingen – Mestring og muligheter* [The Public Health Report - Self-management and possibilities]. This entails incorporating the health perspective into all policy areas, from day-care and school policy, working life policy and communications policy, to business policy and land-use planning. The Government will help to demonstrate how policy in all areas of society has a bearing on health and the distribution of health in the population. Indicators that make it possible to monitor developments in matters that affect health will be an important tool in this respect. Another tool is health impact assessments for rendering visible the impact on health of policy across sectors. The gender perspective must be taken into account both when developing indicators and when conducting health impact assessments.

#### 5.4.5 Better use of registers for finding the causes of health differences between women and men.

In the past 10 years, a number of health registers have been established or the data in them made personally identifiable, including the prescription register. Established in 2003, this contains information on prescription drugs dispensed to individuals. The register is a means of promoting the correct use of drugs, and can lead to an improved health service by delivering data for quality improvement and research purposes. The data are broken down by gender, and provide valuable information about the differences in the use of medicinal drugs by women and men. The Norwegian Patient Register, the data in which were made personally identifiable in 2008, contains information on people who have received treatment in hospitals, at clinics or from specialists under contract. These registers, which can also be linked to other

registers, such as the Cause of Death Register or the Register of Births, make it possible to monitor the prevalence of a disease and the use of medicinal drugs for both the population at large and various groups. The registers are subject to strict privacy rules and security procedures. In the context of research, it is nonetheless possible to link up information from these with other health registers, and with research projects. This offers even more opportunities for monitoring health and acquiring new knowledge. The opportunities implicit in comparing data from different registers can be used to a greater extent than today to improve knowledge of women's and men's health, and possible gender differences in therapeutic efficacy.

The Government wishes to ensure that the foundation for the health service of tomorrow is laid through clear strategies, thoroughly reviewed plans and holistic overviews, which must be anchored in policy decisions. There is a lack of knowledge in several areas about the reasons for the health differences between women and men through their life-cycles. A more systematic overview is needed of factors that affect women's and men's health, particularly women and men from immigrant backgrounds. Registers, data collection, analyses and impact assessments will be important in this connection. This is discussed in more detail in White Paper 19 (2014–2015) *Folkehelsemeldingen – Mestring og muligheter* [The Public Health Report – Self-management and possibilities].

#### 5.4.6 Women and men communicate differently about health problems and illness

The help offered to patients may be affected by how they present their problems and needs in their encounters with the health and care services. The Women's Health Committee described these challenges. The Committee referred to systematic differences in the ways in which women and men communicate. The Committee was of the view that this has a bearing on how patients are interpreted, evaluated, diagnosed, referred onwards and treated, and that it affects the advice and guidance they are given. Such patterns can contribute to unintentional discrimination in the treatment of women and men. Women and men communicate differently about illness and health problems. Awareness of these differences is important in the work of developing equal health services. This applies in particular to women and men with immigrant backgrounds. Language and cultural differences can further complicate encounters with the health services.

#### **Box 5.4 The role of the doctor and communication**

Being able to listen to the patient, so as to gain insight into what is important, sensitive or unexpected, is an advanced professional skill. Learning it demands reflection and changes in the manner and language of the therapist. Since people generally apply automatic, standardised interpretations when listening, the difficulty of achieving real understanding in therapeutic relations tends to be underestimated. Research shows that experienced therapists often make mistakes by interrupting, failing to take notice or misunderstanding. In order to succeed in eliciting delicate information and confidences about embarrassing needs for help, therapists must behave in such a way that each and every patient can feel secure in the relationship, and must assist the patient in understanding what the therapist does not know and

needs to be told. The therapist must recognise that he or she does not already know what the patient knows, is concerned about, fears and hopes. Stereotypical expectations and assumptions, associated, for example, with sex, diagnosis or ethnicity, must be set aside. Persistent curiosity and willingness to ask about the patient's experiences, thoughts and interpretations are features of skilled therapists. Systematic work with structure and progression in conversations with patients are important for creating dialogues in which sensitive and essential information can be elicited and shared.

A detailed presentation of patient-centred communication skills and how they can be used in particularly demanding consultations, with language-related and relational problems, is described in the book *Lytt. Legerolle og kommunikasjon* [Listen. The doctor's role and communication] by Edvin Schei (2014).

**[End of box]**

Placing the patient in the centre means taking steps to increase availability, increase information and improve communication between patient and therapist. In practice, this means a health service that asks users about their needs and listens to their answers. Different users have different perspectives and different needs. Training and guidance must be based on dialogue between therapist, patient and, if relevant, family. Greater patient involvement may help to remedy unintentional discriminatory treatment of women and men in the meeting between patient/user and health and care personnel.

Greater involvement is also important when the patient is a woman or man from an immigrant background. It is necessary to create conditions for a secure and available health service for women and men from immigrant backgrounds in all phases of life, and to increase the use of interpreting services in order to be able to provide equal health services. A master's thesis on Norwegian general practitioners' experiences of and attitudes to patients from immigrant backgrounds shows that language difficulties are the greatest challenge in their encounters with patients. Half of the doctors who were interviewed in connection with the thesis were of the view that the problems are greatest among elderly patients, particularly women.<sup>18</sup> The Directorate of Health has taken steps to strengthen language and cultural skills among personnel in the health enterprises. Official Norwegian Report (NOU) 2014: 8 *Interpretation in the public sector – a question relating to the right to due process of law and equal treatment* shows that the use of interpreters in the public sector is unsystematic, that too few interpreters are used, and too many of them are unqualified. This is costly for society and undermines due process. In extreme cases, it may have repercussions for life and health.

In the light of the report, the Government is now commencing work on a special Interpreting Act. The Act shall define the duty of providers of public services to ensure good and correct communication with all users. A separate Interpreting Act will help to raise the quality of interpreting services and to ensure that resources are used more effectively. In addition to the legislative work, the Government will promote access by the public sector to an adequate supply of qualified interpreters and encourage public agencies to introduce

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<sup>18</sup> Abuelmagd (2013)

guidelines for the ordering of interpreting services. The Government will start working on the introduction of ID cards for interpreters who are listed on the National Register of Interpreters.

#### 5.4.7 Health research

The Government's goal is to strengthen health research, increase the scope of clinical studies generally and give more patients the opportunity to take part in trial treatment. New efficacious and effective treatment methods are being developed in a controlled manner by means of research. Clinical trials contribute to updated knowledge on efficacy, the safety of new treatments and knowledge about treatment results in clinical practice. Knowledge achieved through clinical trials provides support for prioritisation and decision-making in the health service as to which methods should be offered to patients. This is a key means of achieving health policy goals, including the goal of equal health and care services for women and men.

The Government's ambition is to increase clinical trials for various treatment methods. These trials may be of medicinal drugs, medical devices or surgical procedures. The Ministry of Health and Care Services has initiated work to obtain a better overview of ongoing clinical trials. The overview is to be made available to patients, family and health personnel, to give them a better opportunity to consider possible participation in a clinical trial. An online solution with patient-oriented information on clinical trials is to be launched in autumn 2015 on the health portal [www.helsenorge.no](http://www.helsenorge.no).

#### *User participation in research*

The Government wishes to create a health service that involves the patient. Implicit in this is a growing recognition of users' experiences and knowledge. The same applies to research. When users participate in the entire research process, the results of the research will reflect to a greater extent the users' experiences and offer new, more reliable knowledge that may be useful in the service. The term 'user' refers to patients, health personnel and the administration. User participation in the research process may consist of the following: i) identifying research topics, ii) prioritising research topics, iii) direct participation in research projects, iv) assessing and allocating research funding and v) communicating the results of a research project.

The Government has drawn up guidelines to the effect that research on health and care services must include more user participation in all parts of the process, and that more efforts must be directed at meeting user needs. In recent years, various actions have been taken to this end. Among other things, the Research Council of Norway and the regional health authorities have been required to increase user participation. In 2015, the regional health authorities were asked to introduce a requirement that grounds must be given for any lack of user participation in the planning and implementation of clinical research or health service research. In 2014, acting on orders from the Ministry of Health and Care Services, the regional health authorities also drew up guidelines for user participation in the different phases of research.

### *Research based on identified needs*

In order for better use to be made of health research results, some health research funding from the Research Council of Norway will be directed to a greater extent at user-identified needs. Research based on identified needs is intended to respond to identified needs for knowledge and strengthen the decision-making basis of the service. Needs-based research as an instrument can help to ensure that research funding is allocated to problems that would not otherwise have attracted attention. For example, it can detect a need for knowledge in the field of women's health. The new instrument is being tested in the Research Council of Norway's major Programme on Health, Care and Welfare Services Research in 2015, with a view to introduction into relevant health programmes in the longer term.

### *Follow-up of the Health&Care21 strategy*

The Health&Care21 strategy is a national research and innovation strategy created by central participants from the business sector, patient organisations, hospitals, municipalities and university and university college circles. The strategy was submitted to the Government in June 2014. This is the first time a cross-sectoral research strategy on health and care services has been developed.

The principal responsibility for follow-up of the Health&Care21 strategy rests with the participants themselves. They themselves are responsible for pushing developments forward and supporting the implementation of the strategy in their own sector or business. In January 2015, the Ministry of Health and Care Services announced that the Government is to develop an action plan for the Government's follow-up of the Health&Care21 strategy, and that a Health&Care 21 Committee is being appointed. The Committee consists of 27 individuals from the business sector, hospitals, universities and university colleges, general Government, local government and users. The Committee is to ensure that dialogue takes place and to coordinate follow-up of the Health&Care21 strategy across sectors and participants.

The action plan is intended to set the Health&Care21 strategy in the context of the Government's policy on research, innovation and health and care. At the same time, the plan must show what the Government is following up within the 10 target areas of the Health&Care21 strategy. A number of these target areas include topics that are relevant to gender equality policy.

## 6 More women in business

[[:figur:figX-X.jpg](#)]

Photo: Innovation Norway

Today there are fewer female than male entrepreneurs, executives and directors in the business sector. One out of four entrepreneurs is female. Only 6 per cent of limited companies have a female chief executive, and the proportion of female directors at companies that are not covered by the provisions regarding gender representation remains low.

Human resources make up 81 per cent of the national wealth.<sup>1</sup> People are Norway's most important resource, and it is critical that this resource is fully leveraged in order to increase value creation and economic growth. The lower proportion of women on boards, in management and as entrepreneurs in business means that valuable resources are not fully exploited, and may indicate that women do not have the same opportunities to use their resources as men.

The gender distribution on boards, in management and among entrepreneurs must be seen in the context of distribution of ownership and wealth, educational choices, the labour market and the design of income maintenance schemes. On average, men have greater wealth and own more than women, and access to capital makes it easier to start a business. Large owners are often found on the boards and management of businesses. Traditional educational choices have helped make Norway a gender-segregated labour market; see Chapters 2 and 3. More men than women have experience from the private sector, and the proportion of women in the private sector has declined slightly during the past few decades.<sup>2</sup> Fewer women with experience from the private sector means that there are fewer women to recruit to boards, management and entrepreneurship. However, an increasing number of women are pursuing higher education in engineering, law and economics. This may have an impact on future recruiting.

Norwegian business has much to gain by increasing women's participation. A competitive business sector must recruit good candidates from the entire population. The business sector itself has a main responsibility for taking conscious steps to develop gender equality strategies, targeted recruiting and instruments to achieve greater diversity. Diversity can provide a broader foundation for good decisions. Decisions made by the business sector have an impact on society and each individual's opportunities. From a democratic perspective, it is important that the persons who are recruited to these positions represent both genders and as broad a sample of the population as possible.

Women and men must be able to make their own career choices. Not everyone wants to become an executive, be a director or start their own company. It is important to the

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<sup>1</sup>White Paper Meld. St. 12 (2012–2013): *Long-term Perspectives on the Norwegian Economy 2013*

<sup>2</sup>Reisel & Brekke (2013)



Government that all people have the same opportunities to develop and use their skills, irrespective of gender.

The Government will take steps for women and men to have equal opportunities to serve on boards and work as executives at companies if they desire this, and to realise their entrepreneurial ambitions. However, equal gender representation in all contexts is not a goal. Women and men must be evaluated on the basis of their qualifications and competence. It is first when both women and men are evaluated independently of gender that there are equal opportunities for all. For business and society, this means that resources and competence are exploited most effectively.

#### *The Government will*

- take steps for more women to become entrepreneurs by
  - following up the actions in the plan for entrepreneurship in order to advance more women and promote greater diversity among Norwegian entrepreneurs
  - giving more young women experience with entrepreneurship and network building through Ungt Entreprenørskap (JA-YE Norway)
  - strengthening R&D contracts for projects in the health and care sector
  - helping create meeting places for entrepreneurs within the health and care sector in order to share knowledge and experiences
- increase the proportion of female directors at companies where the State has an ownership interest and seek to achieve as equal representation as possible between women and men at these companies
- establish a gender balance monitoring tool for chief executive positions in the business sector in order to follow developments over time, and make comparisons with other countries
- initiate a study that examines differences in the proportion of women in chief executive positions in the business, academic and public sectors, and the reasons for this.

#### The Government will also

- follow up the State's expectations regarding diversity and gender equality in White Paper Meld. St. 27 (2013–2014) *Diverse and value-creating ownership* at companies where the State has an ownership interest in the ownership dialogue, including:
  - discussing with the companies whether they have established strategies and carry out measures to promote diversity and gender equality, and what steps can be taken to achieve more female chief executives
  - establishing meeting places where chairs share experiences on how to achieve more female chairs
  - reporting key figures regarding gender distribution on boards and in executive management in the State Ownership Report
- mobilise more women to pursue executive positions in business by providing good examples of how the business sector is working to achieve this.

## 6.1 Women as entrepreneurs

New ideas and more effective work methods do not always arise in the business sector as it exists today. By challenging existing business, entrepreneurs increase competition, innovation, restructuring and financial growth. Starting one's own business can be an important gateway to the labour market, not least in smaller markets where there are fewer and less varied opportunities. Many women and men with an immigrant background start their own businesses, also in more rural areas and regions. Such entrepreneurship can expand local services and benefit the entire local community. Entrepreneurship can thus stimulate both employment, integration, value creation and the creation of attractive local communities.

According to the *Global Entrepreneurship Monitor*, an international survey of entrepreneurship, the proportion of the adult population that starts companies has declined in Norway since 2005.<sup>3</sup> Norway has relatively few new companies, compared with other OECD countries. The proportion of women who become entrepreneurs is also low. Even though Norway has a lower proportion of female entrepreneurs than many other countries, women are clearly in the minority among entrepreneurs in almost all countries.<sup>4</sup> It is necessary to continue to work towards greater entrepreneurship. An important element here will be to take steps to allow more women to become entrepreneurs. The Government wants more women to realise their entrepreneurial ambitions.

### 6.1.1 Fewer women than men become entrepreneurs

About one out of four entrepreneurs is female, a proportion that has been relatively stable for a long time.<sup>5</sup> The proportion is slightly higher in the other Nordic and Western European countries, where about one out of three entrepreneurs is female.<sup>6</sup> In 2013, women made up 37 per cent of the persons who established sole proprietorships, general partnerships (ANS) or general partnerships with shared liability (DA) in Norway.<sup>7</sup> Among those who established a limited company (AS) or public limited company (ASA)<sup>8</sup>, the proportion of women was lower, at about 20 per cent. The sectors with the highest proportion of female

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<sup>3</sup>Amoros et al. (2014)

<sup>4</sup>Kelley et al. (2013)

<sup>5</sup>OECD (2014b)

<sup>6</sup>Kelley et al. (2013)

<sup>7</sup>A *sole proprietorship* (ENK) is a designation that is used for enterprises where the owner is liable for all of the enterprise's liabilities and obligations. In a *general partnership* (ANS) all of the partners have unlimited personal liability for the enterprise's total debt (joint and several liability). Each partner is thus liable for all of the debt. What one partner is unable to pay can be claimed in full from any of the other partners. In a *general partnership with shared liability* (DA) the partners jointly have unlimited personal liability for the enterprise's total debt, but each partner is only liable in proportion to his or her ownership interest in the partnership. Each partner's stake must be stated in the partnership agreement.

<sup>8</sup>A *limited company* (AS) is a company where the owners have paid in share capital divided by the number of shares in the company. The owners have no personal liability for the enterprise's liabilities other than the share contributions each has made to the company. Limited companies must have a share capital of a minimum of NOK 30 000. A *public limited company* (ASA) is the designation for a limited company with many shareholders. Shares can be subscribed for or sold to an unspecified group of people, i.e. the general public. A public limited company must have a share capital of at least NOK 1 million and a board of directors consisting of at least three members and one general manager. In Norway, public limited companies can be listed on Oslo Børs.

entrepreneurs are health and social services, education, accommodation and food service and other services.<sup>9</sup>

Sole proprietorships, general partnerships and general partnerships with shared liability established by men have a slightly higher survival rate after five years than corresponding companies established by women. However, limited companies and public limited companies established by women have a slightly higher survival rate than corresponding companies established by men. In general, companies established by men show a higher increase in turnover after five years, but companies established by women show a slightly stronger increase in employment.<sup>10</sup> Differences between the industries women and men usually establish themselves in may explain part of these differences.

Persons with an immigrant background are well represented among entrepreneurs. Almost 7 000 persons with an immigrant background established a sole proprietorship, general partnership or general partnership with shared liability in 2013. This constituted over 20 per cent of the persons who established this type of enterprise.<sup>11</sup> This includes both those who immigrated themselves and Norwegian-born persons with two immigrant parents. The corresponding figure for 2004 was about 8 per cent. A large part of the increase during this period is enterprises established by immigrants from Eastern Europe.

There are gender differences associated with entrepreneurship, also among persons with an immigrant background. Fewer women than men are entrepreneurs. One-third of the persons with an immigrant background who established a sole proprietorship, general partnership or general partnership with shared liability in 2013 were women. However, if one compares the number of female entrepreneurs with an immigrant background with the number of female entrepreneurs in the rest of the population, women with an immigrant background are well represented. One out of five women who established a sole proprietorship, general partnership or general partnership with shared liability in 2013 had an immigrant background.

Enterprises established by immigrants have a slightly lower survival rate than enterprises in general, but the enterprises that survive show higher growth in turnover and employment after five years.<sup>12</sup> Industries with a high proportion of entrepreneurs with an immigrant background are accommodation and food service, construction, transport and storage, retail trade and business or personal services.

The objective of the *Programme on Entrepreneur Research (MER)* has been to explain the differences between entrepreneurship rates for women and men. A status report from the programme shows that women often have less relevant work experience and education, and greater care tasks in the family. They appear to have slightly less access to capital than men.<sup>13</sup>

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<sup>9</sup>Statistics Norway (2014c)

<sup>10</sup>Statistics Norway (2014c)

<sup>11</sup>Statistics Norway (2014c)

<sup>12</sup>Skårerhøgda & Torp (2012)

<sup>13</sup>Damvad (2011)

Among other things, women's capital income measured as a proportion of men's is about 30 per cent. More women than men earn interest income on bank deposits, while men have the largest deposits. Share dividends are very unequally distributed in men's favour.<sup>14</sup>

When explaining why men establish companies more frequently than women, it turns out that factors like industry, education, wages, inheritance and family situation only explain a small part of the differences observed.<sup>15</sup>

Research findings from certain economic experiments indicate that women are less willing to take risks than men, and that men on average are more motivated by competition than women.<sup>16</sup> This is one of the explanations provided when looking at gender differences in entrepreneurship. As entrepreneurship is associated with a significant element of competition and financial risk, gender differences in willingness to compete and risk aversion explain part of the gender gap in business start-up rates. There are also studies that show that men to a greater extent than women overestimate their ability to handle risky projects. Women are more self-critical about their opportunities for entrepreneurial success.<sup>17</sup>

Role models appear to have influenced the number of businesses that are established in general. Research shows that there can be substantial spillover effects. When there are many female entrepreneurs in a municipality, this leads more women to decide to become entrepreneurs.<sup>18</sup> This can also help explain why fewer women than men look for a career as an entrepreneur.

Persons with an immigrant background may encounter special challenges when establishing their own business, in addition to the ones faced by other entrepreneurs. This can be a lack of language skills, limited access to financing, less knowledge of rules and procedures, and a network that mainly consists of family and friends with limited access to information and capital.<sup>19</sup>

### 6.1.2 Efforts to encourage more women to become entrepreneurs

Over 50 000 new enterprises are registered in Norway every year. There is little involvement in these enterprises by public sector policy instruments. The business sector generally regulates itself, and establishment, growth and survival are linked to supply and demand in the market. The public sector will facilitate equitable, stable and predictable framework conditions.

In addition, the public sector policy instruments facilitate entrepreneurship and value creation. The State's efforts are mainly managed by Innovation Norway, the Research Council

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<sup>14</sup>Official Norwegian Report (NOU) 2009: 10

<sup>15</sup>Berglann et al. (2013)

<sup>16</sup>Croson & Gneezy (2009)

<sup>17</sup>Langowitz & Minniti (2007)

<sup>18</sup>Berglann et al. (2013)

<sup>19</sup>Enehaug et al. (2009)

of Norway and Siva, which all have higher proportions of women in business as a priority. The county administrations and the municipalities play an important role in stimulating and facilitating regional and local entrepreneurship and value creation, and also play a part in increasing gender equality in business.

### *Public sector policy instruments*

#### *Innovation Norway*

Innovation Norway is a State special-legislation company whose purpose is to help develop the districts, increase innovation in the business sector throughout the country and to market Norwegian business and Norway as a destination. The Ministry of Trade, Industry and Fisheries is the main owner, with 51 per cent, while the county administrations own 49 per cent. Innovation Norway also manages funds from the Ministry of Local Government and Modernisation, the Ministry of Agriculture and Food, the Ministry of Foreign Affairs and the county governors.

The Ministry of Local Government and Modernisation stresses the importance of assessing applications according to the quality of the projects for which funding is sought. Within this framework, it is the Ministry's goal that at least 40 per cent of directly business-targeted funds from the Ministry to Innovation Norway reach women. In 2014, 35 per cent of the funds reached women. The proportion was around 40 per cent during the three years prior to this. In order to mobilise more broadly and reach more women, Innovation Norway has worked to integrate its focus on women with its ordinary services – see Box 6.1. In the 2015 letter of assignment, the Ministry of Local Government and Modernisation asked Innovation Norway to work for more women to become growth entrepreneurs and work in management and on boards.

Innovation Norway manages the start-up grant scheme. Start-up grants are a service for start-up companies that seek to grow and have a mission that represents a substantial novelty in the market. The start-up grant scheme received an additional NOK 110 million in 2015. The increase in start-up grants provides a boost that will also benefit women who are entrepreneurs or have such plans. About 44 per cent of the projects that are part of the start-up grant scheme in 2013 had a focus on women.<sup>20</sup>

The Government's efforts to achieve greater entrepreneurship are important, also in order to achieve more female immigrant entrepreneurs. At the same time, it is important that several of the existing instruments for entrepreneurship are communicated more clearly to the immigrant population.

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<sup>20</sup> A focus on women means that the projects meet criteria such as women being involved in starting or co-owning the enterprise or property where the project is carried out, the project having a particular focus on increasing the competence of women employed at the enterprise, women making up over 30 per cent of directors or the company's management, the project increasing the number of female executives or having a focus on increasing the number of women employed.

### **Box 6.1 Innovation Norway's focus on women**

The objective of Innovation Norway's focus on women is to improve value creation by increasing women's participation and position in business, as entrepreneurs, in management and on boards. The focus on women pervades all of Innovation Norway's activities; in different sectors, programmes and services. This approach has been chosen in order to achieve broader mobilisation and to reach more women than specific, limited ventures.

Innovation Norway's integrated focus has yielded good experiences and results. The proportion of women in services and programmes has risen substantially in recent years. A significantly higher share of funds go to projects that focus on women than in the past. In 2007, 19 per cent of funds went to projects that focus on women. In 2014, this share was 32 per cent. Far more women have been recruited to professional development and consulting services. Examples of this are the Mentoring service for entrepreneurs (50 per cent proportion of women), EMAX for young entrepreneurs (50 per cent proportion of women), and FRAM, a professional development programme to increase the competitiveness, profitability and innovation of the participants (40 per cent proportion of women).

A higher proportion of women has also been achieved in Norwegian Centres of Expertise (NCE) like Raufoss, Node/Eyde in Agder and Smart Women in Halden. The companies themselves wanted to achieve greater diversity in the business communities, and took active steps to attract women and form networks in order for the women to feel welcome and remain in the community.

#### **[End of box]**

Few people with an immigrant background take advantage of Innovation Norway's services. In the 2015 letter of assignment, the Ministry of Local Government and Modernisation asked Innovation Norway to make a special effort to encourage more persons with an immigrant background to apply to its programmes. The Ministry has also tasked Innovation Norway with continuing the work of testing better work methods and approaches to reach the immigrant population. Innovation Norway's professional development work will also place emphasis on immigrants' potential in order to improve the first line service in the municipalities.

#### **The Research Council of Norway**

The Research Council of Norway is a national body for research strategy and research funding. The Research Council promotes holistic strategic measures related to development of new fields of research, development of higher scientific quality, and implementation of new ventures in order to meet societal challenges. The Research Council's total 2014 budget was just over NOK 8 billion. The Research Council is organised as an administrative agency, and is administratively subordinate to the Ministry of Education and Research. Funds for the Research Council are allocated in the budgets of 15 ministries, with the allocation from the Ministry of Education and Research being the largest. The Ministry of Trade, Industry and Fisheries provides the second largest grant to the Research Council.

The Research Council of Norway works to promote gender equality (gender balance) in the management of research funds. Its objective is 40 per cent representation of each gender in its governing bodies, including programme boards. The Research Council also works for women to occupy relevant and senior project positions, as project managers or the equivalent. Developments are positive here; the proportion of female project managers increased from about 29 to 33 per cent in 2012–2014. There are also specific gender balance measures associated with individual programmes like the Industrial PhD scheme, User-driven Research-based Innovation (BIA) and the Programme for Regional R&D and Innovation (VRI).

*The Industrial PhD scheme* is an ordinary PhD programme that is pursued while the candidate is employed at a company, and where the research is clearly relevant to the company. The scheme strengthens the interaction between companies and research institutions, leads to more research in the business sector, and educates researchers, providing knowledge that is relevant to the company they are employed at. Companies that enter into an agreement for an Industrial PhD receive an annual grant from the Research Council for a three-year period that corresponds to 50 per cent of the rates for doctoral research fellowships. A specific measure to promote a good gender balance is use of female role models in the scheme's marketing material. The Research Council places emphasis on presenting female candidates in fields like technology.

*BIA* is an open competitive arena where projects from different fields compete for funding based on research quality, level of innovation, and potential for value creation. The projects are initiated by the business sector. BIA funds R&D projects that are based on the companies' own strategies. BIA announces funds for innovation projects every year. When the project quality and relevance are equal, projects with female participation in key roles are given priority. Separate reporting on women in key project roles has been introduced, and provides a clearer picture of the situation. In 2013, the figure for women in key roles was reported as 130, broken down into sub-project managers, supervisors, researchers and steering group members. In 2014, this number had increased to 260 women in key roles. Systematic work is also being done to recruit women to participate on panels of experts that assess applications. In 2013, 17 per cent of these experts were women. In 2014, the proportion was 27 per cent. Two of the networks that have been established with funding from BIA, NCE Raufoss and the Prosin/Eyde network, have schemes to create good frameworks and opportunities for development for women in industry. Through the NCE Raufoss *Kvinnearena* [Women's arena], the companies undertake to increase the proportion of women.

*The VRI programme* is the Research Council of Norway's main support mechanism for research and innovation in Norwegian regions. The programme, which began in 2007 and will conclude in 2017, has an annual ceiling of NOK 60 million. Gender and its importance to innovation has received a more prominent role through the VRI programme. The proportion of women who are key players in the VRI programme has increased from 34 per cent in 2008 to 43 per cent in 2015. One of the programme's research projects, *Gender and Innovation in Norway* (GENINNO), will develop knowledge and an understanding of the role of gender in innovation. The ambition of the project is to develop knowledge that can be used in the

practical innovation work and to develop research-based innovation. Work is being done on a *Research Handbook on Gender and Innovation*, based on empirical studies from countries including Norway, Sweden, Eastern Africa South America and Germany. GENINNO started recently, and will run through 2016.

#### Siva

Selskapet for industrivekst (Siva) is a State enterprise that is owned by the Ministry of Trade, Industry and Fisheries. Siva works closely with Innovation Norway and the Research Council of Norway. Siva has two financially-separate areas of activity: property and innovation. Programmes and activities in the field of innovation are funded through grants in the budgets of the Ministry of Trade, Industry and Fisheries, the Ministry of Local Government and Modernisation and the Ministry of Agriculture and Food. The property activities are self-financed, and do not receive any operating grants. Measures that focus on women are part of Siva's ordinary programme activities, and include the *Business Garden Programme* and the *Incubator Programme*. Siva has worked in a targeted manner to increase the proportion of women in its programmes. The proportion of women on the Incubator Programme was 27 per cent in 2014. The corresponding proportion on the Business Garden Programme was 36 per cent. The Ministry of Local Government and Modernisation stresses the importance of assessing applications according to the quality of the projects for which funding is sought. Within this framework, it is the Ministry's goal that at least 40 per cent of directly business-targeted funds from the Ministry to Siva reach women. In the 2015 letter of assignment, the Ministry asked Siva to work for more women to become growth entrepreneurs and work in management and on boards.

#### The county administrations and the municipalities

The county administration manages a large part of the funds allocated for the special regional and district policy efforts. Women are a priority group in regional and district policy. The Ministry of Local Government and Modernisation places emphasis on applications being assessed based on the quality of the projects for which funding is sought. Within this framework, it is the Ministry's goal that at least 40 per cent of directly business-targeted funds from the Ministry reach women. The county administrations are responsible for promoting value creation and regional development in their counties and working to achieve national objectives. A large share of directly business-targeted funds from the county administrations are managed by Innovation Norway. For funds financed by the county administration, Innovation Norway reports that 32 per cent went to projects that focus on women in 2014. This is a decline from about 40 per cent during the three years prior to this.

The county administrations also grant support to municipal business funds. These funds are used to target enterprises, including professional development measures for entrepreneurs and small enterprises. In several counties, the municipalities prioritise young persons, women and immigrants when awarding municipal funds.

The municipalities play a central role in the work of promoting a culture of entrepreneurship and small-scale activities, and are responsible for ensuring that equitable



services are offered locally. The municipalities often serve as a first line service for enterprises and persons who need help to establish or further develop their enterprises.

### *The plan for entrepreneurship*

Norway will face great changes in the decades ahead. These changes will provide the framework for the coming generations and will finance future welfare, but many of the companies that will be at the leading edge have not yet been established. Good entrepreneurs are needed to start and develop these enterprises, and modernise the business sector. This is why it is critical to future growth and welfare that Norway is a good country for starting and developing new enterprises. The Government will submit a plan for entrepreneurship. The plan will present the Government's policy for achieving greater numbers of good entrepreneurs and more profitable start-ups. It will communicate the Government's long-term visions and present specific measures, including ones to advance more women and promote increased diversity among entrepreneurs in Norway. This includes the launch of *Vekst* [Growth], a specialised mobilisation scheme to promote promising entrepreneurs from groups that are under-represented among Norwegian entrepreneurs, like immigrants and women.

### *White Paper on growth and entrepreneurship in the agriculture industry*

In June 2015, the Government presented a white paper on growth and entrepreneurship in the agriculture industry, White Paper Meld. St. 31 (2014–2015) *Garden som ressurs – marknaden som mål* [The farm as a resource – the market as an objective]. The White Paper looks at how to release the potential for increased value creation in agricultural business development excluding traditional agriculture and forestry. The White Paper also shows how agricultural policy instruments will give women and men the same opportunities to start new businesses, based on agricultural resources.

### *Role models*

Starting one's own business is a big step. For many people this means giving up security and stability. This makes it important to see that others have preceded them and succeeded. Role models are important in terms of attitudes towards entrepreneurship. The media play a major role in attitude-building, and can make potential role models more visible.

Through regional and national awarding of the *Female Entrepreneur of the Year* prize from Innovation Norway, focus is directed towards women who have succeeded as entrepreneurs. The Ministry of Trade, Industry and Fisheries wants to continue to develop Female Entrepreneur of the Year by looking at the opportunities for reaching out more broadly and making the prize and the theme of women as entrepreneurs more widely known, for example through increased use of the media.

There are a number of other networks and initiatives that help mobilise women to start their own enterprises. Some examples are magazine *Henne's* female entrepreneur of the year award, *Startknappen* [Start button]; *She Conference*; *Kvinner i Business* [Women in business]; The Women's Network in Asker and Baerum; Women's Entrepreneurship Day; and the Female Business Innovation Conference.

### *Ungt Entreprenørskap – JA-YE Norway*

Giving young persons the opportunity to gain experience with entrepreneurship is important in order to improve future generations' attitudes towards and knowledge about entrepreneurship, and stimulate continued entrepreneurship when they reach adulthood. Ungt Entreprenørskap – JA-YE Norway is a non-profit organisation that teaches entrepreneurship to youths in primary and secondary education and in higher education. The organisation consists of a national board and secretariat, and 17 county organisations which each have their own board. JA-YE Norway receives funding from the Ministry of Trade, Industry and Fisheries which, together with the county administrations' support to the respective county organisations, makes up the public funding (73 per cent). The rest of the funding is private (27 per cent).

JA-YE Norway gives boys and girls the opportunity to experience the joy of creating a company and seeing the potential inherent in entrepreneurship through pupil, youth and student enterprises. There were a total of 234 677 pupil and student meetings in 2014.

In its work, JA-YE Norway maintains a focus on affording equal opportunities to boys and girls. When companies are established during lower secondary school, the trend is for girls to be in the majority in the role of general manager or chair. Boys are in the majority in upper secondary school. JA-YE Norway has several programmes that particularly target girls, management and entrepreneurship, giving girls the opportunity to form networks and gain important experience. *Girls and Management* is a programme that focuses predominantly on girls who either serve as general manager or chair in pupil and youth enterprises. The purpose of Girls and Management is to motivate girls to take leadership roles and directorships in working life to a greater extent, to encourage more girls to become entrepreneurs, and to increase gender equality in working life and the business sector. The Ministry of Trade, Industry and Fisheries will give more young women experience with entrepreneurship and network building by earmarking funds for JA-YE Norway.

### **Box 6.2 Norwegian Center for Multicultural Value Creation**

The Norwegian Center for Multicultural Value Creation (NSFV) is a business development centre that seeks to create value by encouraging entrepreneurial activity among the multicultural population in the counties of Buskerud, Oslo, Akershus, Vestfold, Telemark and Østfold. NSFV offers courses, network activities and individual advisory services to potential entrepreneurs. The Center is owned by Buskerud county administration. In 2015, the county administration will receive NOK 3.5 million from the grant scheme for immigrant entrepreneurship training in order to advance NSFV's activities as a national centre of expertise for entrepreneurial guidance for immigrants.

So far a total of 831 persons have participated in NSFV's entrepreneur programmes or have received advice on starting a business. 171 of them have started their own enterprises, and the proportion of women is 43 per cent. Figures from NSFV's programmes show the following:

- the proportion that is interested in learning about entrepreneurship is the same for women as for men (51/49 per cent)
- a large proportion of the women come from countries in Asia, Africa, Latin America and Europe (outside the EU/EEA) (75 per cent)
- a large proportion of women have higher education (64 per cent)
- a large proportion of the women were unemployed when they participated in the Center's programmes (67 per cent)

**[End of box]**

### *Grant scheme for immigrant entrepreneurship training*

The *Grant scheme for immigrant entrepreneurship training* was introduced in 2014 and allows the municipalities and county administrations to apply for funding to reinforce and develop the ordinary entrepreneurship training, so that immigrant entrepreneurship training can be better facilitated. The scheme is managed by the Directorate of Integration and Diversity. NOK 6 million was allocated to the scheme in 2015.

When allocating funds, emphasis is placed on schemes that offer adapted information, training, supervision, guidance, follow-up and network building for immigrants who want to establish their own business or who have already started one, and dissemination of good results and methods to other county administrations.

### *Entrepreneurship in the health and care sector*

The health and care sector has a great need for labour and innovation. New solutions for the health and care sector of the future must be developed together with users, families, municipalities and health authorities, non-profit organisations, research players, business and business-oriented public sector policy instruments. The Government will draw up policy that contributes to development of new and improved services in the interface between the health and care services and the business sector which reinforce the role of the health and care sector as a competent and demanding client of the business sector, and which may result in development of solutions and products as export items. Many women work in the health and care sector, and possess substantial competence. This competence can provide a good starting-point for entrepreneurship and business development. Allowing more providers into the health and care sector may increase the realm of possibilities.

The Government looks for broadly-directed and general schemes, rather than limited special schemes. This means that public sector policy instruments like Innovation Norway can support the projects with the greatest potential for value creation and the highest socio-economic profitability, also in the health and care sector.

It is important to the Government that entrepreneurial policy meets female entrepreneurs in their arenas. This is why the Government will support schemes that may lead to more health and care entrepreneurs, in order to contribute to the necessary reorganisation and in order for more women to become entrepreneurs. The Government will increase funding for the R&D contract scheme. This will benefit good projects in the health and care sector. The increase is described in further detail in the Ministry of Trade, Industry and

Fisheries' 2016 budget proposal. The scheme supports binding, goal-oriented collaboration between two or more business partners (IFU) and between business and the public sector (OFU). The target group is normally small and medium-sized supplier companies with the competence to meet the development needs of their clients. R&D contracts are a good, appropriate instrument for developing the public sector, particularly the health and care sector. These are sectors with a high proportion of women, and an increase in the scope of the scheme may lead to more female entrepreneurs. Innovation Norway also has other good schemes that may result in more health and care entrepreneurs, like the Mentoring Service and FRAM.

In collaboration with the Ministry of Trade, Industry and Fisheries, the Ministry of Health and Care Services will work to establish meeting places for sharing knowledge and experiences, which can result in more health and care entrepreneurs.

## 6.2 Women on boards

At present there is a requirement of at least 40 per cent representation of each gender on the boards of public limited companies. The provisions have been important in order to safeguard women's participation in key arenas of Norwegian business, and have had a direct impact on the proportion of women on the boards of the companies covered by the provisions. In 1993, there were 3 per cent women on the boards of public limited companies. The proportion today is over 40 per cent.<sup>21</sup>

In limited companies that are not covered by the provisions, the corresponding proportion is 18 per cent. This reflects the share of limited companies where women are personal owners. About half of all limited companies have only one director, and at 87 per cent of these companies this person is a man.

In companies where the State has an ownership interest, the proportion of women among owner-appointed/shareholder-elected directors was 46 per cent as at 31 March 2015.

Men are also in the majority among chairs. A survey of 247 of the largest companies in Norway (by turnover) shows that nine out of ten chairs at these companies are men.<sup>22</sup> For several years, the State has had a clear ambition for more female chairs in companies where the State has an ownership interest. This has resulted in a larger number of female chairs at these companies than in other Norwegian companies. In companies where the State had an ownership interest, 38 per cent of chairs as at 31 March 2015 were female. The Government wants more female directors throughout the business sector.

### **Box 6.3 Rules regarding gender representation on boards**

In 2003, the Storting adopted requirements regarding representation of both genders on boards in several forms of incorporation:

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<sup>21</sup>Statistics Norway (2014d)

<sup>22</sup>Halrynjo, Teigen & Nadim (2014)

- All publicly-owned enterprises: This means State-owned limited companies, State-owned public limited companies, certain special-legislation companies, and inter-municipal companies. The rules entered into force on 1 January 2004, with a transitional period lasting until 1 January 2006 for existing companies.
- Public limited companies: The rules entered into force on 1 January 2006, but public limited companies that were registered before the Act entered into effect had a two-year transitional period until 1 January 2008.

2008 also saw the introduction of the requirement of gender balance on the boards of municipal limited companies where the municipality owns more than two-thirds of the shares and in cooperative societies, mutual insurance companies and housing cooperatives with over 1 000 members.

The Act has received international attention, and similar regulations have since been introduced in Spain, Iceland, France, Belgium, the Netherlands, Italy and Germany.

**[End of box]**

People are often recruited to boards through informal networks. Many women have not had access to these networks in the past. There are strong signs of a professionalisation of recruitment to boards in the Norwegian business sector.<sup>23</sup> Formalisation of selection procedures and establishment of electoral committees have provided greater transparency and professional recruitment of directors. Even though this development has taken place at the same time as implementation of the provisions regarding gender representation, there is not necessarily a direct correlation. The debate on gender representation and male dominance on boards may nonetheless have brought to the fore the need for director selection criteria and guidelines. However, there is little indication that the provisions regarding gender representation have resulted in the private sector recruiting more women to boards. Nor do higher numbers of female directors appear to have resulted in higher numbers of women in the executive management of companies. The chair is also usually male, also at companies that are covered by the provisions regarding gender representation.

### 6.2.1 Efforts to achieve more women on boards

One of the most important tasks of the State as owner is to ensure that the boards are well-structured and competent. It is the State's goal that, as a whole, the board of each company has the desired expertise and experience to match the company's area of operation and the challenges it faces, as well as the objectives of the State's ownership. It is the Government's ambition to increase the proportion of female chairs in companies where the State has an ownership interest, and it will seek to achieve the most equitable representation between the genders when selecting directors. This follows from White Paper Meld. St. 27 (2013–2014) *Diverse and value-creating ownership*.

For companies where the State's ownership has commercial objectives, emphasis is placed on electing directors with extensive experience from business and industry, at the same time that they have competence and experience in relevant fields. It is also clear that the State

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<sup>23</sup>Teigen & Midtbøen (2014)

will work for each board to represent relevant diversity in terms of geographic location, age, cultural background and experience, according to the basic need for competence on each board.

It may be more challenging to find female chairs than directors, as there are fewer women with extensive management experience who can assume the role of chair in the large State companies. The recruitment base will improve if the business sector manages to employ more female chief executives.

The State is a part-owner of several limited companies. Even though the provisions regarding gender representation do not apply to these companies, the Ministry of Trade, Industry and Fisheries will work for the proportion of women to match the requirements regarding at minimum 40 per cent representation of each gender in public limited companies and State-owned limited companies. It is Ministry practice for shareholder agreements to stipulate requirements regarding such gender representation.

### 6.3 Women in management

The business sector should be aware of the value of diversity in an organisation, among the employees and in management. White Paper Meld. St. 27 (2013–2014) *Diverse and value-creating ownership* states that varying levels of competence and experience among the employees can have a positive impact on a company's development. If a company has people with different, complementary skills, this may provide a broader and better foundation for good decisions. This may increase the company's innovation abilities, and better prepare the company to face challenges, and thus lead to more profitable developments.

#### 6.3.1 There are still fewer female than male executives in business

There are still few women in executive positions in Norwegian companies. Norway has taken 50th place in an international survey of gender balance among executives at all levels in the public and private sectors.<sup>24</sup>

The proportion of female chief executives at public limited companies is 6.4 per cent. The proportion at limited companies is 15.4 per cent.<sup>25</sup> A survey of 247 of the largest companies in Norway (by turnover) shows that nine out of ten senior executive groups at these companies consist of 60 per cent men.<sup>26</sup> Also the chief executive is almost exclusively male (92 per cent). Male chief executives far more often perform an operative line manager role, with responsibility for results, and are also more often CEOs and deputy CEOs. Women are over-represented in HR and other staff functions, like communications director, strategy, marketing or legal director, or other functions related to health, safety and the environment (HSE). It is the Government's goal to achieve more women in executive positions in the business sector.

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<sup>24</sup>International Labour Organization (2015)

<sup>25</sup>Statistics Norway (2014d)

<sup>26</sup>Halrynjo, Teigen & Nadim (2014)

The Policy for Equality states that male dominance in the upper echelons of the business sector appears to have declined slightly during the past decade, but the decline is moving more slowly than in many other sectors, see Figure 6.2.<sup>27</sup> However, the study referred to in the Report only covers the largest companies in the business sector, with 400 or more employees.<sup>28</sup>

The proportion of women in management is higher in companies that are not listed on the stock exchange. They make up 97 per cent of enterprises in Norway. A study found that in 2002–2011, the proportion of female executives increased here from 22 to 31 per cent.<sup>29</sup> The greatest increase was among women under the age of 40. In this age group, the proportion of women in chief executive positions has doubled since 2002, which indicates a generational effect.

Figures from Statistics Norway show similar developments.<sup>30</sup> In 2011–2014, the proportion of women employed as senior officials and managers in the private sector (including publicly-owned enterprises) increased by 5 percentage points, from 25 to 30 per cent.

[[:figur:figX-X.jpg](#)]

**Figure 6.2 Proportion of men in senior positions by sector.<sup>1</sup> 2001 and 2011.  
Figures in per cent.**

[Column labels]

Armed forces

Business

Church

Police and justice

Media

Organisations

Research and higher education

Administration

Culture

Politics

2001

2011

[End column labels]

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<sup>27</sup>Official Norwegian Report (NOU) 2012: 15

<sup>28</sup>Teigen (2012)

<sup>29</sup>Colbjørnsen (2013)

<sup>30</sup>Statistics Norway (2015d)

<sup>1</sup> The study is based on delimitation of ten different societal sectors and a set of formal senior executive positions in each sector. The study has followed a standard selection template for so-called positional elites. See Teigen (2012)

Teigen (2012)

The situation in the public sector is different than in the private sector. Among persons employed as senior officials and managers, women made up the majority in public administration; about 52 per cent. The Ministry of Trade, Industry and Fisheries will initiate a study in order to examine the differences in the proportions of women who are executives in the business, academic and public sectors.

The State as owner reports key figures on gender distribution on boards and in executive management in companies where the State has an ownership interest in the State Ownership Report.<sup>31</sup> The Report presents developments in the proportion of women on boards, the proportion of female chairs, the number of female chief executives, the proportion of women in executive management (group management), and female managers in the level below executive management in companies where the State has an ownership interest. At the end of 2014, the average percentage of women in group management at the companies was 33 per cent. The proportion of female chief executives was 22 per cent (14 out of 65), an 11 per cent increase compared with the previous year (6 out of 55).<sup>32</sup>

#### **Box 6.4 Female chief executives have less of a support team at home**

In a 2014 report, researchers at the Institute for Social Research studied the extent to which female and male chief executives have different family lives, and whether there is a correlation between gender, family life and operative management responsibilities.

The researchers based their report on a survey of 173 different enterprises, and responses from 404 chief executives. The researchers found that female and male chief executives had different prerequisites for being able to prioritise work and career.

Female chief executives are slightly more frequently childless, have fewer children, fewer of them are cohabitants/married, and they more frequently have children from past relationships. There are great differences between male and female chief executives in terms of the working situation of their partner/spouse, and thus the extent to which they can be considered a support team at home. Female chief executives generally have partners who work full-time. Male chief executives often have a partner who works part-time or stays at home. Among male chief executives with a partner who works full-time, they work much shorter hours than the partners of female chief executives.

When it comes to caring for the home and family, the attitudes of the chief executives are generally very gender equality-oriented. However, it is typical for a male chief executive to have a partner/spouse who does most of the work. It is typical for a female chief executive

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<sup>31</sup>The current version of the State Ownership Report can be found at [www.eierberetningen.no](http://www.eierberetningen.no).

<sup>32</sup>Six out of the new companies presented in the Report have a female chief executive, which partly explains the 11 percentage point increase.



with a partner/spouse to share responsibilities equally. Male chief executives report that their partner's efforts at home are most important. However, female chief executives report that their own efforts at home are most important. Grandparents and an au pair/childminder are clearly more important to female than male chief executives.

Halrynjo (2014)

**[End of box]**

### *Female executives with an immigrant background*

There are few female immigrants among the management of Norwegian companies. Female immigrants account for about 9 per cent of women employed as senior officials and managers in the private sector (including publicly-owned companies).<sup>33</sup> Out of these, almost two-thirds come from countries in the EU/EEA, North America, Australia and New Zealand. Men who have immigrated make up 7 per cent of men employed as senior officials and managers in the private sector.

Unlike women in the rest of the population, the proportion of female executives with an immigrant background is higher in the private sector than in the public sector. Among women who are employed as senior officials and managers in the public sector, female immigrants account for less than 4 per cent.<sup>34</sup> Three-fourths of female immigrants with an immigrant background in the public sector come from countries in the EU/EEA, North America, Australia and New Zealand.

Norwegian-born persons with immigrant parents make up a very small proportion of executives in both the private and the public sectors. An important reason is that on average this group is very young. Most Norwegian-born persons with immigrant parents who are employed are either at the beginning of their professional career or are students and pupils who work part-time. Many of them do very well at school, and pursue higher education to a greater extent than other groups. There is thus reason to believe that more Norwegian-born persons with immigrant parents will become executives in the next few decades – both women and men.

### 6.3.2 Efforts to achieve more female executives in the business sector

The organisations and companies in the business sector have an important role and responsibility in establishing specific gender equality strategies, targeted recruitment and instruments to retain skilled women. The business sector controls the most important means of increasing the number of women in management.

Many organisations and companies work actively to achieve more women and persons with an immigrant background in executive groups. NHO – the Confederation of Norwegian Enterprise's *Female Future* and IKT-Norge's *Od@* programme are examples of this. Valuable experience and networks are produced through such ventures. NHO has also initiated a

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<sup>33</sup>Statistics Norway (2015f)

<sup>34</sup>Statistics Norway (2015f)

research project on recruitment of female executives. The Work Research Institute has been commissioned to examine why some companies are more successful than others at recruiting female executives.

Recruitment to executive positions at companies is a task for the companies' boards and administrations.<sup>35</sup> Siemens, Entra and DNB are examples of companies that have worked actively to achieve more female executives. See example boxes 6.5–6.7.

The Ministry of Trade, Industry and Fisheries manages 28 companies. In its management of State ownership, the Ministry of Trade, Industry and Fisheries will place particular emphasis on the companies to develop strategies for executive diversity.

The Ministry of Trade, Industry and Fisheries will mobilise more women to pursue executive positions by providing solid examples of how the business sector is working to achieve this. The Ministry will also take the initiative to establish meeting places where chairs of companies the State has an ownership interest in can meet and discuss how to achieve more female executives.

### **Box 6.5 Siemens**

It is Siemens' objective to increase the proportion of female executives in technical positions, project execution and sales from just about 12 per cent to at least 20 per cent over a five-year period. Another objective is for at least 20 per cent of recent graduate hires to be women. The project began in 2013, and the proportion of female executives has increased to about 18 per cent. Key success factors were:

- charting the most important criteria for executives and implementing structured development measures for women that focus on these criteria
- ensuring that half of the available places on the talent programmes are offered to women
- establishing internal women's networks in order to share experiences and as an arena for development
- having a special focus on identifying and motivating female candidates during recruitment processes

Siemens sees that not enough female candidates are educated in fields like electrical engineering, thus systematic work to address this issue is being pursued concurrently, including:

- Motivating young women to choose a technical education, through strategic collaborations with universities and colleges.
- Specification and presentation of the content of engineering positions for students has a positive effect on student drop-out figures in general, and young women in particular.
- *Jakten på jentene* [The search for young female talent] is a professional development and recruitment programme for female students. The participants receive summer

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<sup>35</sup> See the distribution of roles between owner, board and general manager in the corporate legislation.

internships, project assignments/Master's dissertations, student career guidance and opportunities for permanent employment after graduation.

Flexible working hour arrangements and opportunities to work from home are necessary in order to attract the best talents, including women.

**[End of box]**

### **Box 6.6 Entra**

The proportion of women in the workforce at Entra was 44 per cent in 2014, and the proportion of women in group management was 50 per cent. Through its corporate social responsibility policy, Entra focuses on inclusion and diversity, in accordance with the State Ownership Report. Entra wants to increase the proportion of women in the company, and this is part of its recruitment strategy for all categories of position and at all levels of the company.

The company offers employee benefits like flexible working hours and full pay during sick leave and parental leave. These tools are considered important in order to attract highly-qualified women and offer equal opportunities for career development at the company. This is mirrored in the recruitment process, in accordance with the company's diversity policy. All qualified candidates are invited to apply to the company irrespective of age, gender, ethnicity or functional capacity.

Over time, Entra has recruited many highly-qualified women to different categories of position and levels, and generally has a high percentage of women at the company. This has resulted in a high proportion of women in group management. The company has had strong internal candidates for group CEO positions by focusing on succession plans and talent development.

**[End of box]**

### **Box 6.7 DNB**

Den Norske Bank (DNB) has increased the proportion of female executives over a period of several years. The proportion of women at the group was 54.2 per cent in 2014 and the proportion of women in group management was 36.4 per cent.

Through its corporate social responsibility policy, DNB focuses on inclusion and diversity, in accordance with the State Ownership Report. DNB wants to improve the gender balance by attracting and employing the best talent, acknowledging that diversity improves innovation and value creation. In order to reinforce positive developments in the gender balance in management, the group has developed a holistic set of measures:

- the group has consciously let women be over-represented on management development programmes
- during reorganisation and recruitment processes, all executives must identify the best qualified woman and man among the applicants before making a final decision regarding candidates
- female candidates must be identified when recruiting executives and they must be actively encouraged to apply for the positions

- a balanced gender distribution has been established as one of the placement criteria during reorganisation processes
- when changes are made to the composition of executive groups, particular emphasis must be placed on improving the gender balance
- goals are set for the areas in accordance with the group's overall objectives and are followed up during each recruitment process
- steps have been taken to allow senior executives to step down from their executive role and into other jobs in order to make room for new executives

Measures to ensure adequate access to female executive talents:

- close follow-up of the line's wage and bonus arrangements in order to avoid inequality and gradually correct identified gaps between comparable positions
- a 50 per cent proportion of women on in-house executive development and talent programmes
- at minimum 40 per cent female candidates on the succession lists (internal lists for possible successors in business-critical positions)
- the requirement that executives identify potential female executive talents and use performance and development reviews to motivate them to seek executive challenges
- an increased focus on individual development of executive competence among identified female executives and executive talents
- secure a good gender balance among executives and key personnel who represent the company and speak on its behalf externally and internally
- an internal mentoring and network scheme for female executive talents

The group management and the boards of DNB ASA and DNB Bank ASA will follow up the execution and effect of the measures.

**[End of box]**

### **Box 6.8 Female Future and Global Future**

*Female Future* is NHO's executive and board development programme for female executives. Its main objective is to provide knowledge, self-awareness and to motivate more women to serve on boards and perform important executive tasks in the business sector.

The programme stretches over one year and is usually pursued in addition to regular work. The sessions amount to 12 days over the course of a year. The participants complete a demanding programme that focuses on leadership development, boardroom competence, rhetoric, network building, personal growth and facilitating greater visibility. The programme includes dedicated courses on board-related work including lessons on the Limited Liability Companies Act. The course ends with an examination.

*Global Future* is NHO's talent programme to mobilize highly-educated immigrants to central positions and directorships in the Norwegian business sector. Through *Global Future*, NHO wants to guarantee member companies access to highly qualified workers. The programme also contributes to increase diversity in business.

The duration of the programme is 1 1/2 years, consisting of 19 full-day seminars, meetings in groups and mentoring. Over 550 persons from 100 countries have completed the

programme, with a proportion of women around 60 per cent. Two-thirds of the participants have experienced career advancement after the programme thus far.

**[End of box]**

### **Box 6.9 Od@**

The *Od@* talent programme is an executive development programme for women in the ICT industry. IKT-Norge established the programme in order to increase the proportion of female executives in the industry. The first programme was initiated in 2002. About 60 women and equally many mentors have completed the programme since its inception.

During the programme the participants are linked with well-established chief executives and are coached for a nine-month period. The topics include strategy, communication, self-mastery, management and organisational development. The programme has produced good long-term results. The participants evolve as executives and several have received expanded responsibilities as a result of the programme.

As the Nordic region's leading meeting place for women who work with IT or in the ICT industry, *Od@nettverket* promotes women in the industry, and is managed on a voluntary basis with the support of partners. There are monthly network meetings and an annual inspiration day. The network was established in 2006. Today it is located in Oslo, Bergen and Trondheim, and has over 4 500 members.

**[End of box]**

### *Special responsibilities when the State is the owner*

The State as owner communicates its expectations in different areas towards companies where it has an ownership interest, among others regarding the companies' work with diversity and gender equality, through White Paper Meld. St. 27 (2013–2014) *Diverse and value-creating ownership*. The State expects the boards to draw up plans for internal professional development so that new executive resources are continually developed. Providing a sound foundation for gender equality and diversity in the companies' personnel policy is an important task for executives. The boards expect the personnel policy to be characterised by inclusion and diversity, and for companies where the State has an ownership interest to have established strategies and carry out measures to promote gender equality and diversity within the enterprise.

For companies it will be important to draw up strategies on how to utilize the best competencies within the organisation, including specifying what steps can be taken to achieve more female chief executives. Recruitment to executive positions at the companies is a task for the companies' boards and administrations.<sup>36</sup>

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<sup>36</sup>See the distribution of roles between owner, board and general manager in the corporate legislation.

The State's expectations regarding the companies are followed up in the ownership dialogue, including the expectations regarding work with diversity and gender equality. In its dialogue with the companies, the Ministry of Trade, Industry and Fisheries as owner talks to the companies about whether they have established strategies and measures to promote diversity and gender equality at the enterprise. This includes strategies to achieve a greater proportion of female executives and chief executives. These topics are discussed at the annual corporate responsibility meeting with all of the companies in the Ministry of Trade, Industry and Fisheries' portfolio, but can also be discussed at the quarterly meetings with the companies. The State's expectations are also topics at meetings between the State as owner and the boards of the companies where it has an ownership interest.

When board elections are held, the State as owner will consider whether the boards' efforts and performance are satisfactory or whether changes need to be made to the board. Meeting the State's expectations is normally part of the assessments regarding board performance.

The Accounting Act requires that companies report the status of gender equality in their annual accounts.

#### *Chief executive gender balance monitoring tool*

The Ministry of Children, Equality and Social Inclusion will help develop a monitoring tool so that developments in the chief executive gender balance in the Norwegian business sector can be followed over time. The tool will follow the template of the *Global Gender Balance Scorecard*, which charts the gender balance in chief executive positions in the 100 largest companies in the USA, Europe and Asia. This will make it possible to monitor developments in Norway, in addition to comparing developments with other countries. Core – the Centre for Research on Gender Equality at the Institute for Social Research will be responsible for developing the monitoring tool.

## 7 Norway's international promotion of gender equality

Norway's positive domestic achievements in the area of gender equality are an important reason for its international influence on efforts to improve the situation of women and promote gender equality, with many countries viewing Norway's gender equality initiatives as examples to follow. Norway and the other Nordic countries also score highly on indices for gender equality and living standard.

National gender equality efforts are guided by international frameworks and obligations. Not least, Norway's human rights obligations have a considerable impact on its gender equality policy. The Nordic countries have learned from one another in the area of gender equality, through collaboration and the exchange of good practice. They also frequently cooperate on international advocacy initiatives. Norway often raises the issue of gender equality in the Council of Europe and in its cooperation with the European Union. Norway promotes gender equality internationally through its foreign policy, its European policy and in development cooperation.

Norway has assumed a range of international legally binding obligations and politically binding commitments concerning equality between women and men. Key obligations have been incorporated into the Norwegian Constitution and national legislation. In 2015, the Government will propose a unified gender equality and anti-discrimination act. The proposal will include a review of Norway's international legal obligations in the fields of gender equality and anti-discrimination, and how these are implemented in Norwegian law.

Globally, gender equality is advancing unevenly. Progress is slowly being made, but major challenges remain in many countries. Studies by the United Nations and other organisations show that, overall, women's rights and gender equality have advanced since the 1995 World Conference on Women in Beijing. The proportion of women in the world's parliamentary assemblies has increased from 12 per cent to 22 per cent over the past 20 years, although five countries still have no women parliamentarians.<sup>1</sup> The participation of women in the formal economy has increased in some regions. The gender pay gap continues to exist in all countries, and varies from 6 per cent to 37 per cent in the OECD countries.<sup>2</sup> Many countries have repealed legislation which discriminates against women in recent years. Nevertheless, women in numerous countries still lack divorce, nationality, inheritance and property rights. In six countries, women are not entitled to abortion even when their lives are under threat. Some 50 per cent of the world's countries prohibit abortion in incest and rape cases. Violence in close relationships against girls and women has been brought into public view and become a public concern, and is now subject to criminal penalties in most countries. Nevertheless, the majority of violence against women remains hidden. Although efforts to combat genital mutilation and child marriage are producing results in many countries, millions of girls are still subjected to such violence and assaults.

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<sup>1</sup> UN (2014). The five countries are Micronesia, Palau, Qatar, Tonga and Vanuatu.

<sup>2</sup> OECD (2013)

Some countries are endeavouring to undermine the progress made since the 1994 International Conference on Population and Development, held in Cairo, and the World Conference on Women in Beijing. However, these countries have failed to weaken applicable international norms and standards in the areas of gender equality and women's rights.

Norway aims not only to protect the achievements made thus far, but also to develop the normative framework further with the aim of building international acceptance of girls' and women's sexual and reproductive health and right to abortion. Initiatives to develop the normative framework on gender equality further through the UN system, the UN Commission on the Status of Women (CSW), ECOSOC<sup>3</sup> and the UN General Assembly play a key role. Norway also supports the strengthening of international gender equality policies through its membership of the Council of Europe, EU/EEA cooperation and Nordic gender equality initiatives.

*The Government will:*

- safeguard women's rights and integrate the gender equality perspective into all aspects of foreign and development policy
- give priority to international efforts to ensure that girls have the same access to education as boys
- incorporate gender equality into business development and job creation initiatives, and make targeted efforts to reduce obstacles to women's participation in the economy
- maintain a strong engagement to combat mortality and improve health services and reproductive rights for women and girls, including teenagers
- reinforce international initiatives to combat female genital mutilation
- continue to combat child and forced labour through multilateral and bilateral channels
- seek to build international acceptance of sexual rights and the right to abortion.

*The Government will also:*

- continue Nordic cooperation based on the Nordic co-operation programme on gender equality 2015–2018
- seek to implement the new sustainable development goals, which include a stand-alone goal on gender equality, integrate gender equality across the goal set and support the implementation of all gender equality commitments in the Financing for Development Agenda
- seek to ensure that climate negotiations incorporate a clear gender equality perspective
- strengthen implementation of relevant UN Security Council resolutions through Norway's National Action Plan on Women, Peace and Security (2015–2018)
- give priority to efforts to protect women human rights defenders, and make targeted efforts to ensure implementation of UN General Assembly resolutions at country level.

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<sup>3</sup> ECOSOC is the UN's Economic and Social Council.



## 7.1 Cooperation at the Nordic, European and UN levels

### 7.1.1 Nordic gender equality cooperation

The Nordic Council of Ministers is the Nordic governments' collaboration forum. Gender equality has been included in the Nordic cooperation project since 1974. Forty years of Nordic gender equality cooperation were marked in 2014. The common culture, history and democratic traditions of the Nordic countries have enabled the development of close collaboration.

This work is led by the equality ministers of the different countries, who comprise the Council of Ministers for Gender Equality. Norway is due to chair this council in 2017, and the Ministry of Children, Equality and Social Inclusion will have primary responsibility in this regard. One of the main cooperation topics has been equal rights and status for women and men in the labour market. Attention has been focused on traditional gender roles and pay differences. The opportunity to combine family life with work is regarded as an important prerequisite for gender equality. Challenges relating to gender equality in working life remain in all the Nordic countries. In the years ahead, the Nordic Council will also work actively to encourage the participation of men and boys in the gender equality debate and initiatives.

The Nordic Council defines gender equality as the equal distribution of power, care and influence. Women and men must have equal rights, duties and opportunities in all areas of life, and society must be free of gender-based violence. Respect, equality, understanding, quality of life and identity are the fundamental values underpinning gender equality.

Norway supports joint statements and priorities relating to Nordic gender equality cooperation. Gender equality topics on the Nordic agenda also have influence outside the Nordic region. Norway's primary international arenas for presenting its work in the area of gender equality are the annual meetings of CSW and the UN General Assembly.

The Nordic Council promotes the exchange of experience between countries. Although the approaches adopted by the individual Nordic countries vary, there are many common reference frameworks and gender equality goals.

The Nordic Council of Ministers has adopted the cooperation programme *Together for Gender Equality – a stronger Nordic Region for the period 2015–2018*. The programme defines several key priorities for cooperation during the period: to contribute to more efficient and richer national work on gender equality in the Nordic countries; to support the Nordic countries in fulfilling their international obligations on gender equality and to create synergies across the Nordic region; to contribute to increasing knowledge of gender equality among people, parliamentarians and governments; and to support all sectors within the Nordic Council of Ministers in the work to promote gender equality.

The cooperation programme emphasises the importance of sustainable development focused on diversity, and that men and boys must be included in gender equality efforts. The countries have undertaken, in the context of this cooperation, to focus particularly on gender equality in the public space, as well as welfare and innovation.

### 7.1.2 Gender equality cooperation in the Council of Europe

The Council of Europe is an inter-governmental organisation formed in 1949. Norway was a founding member of the Council, which currently has 47 members. The Council's supreme policy body is the Committee of Ministers, which is composed of the foreign ministers of the member states. The Committee of Ministers has adopted the Council of Europe's Gender Equality Strategy 2014–2017.

A number of specialist committees prepare matters for consideration by the Committee of Ministers. Since 2014, the *European Committee for Social Cohesion, Human Dignity and Equality* has been responsible for cases concerning gender equality, anti-discrimination, family, children, poverty and other welfare and social policy issues. A separate commission prepares topics related to equality between women and men for this committee.

Norway has ratified the 1950 European Convention on Human Rights (ECHR), which has been implemented in Norwegian law through the Human Rights Act. Norway is therefore obliged to afford its citizens the rights granted by the convention, and is bound by the case law of the European Court of Human Rights (ECtHR). All inhabitants of Council of Europe member states may submit complaints to the ECtHR in their own language if they believe that their rights under the ECHR have been violated.

In addition to the ECHR, the Council of Europe has adopted other conventions which establish independent monitoring mechanisms in fields such as economic and social rights, minority rights, torture and human trafficking. The Council of Europe also has a dedicated Commission against Racism and Intolerance, as well as a Commissioner for Human Rights. A new and important instrument for efforts to combat violence is the Council of Europe Convention on preventing and combating violence against women and domestic violence, known as the Istanbul Convention, which has now been ratified by 18 countries. The convention establishes a comprehensive, integrated regulatory framework for preventing and combating violence against women and violence in close relationships, and contains a broad spectrum of preventive measures and assistance and support measures for vulnerable persons. In addition, it defines acts which states are obliged to make criminal offences. Norway signed the convention in the summer of 2011, and is currently preparing to ratify it.

For more than 50 years, the European Court of Human Rights has expanded, defined and developed the rights in the ECHR through its case law. The court's judgments are binding on all member states under international law, meaning that ECtHR case law has a bearing on the development of Norway's gender equality policy. The Committee of Ministers evaluates and monitors national implementation of ECtHR judgments by member states.

### 7.1.3 Gender equality cooperation in the EU/EEA context

Norway's cooperation with the European Union is regulated by the EEA Agreement and other agreements with the EU. Norway's commitments under the EEA Agreement constitute guidelines for the development of Norway's gender equality policy.

European gender equality cooperation encompasses, among other things, development and implementation of regulations, programme cooperation, research and international collaboration projects, and exchanges of information and experience as a basis for policy development in the EU/EEA and at national level by member states. Norway has a strong tradition of participating actively in informal EU meetings of ministers, the expert groups and advisory committees of the European Commission and hearings of the European Parliament.

Norway chairs the EFTA Working Group on Gender Equality, Anti-Discrimination and Family Policy, which mirrors the work done by EU expert committees and high-level groups. The objective is to protect the EFTA countries' interests in terms of both influencing EU policy development and preparing for the potential incorporation of new EU directives into national law.

The EU has a comprehensive regulatory framework and institutional apparatus in place to ensure implementation by member states. The Charter of Fundamental Rights of the European Union and the European Court of Justice are the key instruments with respect to human rights. Other bodies with specific mandates, such as the *European Institute for Gender Equality*, have also been established. The EU's Special Representative for Human Rights was appointed in 2012.

The EFTA Court, which hears cases from the EEA/EFTA countries, gives great weight to the case law of the European Court of Justice in its assessments. The EEA Agreement is based on the principle of legal harmonisation throughout the EEA, and it is rare for the two courts to adopt different views. The EFTA Surveillance Authority is responsible for monitoring the individual EEA/EFTA countries' implementation of and compliance with the EEA Agreement.

In the period 2007–2013, Norway participated in multi-year EU programmes in the areas of employment and social policy, gender equality and anti-discrimination (PROGRESS)<sup>4</sup>, and the DAPHNE programme to prevent and combat violence.

The EU has adopted new multi-annual framework programmes for the period 2014–2020 which set priorities to help achieve key targets in the Europe 2020 growth and employment strategy. The new EU programme for Employment and Social Innovation (EaSI) for the period 2014–2020 is a continuation of EURES and elements of the PROGRESS programmes. The EaSI programme, which is intended to support achievement of the EU's objectives of promoting a high employment rate and combating unemployment among young people, providing social safeguards, fighting social exclusion and poverty and improving working conditions, will promote gender equality and fight discrimination across its objectives. The promotion of equality between women and men and gender mainstreaming constitute one of the nine objectives of the new Rights, Equality and Citizenship Programme 2014–2020.

In 2014, Norway extended its involvement in cooperation on the EURES jobseeker platform and, in 2015, on employment and social policy under the EaSI umbrella

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<sup>4</sup> PROGRESS is an abbreviation of *Programme for Employment and Social Solidarity*.

programme.<sup>5</sup> As part of the EaSI programme, seminars are arranged to facilitate mutual learning through the discussion of policies member states consider to be effective domestically. These seminars may also cover gender equality issues. Norway has previously arranged seminars on the employment of women. The United Kingdom has presented a system for setting minimum pay, Northern Ireland has focused on challenges relating to single parents, while Malta arranged a seminar in 2015 on encouraging more women to join the labour force by subsidising day-care facilities.

Norway second national experts to the European Commission, to work on new framework programmes in which Norway participates. Gender equality is a key topic in ERASMUS+, the EU programme for education, training, youth and sport.

### *EEA Grants*

The EEA Grants scheme is Norway's contribution to the reduction of social and economic differences in newer EU member states and Greece, Spain and Portugal. Grants are used to promote fundamental European values such as democracy, human rights, anti-discrimination and gender equality. The EEA Grants scheme also promotes contact and cooperation between Norway and the 16 recipient countries in central and southern Europe. Programmes and projects totalling approximately EUR 53 million devoted to gender equality and gender-based violence/violence in close relationships are due to be completed by 2016–2017. Gender equality initiatives funded under the EEA Grants scheme support the EU's own frameworks and reflect the EU's strategy for equality between women and men for the period 2010–2015.

In several programmes, Norwegian public bodies are collaborating with the authorities of recipient countries on the design and implementation of the programmes. The Equality and Anti-Discrimination Ombud is working with the Spanish Ministry of Health, Social Services and Equality on measures to make it easier for women and men to combine employment with family life, reduce the gender pay gap, and improve the gender balance on company boards. In Cyprus, the Secretariat of the Shelter Movement is involved in establishing crisis centres in cooperation with the national authorities, while in Estonia the Norwegian Directorate for Children, Youth and Family Affairs is working with the Estonian Ministry of Social Affairs on gender equality integration and facilitating a balance between family and working life.

The EEA countries and the EU are currently finalising an agreement regarding a new EEA Grants period (2014–2021). Gender equality and gender-based violence/violence in close relations will be among the issues which may be addressed by programmes under the scheme. This will be discussed when entering into agreements with individual recipient countries.

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<sup>5</sup> See Proposition to the Storting Prop. 1 S (2014–2015) from the Ministry of Labour and Social Affairs and Recommendation Innst. 15 S (2014–2015), as well as the Proposition to the Storting Prop. 76 S (2014–2015) from the Ministry of Foreign Affairs and Recommendation Innst. 277 S (2014–2015).

#### 7.1.4 Gender equality cooperation in UN forums

Norway has collaborated with the UN since the organisation's establishment. A special convention on the rights of women – the Convention on the Elimination of All Forms of Discrimination against Women, commonly referred to as the Women's Convention or CEDAW – was adopted in 1979, and has been ratified by almost all states. Norway is obliged to implement the rights set out in the convention, and to report on its work in this regard every four years. The Beijing Platform for Action – the outcome document of the Fourth World Conference on Women held in Beijing in 1995 – is a further, politically binding, reference document for gender equality efforts. The Platform for Action details 12 thematic areas with objectives and actions to be taken to strengthen gender equality and promote women's rights.<sup>6</sup> The member states have undertaken to submit reports every five years. Norway's latest status report was sent to the UN in the spring of 2014.

Norway participates in the annual meetings of the UN Commission on the Status of Women (CSW), and has been elected as a member from 2016. The commission is the political meeting place for authorities, civil society and different UN agencies working on related matters. Implementation of the Beijing Platform for Action is a key priority. Norway also attends the annual meetings of the UN Commission on Population and Development, and meetings of ECOSOC when gender equality issues are on the agenda. The UN General Assembly is the UN's supreme governing body. Norway attends the annual high-level meetings and meetings of the Third Committee, which considers human rights topics including gender equality and anti-discrimination.

The Beijing Platform for Action and CEDAW strongly influence Norway's efforts to promote the rights of women and gender equality, both nationally and internationally. The Platform for Action and the Convention are binding on the member states, and provide the basis for Norway's gender equality cooperation and dialogue with other countries. Some states have, however, opted out of important provisions in the Convention by reference to national law or religious grounds.

2015 marks the 20<sup>th</sup> anniversary of the Beijing Platform for Action, which was celebrated at CSW's meeting in March 2015. The rights of women and children, including their entitlement to education, health, water and food, are crucial for the achievement of sustainable, inclusive economic growth and development. The UN Millennium Development Goals, which expire in 2015, have successfully focused international political attention on, and mobilised resources for, poverty reduction, and have helped to secure progress in key areas such as health, education and gender equality. The Millennium Development Goals have supported the realisation of important political, economic and social rights for women. However, not all of the goals have been achieved, and efforts to attain them will therefore continue under the new sustainable development agenda.

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<sup>6</sup> The 12 areas are: women and poverty; education and training of women; women and health; violence against women; women and armed conflict; women and the economy; women in power and decision-making; institutional mechanisms for the advancement of women; human rights of women; women and the media; women and the environment; and the girl-child.

The UN member states adopted new universal sustainable development goals in September 2015. Like the other member states, Norway has undertaken to comply with and report on achievement of the goals, including those relating to gender equality.

## 7.2 Strategies for international gender equality work

The Government is cooperating systematically with its developing country partners to help them meet their international obligations relating to women's rights and gender equality. The tools available in this context include financial support for civil society, and are integrated into various other measures. As one of the largest donors to UN Women and the UN Population Fund, Norway also supports the implementation of international standards adopted by the UN and other organisations for the benefit of women and girls in the world's poorest countries.

The Government will safeguard women's rights and integrate the gender perspective into the full spectrum of foreign and development policy. The Ministry of Foreign Affairs will give particular emphasis to the following topics: the economic and political participation of women; education of girls; violence against women, with a focus on combating genital mutilation and child and forced marriage; implementation of the UN resolutions on women, peace and security; and continued efforts to improve women's and children's health.

The Government designs its international gender equality initiatives to support progress in areas where Norway can make a difference. Norway may provide political, technical or financial support, depending on what is appropriate and requested. Norway's message is that women's rights and influence are independent political objectives in their own right, as well as a driver of economic growth, social development and sustainable peace.

Norway's international efforts to promote women's rights and gender equality are described in *Equal rights – equal opportunities. Action Plan for Women's Rights and Gender Equality in Foreign and Development Policy 2013–15*, as well as the *National Action Plan on Women, Peace and Security 2015–2018*. Other key documents relevant to gender equality initiatives in the development and foreign policy context are *Opportunities for All: Human Rights in Norway's Foreign Policy and Development Cooperation* (the White Paper Meld. St. 10 (2014–2015)) and *Education for Development* (the White Paper Meld. St. 25 (2013–2014)). Further white papers on business development and global security challenges are due imminently. These will also integrate the gender equality perspective.

Global negotiations establish important standards for gender equality and women's rights and needs. In the autumn of 2015, the UN member states adopted a new development agenda to replace the UN Millennium Development Goals. Norway was actively involved in ensuring that the new sustainable development goals include a separate gender equality goal, and that the gender perspective is integrated across the whole goal set. In this connection, Norway also helped ensure the broad incorporation of the gender equality perspective into the outcome document of the Third International Conference on Financing for Development, which took place in Addis Ababa in July 2015.

The gender equality perspective has also been promoted in the climate negotiations preceding the 2015 United Nations Climate Change Conference in Paris in the autumn of 2015, which aims to achieve a climate agreement. The poor, often women and children, are most vulnerable to the effects of climate change, including drought, flooding, extreme weather and reduced food and water security. Women must play a decisive role in the setting of priorities and implementation of measures to address climate change and reduce greenhouse gas emissions. The Government wants the climate negotiations to incorporate a clear gender equality perspective.

The protection of women human rights defenders is an important gender equality priority. Women human rights defenders are more vulnerable than their male colleagues, since they often deviate from traditional, cultural and religious norms. Norway was a prime driver behind the UN General Assembly's adoption by consensus of a resolution on women human rights defenders in December 2013. The resolution is a milestone in efforts to protect women human rights defenders.

However, much work remains to be done to turn words into actions. Helping to ensure the protection of women human rights activists in line with the UN resolution will be an important objective for the Government going forward. Civil society organisations working to protect women human rights activists are important partners in this regard. The Government will give priority to efforts to protect women human rights activists, and pursue targeted initiatives to promote implementation of the UN resolution at country level.

### *Financing supports policy implementation*

The provision of financing for operational measures and normative processes is crucial for the implementation of gender equality policies. This applies to all budget items relevant to foreign and development policy. Integration of the gender perspective can be challenging, as it depends on capacity and the systematic application of gender-sensitive analysis, i.e. the evaluation of the situations and needs of both women and men. In addition, specific measures must be designed for relevant sectors, and reliable reporting of results must be required.

The budget allocation for women and gender equality must be used in support of women's rights and gender equality. The allocation is intended as a catalyst for the achievement of gender equality objectives, and to stimulate the adoption of gender-sensitive measures under other budget items.

In some cases, earmarking is also used to promote women's rights and gender equality until the objective of integration into relevant budget items is met. Examples include the promotion of women's participation in peace processes and initiatives to incorporate the gender perspective into humanitarian projects.

More detailed discussion of the work being done in individual thematic areas follows below.

### 7.1.2 Women's economic rights

Women must be able to provide for themselves and their families. In sub-Saharan Africa, 80 per cent of work done by women is unpaid.<sup>7</sup> Women spend much of their time on subsistence farming, childcare and household chores. Little time and opportunity remain for income-generating work and investment to meet the long-term needs of the women and their families. Accordingly, women's work effort should be focused more strongly on income-generating work, and their total workload should be reduced. According to the World Bank, strengthening the economic position of women is also profitable from a socioeconomic perspective, and promotes economic growth, poverty reduction and social development.<sup>8</sup>

The Government is intensifying the emphasis on economic development in foreign and development policy. A well-functioning business sector is a prerequisite for job creation, economic development and the funding of infrastructure and public services. Norway's efforts are designed to help improve framework conditions at the global, national and company levels. Development assistance must be combined with other economic policy instruments.

Women must have the same opportunity as men to engage in business activity and be entrepreneurs. In many places, legal and economic discrimination against women leaves them without property rights and access to bank accounts and loans. In combination with social barriers, this makes running a business difficult for many women.

Education is a vital means of enabling women to enter the formal, salaried sector, and particularly to take up more senior positions. However, training programmes and institutions are frequently centralised. This fails to take account of the fact that women often have more limited mobility and financial means than men. As a result, such services benefit men the most.

Discriminatory social norms and attitudes are a major barrier to the participation of women in economic life and business development. Accordingly, in the context of both bilateral and multilateral business development and job creation initiatives, the Ministry of Foreign Affairs will promote a focus on specific projects and measurable results regarding gender equality and women's economic participation.

The Government will reinforce the role of gender equality as an integral aspect of business development and job creation in its foreign policy and development cooperation, and make targeted efforts to reduce political, economic, legal and other obstacles to women's involvement in business.

### 7.2.2 Education of girls

One of the targets under the UN Millennium Development Goal relating to gender equality is full gender equality in primary education by 2005, and in all levels of education by 2015. According to UNDP's latest status report, the target of equal participation by girls and

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<sup>7</sup> World Bank (2013)

<sup>8</sup> World Bank (2012)



boys in primary education has been achieved, although there are substantial variations between different regions and countries. It is still the case that, in developing countries, almost 25 per cent of young women aged 15–24 have not completed primary school and lack basic job skills.<sup>9</sup>

Girls are still a clear minority in higher education, although there are large regional variations. In Latin America, South-East Asia and North Africa, more young women than men continue on to higher education, whereas women are under-represented in sub-Saharan Africa. There, the proportion of women has declined from 66 per 100 men in 2000 to 61 per 100 in 2011.

Poverty is an important reason why many girls do not attend school, or leave after a few years. Poor families often have to set difficult financial priorities, and schooling for daughters is not given precedence. Poor sanitary conditions also cause many girls to leave school when they reach puberty. In some countries, a lack of women teachers means that girls never start school. Sexual harassment of girls is a major problem, as are violence at school and during travel to and from school. In such cases, families often feel forced to keep girls at home.

Although girls who do not attend school can be difficult to reach, there are many good reasons for investing in the education of girls. The right to education applies to all persons. In addition, education for girls is probably the most profitable development investment that can be made. Giving girls an education has a positive impact in numerous areas.

Education is a prerequisite if girls and women are to occupy political and economic positions in society on an equal footing with boys and men, and if they are to benefit from social assets. Educated women are more capable of providing for themselves and their families. It has been calculated that each additional year of schooling for a girl in a low-income country increases her future income by 10–20 per cent.<sup>10</sup>

Educated women are more likely to send their own children to school. The risk that a child may be exposed to human trafficking, child labour, child marriage or sexual exploitation is smaller when the child attends school. Educated mothers, and fathers, play a key role in breaking the cycle of poverty. The Government wishes to support such positive developments.

The Government will give priority to international initiatives to provide relevant, high-quality education to all. This focus on education will help girls to begin and complete secondary schooling. The Ministry of Foreign Affairs will promote innovative projects and incentive schemes to encourage parents to send girls to school. Total support for education will be doubled during this period. Furthermore, measures offering a combination of educational and health services will be developed and implemented.

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<sup>9</sup> UNESCO/UNGEI (2014)

<sup>10</sup> Hanushek, et al. (2011)

### 7.2.3 Combating genital mutilation

Norway is engaged in efforts to combat all forms of violence against women, including sexual violence in conflict, violence in close relationships, genital mutilation and child and forced marriage. The objectives of these efforts are to prevent violence, provide effective legal and health assistance, and involve boys and men.

According to UNICEF, most girls and women who suffer genital mutilation come from countries in Africa and the Middle East, with 20 per cent of victims living in Egypt.<sup>11</sup> The practice continues despite the fact that most girls and women in affected countries want to abolish it. The primary reasons for this include fear of strict social sanctions and stigma.

Genital mutilation of girls is a serious violation of the right to freedom from discrimination, freedom from inhuman or degrading treatment, and the right to health and development. Ultimately, the practise threatens girls' right to life.

Effective methods for combating female genital mutilation have in common that they are rights-based, comprise open dialogue about the consequences of the practice, and entail a collective decision by the local community to abolish it. Local support is an important prerequisite, in combination with political, legal, educational and media pressure.

The UN resolution on female genital mutilation of 2012 represented a breakthrough. It has become an important global framework for all efforts dedicated to the abolition of the practice. In 2014, the UN adopted a new resolution underlining the continued need for intensified efforts, particularly in the health sector. The same year, the UN Human Rights Council asked the High Commissioner for Human Rights to submit a report on good experiences and challenges in the work done to prevent and abolish genital mutilation.

The Government will strengthen international initiatives to combat genital mutilation of girls. The Government wishes to raise the profile of this topic as an independent area, and as an issue relevant to women's rights and gender equality, education, human rights and health. A dedicated anti-female genital mutilation strategy for the period 2014–2017 is being implemented, and support for civil society and international organisations working against genital mutilation has been doubled as of 2015.

### 7.2.4 Fighting child and forced marriage

UNICEF defines forced marriage as an act whereby one or both parties to a marriage are to some degree forced to enter into it. It is estimated that 14.2 million girls under the age of 18 are forced to marry every year. Over 700 million of the world's women have been married off before turning 18. One-third of these women were aged under 15 at the time of the marriage.

Child marriage, which is defined as a marriage or formalised relationship concluded before the age of 18, affects girls disproportionately, although boys are also married off while still minors. In Niger, the country with the highest incidence of child marriage in the world,

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<sup>11</sup> UNICEF (2013)

77 per cent of women between the ages of 20 and 49 have been married off before turning 18, compared to 5 per cent of men in the same age group. The same gender differences are found in countries in which child marriage is less common. Child marriage among girls is most common in South Asia and sub-Saharan Africa. Almost half of all child brides live in South Asia, with India alone accounting for one-third of the global total. Bangladesh has the highest proportion of marriages involving girls under the age of 15.<sup>12</sup>

Girls from poor families, living in rural areas and with the least education are most vulnerable. Girls who are married off receive less schooling and face risky pregnancies and births. This breaches their rights under both the UN Convention on the Rights of the Child and the UN Convention on the Elimination of All Forms of Discrimination against Women.

Norway is one of the largest donors to the UN Population Fund. The fund is among the most important global organisations working to eliminate child marriage, through initiatives focusing on sexual and reproductive health and reproductive rights. The Norwegian authorities also support organisations working against child and forced marriage in the context of wider programmes to promote education, health, gender equality and human rights.

The Government will continue to combat child and forced marriage through multilateral and bilateral channels. Initiatives of great importance for eliminating child and forced marriage, such as education for girls, will be reinforced.

### 7.2.5 Women, peace and security

2015 marks the 15<sup>th</sup> anniversary of the UN Security Council's adoption of resolution 1325 on women, peace and security. Resolution 1325 heralded a breakthrough in understanding of the fact that war and conflict affect men and women differently and that the needs and influence of women must be incorporated into all security policy. Since then, the Security Council has adopted six further resolutions on the topic.

Earlier this year, the Government launched its National Action Plan on Women, Peace and Security (2015–2018) to support implementation of the resolutions. The action plan is being implemented at a time when numerous conflicts are causing widespread suffering among civilians, and women particularly. Sexual violence is commonplace. Extremists such as ISIL are threatening women's rights, and civilians are being forced to flee their homes.

The National Action Plan on Women, Peace and Security is designed to ensure that the gender perspective is incorporated into the following areas: peace processes and peace negotiations, peacebuilding, international operations and humanitarian efforts. Combating sexual violence is relevant in all four areas. The guiding principle of the action plan is to recognise women as stakeholders in peace and security, and not to view them merely as conflict victims. Measures are defined to promote women's freedom of action and influence, including by increasing the participation of women in peace processes. The participation of women and the women's perspective are crucial for the sustainability of peace processes and the effectiveness of international military and civilian operations. The Government will also

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<sup>12</sup> UNICEF (2014)

reinforce training on safeguarding women's security and humanitarian needs, and will support the inclusion of women's economic and political position and legal safeguards as key aspects of peacebuilding in post-conflict countries.

### **Box 7.1 Women, peace and security in Colombia**

The UN Security Council adopted resolution 1325 on women, peace and security in 2000. Since then, the Security Council has adopted six further resolutions in the same area which recognise women's participation, the need for a gender perspective in international operations, prevention of sexual violence in conflict, and that humanitarian efforts must meet the needs of both women and men. Women's participation is crucial to the implementation of peace processes capable of securing lasting peace.

The peace process in Colombia provides an example in this regard. The Colombian Government initiated formal negotiations with the country's largest rebel group, FARC-EP, in Oslo in 2012. The parties have since negotiated in Havana, and have thus far finalised partial agreements on land and agricultural reform, political participation and the war on drugs. Negotiations are continuing on victims' rights, an end to the armed conflict and implementation. Both parties have now included women in their delegations. The parties have established a separate commission to safeguard the gender perspective and ensure that women's views are considered during the peace negotiations. The inclusion of representatives of both parties in a commission of this type is an innovation. Norway is facilitating the peace negotiations and providing active support for the process.

#### **[End of box]**

Efforts relating to women, peace and security should not be small side projects, and the women's perspective must be integrated into the utilisation of large, general budget allocations for peace and security. Work on the national action plan is therefore being funded through a number of budget items. The aim is to increase the proportion of funds dedicated to women, peace and security under existing budgets. Some funds have also been earmarked specifically for measures under the auspices of civil society, or for selected embassies. In addition, the women's perspective is being integrated into humanitarian efforts, most frequently focusing on the prevention of gender-based violence.

Special initiatives are planned for Afghanistan, Colombia, Myanmar, Palestine and South Sudan. An annual report will be prepared on implementation of the national action plan.

The Ministry of Foreign Affairs has been mandated to seek to ensure that initiatives are specific and results are measurable in the areas of gender equality and women's participation, in both bilateral and multilateral projects relating to fragile states and situations.

Through the National Action Plan on Women, Peace and Security, the Government will support implementation of relevant UN resolutions. It is hoped that targeted efforts, the definition of five priority countries and areas, and increased expertise and reporting of results will help ensure that the rights, needs and priorities of both women and men are incorporated into all work done to promote peace and security.

### 7.2.6 Efforts to safeguard women's health

The Government will support efforts to ensure that women, men and adolescents all over the world have access to reproductive health services, contraceptives and sexuality education, and the right to decide over their own bodies and sexuality. Very many women in the world are not afforded the right to satisfactory health and health services. Norway has therefore taken a leading role in initiatives to promote women's health. Steps have been taken to reduce mortality during childbirth. Other relevant topics include HIV and Aids-related projects, healthcare in connection with violence against women and health during humanitarian crises. The efforts made to achieve the Millennium Development Goals, and particularly efforts to reduce maternal mortality in developing countries, have improved coordination and financing internationally. Measures have been implemented to improve access to medicines, vaccines, equipment and health services. Together with the UN Secretary-General, Norway has worked to communicate the importance of the health-related Millennium Development Goals.

The UN Global Strategy for Women's and Children's Health (2010–2015) aims to save 16 million lives. It is a global platform designed to gather state donors, philanthropists, the private sector, non-governmental organisations, UN agencies and partner countries themselves in a joint effort to improve women's and children's health.<sup>13</sup> Innovation can increase women's survival rates and facilitate better utilisation of available resources through new methods, technology and financing models. As part of its implementation of the strategy, Norway has taken a lead in health innovation efforts.

A further important contribution to the achievement of the goals is Norway's financial and expert support for the implementation of the recommendation of the UN Commission on Life-Saving Commodities for women and children.<sup>14</sup> The commission has focused on the availability of medicines vital for survival of childbirth. This work also includes better and cheaper contraceptives. One important measure supported by Norway has been to encourage women to give birth at clinics by means of financial incentives. The World Bank's Health Results Innovation Trust Fund, which concentrates on results-based financing for maternal and child health, has played a key role in this context. One of the fund's objectives is to improve the capacity of developing countries to prioritise health services in their own budgets. Norway has made substantial donations to the fund.

Although positive results have been achieved with respect to survival rates, much work remains to be done to give women healthy, good lives. The Government's promotion of women's health will continue beyond the expiry of the Millennium Development Goals in 2015. Work is continuing on a new global strategy for women's, children's and adolescents' health for the period 2016–2030. To secure greater funding for the global strategy, Norway has advocated the establishment of an improved global financing mechanism<sup>15</sup> to support the

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<sup>13</sup> United Nations Secretary-General Ban Ki-moon (2010)

<sup>14</sup> UN Commissioner's report (2012)

<sup>15</sup> The World Bank's Global Financing Facility (GFF) for Reproductive, Maternal, Newborn, Adolescent and Child Health.

coordination of financing flows for national health investment plans. The financing mechanism will help recipient countries to set health investment priorities in their own budgets.

The quality and scope of health services are good indicators of economic development, and a sign of women's position in society. This is why global health efforts are so closely linked with the general fight for women's rights as set out in the Beijing Platform for Action and CEDAW.

The Government will maintain its strong engagement in the fight against mortality and for improved health services and the reproductive rights of women and girls, including adolescents, to improve their chances of a good life.

## 8 Economic and administrative consequences

[figur:figX-X.jpg]

Photo: Monica Strømdahl

### 8.1 Economic and administrative consequences

The Government's work with gender equality is based on the principle of sectoral responsibility. This means that all ministries are responsible for promoting gender equality and integrating the work to promote gender equality in the ordinary operations within their areas of responsibility.

The work to create equal opportunities for women and men must be systematic. The Government's efforts to improve gender equality have a long-term perspective. The White Paper provides an overview of the status and challenges in selected areas of society, and shows the direction of the Government's gender equality policy.

The White Paper shows how existing measures help achieve gender policy objectives. Funding for these measures is provided in the Storting's budget resolution for 2015.

The White Paper presents improvements to existing measures, and new measures that are part of the Government's proposal for the 2016 national budget. They include:

- Grants to the Girls and Technology project (discussed in Chapter 2)
- Support for the work of the Agder counties with a gender equality and diversity standard (discussed in Chapter 3)
- An expansion of *Jobbsjansen* (discussed in Chapter 3)
- Development projects that can strengthen municipal crisis centre services for groups at risk (discussed in Chapter 4)
- Improving the national housing and support scheme for young people over the age of 18 who have been victims of forced marriage, threats of forced marriage or other honour-related violence (discussed in Chapter 4)
- Increasing the knowledge base about hate speech (discussed in Chapter 4)
- The two-year catch-up vaccination programme against human papillomavirus (HPV) for girls and young women up to the age of 26 (discussed in Chapter 5)
- Increased funding for the R&D contract scheme in the health and care sector (discussed in Chapter 6)

The White Paper also presents a few new measures, like a gender balance monitoring tool for chief executive positions and a research project on what promotes and prevents mobility in the labour market from a gender perspective. These measures will be funded within the framework of the ministry in charge.

The White Paper also identifies possible instruments and future measures that will be considered during the ordinary budget processes and which may be presented to the Storting in the annual budget proposals.

The White Paper describes challenges and provides guidelines for the work ahead to promote gender equality within the different sectoral areas. These guidelines can generally be considered part of the ordinary activities and must be implemented within the current economic parameters. One example of this is the work to reduce sickness absence and increased inclusion at the workplace.

## 8.2 Coordination of gender equality policy

The principle of sectoral responsibility means that responsibility for central Government follows the constitutional responsibility of the ministers. All authorities and sectors are responsible for active work to promote gender equality within their areas of responsibility. On the State level, the sectoral ministries are responsible for devising gender equality policy within their areas of responsibility. Gender equality policy must be an integral part of the policy in a sectoral area. The public authorities must advance and integrate gender equality in their regular work, in every stage of the decision-making process, and at every level of an undertaking, as follows from the duty to make active efforts.<sup>1</sup>

The role of the Ministry of Children, Equality and Social Inclusion in gender equality policy

The Ministry of Children, Equality and Social Inclusion manages the national legislation on gender equality and anti-discrimination. The legislation secures implementation of gender equality and anti-discrimination obligations pursuant to conventions and directives in Norwegian law. The Ministry is currently working on a bill for a common gender equality and anti-discrimination act.

The Ministry of Children, Equality and Social Inclusion manages the enforcement apparatus for the gender equality and anti-discrimination legislation, the Equality and Anti-Discrimination Ombud, and the Equality and Anti-Discrimination Tribunal.

The Ministry of Children, Equality and Social Inclusion coordinates and develops the Government's common gender equality policy. The Ministry is responsible for devising common policy in the field of gender equality. The Ministry guides other ministries in their gender equality work. Work with cross-sectoral action plans and white papers are examples of tools used to coordinate and further develop gender equality policy.

Work with reports on compliance with international obligations is part of the Ministry of Children, Equality and Social Inclusion's coordination tasks. See Chapter 7 for a discussion of these obligations.

The Ministry of Children, Equality and Social Inclusion's budget contains several grant schemes intended to advance gender equality. The Directorate of Children, Youth and Family Affairs manages these schemes.

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<sup>1</sup>The public authorities' duty to make active efforts to promote gender equality is set out in Section 12 of the Gender Equality Act. It imposes an obligation on the public authorities to make active, targeted and systematic efforts to promote gender equality.



The Ministry of Children, Equality and Social Inclusion develops knowledge about gender equality and work with gender equality. The Ministry takes steps to ensure that developments in key areas of society can be documented, analysed and followed over time. The Ministry funds a gender statistics coordinator position at Statistics Norway. The Ministry has also contributed to the establishment of a national Centre for Research on Gender Equality (CORE). CORE has been established at the Institute for Social Research, and has a formalised working relationship with researchers at the University of Oslo. CORE will conduct research on education and the labour market, family and working life, internationalisation, public opinion and policy. The Ministry has provided NOK 4 million annually in funding for a three-year period – 2013 to 2015. The Ministry will extend the contract by one more year, through 2016.

#### *Directorate of Children, Youth and Family Affairs*

The Directorate of Children, Youth and Family Affairs is the Government's specialist agency for gender equality and anti-discrimination. The Directorate helps execute gender equality policy. The Directorate increases municipalities' and sectoral authorities' competence on gender equality. The Directorate conducts development work and manages several gender equality grant schemes.

In collaboration with other players, the Directorate of Children, Youth and Family Affairs works towards a holistic and cross-sectoral approach to gender equality, and supports the sectors' independent responsibility for gender equality policy.

As a gender equality agency, the Directorate of Children, Youth and Family Affairs is responsible for implementation of current policy and follow-up of the Government's action plans and measures. The Directorate performs tasks related to developing knowledge, documentation and analysis. The documentation and analysis work includes responsibility for operating a forum for gender equality data and for national statistics on the crisis centre services. As an administrative agency, the Directorate manages grants to family and gender equality policy organisations, grants to centres for victims of incest and of rape, grants or operating funds for the three gender equality centres in Norway, and grants to Reform – Resource Centre for Men. The Directorate has a key training and supervisory role in relation to the duty to make active efforts to combat gender discrimination. The Directorate is also responsible for starting a project to increase knowledge at State agencies about gender equality work, both as authorities and employers.

#### *The Equality and Anti-Discrimination Ombud, and the Equality and Anti-Discrimination Tribunal.*

The Equality and Anti-Discrimination Ombud is an independent administrative agency that is administratively subordinate to the Ministry of Children, Equality and Social Inclusion. The Ombud's professional impartiality is laid down in the Anti-Discrimination Ombud Act. The Ombud is responsible for promoting gender equality and fighting discrimination. The Ombud's functions include enforcing legislation, being proactive and providing guidance. The Ombud is responsible for ensuring that Norwegian law and administrative practice comply

with Norway's obligations pursuant to the UN Convention on the Elimination of All Forms of Discrimination against Women. The Ombud will also monitor whether employers fulfil their duty to make active efforts and reporting duties.

The Equality and Anti-Discrimination Tribunal is the appellate body for the statements and decisions made by the Ombud, and thus plays an important role in the development of law in the field of discrimination. The Tribunal determines whether a matter is in violation of the anti-discrimination legislation. It can order correction, cessation or other measures to ensure that the discrimination ends or is not repeated. The Tribunal can also order coercive fines and request prosecution in connection with breach of an order.

The protection from discrimination requires a well-functioning enforcement apparatus. Several players have identified flaws in the current system. The objections are linked to the Ombud's different roles as enforcer and driver of gender equality and anti-discrimination legislation as well as monitor of Norway's obligations pursuant to international conventions, and the Tribunal's lack of competence to award damages in discrimination cases. The Equality Report (Official Norwegian Report (NOU) 2011: 18) has also identified several challenges associated with the current enforcement apparatus. The Ministry of Children, Equality and Social Inclusion has announced a study of the enforcement apparatus in the field of gender equality and discrimination, with a view to improving enforcement. The study will be completed in 2016.

The Ministry of Children, Equality and Social Inclusion

recommends:

The recommendation from the Ministry of Children, Equality and Social Inclusion of 9 October 2015 regarding Gender equality in practice – equal opportunities for women and men shall be sent to the Storting.

Bibliography