Society at a Glance 2019

OECD SOCIAL INDICATORS

A SPOTLIGHT ON LGBT PEOPLE

OECD

Society at a Glance 2019

OECD SOCIAL INDICATORS

OECD
BETTER POLICIES FOR BETTER LIVES

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Foreword

This is the ninth edition of Society at a Glance, *the OECD's biennial overview of social indicators. As with its predecessors, this report addresses the growing demand for quantitative evidence on social well-being and its trends across OECD countries. It updates some indicators included in the previous eight editions and introduces several new ones. Data on Argentina, Brazil, Colombia, Costa Rica, China, India, Indonesia, the Russian Federation, Saudi Arabia and South Africa are included separately where available.*

This edition of Society at a Glance *puts the spotlight on lesbians, gay men, bisexuals and transgender (LGBT) individuals, as they still suffer from various forms of discrimination. Indeed, there is still a long way to go before LGBT people meet full-fledged acceptance in OECD countries. Only half of OECD countries have legalised same-sex marriage throughout their national territory, and less than a third allow for a change of gender on official documents to match gender identity without forcing the transgender person to undergo sterilisation, sex-reassignment surgery, hormonal therapy or a psychiatric diagnosis. Steps backward have also been witnessed. Yet, discrimination is not only ethically unacceptable, it also entails substantial economic and social costs. The inclusion of sexual and gender minorities should therefore become a top policy priority for OECD governments.*

*Chapter 1 provides a comprehensive overview of data and evidence on the size of sexual and gender minorities and their socio-economic situation. It also highlights best practices to create more inclusive environments for LGBT people. The rest of the report compares a wide range of social outcomes across countries. Chapter 2 provides a guide to help readers understand the structure of OECD social indicators. Chapter 3 presents new indicators on people's perceptions of social risks and government effectiveness, while Chapters 4 to 8 then consider these indicators in more detail. Additional information on indicators can be found on the OECD web pages (*http://oe.cd/sag*).*

This report was prepared by Pauline Fron, Maxime Ladaique, Veerle Miranda (project leader), Marie-Anne Valfort (Chapter 1) and Valerie Frey (Chapter 3), with valuable contributions from James Brown, Chris Clarke, Carrie Exton (Statistics and Data Directorate), Rodrigo Fernandez, Gaëlle Ferrant (Development Centre), Elif Koksal-Oudot (Directorate for Science, Technology and Innovation), Michael Förster, Gaétan Lafortune, Fabio Manca, Pascal Marianna, Marissa Plouin, Sarah Strapps and Cécile Thoreau from the Directorate for Employment, Labour and Social Affairs. Monika Queisser, Head of the OECD Social Policy Division, supervised the report.

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Acronyms and conventional signs

OECD country ISO codes

Australia	AUS	Korea	KOR
Austria	AUT	Latvia	LVA
Belgium	BEL	Lithuania	LTU
Canada	CAN	Luxembourg	LUX
Chile	CHL	Mexico	MEX
Czech Republic	CZE	Netherlands	NLD
Denmark	DNK	New Zealand	NZL
Estonia	EST	Norway	NOR
Finland	FIN	Poland	POL
France	FRA	Portugal	PRT
Germany	DEU	Slovak Republic	SVK
Greece	GRC	Slovenia	SVN
Hungary	HUN	Spain	ESP
Iceland	ISL	Sweden	SWE
Ireland	IRL	Switzerland	CHE
Israel	ISR	Turkey	TUR
Italy	ITA	United Kingdom	GBR
Japan	JPN	United States	USA

Other major economy and G20 country ISO codes

Argentina	ARG	Indonesia	IDN
China	CHN	Russian Federation	RUS
Colombia	COL	Saudi Arabia	SAU
Costa Rica	CRI	South Africa	ZAF
India	IND		

Conventional signs

.. Not available

In figures, OECD refers to unweighted averages of OECD countries for which data are available.

(↘) in the legend relates to the variable for which countries are ranked from left to right in decreasing order.

(↗) in the legend relates to the variable for which countries are ranked from left to right in increasing order.

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Executive summary

There is still a long way to go before lesbians, gay men, bisexuals and transgender (LGBT) individuals meet full-fledged acceptance in OECD countries. Overall, LGBT people still suffer from various forms of discrimination. Yet, discrimination is not only ethically unacceptable, it also entails substantial economic and social costs. The inclusion of sexual and gender minorities should therefore become a top policy priority for OECD governments.

The first chapter of this report provides a comprehensive overview of data and evidence on the size of sexual and gender minorities and the socio-economic situation of LGBT people in OECD countries. It confirms that anti-LGBT discrimination hampers the economic prospects and mental health of millions, and highlights best practices to create more inclusive environments for sexual and gender minorities.

LGBT people stand for a sizeable minority

No census has ever included questions on sexual orientation and/or gender identity to identify LGBT people, and only a few nationally representative surveys contain such questions. In the 14 OECD countries where estimates are available, LGB people account for 2.7% of the adult population. In other words, in these 14 OECD countries, *at least* 17 million adults self-identify as LGBT – 17 million adults is a lower bound since transgender people are not counted due to data gaps –, which is as large as the total population of Chile or the Netherlands.

The share of individuals who self-identify as LGBT is increasing

Disclosure of LGBT status in nationally representative surveys is consistently on the rise from one survey round to the next. This trend is likely to continue in the future since disclosure is more frequent among younger cohorts. In the United States, for instance, only 1.4% of people born before 1945 consider themselves as LGBT, against 8.2% among millennials (born between 1980 and 1999).

Despite a shift toward greater acceptance of sexual and gender minorities, discomfort with homosexual and transgender people is pervasive

Attitudes toward LGBT people are improving worldwide and have consistently been more positive in OECD countries than elsewhere. However, there remains substantial room for progress. OECD countries are only halfway to full social acceptance of homosexuality, scoring five on a 1-to-10 acceptance scale. Moreover, only a minority of respondents in OECD countries would accept that a child dresses and expresses herself/himself as a child of the other gender. Discomfort with transgender people is slightly higher than discomfort with LGB people.

LGBT people report widespread discrimination

On average, more than one-out-of-three LGBT respondents in OECD countries report having personally felt discriminated against because of their sexual orientation and/or gender identity. Consistent with attitudes toward LGB people being more positive than attitudes toward transgender people, the perception of discrimination is higher among transgender than among homosexual and bisexual individuals.

Survey data reveal a significant LGBT penalty in the labour market

Nearly 50 research papers have compared the labour market outcomes of LGBT and non-LGBT adults across OECD countries, based on representative survey data. These studies reveal that LGBT people are penalised with respect to employment status and labour earnings: they are 7% less likely to be employed than non-LGBT people and their labour earnings are 4% lower. These estimates presumably constitute a lower bound of the actual penalty faced by sexual and gender minorities since LGBT people who accept to disclose their sexual orientation and gender identity in surveys tend to be economically advantaged.

Experimental data confirm that LGBT people are discriminated against

Labour market discrimination against LGBT applicants is measured by comparing the rate at which two fictitious candidates are invited to a job interview: one that employers perceive as LGBT and one that employers perceive as non-LGBT. The results reveal that homosexual applicants are 1.5 times less likely to be invited to a job interview than their heterosexual counterparts when their sexual orientation is conveyed through their volunteer engagement or work experience in a gay and lesbian organisation. Experimental data also reveal significant discrimination against transgender job applicants, as well as against LGBT individuals outside the labour market.

LGBT people are at greater risk of mental health disorders

Representative survey data point to widespread psychological distress among LGBT individuals. Lower mental health among sexual and gender minorities at least partly flows from stigma. By living in a social environment that largely views heterosexuality and congruence between sex at birth and gender identity as the only way of being normal, LGBT people experience stress not undergone by heterosexual and cisgender individuals.

Making LGBT individuals and the penalties they face visible in national statistics is a prerequisite to their inclusion

Collecting information on sexual orientation and gender identity in censuses as well as national labour force, health and victimisation surveys is critical to improve awareness on the penalty that LGBT individuals face. Although they are a minority, OECD countries that include questions on sexual orientation and gender identity in their nationally representative surveys constitute helpful precedents in order to disseminate good practices on how to best collect such sensitive information.

Legally prohibiting anti-LGBT discrimination and ensuring equal rights to LGBT individuals is essential to improve their situation

Enforcement of anti-discrimination and equality laws improves LGBT inclusion not only by discouraging potential offenders, but also by shaping the social norm. Individuals

perceive legal changes as reflecting evolutions in what is socially acceptable and are willing to conform to these shifts. For instance, acceptance of homosexuality has increased much faster in countries after they adopted same-sex relationship recognition policies, suggesting that legal changes do cause changes in attitudes.

Educating people in countering their unconscious biases is a key component of any policy package aiming to improve LGBT inclusion

Unconscious bias training consists in making individuals aware of their unconscious prejudices and stereotypes and teaching them how to overcome them. Evidence on the impact of de-biasing interventions is scarce but shows that these interventions can be highly effective, even when they are short. In the United States, a brief door-to-door intervention has made citizens much more open and benevolent to transgender people, with effects still visible three months after the intervention.

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Chapter 1

The LGBT challenge: How to better include sexual and gender minorities?

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Introduction

There is still a long way to go before lesbians, gay men, bisexuals and transgender individuals – commonly referred to as "LGBT people" (Box 1.1) – meet full-fledged legal acceptance. Same-sex sexual acts have become legal in all OECD countries where they were formerly criminalised, as have hormonal therapy or gender-reassignment surgery. Nevertheless, only half of OECD countries have legalised same-sex marriage throughout their national territory, and less than a third allow for a change of gender on official documents to match gender identity without forcing the transgender person to undergo sterilisation, sex-reassignment surgery, hormonal therapy or a psychiatric diagnosis. Steps backward have also been witnessed. Some OECD countries have introduced a constitutional ban on same-sex marriage, and the very possibility of a person being legally recognised as transgender is questioned in some others.[1] Overall, LGBT people are still stigmatised and exposed to various forms of discrimination, despite the fact that some LGBT individuals managed to make it to the top.

Discrimination is not only ethically unacceptable, it also entails substantial economic and social costs. Anti-LGBT discrimination hinders economic development through a wide range of channels. It causes lower investment in human capital due to LGBT-phobic bullying at school and poor returns, it reduces economic output by excluding LGBT talents from the labour market, it undermines productivity by impairing LGBT people's mental health, it erodes public finances through significant spending on social and health services to address the consequences of LGBT people's marginalisation, etc. Anti-LGBT discrimination is also detrimental to social cohesion through the persistence of restrictive gender norms that impede gender equality more broadly speaking and, hence, the expansion of social and economic roles, especially for women (Valfort, 2017[1]). The inclusion of sexual and gender minorities should therefore become a top policy priority for OECD governments.

This chapter provides a comprehensive overview of data and evidence on the number of LGBT people and their socio-economic situation in OECD countries. It confirms that anti-LGBT discrimination hampers the economic prospects and mental health of millions and highlights best-practices to create more inclusive environments for sexual and gender minorities.

This chapter addresses the following three main questions:

- **How many people are lesbian, gay, bisexual and transgender?** The first section of this chapter presents a stocktaking of statistical sources to identify LGBT people in OECD countries. It reveals that the share of individuals who self-identify as LGBT is sizeable, and on the rise.
- **How do LGBT people fare?** The second section explores the extent to which LGBT individuals are penalised. After underlining that acceptance of LGBT people in OECD countries remains limited, this section provides a wide range of evidence that anti-LGBT discrimination is a reality. It also demonstrates that LGBT people show worse mental health outcomes across the board, at least partly due to stigma.

- **What policies can improve LGBT inclusion?** The final section examines what governments can do to ensure greater inclusion of sexual and gender minorities. It identifies a range of key policies, from making LGBT individuals and the penalties they face visible in national statistics, to enacting and enforcing anti-discrimination and equality laws and policies. Educating people in countering their unconscious biases also constitutes a critical component of any policy package aiming to combat anti-LGBT discrimination.

Box 1.1. **Who are LGBT people?**

LGBT is the acronym for "lesbian, gay, bisexual and transgender". LGBT people are defined with respect to two distinct characteristics: sexual orientation and gender identity. Sexual orientation refers to a person's capacity for profound emotional and sexual attraction to, and intimate and sexual relations with opposite-sex individuals, same-sex individuals, or both opposite- and same-sex individuals. Sexual orientation allows for differentiating between heterosexuals, lesbians, gay men and bisexuals. Gender identity refers to a person's internal sense of being masculine, feminine, or androgynous. As such, it permits distinguishing between transgender and cisgender individuals, a transgender (resp. cisgender) person being one whose gender identity differs from (resp. matches) her/his biological sex at birth. Because they differ to the majority in terms of sexual orientation and gender identity, LGBT people are also referred to as "sexual and gender minorities".

The focus on LGBT individuals allows for addressing some of the issues intersex people face. Intersex people are born with physical, hormonal or genetic features that are neither wholly female nor wholly male. Due to this non-binary pattern, LGBT individuals are overrepresented among intersex people, which explains that the letter "I" is often added to the LGBT acronym to include intersex people. Among a non-representative sample of 272 intersex individuals in Australia, 52% self-identified as lesbians, gay men or bisexuals and 8% self-identified as being transgender (Jones et al., 2016[2]).

Due to the absence of questions on individuals' intersex status in nationally representative surveys, the situation of intersex people cannot be analysed in this chapter. This lack of evidence does not mean, however, that the inclusion of intersex people is a minor issue. Evidence suggests that intersex people constitute a sizeable minority. To date, two studies have tried to provide a comprehensive estimate of the intersex population, based on a meta-analysis of medical research articles. Their measure varies from 0.5% (van Lisdonk, 2014[3]) to 1.7% (Blackless et al., 2000[4]) of the total population.

1.1. How many people are lesbian, gay, bisexual and transgender?

No census has ever asked questions on sexual orientation and/or gender identity to identify LGB and transgender people, and only a few nationally representative surveys contain such questions. The bulk of population-based surveys identify the LGBT population in an indirect way, namely through the sex of the respondent's partner. But this approach focuses on individuals who live with a same-sex partner, a group that is not representative of the LGBT population as a whole.

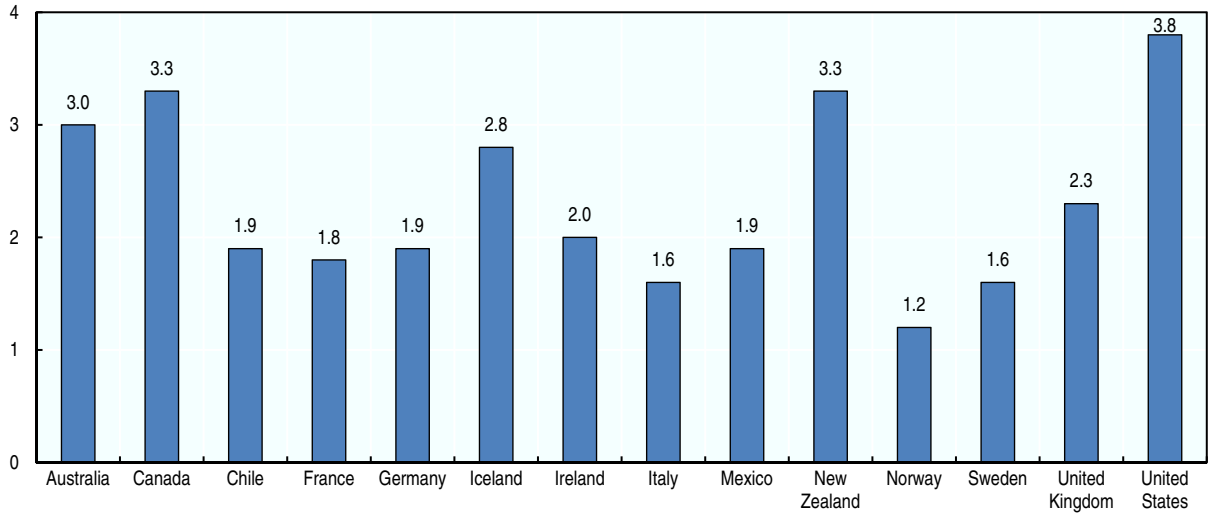
To date, only 15 OECD countries have included a question on sexual self-identification in at least one of their nationally representative surveys conducted by national statistical offices or other public institutions. These countries are: Australia, Canada, Chile, Denmark, France, Germany, Iceland, Ireland, Italy, Mexico, New Zealand, Norway, Sweden, the United Kingdom and the United States. By asking individuals how they think of themselves (with

the following options available: "Heterosexual", "Homosexual", "Bisexual", "Other", "Don't know" and "Refused"), the question on sexual self-identification allows targeting people who self-identify as lesbian, gay or bisexual. The United States have been the most active in collecting this information, with at least 10 nationally representative surveys collecting information on sexual self-identification.

In the 14 OECD countries where estimates are available,[2] LGB people account for 2.7% of the adult population on average (Figure 1.1). In other words, in these 14 OECD countries, *at least* 17 million adults self-identify as LGBT – 17 million adults is a lower bound since transgender people are not counted due to data gaps (see Section 1.1.2) –, which is as large as the total population of Chile or the Netherlands.

Figure 1.1. **A sizeable minority self-identifies as lesbian, gay or bisexual**

Percentage of adults who self-identify as lesbians, gay men or bisexuals in the past decade in selected OECD countries



Note: Countries are not ordered given that estimates of the LGB population rely on survey methods that differ across countries.
Source: OECD calculations based on the surveys reported in Annex Table 1.A.1.

StatLink http://dx.doi.org/10.1787/888933937964

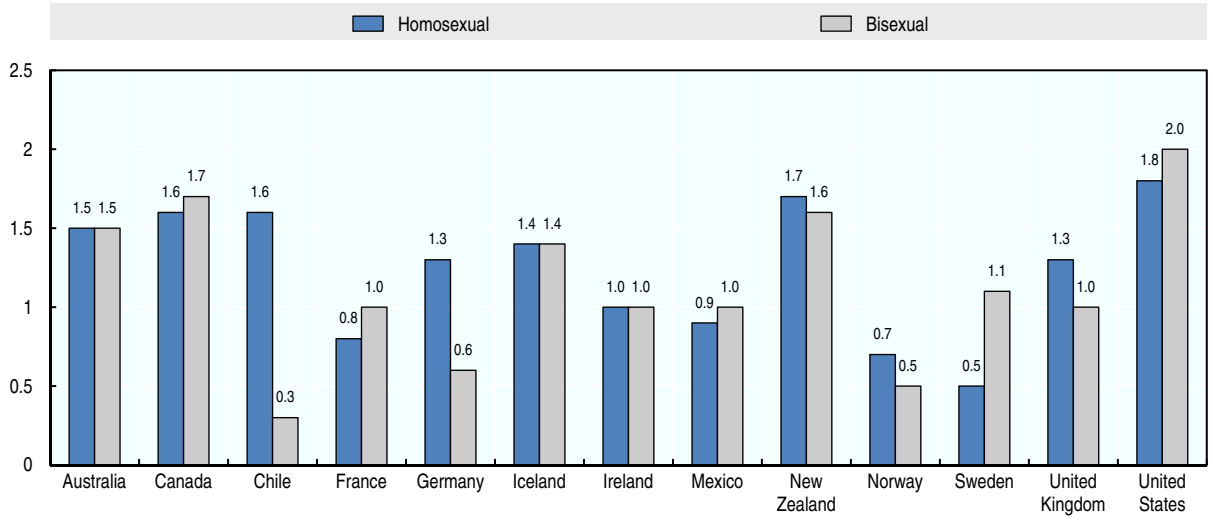
1.1.1. Zooming in on LGB people

Further analysis of the estimates of the LGB population reported in Figure 1.1 shows a fairly equal breakdown across homosexuals and bisexuals, with the exception of Chile, Germany and Sweden. The proportion of homosexuals within the LGB population ranges from 44% in France to 58% in Norway (Figure 1.2). Women are as likely to report a LGB identity as their male counterparts. But this pattern masks heterogeneity across LGB subgroups: compared to men, women are less likely to self-identify as homosexual, but more likely to self-identify as bisexual.

Variation in the share of LGB people across countries critically depends on LGB people's willingness to answer questions dealing with sexual self-identification, in a context where heterosexuality is still widely perceived as the norm or default sexual orientation. Consequently, survey methods that do not provide respondents with a sufficient sense of privacy, i.e. when the survey is based on computer-assisted personal interviewing or computer-assisted telephone interviewing, have proven to generate substantial underreporting of an LGB identity (Valfort, 2017[1]).

Figure 1.2. **There are nearly as many homosexuals as bisexuals**

Percentage of adults who self-identify as homosexuals or bisexuals in the past decade in selected OECD countries



Note: The breakdown of the LGB population across homosexuals and bisexuals is not available for Italy.
Source: OECD calculations based on the surveys reported in Annex Table 1.A.1.

StatLink http://dx.doi.org/10.1787/888933937983

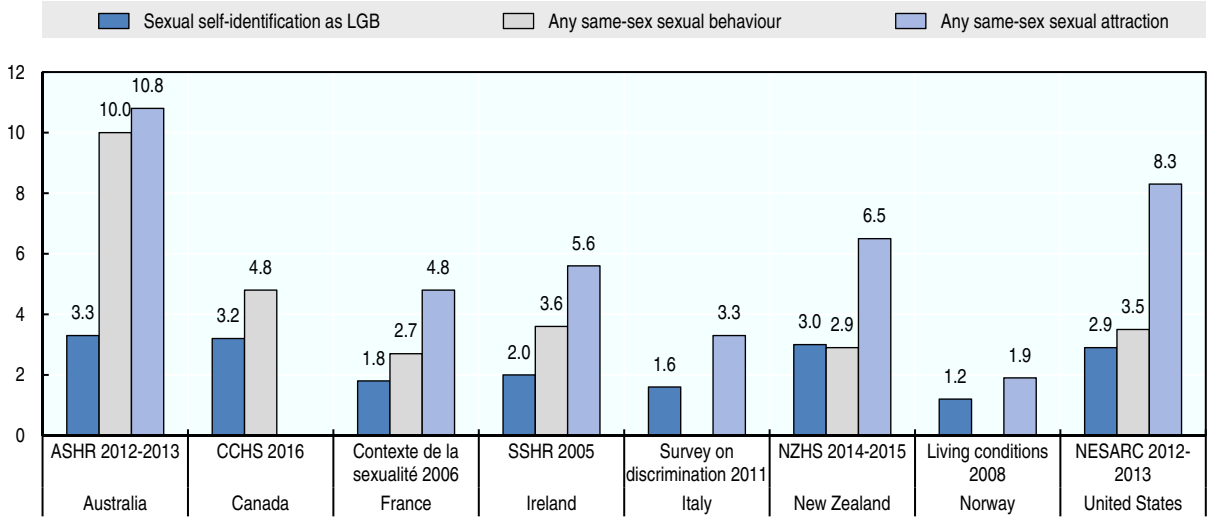
Data underlying Figure 1.1 confirm that estimates of the LGB population are significantly higher when they originate from surveys where the question on sexual self-identification is completed by the respondent, rather than by the interviewer. This pattern holds even within the same country: of the eight US-based representative surveys for which LGB data are publicly available, four ask the question on sexual self-identification in the framework of a self-administered module. They reveal a share of LGB people equal to 4.6%, as opposed to 2.9% when attention is restricted to the four surveys that exclusively rely on computer-assisted personal interviewing or computer-assisted telephone interviewing.

Although they allow for identifying people who view themselves as lesbian, gay or bisexual, questions on sexual self-identification underestimate the share of people who are LGB from a more objective point of view, i.e. based on their sexual behaviour or sexual attraction (Box 1.2). The size of the LGB population is 70% larger when it is calculated based on individuals' sexual behaviour (instead of individuals' sexual self-identification), and more than twice as large when sexual attraction is taken as a criteria (Figure 1.3).

That the share of LGB people reaches its maximum with measures of sexual attraction and its minimum with measures of sexual self-identification is not surprising. Sexual attraction is indeed a more inclusive concept than sexual behaviour, which is itself more inclusive than sexual self-identification: not all people who feel attracted to same-sex people engage in same-sex sexual behaviour, and not all people who engage in same-sex sexual behaviour view themselves as lesbian, gay or bisexual. But another explanation flows from the observation that LGB people are more likely to refrain from disclosing who they are if they are asked to self-identify as lesbians, gay men or bisexuals, rather than specify the sex of the persons with whom they have sex or to whom they feel sexually attracted (Coffman, Coffman and Ericson, 2017[5]).

Figure 1.3. **Questions on sexual self-identification yield lower estimates of the share of LGB people than questions on sexual behaviour or sexual attraction**

Percentage of LGB adults by measures of sexual orientation in the past decade in selected OECD countries



Note: The figure presents only one survey by country but similar results emerge with other surveys.
Source: OECD calculations based the surveys reported in Annex Table 1.A.1.

StatLink http://dx.doi.org/10.1787/888933938002

Box 1.2. **Asking questions about sexual orientation in surveys**

Respondents' sexual orientation can be measured through three different types of questions (Williams Institute, 2009[6]):

- **Questions on sexual self-identification**
  - They capture how the respondent identifies his/her sexual orientation
  - They typically read as follows: *Which of the following options best describes how you think of yourself?*
    - *Straight (Heterosexual)*
    - *Gay or Lesbian (Homosexual)*
    - *Bisexual*
    - *Other*
    - *Don't know/Refused*
  - Questions on sexual self-identification are asked in the framework of nationally representative surveys conducted by public institutions in 15 OECD countries (Annex Table 1.A.1).
- **Questions on sexual behaviour**
  - They capture the sex of the respondent's sex partner(s)
  - They typically read as follows: *In the past [time period e.g. year] who have you had sex with?*
    - *I have exclusively had female sex partners*
    - *I have had mostly female sex partners and at least one male sex partner*
    - *I have had approximately equal numbers of female and male sex partners*
    - *I have had mostly male sex partners and at least one female sex partner*

Box 1.2. **Asking questions about sexual orientation in surveys** *(cont.)*

- *I have exclusively had male sex partners*
- *I have had sex with neither women nor men*
- *Don't know/Refused*

❖ Among the 30 nationally representative surveys reported in Annex Table 1.A.1, 10 include a question on sexual behaviour.

- **Questions on sexual attraction**

❖ They capture the sex of people the respondent feels sexually attracted to

❖ They typically read as follows: *In the past [time period e.g. year] who have you felt sexually attracted to?*

- *Only attracted to females*
- *Mostly attracted to females*
- *Equally attracted to females and males*
- *Mostly attracted to males*
- *Only attracted to males*
- *I have never felt sexually attracted to anyone at all*
- *Don't know/Refused*

❖ Among the 30 nationally representative surveys reported in Annex Table 1.A.1, 10 include a question on sexual attraction.

1.1.2. What about transgender individuals?

Estimates of the transgender population remain scarce. To the best of our knowledge, only three OECD countries collect information on gender identity in one of their nationally representative surveys: the United States since 2013, Chile since 2015 and Denmark since 2017 (Annex Table 1.A.2).

Transgender individuals stand for a smaller minority than LGB people. Based on the latest estimates available, their percentage in the adult population ranges from 0.1% in Chile to 0.3% in the United States (estimates of the transgender population in Denmark have not been released yet). Yet, these estimates do not rely on best-practices to collect information on gender identity (Box 1.3).

Box 1.3. **Asking questions about gender identity in surveys**

There are different ways to identify transgender people in nationally representative surveys. It can be done either through a one-step approach or through a multiple-step approach (Williams Institute, 2014[7]):

- In the one-step approach, the respondent is asked whether she considers herself to be transgender (ideally by providing a clear definition of what "transgender" means), with the following options available: "Yes, male-to-female transgender"; "Yes, female-to-male transgender"; "Yes, gender-nonconforming transgender" (a person who does not conform to either of the binary definitions of male or female); "No"; "Don't know", "Refused". This approach has been implemented by the Population Assessment of Tobacco and Health survey in the United States since 2013.

Box 1.3. **Asking questions about gender identity in surveys** *(cont.)*

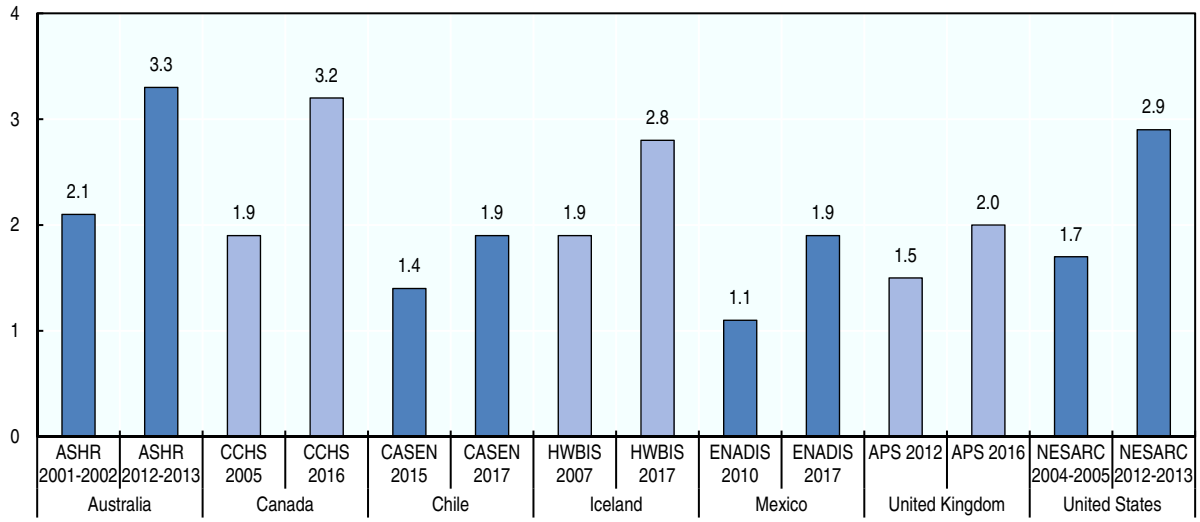
- A multiple-step approach should ideally include three stages. In the first stage, the respondent is requested to report her assigned sex at birth: *What sex were you assigned at birth, on your original birth certificate?* (with the following options available: "Male", "Female"). The second stage entails asking the respondent about her current gender identity: *Which gender do you identify with today?* (with the following options available: "Male", "Female", "Both male and female", "Neither male nor female", "Don't know", "Refused"). Finally, in case the respondent provides different answers to the first two questions, the same question as in the one-step approach should be asked: *Do you consider yourself to be transgender?* This latter question is necessary to the extent that not all people who provide a different answer to the "sex at birth" and "gender identity" questions would define themselves as "transgender". This third question also avoids counting as transgender individuals who provide different answers simply due to misreporting. This approach has been implemented by the "Project SEXUS" survey in Denmark since 2017.

1.1.3. The share of LGBT people is on the rise

The percentage of individuals who self-identify as homosexuals or bisexuals has been increasing over time, which may reflect the general public becoming more open to LGBT people. Figure 1.4 presents the evolution of the share of individuals who self-identify as LGB, for a subset of surveys for which estimates of the LGB population in different survey rounds are available. Over a period of seven years, which is the average period of time between two survey rounds, this share rose by about 50%.

Figure 1.4. **The share of people who self-identify as LGB increases over time**

Evolution of the percentage of adults who self-identify as lesbians, gay men or bisexuals in selected OECD countries



Note: The figure presents only one survey by country but similar results emerge with other surveys.
Source: OECD calculations based on the surveys reported in Annex Table 1.A.1.

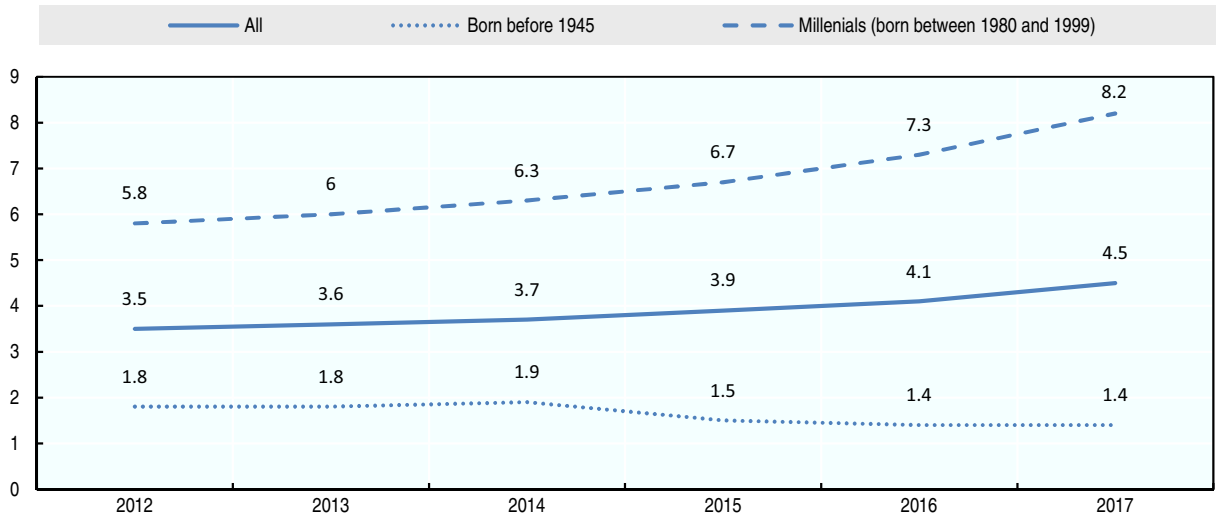
StatLink http://dx.doi.org/10.1787/888933938021

The Gallup Daily tracking survey offers another striking illustration that the share of LGBT people is on the rise. Since 2012, this nationally representative survey has asked nearly two million US adults whether they personally identify as lesbian, gay, bisexual or

transgender. The results reveal a clear increasing trend: the share of people who self-identify as LGBT rises from 3.5% in 2012 to 4.5% in 2017 (Figure 1.5). This trend is likely to continue in the future, since it is driven by younger cohorts. In 2017, only 1.4% of people born before 1945 consider themselves as LGBT, against 2.4% among baby boomers (born between 1946 and 1964), 3.5% among Generation X (born between 1965 and 1979), and 8.2% among millennials (born between 1980 and 1999).

Figure 1.5. **The share of LGBT people is likely to continue rising in the future**

Evolution of the percentage of US adults identifying as LGBT



Source: https://news.gallup.com/poll/234863/estimate-lgbt-population-rises.asp.

StatLink http://dx.doi.org/10.1787/888933938040

1.2. How do LGBT people fare?

Previous studies have documented a shift toward greater acceptance of sexual and gender minorities, but evidence suggests that there is still a long way to go before LGBT people can benefit from full-fledged recognition (Valfort, 2017[1]). This section first analyses attitudes toward LGBT people in OECD countries. It then investigates the extent of anti-LGBT discrimination and explores how it affects LGBT people's well-being.

1.2.1. Attitudes toward LGBT people

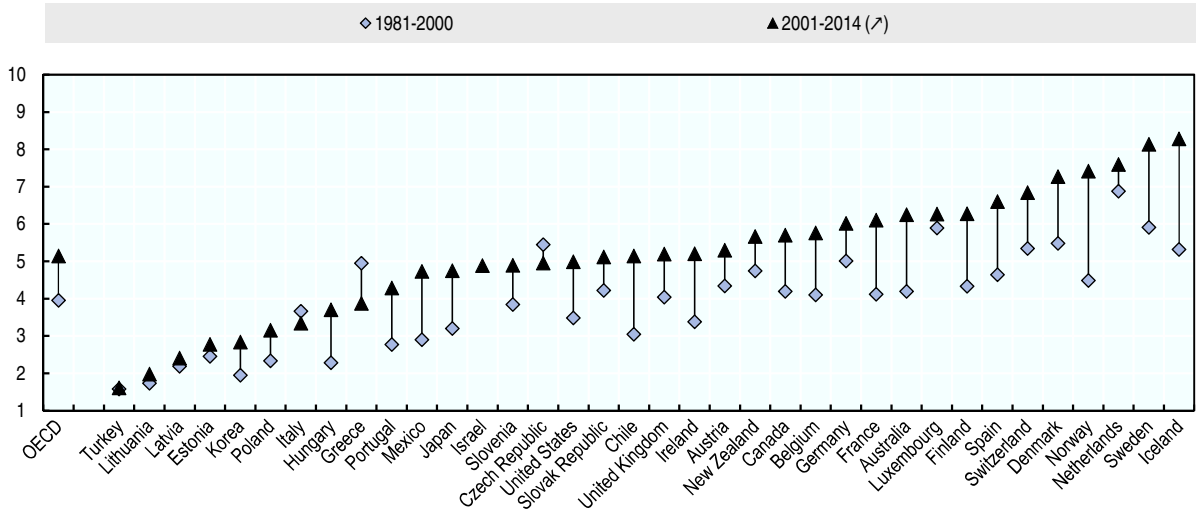
Cross-continent surveys on attitudes toward homosexuals have been conducted since 1981, while surveys on attitudes toward transgender people are more recent, with data first collected in 2012. No nationwide or cross-country survey captures attitudes toward bisexual people.

Acceptance of homosexuality and its evolution over time

There has been a shift toward greater acceptance of homosexuality, but homophobia remains widespread. Even across OECD countries, which rank among the most tolerant countries worldwide, the average respondent is only halfway to full social acceptance of homosexuality, scoring five on a 1-to-10 acceptance scale (Figure 1.6; Box 1.4). This average masks important disparities across countries, with the score of Iceland (8.3) more than five times as high as that of Turkey (1.6). Yet, with the exception of a few countries, attitudes toward homosexuality improved considerably over the past three decades.[3]

Figure 1.6. **Despite improvements, acceptance of homosexuality remains limited**

Evolution of acceptance of homosexuality in OECD countries between 1981-2000 and 2001-2014



Note: Acceptance of homosexuality is measured on a scale from 1 to 10, where 1 means that homosexuality is never justifiable and 10 means that it is always justifiable.

Source: OECD compilation based on AsiaBarometer, European Values Survey, Latinobarometro and World Values Survey (see Box 1.4 for more details).

StatLink http://dx.doi.org/10.1787/888933938059

Box 1.4. **Measuring acceptance of homosexuality on international surveys**

Prominent cross-continent or regional surveys have included two different questions on acceptance of homosexuality. The first captures the degree to which homosexuality is considered as "justifiable", on any ground, by the respondent: *Please tell me whether you think homosexuality can always be justified, never be justified, or something in between using this card* (the card being a scale from 1 to 10, where 1 means that homosexuality is never justifiable and 10 means that it is always justifiable). This question is part of a battery of several questions about controversial behaviours and issues (e.g. abortion, divorce, euthanasia, prostitution, etc.) that have been asked in the following cross-country surveys: the AsiaBarometer, the European Values Survey, the Latinobarometro and the World Values Survey. The second question reflects whether the respondent would be comfortable with homosexuals as neighbours and has been asked in the AmericasBarometer, the European Values Survey, the Latinobarometro and the World Values Survey. In principle, the question asked by Gallup in their yearly cross-continent survey could be a third option: *Is the city or area where you live a good place or not a good place to live for gay or lesbian people?* However, this question provides less a measure of respondents' own attitude toward homosexuality than of their perception of local social acceptance of gay men and lesbians. Moreover, this question has been asked only starting from the late 2000s, which limits the possibility to study the evolution of attitudes toward homosexuals over time.

In this section, acceptance of homosexuality is computed based on the question on the justifiability of homosexuality. Two reasons motivate this choice:

- First, the wording of the question on the justifiability of homosexuality is the same across surveys. This consistency is not the case for the question on acceptance of homosexuals as neighbours. In fact, the AmericasBarometer is the only survey where this question explicitly refers to "homosexuals": *Are you comfortable with homosexuals as neighbours?* (with the following options available: "Do not have a problem with having

Box 1.4. **Measuring acceptance of homosexuality on international surveys** *(cont.)*

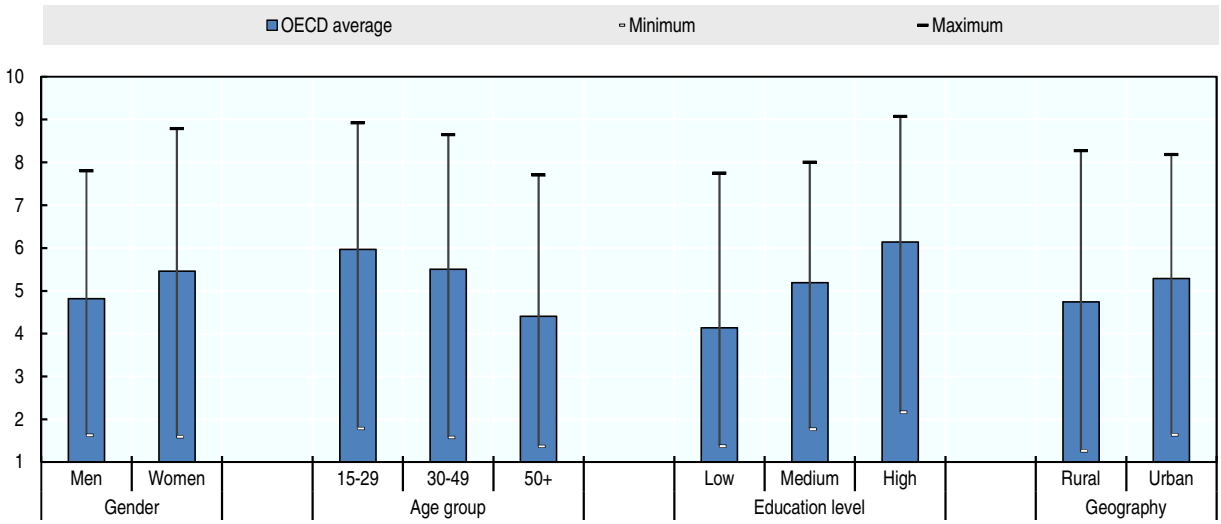
them as neighbours", "Do not want them as neighbours", "Don't know" and "Refused"). In the other surveys, respondents have to choose people they would *not* like to have as neighbours, among a list that includes "homosexuals" or "gays".

- Second, answers to the question on the justifiability of homosexuality are easier to interpret than answers to the question on acceptance of homosexuals as neighbours. For the latter, no selection of the "homosexuals" or "gays" items by the respondents is interpreted as equivalent to accepting homosexuals as neighbours. Yet, this omission may reflect that the respondent considers these items as taboos, i.e. words to be proscribed due to the unacceptable reality they depict.

Acceptance of homosexuality is greater among women, younger adults, the better educated and people living in urban areas (Figure 1.7). The finding that women are more open to homosexuality than men is explained by the more negative attitudes of men toward gay men (Kite and Whitley, 1996[8]). In fact, men's acceptance of lesbians is similar to women's acceptance of both lesbians and gay men.

Figure 1.7. **Acceptance of homosexuality is greater among women, younger adults, the better educated and people living in urban areas**

Acceptance of homosexuality in OECD countries (2001-2014), by socio-demographic group



Note: Acceptance of homosexuality is measured on a scale from 1 to 10, where 1 means that homosexuality is never justifiable and 10 means that it is always justifiable.

Source: OECD compilation based on AsiaBarometer, European Values Survey, Latinobarometro and World Values Survey.

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Young people are also more likely to show positive views on homosexuality. While the score on the "justifiability of homosexuality" scale reaches 6.0 (on a 1-to-10 acceptance scale) for people aged between 15 and 29, this score drops to 4.4 for people above 50 (Figure 1.7). These age differences can have two different causes: 1) an "ageing effect", whereby individuals become less accepting as they grow older; 2) a "cohort effect", whereby younger generations are exposed to social forces conducive to greater acceptance of sexual minorities. Evidence to date suggests that the latter effect is at work. A recent study provides a within-cohort analysis that reveals no substantial change in attitudes toward

homosexuality over time and across a wide range of countries (Smith, Son and Kim, 2014[9]). That said, older cohorts are not fully impervious to the spread of more liberal views on homosexuality. An analysis of attitudinal changes in Canada and the United States identifies remarkable improvements over time in acceptance of homosexuality within *all* cohorts, which questions the conventional wisdom according to which opinions on controversial social issues would be formed by early adulthood and change little with age (Andersen and Fetner, 2008[10]).

Education seems to play a major role in explaining differences in attitudes toward homosexuality: the score of individuals with a college education (6.1) is two points higher than that of individuals who have, at most, a lower-secondary education (4.1) (Figure 1.7). This result may be in part due to education's correlation with complex reasoning that increases individuals' tolerance to nonconformity (Ohlander, Batalova and Treas, 2005[11]).

Finally, Figure 1.7 also reveals greater acceptance of homosexuality in urban than in rural settings. Consistent with this finding, evidence shows that same-sex couples are significantly more likely to locate in urban areas than do opposite-sex couples – Black, Sanders, & Taylor (2007[12]) in the United States; Rault (2016[13]) in France; Kroh, Kühne, Kipp, & Richter (2017[14]) in Germany.

Acceptance of transgender people

Only two cross-country surveys on attitudes toward transgender people have been conducted thus far: the Special Eurobarometer on Discrimination collected by the European Commission in 2012 and 2015, and the cross-continent survey conducted by the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) in 2016 (Box 1.5).

Box 1.5. **Measuring acceptance of transgender people in cross-country surveys**

The Special Eurobarometer on Discrimination includes three questions on attitudes toward transgender people:

- *Using a scale from 1 to 10, please tell me how you would feel about having a transgender or transsexual person in the highest elected political position in [your country]* – where "1" means that the respondent would feel "not at all comfortable" and "10" that she would feel "totally comfortable" (this question was asked both in 2012 and 2015)
- *Regardless of whether you are actually working or not, please tell me, using a scale from 1 to 10, how comfortable you would feel if one of your colleagues at work was a transgender or transsexual person* (this question was asked only in 2015)
- *Regardless of whether you have children or not, please tell me, using a scale from 1 to 10, how comfortable you would feel if one of your children was in a love relationship with a transgender or transsexual person* (this question was asked only in 2015)

The 2016 ILGA survey includes the following two questions:

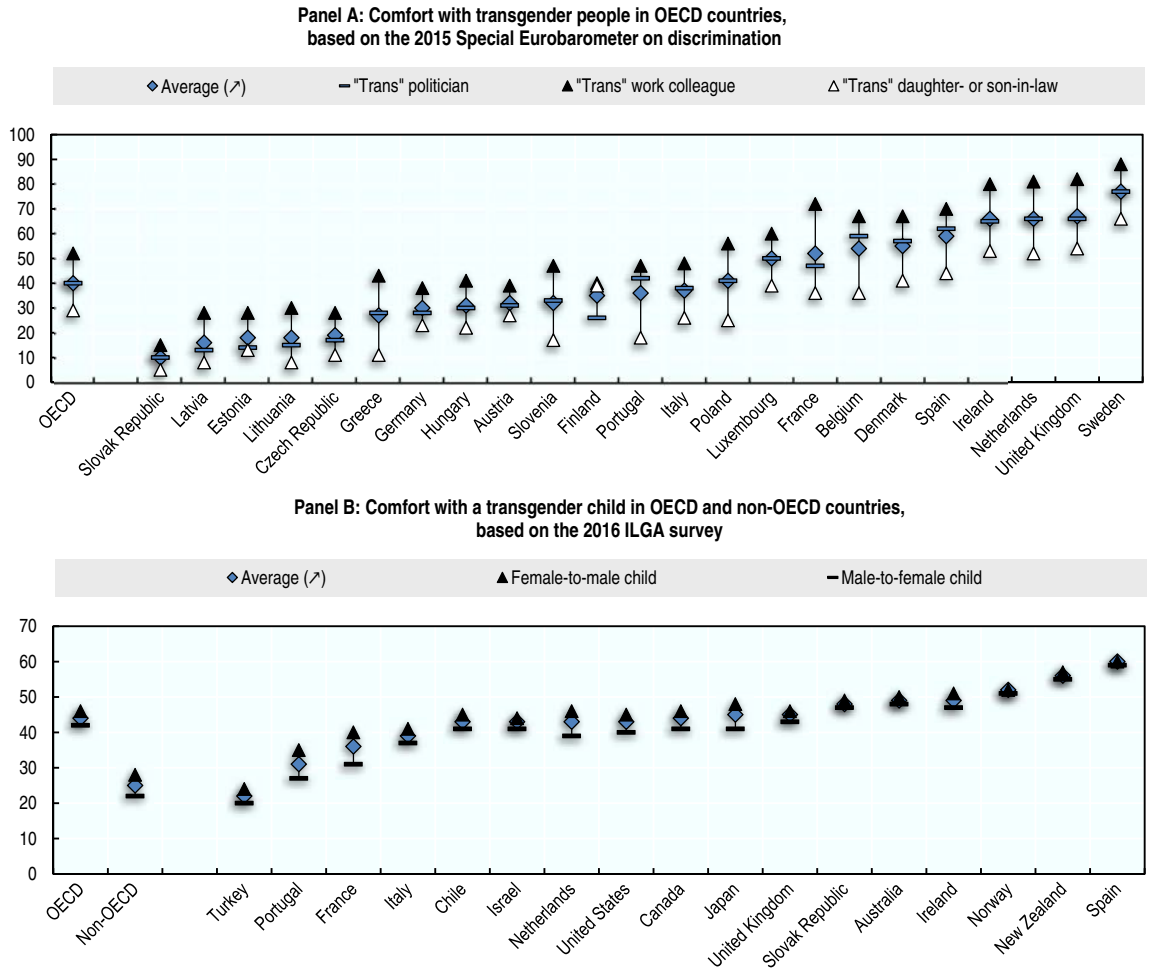
- *If a male child always dressed and expressed himself as a girl, would you find that acceptable?*
- *If a female child always dressed and expressed herself as a boy, would you find that acceptable?*

Respondents could answer "Yes", "No, or "Don't know".

The Special Eurobarometer on Discrimination covers 23 European OECD countries, whereas the 2016 ILGA survey covers only 17 OECD countries. In both surveys, national samples include an average of 1 000 respondents.

These surveys reveal widespread discomfort toward transgender people. Among European OECD countries, an average of only 40% respondents would feel comfortable having a transgender or transsexual person in the highest elected political position, as a work colleague, or as a daughter- or son-in-law (Figure 1.8, Panel A). Moreover, less than half (44%) of respondents in the 17 OECD countries covered by the 2016 ILGA survey would accept a transgender child, noting a clear gender divide: a transgender child is at greater risk of being rejected if she is male-to-female rather than female-to-male (Figure 1.8, Panel B). That said, acceptance of transgender people remains higher in OECD countries than elsewhere. Among the 37 non-OECD countries covered by the 2016 ILGA survey, only 25% of respondents would accept a transgender child.

Figure 1.8. **Comfort with transgender people is low**



Note: The figure in Panel A reports the percentage of respondents who answered "7", "8", "9" or "10" to the following questions: i) using a scale from 1 to 10, please tell me how you would feel about having a transgender or transsexual person in the highest elected political position in [your country] (comfort with a "trans" politician); ii) regardless of whether you are actually working or not, please tell me, using a scale from 1 to 10, how comfortable you would feel if one of your colleagues at work was a transgender or transsexual person (comfort with a "trans" work colleague); iii) regardless of whether you have children or not, please tell me, using a scale from 1 to 10, how comfortable you would feel if one of your children was in a love relationship with a transgender or transsexual person (comfort with a "trans" daughter- or son-in law). The figure in Panel B reports the percentage of respondents who answered "yes" to the following questions: i) if a female child always dressed and expressed herself as a boy, would you find that acceptable? (acceptance of a female-to-male child); ii) if a male child always dressed and expressed himself as a girl, would you find that acceptable? (acceptance of a male-to-female child).
Source: 2015 Special Eurobarometer on Discrimination for Panel A and 2016 ILGA survey for Panel B.

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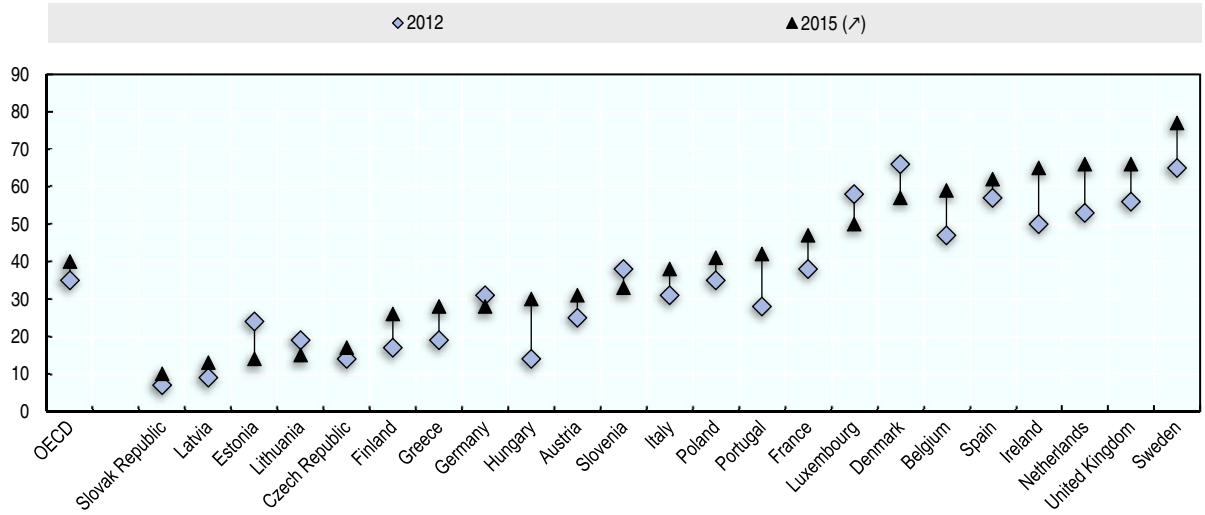
The Special Eurobarometer on Discrimination indicates a modest shift toward greater acceptance of transgender people (Figure 1.9). The share of respondents who report comfort rises from 35% in 2012 to 40% in 2015. This average masks strong disparities, though. Notably, six of the 23 European OECD countries experience a decrease in the share of respondents who display positive attitudes toward a transgender or transsexual person in the highest political office: Estonia (-10 percentage points), Denmark (-9 percentage points), Germany (-3 percentage points), Lithuania (-4 percentage points), Luxembourg (-8 percentage points) and Slovenia (-5 percentage points).

Figure 1.9. **Comfort with transgender people improves over time in most countries**

Evolution of comfort with transgender people in OECD countries, based on the 2012 and 2015 Special Eurobarometer on Discrimination



Note: This figure reports the percentage of respondents who answered "7", "8", "9" or "10" to the following question, in both 2012 and 2015: "using a scale from 1 to 10, please tell me how you would feel about having a transgender or transsexual person in the highest elected political position in [your country]".
Source: 2012 and 2015 Special Eurobarometer on Discrimination.

StatLink http://dx.doi.org/10.1787/888933938116

Socio-economic characteristics negatively correlated with homophobia also appear to be negatively linked to attitudes towards transgender people: women, younger and more educated people are more supportive of transgender people. Based on the 2015 Special Eurobarometer, 56% of women report to be comfortable or indifferent with having a transgender or transsexual person in the highest elected political office, compared with 48% of men. Additionally, 62% of 15-24 year olds display comfort or indifference, as opposed to 45% of those aged 55 or over. Comfort levels are also stronger among the better educated: 59% of those who finished education at the age of 20 or older would be comfortable or indifferent, compared with 44% of those who ended education at the age of 15 or younger. The same pattern is observed for questions that address working with a transgender or transsexual person, or having sons or daughters in a relationship with such a person – see Norton & Herek (2013[15]) and Flores (2015[16]) for similar findings in the United States.

Comparing acceptance of homosexuality with acceptance of transgender people

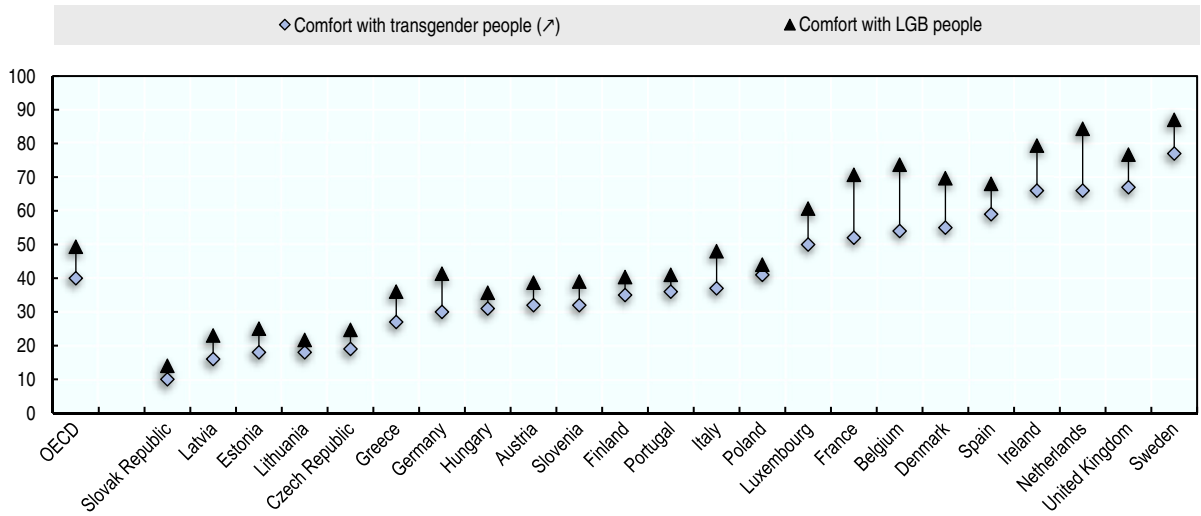
Acceptance of homosexuality and acceptance of transgender people are strongly correlated. Both attitudes toward homosexuals and attitudes toward transgender people are

shaped by how strongly one endorses the essentialist view that people fall into two distinct gender identities (male and female) that match biological sex at birth and feel sexual attraction to one another. Moreover, it is likely that the frontier between homosexuality and a transgender identity is particularly fuzzy from the general public's perspective. Transgender people are indeed significantly more likely to self-identify as LGB (Downing and Przedworski, 2018[17]).

Despite this correlation, comfort with transgender people appears lower than comfort with LGB people. On average, 49% of respondents report comfort with LGB people, as opposed to 40% who report comfort with transgender individuals (Figure 1.10).

Figure 1.10. **Comfort with transgender people is lower than comfort with LGB people**

Comfort with transgender and LGB people based on the 2015 Special Eurobarometer on Discrimination, in OECD countries



Note: "Comfort with transgender people" refers to the average percentage of respondents who answered "7", "8", "9" or "10" to the following questions: i) using a scale from 1 to 10, please tell me how you would feel about having a transgender or transsexual person in the highest elected political position in [your country]; ii) regardless of whether you are actually working or not, please tell me, using a scale from 1 to 10, how comfortable you would feel if one of your colleagues at work was a transgender or transsexual person; iii) regardless of whether you have children or not, please tell me, using a scale from 1 to 10, how comfortable you would feel if one of your children was in a love relationship with a transgender or transsexual person. "Comfort with LGB people" refers to the average percentage of respondents who answered "7", "8", "9" or "10" to the following questions: i) using a scale from 1 to 10, please tell me how you would feel about having a gay, lesbian or bisexual person in the highest elected political position in [your country]; ii) regardless of whether you are actually working or not, please tell me, using a scale from 1 to 10, how comfortable you would feel if one of your colleagues at work was a gay, lesbian or bisexual person; iii) regardless of whether you have children or not, please tell me, using a scale from 1 to 10, how comfortable you would feel if one of your children was in a love relationship with a gay, lesbian or bisexual person. This measure of comfort with LGB people differs from the measure of acceptance of homosexuality provided in Figure 1.6.
Source: 2015 Special Eurobarometer on Discrimination.

StatLink http://dx.doi.org/10.1787/888933938135

1.2.2. Are LGBT people discriminated against?

Acceptance of homosexuals and transgender people by the general public remains low, which puts LGBT people at risk of discrimination. This section explores three types of evidence to shed light on whether sexual and gender minorities are indeed unfairly treated compared to heterosexual and cisgender – antonym of transgender – individuals: the perception of discrimination by LGBT people, the comparison of labour market outcomes across LGBT and non-LGBT individuals based on survey data, and lessons from randomised experiments.

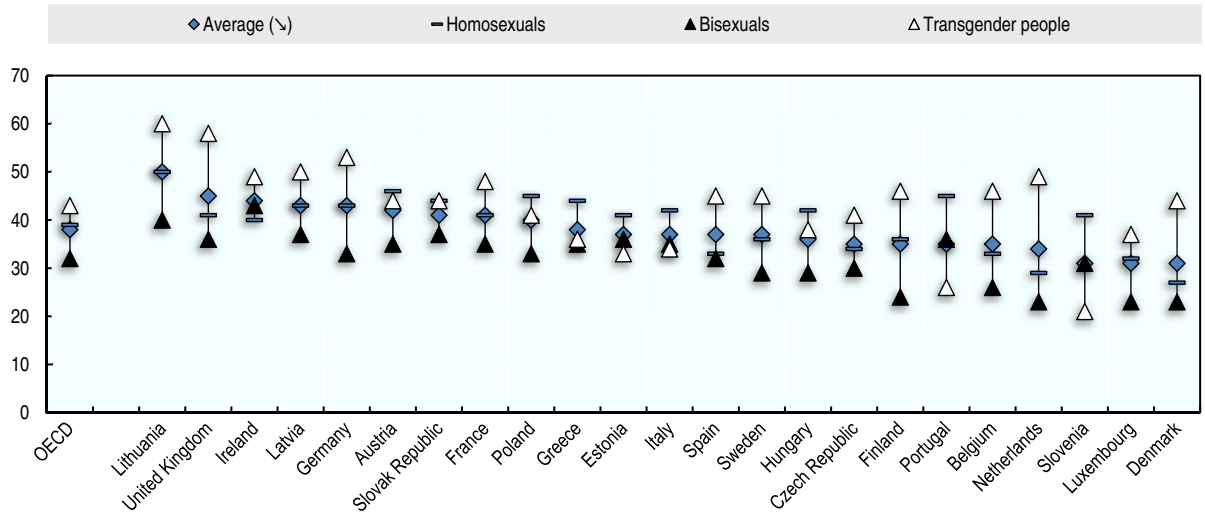
Perception of discrimination by LGBT people

To date, only one cross-country survey has been conducted among LGBT people to measure their perception of discrimination. This survey was performed in 2012 by the European Union Agency for Fundamental Rights. Data were collected through an anonymous online questionnaire, among 93 079 people who self-identify as lesbian, gay, bisexual and/or transgender across the EU.

On average, more than one out of three LGBT respondents in European OECD countries report having personally felt discriminated against because of their sexual orientation and/or gender identity. This share ranges from 50% in Lithuania to 31% in Denmark (Figure 1.11). Consistent with attitudes toward LGB people being more positive than attitudes toward transgender people, the perception of discrimination is higher on average among transgender than among LGB individuals. Homosexuals report the highest level of discrimination in eight countries: Austria, Estonia, Greece, Hungary, Italy, Poland, Portugal and Slovenia.

Figure 1.11. **More than one out of three LGBT respondents report having personally felt discriminated against because of their sexual orientation and/or gender identity**

Perception of discrimination by LGBT people in OECD countries, 2012



Note: This figure reports the percentage of LGBT individuals who respond "yes" to the following question: "During the last 12 months, have you personally felt discriminated against because of being L, G, B or T in any of the following situations? i) when looking for a job; ii) at work; iii) when looking for a house or apartment to rent or buy (by people working in a public or private housing agency, by a landlord); iv) by healthcare personnel (e.g. a receptionist, nurse or doctor); v) by social service personnel; vi) by school/university personnel – this could have happened to you as a student or as a parent; vii) at a cafe, restaurant, bar or nightclub; viii) at a shop; ix) in a bank or insurance company (by bank or company personnel); x) at a sport or fitness club; (xi) when showing your ID or any official document that identifies your sex."

Source: European Union Agency for Fundamental Rights (2014[18]).

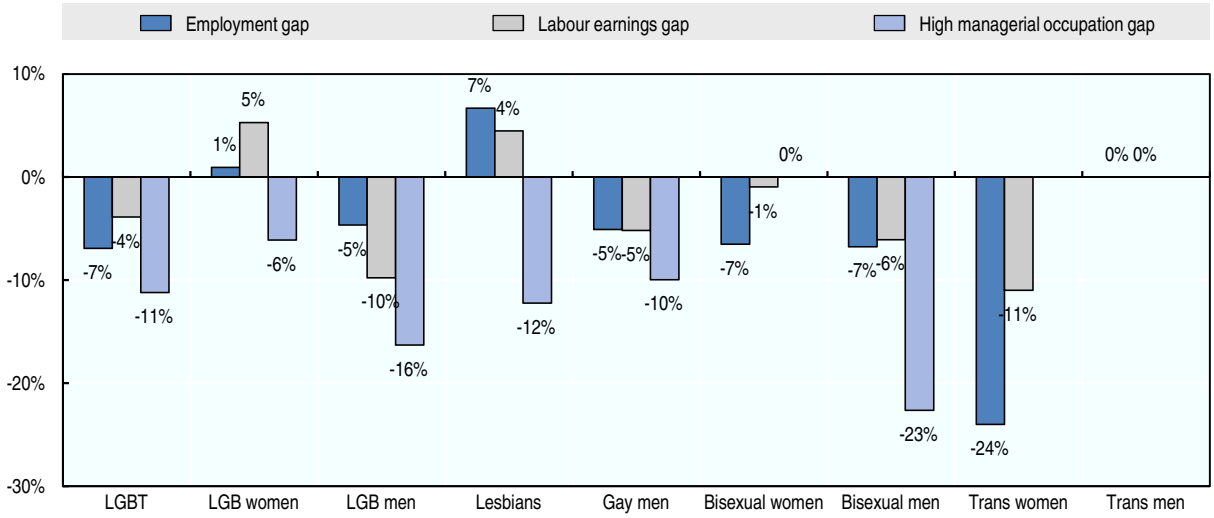
StatLink http://dx.doi.org/10.1787/888933938154

Comparing labour market outcomes of LGBT and non-LGBT people based on representative survey data

Representative survey data reveal that LGBT people experience gaps in employment status and/or labour earnings compared with non-LGBT people. LGBT people are 7% less likely to be employed than non-LGBT people and their labour earnings are 4% lower (Figure 1.12). They also seem to be exposed to a glass ceiling: they are 11% less likely to hold a high managerial position. Overall, the penalty that LGBT individuals endure at school (Box 1.6) extends into the labour market.

Figure 1.12. **LGBT people experience gaps in employment status, labour earnings and access to a high managerial position**

Gaps in labour market outcomes across LGBT and non-LGBT individuals



Note: A gap equal to zero indicates no difference in labour market outcomes between LGBT and non-LGBT individuals. The gaps are adjusted, meaning that the effect of a wide range of individual characteristics is neutralised: age, education, race/ethnicity, the presence of kids in the household, the number of hours worked, occupation and/or industry as well as location.

These estimates are computed based on 46 research papers published in academic journals or prominent discussion paper series that cover 11 OECD countries: Australia, Canada, France, Germany, Greece, Ireland, the Netherlands, Poland, Sweden, the United Kingdom and the United States. LGB women, lesbians and bisexual women are compared to heterosexual women. LGB men, gay men and bisexual men are compared to heterosexual men. For the employment gap, transgender women (i.e. male-to-female transgender people) are compared to cisgender women, while transgender men (i.e. female-to-male transgender people) are compared to cisgender men. For the labour earnings gap, transsexual women and transsexual men are compared to themselves before they transition to the other gender. The category "LGBT" provides an average of the gaps computed for each subcategory of sexual and gender minorities.

Source: OECD calculations based on 46 research papers (see the StatLink for a list).

StatLink http://dx.doi.org/10.1787/888933938173

Box 1.6. **Homophobic and transphobic bullying at school is widespread and hampers LGBT students' educational achievements**

Homophobic and transphobic bullying at school is a worldwide problem (UNESCO, 2016[22]). The victimisation of LGBT students ranges from the interference of homophobic and transphobic discourse in everyday interactions (e.g. the use of "dyke", "faggot" or "tranny" as generalised derogatory comments among teenagers) to verbal harassment, physical violence or cyberbullying. In the United States, 70.1% of LGBT students experienced verbal harassment (e.g. called names or threatened) at school in the year preceding the 2017 National School Climate survey conducted among students between the ages of 13 and 21, 28.9% were physically harassed (e.g. pushed or shoved), 12.4% were physically assaulted (e.g. punched, kicked, injured with a weapon), and 48.7% experienced electronic harassment, via text messages or postings on social media (GLSEN, 2018[23]).

But discriminatory practices reported by LGBT students do not only stem from their peers. They also involve teachers and, more generally, the school administration. For instance, 31.3% of LGBT students declared being disciplined for public displays of affection that were not sanctioned among non-LGBT students. School policies and practices also target transgender students: 42.1% had been prevented from using their preferred name or pronoun and 46.5% had been required to use a bathroom of their legal sex (GLSEN, 2018[23]).

Box 1.6. **Homophobic and transphobic bullying at school is widespread and hampers LGBT students' educational achievements** *(cont.)*

Experimental data confirm this survey-based evidence: schools discriminate against LGBT individuals, both as students and parents. In Serbia, an experiment was recently conducted to evaluate discrimination in access to basic education against "feminine boys". It reveals that "feminine boys", widely perceived as being gay, were at least three times more likely to be refused enrolment in primary schools (15%) compared to boys not perceived to be feminine (5%). Even when feminine boys were accepted, they met with twice as much hesitation and delay in accepting their enrolment. In the case of non-feminine boys, this hesitation was often linked to the boys' school achievement and discipline, for feminine boys, on the other hand, it was exclusively linked to their femininity (Koehler, Harley and Menzies, 2018[24]). In Spain, another experiment examined whether schools are more reluctant to give information to homosexual parents during children's pre-registration period (Diaz-Serrano and Meix-Llop, 2016[25]). The authors created three types of fictitious couples (one heterosexual, one same-sex male, and one same-sex female) and sent emails to schools in which these fictitious couples made a request for an interview and a visit. The results point to substantial discrimination against same-sex couples, a finding driven by the unfair treatment of partnered gay men: while the callback rate of partnered lesbians is indistinguishable from that of their heterosexual counterparts, the callback rate of heterosexual male couples is 50% higher than the callback rate of same-sex male couples (67% vs 45%).

Few studies have examined how sexual minority youth fare in academic terms. Recently, a study has taken full advantage of the US National Longitudinal Study of Adolescent to Adult Health. The results reveal that same-sex attraction or sexuality in adolescence is associated with a lower probability of high school graduation, for both male and female (Pearson and Wilkinson, 2017[26]).

However, these estimates must be taken with caution, since they likely constitute a lower bound of the penalty faced by sexual and gender minorities. Evidence suggests that LGBT people who disclose their sexual orientation and gender identity to the survey enumerator are not representative of the LGBT population as a whole: only the better off reveal who they are. For instance, among men who report having sex with men in the United States, those of advantaged background are more likely to self-identify as homosexual or bisexual (Barrett & Pollack (2005[19]); Pathela, et al. (2006[20])). Consistent with this finding, analysis of nationally representative surveys shows that the share of individuals who answer "Other", "Don't know" or "Refused" to the question on sexual self-identification is disproportionately high among low-educated individuals.

The average penalty reported in Figure 1.12 masks important disparities across LGBT subgroups. Homosexuals are the group for which the comparison of labour market outcomes between LGBT and non-LGBT individuals yields the most contrasted results: lesbians benefit from an employment and wage premium compared to heterosexual women, while gay men suffer from an employment and wage penalty compared to heterosexual men. This result presumably flows from differences in the way partners specialize in paid and unpaid work across same-sex and opposite-sex couples: household specialisation is significantly lower among same-sex partnerships (Valfort, 2017[1]).[4] Consequently, a partnered homosexual man is *less* involved in the labour market than a partnered heterosexual man, while a partnered homosexual woman is *more* involved in the labour market than a partnered heterosexual woman. By contrast, the labour market penalty exists for both bisexual women

and men. It is also pervasive among transgender and transsexual individuals, but only if they are male-to-female.

Despite the difficulty to identify an employment and wage penalty for lesbians and gay men, a body of complementary survey-based evidence suggests that *both* lesbians and gay men face barriers in the labour market. Several studies have shown that female like male homosexuals are less satisfied with their jobs than their heterosexual counterparts. They report lower satisfaction with total pay, promotion prospects and respect received from their supervisor, controlling for important characteristics such as education, occupation or mental health (Valfort, 2017[1]). In Sweden, both gay men and lesbians display lower employment rates in regions with more hostile attitudes toward homosexuals (Hammarstedt, Ahmed and Andersson, 2015[21]).

Experimental evidence

The fact that survey-based evidence points to a penalty for LGBT people is not sufficient to conclude that sexual and gender minorities are discriminated against. This penalty can indeed flow from mechanisms that have nothing to do with anti-LGBT discrimination. For instance, the fact that lesbians and gay men in Sweden display lower employment rates in regions with more hostile attitudes toward homosexuals may simply reflect that more productive lesbians and gay men are more likely to move out of regions showing low acceptance of homosexuality.

To better measure anti-LGBT discrimination, experiments are key. In the labour market, these experiments mainly take the form of "correspondence studies". These studies consist in sending out, in response to real job ads, the CVs and letters of application of fictitious candidates who are identical save their sexual orientation or gender identity. Any difference in the rate at which these fictitious candidates are invited to a job interview by employer is interpreted as evidence of discrimination based on sexual orientation or gender identity.

To date, 14 correspondence studies published in academic journals or discussion paper series have been conducted in order to measure hiring discrimination against LGBT applicants in OECD countries. These studies cover ten countries (Austria, Belgium, Canada, France, Germany, Greece, Italy, Sweden, the United Kingdom and the United States) and have mainly been conducted within the last decade. Of these 14 studies, 13 test for hiring discrimination against homosexual applicants. Only one correspondence study measures hiring discrimination against (male-to-female) transgender applicants. None investigates discrimination against bisexual applicants.

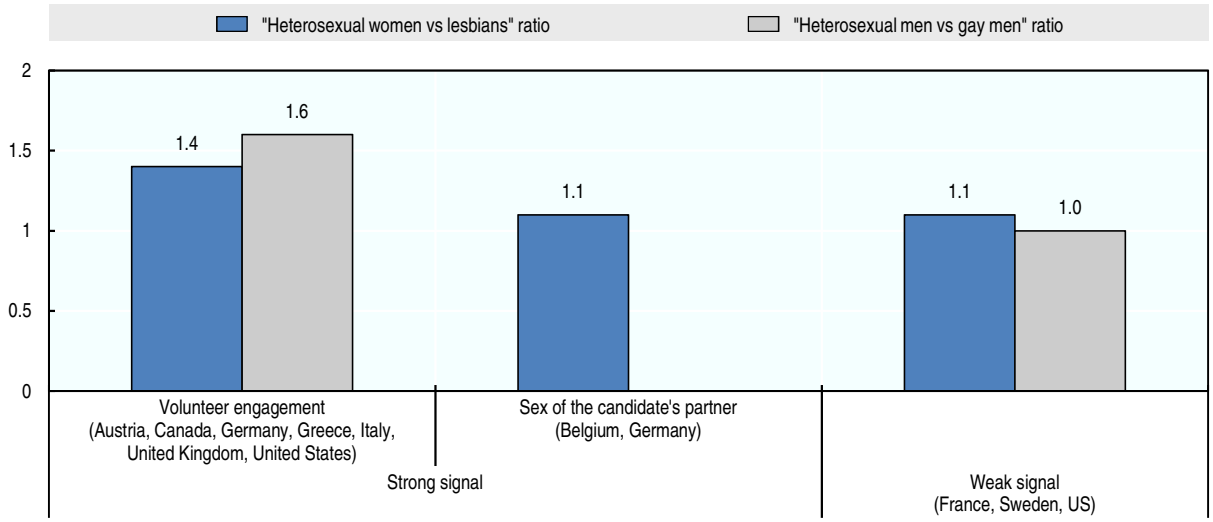
The 13 correspondence studies that test for hiring discrimination against homosexual applicants rely on three different approaches to signal sexual orientation. The first approach, used in nine of these 13 studies, consists in emphasizing the volunteer engagement or work experience of the homosexual applicant in a gay and/or lesbian organisation, e.g. local Gay People's Alliance or gay and lesbian campus association – a volunteer engagement or work experience in a control philanthropic organisation is typically mentioned in the CV of the heterosexual applicant, that does not give any evidence of being gay or lesbian, e.g. Swedish Red Cross or an environmental organisation. The second approach, implemented in two of the 13 studies, entails stressing the sex of the candidate's partner. This strategy is adopted in countries where it is common to specify the partner's first and last name on CV (e.g. the Flanders region in Belgium or Germany). The third approach, performed in three of the 13 studies, relies on a weaker set of signals, such as mentioning the sex of the candidate's

partner in the letter of application, manipulating candidates' sexual orientation on their Facebook profile, or signalling the candidate's participation in LGBT events not restricted to LGBT participants, like the Gay Games.

Homosexual female and male applicants are 1.5 times less likely to be invited to a job interview when sexual orientation is conveyed through their volunteer engagement or work experience in a gay and/or lesbian organisation (Figure 1.13). By contrast, insisting on the family prospects of female fictitious candidates by signalling homosexuality through the sex of the candidate's partner leads to the virtual disappearance of hiring discrimination against lesbians. This pattern could reflect that employers attach a lower risk of maternity to lesbians relative to heterosexual women and are therefore less inclined to discriminate against them – see Petit (2007[27]) in France and Baert, De Pauw, & Deschacht (2016[28]) in Belgium for evidence that women are discriminated against when they apply for a job at a childbearing age.

Figure 1.13. **Homosexuals are up to 1.5 times less likely to be invited to a job interview than their heterosexual counterparts**

Ratio of the callback rate between heterosexual and homosexual fictitious applicants



Note: A ratio equal to one indicates no difference in the rate at which heterosexual and homosexual applicants are invited to a job interview.

Source: OECD calculations based on 13 correspondence studies (see the StatLink for a list).

StatLink http://dx.doi.org/10.1787/888933938192

The difference in callback rate between fictitious heterosexual and homosexual applicants is negatively correlated with acceptance of homosexuality by the general public. In the United States, employers strongly discriminate against sexual minorities in the southern and midwestern states (Texas, Florida, Ohio), whereas they tend to treat heterosexual and homosexual candidates on an equal footing in the West and in the Northeast (California, New York, Pennsylvania) known to be more open to LGBT people (Tilcsik, 2011[29]). A correspondence study performed in two German cities characterised by opposite value orientations, Munich and Berlin, provides similar findings. While the population in Munich displays conservative attitudes, that of Berlin is known to support liberal views. The results reflect this divide: homosexual applicants are discriminated against in Munich but not in Berlin (Weichselbaumer, 2014[30]). Labour market discrimination against lesbians and gay men also depends on the gender composition within the occupation tested. In Sweden, gay men are discriminated against when they apply to male-dominated occupations (e.g. construction or

mechanic worker), while these occupations are not particularly hostile to lesbians. Similarly, lesbians are discriminated against when they apply to female-dominated occupations (e.g. preschool teacher or nurse), but this is not the case for gay men (Ahmed, Andersson and Hammarstedt, 2013[31]). In the United Kingdom, gay men receive fewer callbacks for vacancies in which personality traits perceived as masculine are stressed in the job ad (i.e. the ideal job applicant is described as "ambitious," "assertive," or "acting as a leader"). Conversely, lesbians receive fewer invitations to job interviews for vacancies in which personality traits perceived as feminine are emphasised, i.e. the ideal job applicant is described as "affectionate," "cheerful," or "sensitive to the needs of others" (Drydakis, 2015[32]).

Some correspondence studies have detected wage discrimination, on top of hiring discrimination. In Athens, this wage discrimination mainly penalizes lesbians: they are offered a monthly wage that is 6% lower than that proposed to heterosexual women – (Drydakis, 2009[33]) and (Drydakis, 2011[34]).[5]

Only one correspondence study investigated hiring discrimination on the ground of gender identity (Bardales, 2013[35]). It compares the callback rate of fictitious male-to-female transgender candidates with the callback rate of fictitious female cisgender candidates who apply to high-skilled jobs in Texas. The results reveal strong discrimination against the trans woman: the callback rate of the cisgender woman is 50% higher than hers. This result is consistent with the findings of a small-scale experiment that was conducted in 2008 in the Manhattan's retail sector. Out of 24 employers tested, male-to-female, female-to-male and gender-nonconforming transgender applicants were six times less likely than their cisgender counterparts to receive a job offer: the job offer rate for the cisgender applicants was 50%, as opposed to 8.3% for the transgender applicants (Make the Road New York, 2010[36]).

Overall, correspondence studies reveal substantial discrimination against LGBT people, as does complementary experimental evidence outside the labour market (Box 1.7). One could object that the experimental results reported here apply to only a subset of LGBT individuals, those who are "out of the closet" in the labour market. But these results are also valid for LGBT individuals who, although they do not disclose their sexual orientation

Box 1.7. **Experimental evidence of discrimination against lesbians and gay men outside the labour market**

A range of field experiments have revealed substantial discrimination against lesbians and gay men outside the labour market. In the rental housing market, correspondence studies show that homosexual couples get fewer responses and invitations to showings from the landlords than heterosexual couples, a result mainly driven by male same-sex partners – see Ahmed, Andersson, & Hammarstedt (2008[38]) and Ahmed & Hammarstedt (2009[39]) in Sweden; Lauster & Easterbrook (2011[40]) in Canada; U.S. Department of Housing and Urban Development (2013[41]) in the United States and Koehler, Harley, & Menzies (2018[24]) in Serbia. In Serbia, for instance, almost one in five (18%) of same-sex couples were refused rental of an apartment by the landlord, while none of the opposite-sex couples were. This average result masks strong disparities by gender: 29% of male same-sex couples were rejected, as opposed to only 8% of female same-sex couples. The absence (or lower magnitude) of discrimination against female same-sex couples could flow from landlords' well documented preference for female rather than male tenants (Ahmed, Andersson and Hammarstedt, 2008[38]). In this setting, the benefit of having two women as tenants could counterbalance the perceived cost of renting to a lesbian couple.

Box 1.7. **Experimental evidence of discrimination against lesbians and gay men outside the labour market** *(cont.)*

Gay men and lesbians are discriminated against in broader dimensions of their everyday life. In the United States, David Jones sent letters from either a same-sex or opposite-sex couple, requesting weekend reservations for a one-bed room in hotels and bed-and-breakfast establishments (Jones, 1996[42]). His results show that opposite-sex couples are granted 20% more reservations than both male and female same-sex couples. Similarly, Walters and Curran (1996[43]) performed an audit study where same-sex and opposite-sex couples entered retail stores in the United States while an observer measures the time it takes for the staff to welcome them. They find this time to be significantly less for heterosexual than for both female and male homosexual couples who often were not assisted and who were more likely to be repudiated. In the United Kingdom, various experiments have also involved actors wearing a T-shirt with either a pro-gay slogan or without any slogan. These actors approach passers-by asking them to provide change. The findings point to less help provided to the ostensibly pro-gay person (Valfort, 2017[1]).

Sexual minorities appear unfairly treated even when they urgently need help. This finding derives from experiments that apply the so-called "wrong number technique". In this approach, households receive apparently wrong-number telephone calls whereby the caller explains his/her need for his/her interlocutor to deliver an urgent message to the actual addressee of the call. More precisely, these experiments typically involve a male (resp. female) caller who seeks to reach his girlfriend (resp. her boyfriend) in case of a heterosexual relationship, or his boyfriend (resp. her girlfriend) in case of a homosexual relationship. Indicating that his (resp. her) car has broken down and that he (resp. she) is out of change at a pay phone, the caller requests help by asking the subject to call his (resp. her) partner for him (resp. her). Results consistently show that perceived heterosexuals are more likely to receive help than perceived homosexuals (Valfort, 2017[1]).

Other experiments use the so-called "lost-letter technique". This approach consists of dispersing in city streets a large number of unmailed letters. The letters are enclosed in envelopes that have addresses and stamps on them but that have not yet been posted. When a person comes across one of these letters on the street, it appears to have been lost. Thus she has a choice of mailing, disregarding, or actively destroying the letter. By varying the name of the organisation to which the letter is addressed and distributing such "lost letters" in sufficient quantity, it is possible to obtain a return rate specific to the organisation. The focus of the technique is not on the individual reaction to the lost letters but, rather, on the rate of response for a particular organisation relative to other organisations that serve as controls. Lost-letter experiments typically reveal a lower return rate for LGBT-related organisations (Valfort, 2017[1]).

or gender identity, are perceived by their work environment as non-heterosexual or non-cisgender. These cases may not be exceptions. Evidence suggests that individuals who self-identify as homosexual are significantly more likely to be viewed as homosexual by external observers not informed of their sexual orientation (Rule and Ambady, 2008[37]). Similarly, a transgender identity may be detectable, even if it is not verbally disclosed. In the EU, nearly two thirds of transgender do not avoid expressing their preferred gender through their physical appearance and clothing (European Union Agency for Fundamental Rights, 2014[18]). Moreover, the legal and preferred first names of transgender people often conflict with each other, unless transgender people have gone through a legal process to

change their gender marker. This conflict is typically unveiled during the first job interview, when recruiters ask for applicants' identity documents and/or diplomas.

1.2.3. LGBT people's well-being

The strong discrimination that LGBT people face put them at risk of low well-being. This section first clarifies how stigma can impair mental health. It then explores differences in health outcomes across LGBT and non-LGBT individuals. Finally, it shows that lower psychological well-being among sexual and gender minorities does at least partly flow from stigma.

Stigma and mental health

Sexual and gender minorities are widely exposed to stigma. LGBT people live in a social environment that largely views heterosexuality and cisgender identity, i.e. congruence between sex at birth and gender identity, as the only way of being normal. LGBT people therefore experience stress not undergone by heterosexual and cisgender individuals, the so-called minority stress (Meyer, 2003[44]).

This stress is suspected to seriously hamper sexual and gender minorities' mental health, by generating anxiety, depression, suicide ideation and attempt, substance use and abuse: in short, low life satisfaction. But there is no need to undergo physical or verbal violence for psychological distress to emerge. The fact that LGBT people feel forced to conceal their own identity in order to avoid stigmatisation, and thus maintain separate public and private personalities, is viewed as enough to generate mental health disorders. This ill-being in turn has the potential to impair LGBT people's physical health by providing a fertile ground to other pathologies, such as cardiovascular diseases.

Stigma can negatively affect LGBT people's health outcomes in a number of additional ways. Such is discrimination from medical practitioners, low health insurance coverage, or the obligation for some LGBT individuals to engage in hazardous occupations (Box 1.8).

Box 1.8. **Stigma can impair LGBT people's health outcomes, beyond minority stress**

First, medical practitioners are not exempt of negative feelings toward LGBT people – see Sabin, Riskind, & Nosek (2015[45]) for the United States. Consistent with this finding, LGBT individuals perceive significant discrimination from medical practitioners: 10% of LGBT living in the EU who accessed healthcare in the year prior to the survey felt personally discriminated against by healthcare personnel (European Union Agency for Fundamental Rights, 2014[18]).

Second, LGBT people experience a health insurance gap. Health insurance coverage is indeed less likely to include an employee's same-sex than opposite-sex partner. In the United States, for instance, the legalisation of same-sex marriage in 2015 did not require private employers to treat same-sex and opposite-sex spouses on an equal footing. In 2018, more than one third of employers offering health insurance to opposite-sex spouses were not offering this benefit to same-sex spouses, according to the Kaiser Family Foundation.[6]

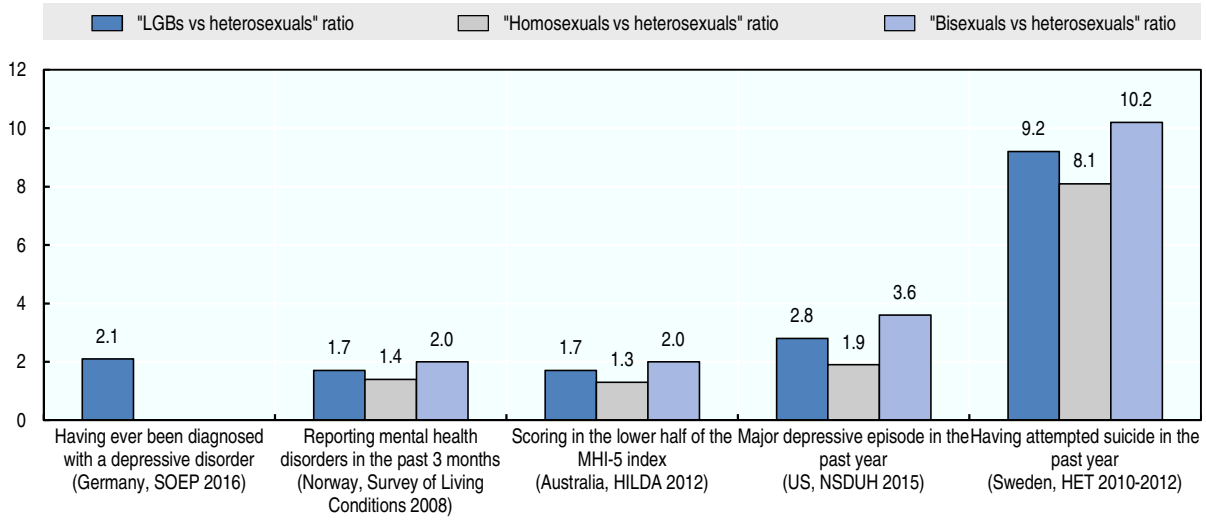
Third, stigma both within and outside the family compels some LGBT individuals to engage in hazardous occupations. A recent study in Italy finds that past experiences of discrimination are strongly correlated with transgender people's decision to become sex workers (D'Ippoliti and Botti, 2017[46]). Consistent with this finding, transgender people are overrepresented among prostitutes (Valfort, 2017[1]).

The mental health of LGBT people

Mental health disorders are more frequent among LGB than heterosexual individuals (Figure 1.14). For instance, LGB respondents are more than twice as likely to have ever been diagnosed with a depressive disorder (Germany), nearly three times as likely to have experienced a major depressive episode in the year preceding the survey (United States), and nearly ten times as likely to have attempted suicide in that past year (Sweden). These gaps remain significant even when one controls for a wide range of individual characteristics. Results from wave 2015 of the NSDUH in the United States also confirm LGB people's greater likelihood of substance use and abuse (Figure 1.15). Not surprisingly, LGB individuals are also significantly less likely to have optimal cardiovascular health compared to heterosexuals – Saxena, et al. (2018[47]) in the United States. Overall, homosexuals and bisexuals present lower scores on a life satisfaction scale than do their heterosexual counterparts (Figure 1.16). Bisexuals show worse mental health outcomes and life satisfaction than homosexuals, perhaps because they are more prone to "stay in the closet", i.e. conceal who they are from others – Pew Research Center (2013[48]) in the United States; European Union Agency for Fundamental Rights (2014[18]) in the EU.

Figure 1.14. **Mental health disorders are more frequent among LGB individuals**

Ratio of the probability of various mental health disorders between LGB and non-LGB individuals



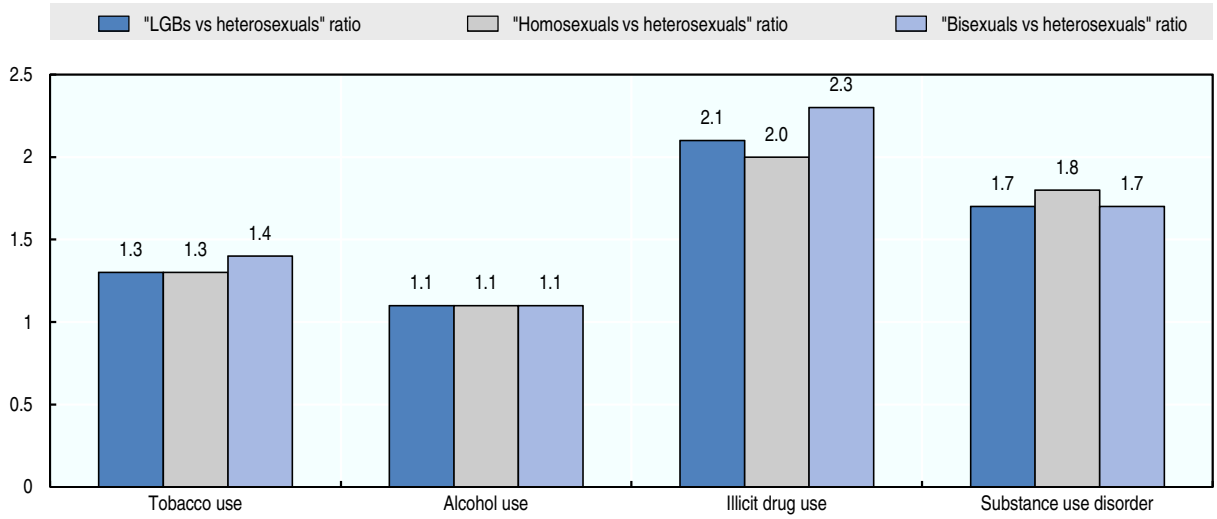
Note: A ratio equal to one indicates no difference in the probability of various mental health disorders between LGB and non-LGB individuals. These ratios are unadjusted, meaning that they do not neutralize the effect of other individual characteristics. However, the mental health penalty of LGB individuals persists in studies that control for those characteristics.
The MHI-5 index in the Australian survey HILDA is comprised of five items that assess frequency – using a 6-point scale – of symptoms of anxiety and mood disturbance over the 4-week period preceding the administration of the survey.
Source: OECD calculations based on SOEP 2016 (Germany), Survey of Living Conditions 2008 (Norway), HILDA 2012 (Australia), NSDUH 2015 (United States) and HET 2010-2012 (Sweden).

StatLink http://dx.doi.org/10.1787/888933938211

Representative samples show that transgender individuals are also at a much higher risk of mental health disorders than their cisgender counterparts (Downing and Przedworski, 2018[17]). The higher risk is prevalent for all categories of transgender individuals – female to male, male to female and gender non-conforming. On average, transgender individuals are around twice as likely as their cisgender counterparts to: i) have ever been diagnosed with a depressive disorder; ii) have had more than 14 days of poor mental health including stress, depression, and problems with emotions in the past

Figure 1.15. **LGB people in the United States are more prone to substance use and abuse**

Ratio of the probability of substance use and abuse between LGB and non-LGB individuals, 2015



Note: A ratio equal to one indicates no difference in the probability of substance use and abuse between LGB and non-LGB individuals. These ratios are unadjusted, meaning that they do not neutralize the effect of other individual characteristics.

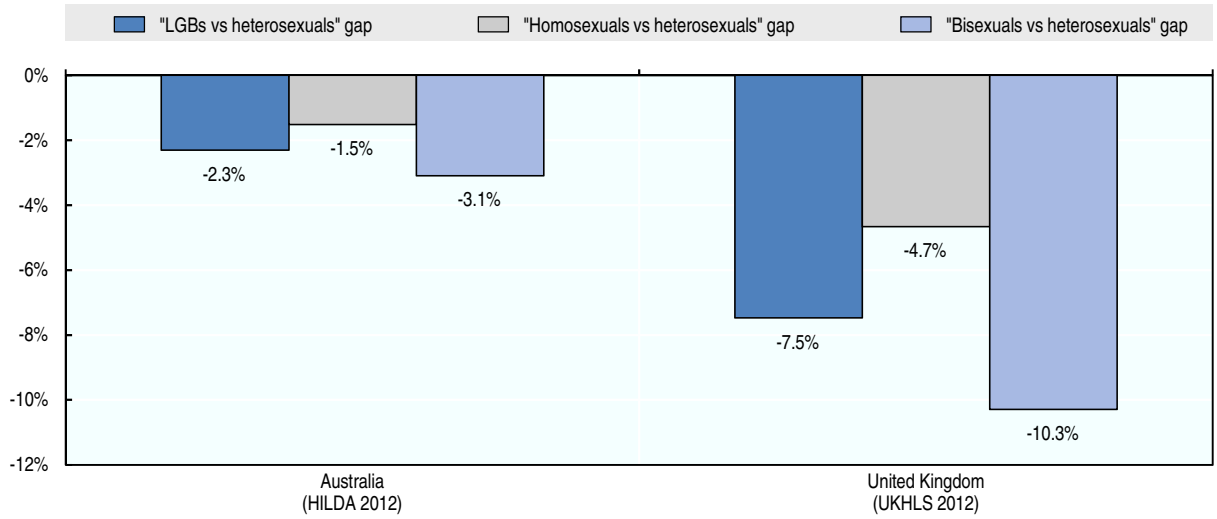
Tobacco use refers to tobacco product use in the month prior to the interview. Alcohol use refers to alcohol use in the month prior to the interview. Illicit drug use refers to the use of any of the following illicit drug in the year prior to the interview: marijuana; cocaine in any form, including crack; heroin; hallucinogens; inhalants; methamphetamine; and the misuse of prescription pain relievers, tranquilizers, stimulants, and sedatives. Substance use disorder refers to clinically significant impairment caused by the recurrent use of alcohol or other drugs (or both), including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Source: OECD calculations based on NSDUH 2015 (United States).

StatLink http://dx.doi.org/10.1787/888933938230

Figure 1.16. **LGB people show lower life satisfaction**

Gaps in life satisfaction between LGB and non-LGB individuals



Note: A gap equal to zero indicates no difference in life satisfaction between LGB and non-LGB individuals. The gaps are adjusted, meaning that the effect of the following individual characteristics is neutralised: age, gender, ethnicity, marital status, highest educational qualification, employment status, and religion.

In HILDA 2012 (Australia), respondents are asked to self-report satisfaction with life overall, on a scale from 0 (completely dissatisfied) to 10 (completely satisfied). As similar approach is used in the UKHLS 2012 (United Kingdom).

Source: OECD calculations, based on Perales (2016[50]) for HILDA 2012 (Australia) and on Booker, Rieger, & Unger (2017[51]) for UKHLS 2012 (United Kingdom).

StatLink http://dx.doi.org/10.1787/888933938249

30 days; iii) have had serious difficulty concentrating, remembering, and making decisions because of physical, mental, or emotional conditions. They are also nearly twice as likely as their cisgender counterparts to have been diagnosed with a coronary heart disease or myocardial infarction.

Transsexuals, i.e. transgender who have undergone hormone-replacement therapy and sex-reassignment surgery, are no exception. Based on administrative Swedish data, transsexuals are nearly 3 times more exposed to psychiatric inpatient care than their non-transsexual counterparts (Dhejne et al., 2011[49]). Additionally, they show a three-fold higher mortality risk, particularly due to death by suicide – they are nearly eight times as likely to attempt suicide – and by cardiovascular disease.

Is stigma at play?

A rapidly growing literature is trying to identify a causal impact of stigma on LGBT people's mental health. In the United States, for instance, various studies have taken advantage of the sequential adoption or ban of same-sex marriage across US states (Valfort, 2017[1]). One study shows that LGB people living in states that passed constitutional amendments banning same-sex marriage in 2004 experienced significant increases in mood, anxiety, and substance disorders, which was not the case of LGB individuals living in states without these amendments. A complementary analysis that focuses on health care use reveals that, in the twelve months after the enactment of laws permitting same-sex marriage in Massachusetts in 2003, sexual minority men (women are absent from the sample) had a statistically significant decrease in medical care and mental health care visits and costs. Similar findings emerge outside the United States. A recent study exploits the implementation in late 2017 of a national plebiscite on same-sex marriage legislation in Australia and interpret the share of "No" voters at the electorate level as a measure of stigma. They show that LGB people report comparatively worse life satisfaction, mental health and overall health in constituencies with higher shares of "No" voters (Perales and Todd, 2018[52]).

One could argue, however, that these results are driven by confounding factors, e.g. state characteristics that change concomitantly to the adoption of LGBTI-inclusive laws. To address these issues, a control group composed of heterosexuals in order to run a comparative analysis of LGB health outcomes over time is needed. Such a "difference-in-difference" approach confirms that stigma undermines the mental health of sexual minorities: in the United States, the reduction in the number of suicide attempts between LGB and heterosexual youth is substantially higher in states that adopted same-sex marriage than in others – a trend that was not apparent before the implementation of LGB-inclusive policies. Same-sex marriage policies cause a reduction by nearly 15% of suicide attempts among adolescents who self-identify as gay, lesbian or bisexual (Raifman et al., 2017[53]).

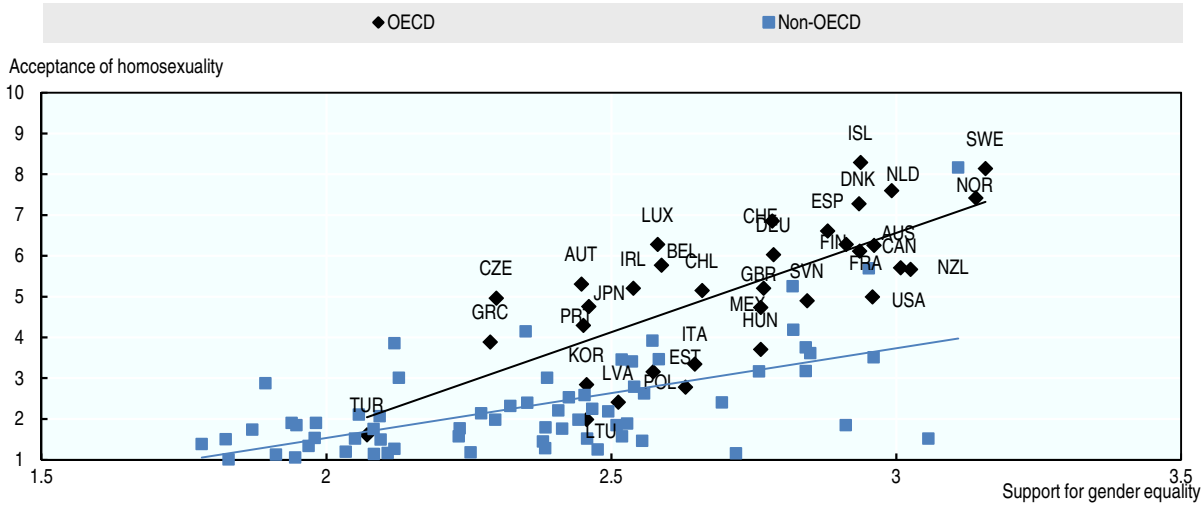
1.3. What policies can improve LGBT inclusion?

Ensuring that LGBT individuals can openly express their sexual orientation and gender identity without being stigmatised, discriminated against, or attacked should be a policy priority, for at least three reasons. The first and most important reason is obviously ethical. Sexual orientation and gender identity are integral aspects of our selves. Guaranteeing that LGBT people are not condemned to forced concealment or retaliation when their identity is revealed should constitute an inalienable human right. The second reason is economic. Exclusion of LGBT people impedes economic development through a wide range of channels, such as lower investment in human capital, reduced output and

productivity, public spending on social and health services that might be better spent elsewhere. The third reason why LGBT inclusion should constitute a priority is social. LGBT inclusion is viewed as conducive to the emergence of less restrictive gender norms that improve gender equality broadly speaking and, hence, expand social and economic roles, especially for women. Consistent with this intuition, acceptance of homosexuality is strongly correlated with support for gender equality worldwide (Figure 1.17).

Figure 1.17. **Acceptance of homosexuality is strongly correlated with support for gender equality worldwide**

Acceptance of homosexuality and support to gender equality, 2001-2014



Note: Acceptance of homosexuality is measured based on the following question: "Please tell me whether you think homosexuality can always be justified, never be justified, or something in between, using this card" (the card being a scale from 1 to 10, where 1 means that homosexuality is never justifiable and 10 means that it is always justifiable). Support for gender equality is an average of responses to the following three EVS/WVS questions: "When jobs are scarce, men should have more right to a job than women." (=1 if agree, =2 if neither agree nor disagree, =3 if disagree); "On the whole, men make better political leaders than women do." (=1 if strongly agree, =2 agree, =3 if disagree, =4 if strongly disagree), "A university education is more important for a boy than for a girl" (=1 if strongly agree, =2 agree, =3 if disagree, =4 if strongly disagree).

The group "OECD" includes all OECD Member countries, with the exception of Israel and Slovak Republic where information on support for gender equality is missing.

Source: OECD compilation based on AsiaBarometer, European Values Survey, Latinobarometro and World Values Survey.

StatLink http://dx.doi.org/10.1787/888933938268

1.3.1. *Making LGBT individuals and the penalties they face visible in national statistics*

Improving awareness that LGBT individuals constitute a sizeable minority that is discriminated against is an important prerequisite in order to improve their inclusion. Greater publicity of discriminatory behaviour can indeed bring meaningful change, in particular through greater self-control of discriminating individuals. For example, two US economists, Joseph Price and Justin Wolfers, published a study in 2002 demonstrating the existence of racial discrimination during National Basketball Association (NBA) games (Price and Wolfers, 2010[54]). In 2007, these results received considerable media attention (front-page coverage in the *New York Times*, radio and TV shows including comments from star basketball players, etc.). This media coverage allowed for putting an end to the racial discrimination it pinpointed: referees went on discriminating against opposite-race players until this bias became public, but they stopped discriminating afterwards. Complementary evidence suggests that this shift did not flow from dramatic institutional changes (firing of certain referees, changes in how referees are assigned to games, etc.). Rather, it is consistent

with referees engaging in voluntary behavioural change after becoming aware of their own bias (Pope, Price and Wolfers, 2018[55]) – see Alesina, Carlana, Ferrara, & Pinotti (2018[56]) for similar findings among Italian schoolteachers.

Collecting information on sexual orientation and gender identity in censuses as well as national labour force, health and victimisation surveys is critical to create awareness. As it has already been stressed, only a minority of OECD countries (15) have included such questions in at least one of their nationally representative surveys, and even fewer (11 countries) do so on a regular basis. Yet, these countries constitute helpful precedents that contribute to disseminate good practices on how to best collect such sensitive information. The United Kingdom is, for instance, planning to include a question on sexual self-identification in its 2021 census. To that end, the Office for National Statistics has run a census test in 2017 whose lessons are enlightening for the United Kingdom and beyond (Box 1.9).

Box 1.9. **Lessons from the 2017 census test in the United Kingdom**

The United Kingdom is planning changes for the 2021 census. In particular, the upcoming census will be, for the first time, a self-completed online questionnaire that aims to include the following question on sexual self-identification: "Which of the following options best describes how you think of yourself? (this question is voluntary)", with the following options: "Heterosexual or Straight"; "Gay or Lesbian"; "Bisexual"; "Other (please specify)".

As part of the preparation, the United Kingdom conducted a field test in England and Wales in 2017: the census test. The census test involved a total of 208 000 households that were subject to a questionnaire with the sexual self-identification question in the treatment group, and without this question in the control group. The census test was followed by a census test evaluation survey, in particular to provide further understanding of how people feel about the inclusion of a question on sexual orientation. Complete and valid interviews were carried out with 1 839 people who also responded to the census test, and with 991 people who did not respond to the census test.

The purpose of both tests was to examine potential concerns around public acceptability and data quality. The Office for National Statistics aimed to explore whether including the question had an effect on response rates for other questions. They also investigated i) whether the question on sexual self-identification itself had a high non-response rate, ii) whether it produced estimates that were comparable to the Annual Population Survey.

Public acceptability

The overall response rate for those who received the sexual orientation question was 38.6%. It was 39.0% for people whose questionnaire did not include this question. This is a difference of 0.4 percentage points, less than the maximum tolerance of 2 percentage points that coincides with thresholds set by the Office for National Statistics when testing new sensitive questions in previous censuses. Furthermore, the drop-off rate (people who stop completing the survey) at this question was very low: it was less than one in 1 500 responses. This suggests that this question does not stand out compared with the other questions. In fact, the sexual orientation question had similar online drop-off rates to the ethnic group question. Both of these have lower drop-off rates than the religion and national identity questions.

Box 1.9. **Lessons from the 2017 census test in the United Kingdom** *(cont.)*

Data quality

Data quality critically depends on the level of item non-response (those who responded to the census test but did not complete the sexual self-identification question) and comparability with other sources (namely the Annual Population Survey). The level of item non-response for the sexual self-identification question was 8.4%, which is less than the 10% threshold set by the Office for National Statistics for a voluntary question. This is more, however, than the item non-response for a similar question asked in the 2016 Annual Population Survey, probably because respondents were also offered the option "Don't know" in this survey, which is not the case of the question tested in the census test. For that reason, the Office for National Statistics is planning to add the option "Prefer not to say" to that question. Despite this higher item non-response rate, the population identifying as gay, lesbian or bisexual in the census test (2.4%) was similar to the estimate in the 2016 Annual Population Survey (2.0%).

Overall, results from the census test suggest that including a question on sexual self-identification in the 2021 census would not significantly impact overall response and that responses to this question are of acceptable quality. That said, results from the census test evaluation survey point to further work to improve quality and notably reduce the item non-response. For example, some members of the public did not answer the question because they did not understand why the information was needed. Others stated that the information is personal and private. To address these issues, the Office for National Statistics plans to review the question guidance explaining the reasons for asking this question, and to reiterate messages about the confidentiality of interviewees' responses.

Source: Office for National Statistics (2018[58]).

An alternative strategy is to run a victimisation survey among a sufficiently large nationally representative sample of respondents in order to include a significant share of LGBT individuals and, hence, analyse their exposure to stigmatisation, discrimination and attacks, as compared to non-LGBT individuals. In France, the inter-ministerial body in charge of combating racism, anti-semitism and anti-LGBT hatred mandated the opinion poll company IFOP to run a self-administered online questionnaire among a representative sample of 12 137 respondents in 2018: 994 respondents (8.2%) self-identified as LGBT with the majority (53%) reporting exposure to verbal and physical violence at least once in their lifetime due to their sexual orientation or gender identity. Such a sample is also conducive to analyse employment and/or health disparities across LGBT and non-LGBT respondents. To learn more about experiences of sexual and gender minorities, it is also possible to run a survey that specifically targets LGBT individuals. In 2017, the UK government asked LGBT people to answer an online survey about different parts of their lives. More than 108 000 completed the survey, making it the largest national survey of its kind anywhere in the world. Results show that, although the United Kingdom has a proud record in advancing LGBT rights, many LGBT respondents report facing discrimination. Overall, just over half of the respondents said they were comfortable being LGBT in the United Kingdom, with transgender respondents expressing the lowest comfort (Government Equalities Office, 2018[57]).

1.3.2. Enforcing anti-discrimination and equality laws

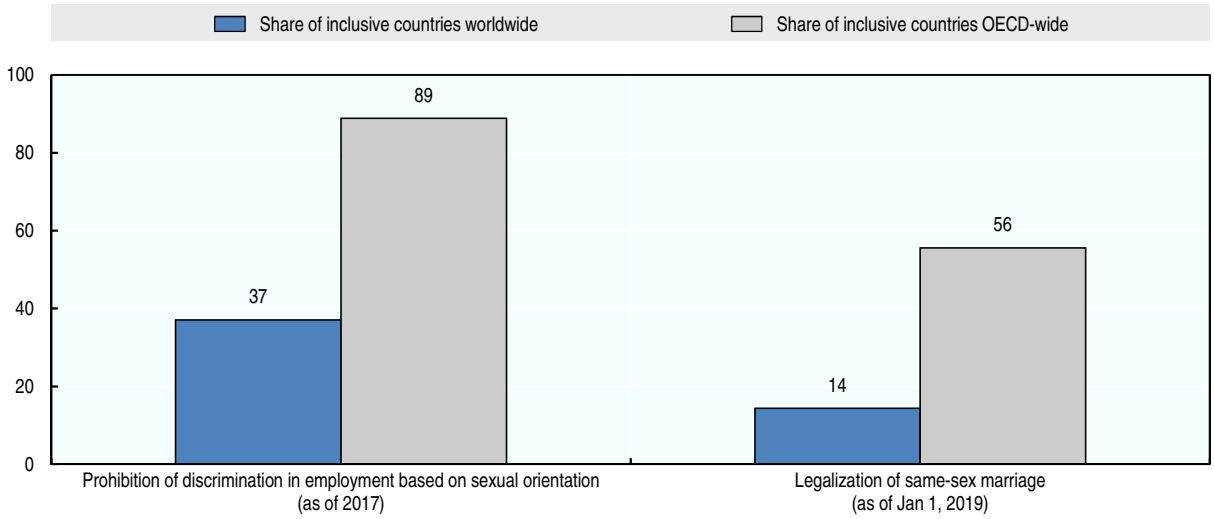
Legally prohibiting anti-LGBT discrimination and ensuring equal rights to LGBT individuals is essential for their inclusion. One cannot expect to improve the situation of sexual and gender minorities if, to begin with, the law does not protect them against

discrimination and abuses. As an illustration, LGBT employees report lower perceived discrimination and are more comfortable being open about their sexual orientation in firms that ban discrimination against them. LGBT employees also declare greater job commitment, improved workplace relationships, increased job satisfaction and better health outcomes in these settings. Consistent with these findings, the labour earnings penalty of sexual minorities is lower in localities or firms that protect them from discrimination (Valfort, 2017[1]).

However, there is still a long way before sexual and gender minorities meet full-fledged legal recognition. For instance, only a minority of countries worldwide (37%) prohibit discrimination in employment based on sexual orientation (ILGA, 2017[59]), as compared to more than two thirds that prohibit discrimination in employment based on gender, race, religion or disability.[7] The share of countries worldwide that have legalised same-sex marriage is even lower (14%). OECD countries perform better than the worldwide average, but they still are not the champions of LGBT-inclusive laws. For instance, only a small majority (56%) have legalised same-sex marriage in at least parts of their national territory (Figure 1.18). Moreover, enacting anti-discrimination and equality laws is not sufficient *per se* to protect sexual and gender minorities. These laws must also be fully enforced, meaning that reporting, recording and sanctioning of anti-LGBT offences at home, at work, on the street, online, etc. should become more systematic.

Figure 1.18. **There is still a long way before sexual and gender minorities meet full-fledged legal recognition**

Percentage of inclusive countries world- and OECD-wide concerning the prohibition of employment discrimination based on sexual orientation and the legalization of same-sex marriage



Note: The 32 OECD countries that prohibit discrimination in employment based on sexual orientation as of 2017 are: Australia, Austria, Belgium, Canada, Chile, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Slovenia, South Korea, Spain, Sweden, Switzerland, United Kingdom. The 20 OECD countries that have legalised same-sex marriage (at least in some part of their national territory) as of 1 January 2019 are: Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Iceland, Ireland, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Portugal, Spain, Sweden, United Kingdom, United States.
Source: ILGA (2017[59]) and OECD research on national laws.

StatLink http://dx.doi.org/10.1787/888933938287

Enactment and enforcement of anti-discrimination and equality laws improve LGBT inclusion not only by discouraging potential offenders, but also by shaping the social norm. Individuals perceive legal changes as reflecting evolutions in what is socially acceptable and

are willing to conform to these shifts (Tankard and Paluck, 2017[60]). Same-sex marriage or same-sex couples adoption legislation is strongly correlated with acceptance of homosexuality – see Hooghe & Meeusen (2013[61]) and Takács, Szalma, & Bartus (2016[62]) in Europe. While countries with greater acceptance of homosexuality are more likely to legalise same-sex marriage, evidence shows that legal changes do cause changes in attitudes. In Europe, for instance, acceptance of homosexuality increased much faster in countries where same-sex marriage is legal after those countries adopted same-sex relationship recognition policies (Aksoy et al., 2018[63]) – see Kreitzer, Hamilton, & Tolbert (2014[64]) and Flores & Barclay (2016[65]) for similar findings in the United States.

1.3.3. Educating people in countering their unconscious biases

Discrimination largely flows from unconscious biases (Kahneman, 2013[66]). Unconscious biases lead us to judge positively, even before we get to know them, people who are similar to us, and to "prejudge" negatively the others. Unconscious biases also largely account for stereotypes' inaccuracy. Individuals tend to overestimate the weaknesses of dissimilar others and to underestimate their strengths, while they are prone to the opposite in face of similar others. Overall, unconscious biases contribute to minority groups, LGBT people included, being discriminated against by the majority.

Unconscious bias training should constitute a key component of any policy package aiming to improve LGBT inclusion. This training consists in making individuals aware of their unconscious prejudices and stereotypes and teaching them how to overcome them. Increasing attention is being devoted to training recruiters, managers and employees at large. In the Netherlands, the not-for-profit foundation Workplace Pride has developed LGBT inclusion training material directed at companies all over the world. In France, the 2017 Law "Equality and Citizenship" has made this training compulsory for people in charge of recruitment and human resources management in firms with 300 employees and above. In the United Kingdom, the Government Equalities Office is developing a training package to help employers and employees deal with LGBT discrimination in the workplace. Prejudice-reducing interventions at school are also critical, in order to counter unconscious biases at an early stage and combat homophobic and transphobic bullying at school that has proven to be a worldwide problem. As of today, half of European OECD countries are engaged in reducing negative representations of LGBT people among pupils, and/or in training teachers on how to create an LGBT-inclusive environment in the class (Box 1.10). That said, these actions are rarely compulsory and often restricted to specific cities or regions.

Evidence on the impact of de-biasing interventions in everyday life is scarce but shows that these interventions can be highly effective, even when they are short (Broockman and Kalla, 2016[67]). This result stems from the unique randomised field experiment on the topic. It was carried out in the context of a door-to-door operation in Florida in 2014, after the Miami-Dade County Commission passed an ordinance protecting transgender people from discrimination in housing, employment, and public accommodations. Fearing that this decision be submitted to citizens' vote and repealed, LGBT associations went door to door to have conversations with Miami-Dade voters. The results show that this brief door-to-door intervention has made voters much more open and benevolent to transgender people, and more prone to endorse the ordinance prohibiting discrimination against transgender people if asked to. These effects were still visible three months after the door-to-door operation.

Box 1.10. **LGBT-inclusive education policies in European OECD Member countries**

As of 2018, 14 of the 27 European OECD countries are engaged in reducing negative representations of LGBT people among pupils and/or in training teacher on how to create an LGBT-inclusive environment in the class: Belgium, Denmark, France, Germany, Iceland, Ireland, Italy, Luxembourg, Netherlands, Norway, Portugal, Sweden, Switzerland and the United Kingdom.

Belgium

Çavaria, an umbrella organisation of 120 LGBT associations, gives lectures in teacher training colleges and schools of education, but this not a mandatory subject.

Denmark

The municipalities of Copenhagen and Aarhus provide financial support to the project "Normstormerne" which offers norm-critical LGBT courses to schools and higher institutions of learning.

France

The Ministry of Education has signed partnership agreements with national civil society organisations (e.g. *SOS homophobie*) that are accredited by the government as "complementary associations of public education" to design school-based interventions for reducing anti-LGBT prejudice among pupils and train school staff. These interventions and training are optional.

Germany

Some federal states are active. In Saarland, the *LSVD-Saar* ("Lesbian and Gay Federation in Germany") delivers school-based classes by gay and lesbian young people to talk about LGBT inclusion with the pupils. In Brandenburg, the project "Schule unterm Regenbogen" offers trainings for teachers on LGBT awareness. The state government of Berlin financially supports LGBT civil society organisations to provide training and educational materials for teachers, and school workshops for students.

Iceland

Samtökin '78, the national queer organisation, has a contract with the Municipality of Reykjavík which includes financial support in exchange for extensive LGBT education in schools. There is also a new contract with the municipality of Hafnarfjörður which includes financial support in exchange for extensive teacher training as well as peer education for students. These are only two municipalities out of 75, but they are two of the largest ones.

Ireland

BeLonG To Youth Services, the national organisation supporting LGBT young people, provides non-mandatory training to professional educational services such as the professional development service for teachers in the national educational psychological service, and the education welfare service.

Italy

The activities of several civil society organisations a (*Arcigay*, *Famiglie Arcobaleno*, *Arcilesbica*, *Agedo*, *Rete degli Studenti Medi*, *Progetto Alice*, *Scosse*, *Uaar*, *Unar*) are supported by the government, in particular for the creation of campaigns or workshops in schools. In some cities and regions, associations are supported to create curricular or extracurricular activities for students and teachers.

Box 1.10. **LGBT-inclusive education policies in European OECD Member countries** *(cont.)*

Luxembourg

Civil society organisations and the Institut de Formation de l'Education Nationale (IFEN) offer various optional teacher and socio-educational staff trainings on creating LGBT-inclusive environment at school.

Netherlands

Civil society organisations (e.g. *COC Netherlands* or *EduDivers*) are active in training teachers on LGBT awareness, although this training is only optional.

Norway

The current action plan Safety, diversity, openness (2016) focuses on the topic of an inclusive and safe psychosocial environment in schools for LGBT children and youth.

Portugal

The government provides periodic support to local civil society organisations. The LGBT youth NGO *Rede Ex Aequo* received funding to produce materials for teachers and students, as well as a specific one-year project including teacher training and an awareness raising campaign with posters and postcards. In 2017, with the support of public funding, *ILGA Portugal* started a two-year project aimed at the creation of alliances in school context, with several partnerships, including municipalities, other NGOs, and victim support services.

Sweden

All teachers must achieve 60 credits of basic education science. As part of this compulsory training, they receive information on how to prevent and tackle discrimination in schools. In particular, the National Agency for Education provides training that specifically addresses the inclusion of LGBT people in the class. Civil society organisations, like RFSL, offer specific workshops and deliver a certificate of competency to teachers who participate.

Switzerland

The Department of Education of Geneva provides support to civil society organisations and partnership agreements to set-up specific programmes to prevent homophobia, biphobia and transphobia in schools in Geneva.

United Kingdom

Some universities or schools provide teacher training, often in collaboration with civil society organisations. In England, *Stonewall*, offers training to universities. Moreover, *LGBT Youth Scotland* works with six of the eight teacher training universities in Scotland. Through lectures, workshops and seminars, trainee teachers are signposted to LGBT inclusion resources. For the majority of these institutions this work is not mandatory, but each year, roughly 1 500 trainee teachers access these sessions. This work is currently funded by the Scottish Government.

Source: IGLYO (2018[68]).

Notes

1. In Hungary, the Constitution prohibits same-sex marriage since 2012. In the Slovak Republic, the Parliament approved a constitutional amendment banning same-sex marriage in June 2014. In the United States, according to a draft memo leaked to *The New York Times*, the Department of Health and Human Services proposes to establish a legal definition of whether someone is male or female based solely and immutably on the genitals they are born with.
2. Estimates from Project SEXUS that was launched in 2017 in Denmark have not been released yet.
3. The Czech Republic, Greece and Italy are the only three OECD countries characterised by a decrease in acceptance of homosexuality. However, this pattern is likely a statistical artefact. These three countries have hosted only one survey during the 2001-2014 period, while more than two have been conducted on average in the other OECD countries. Consequently, estimates for the 2001-2014 period are based on a much lower average number of observations (N=1,444 for the Czech Republic, Greece and Italy as opposed to N=3,044 in the other OECD countries).
4. This result holds even when the effect of differences in the number of children across same-sex and opposite-sex couples is neutralized.
5. These correspondence studies test for wage discrimination by having actors inquire about the monthly wage offer, whenever recruiters call fictitious candidates back to invite them to a job interview. Although this experimental set-up is informative about differences in wages offered by the recruiter *before* the job interview, it remains silent about a potential wage discrimination against homosexual applicants at the hiring stage, as well as during their stay in the firm.
6. See "Access to employer-sponsored health coverage for same-sex spouses: 2018 update" on *www.kff.org*.
7. See *www.worldpolicycenter.org/*.

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ANNEX 1.A

Data collection on sexual self-identification and gender identity in OECD countries

Table 1.A.1. **List of OECD countries that collect information on sexual self-identification in the framework of nationally representative surveys conducted by public institutions**

Country	Survey name	Provider(s)	Survey type	Sample size	Frequency	Year(s) when information on sexual self-identification was collected	Survey method	Estimates of the LGB population
Australia	Australian Study of Health and Relationships (ASHR)	UNSW Sydney, University of Sydney, La Trobe University, University of Sussex	Longitudinal	N=20 000	2001-02 and 2012-13	Since 2001-02	CATI	ASHR 2012-13: 3.3%
	General Social Survey (GSS)	Australian Bureau of Statistics (ABS)	Cross-sectional	N=15 000	Every 4 years since 2002	Since 2014	CAPI	GSS 2014: 2.4%
	Household, Income and Labour Dynamics in Australia (HILDA)	Melbourne Institute	Longitudinal	N=17 000	Yearly since 2001	2012 and 2016	CAPI and SAQ (the latter for sensitive questions such as the sexual self-identification question)	HILDA 2016: 3.4%
Canada	Canadian Community Health Survey (CCHS)	Statistics Canada (StatCan)	Cross-sectional	N=65 000	Every 2 years between 2001 and 2007 and yearly since 2007	Since 2003	CAPI and CATI	CCHS 2016: 3.2%
	General Social Survey (GSS)	Statistics Canada (StatCan)	Cross-sectional	N=25 000	Yearly since 1985	Since 2004	CATI	GSS 2016: 3.4%
Chile	Encuesta de Caracterización Socioeconómica Nacional (CASEN)	Ministerio de Desarrollo Social	Cross-sectional	N=250 000	Every 2 years or 3 years since 1990	Since 2015	CAPI	CASEN 2017: 1.9%
Denmark	Project SEXUS	Statens Serum Institut (Department of Epidemiological Research) and Aalborg University (Center for Sexology Research)	Longitudinal	N=200 000	Every 3 to 4 years since 2017	Since 2017	SAQ	Data on the LGB population are not yet part of the public use files
France	Enquête "Contexte de la sexualité"	Agence nationale de recherches sur le sida et les hépatites virales (ANRS)	Cross-sectional	N=12 364	2006	2006	CATI	1.8%
Germany	Socio-Economic Panel (SOEP)	German Institute for Economic Research (DIW)	Cross-sectional	N=30 000	Yearly since 1984	Since 2016	CAPI and SAQ (the latter for sensitive questions such as the sexual self-identification question)	SOEP 2016: 1.9%
Iceland	Health and Well-Being of Icelanders Survey (HWBIS)	Directorate of Health	Longitudinal	N=10 000	Every 5 years since 2007	Since 2007	SAQ	HWBIS 2017: 2.8%

Table 1.A.1. **List of OECD countries that collect information on sexual self-identification in the framework of nationally representative surveys conducted by public institutions** *(cont.)*

Country	Survey name	Provider(s)	Survey type	Sample size	Frequency	Year(s) when information on sexual self-identification was collected	Survey method	Estimates of the LGB population
Ireland	Study of Sexual Health and Relationship (SSHR)	Crisis Pregnancy Agency	Cross-sectional	N=7 668	2005	2005	CATI	2.0%
Italy	Survey on discriminations by gender, sexual orientation and ethnic origin	Istituto Nazionale di Statistica (Istat)	Cross-sectional	N=5 863	2011	2011	CAPI and SAQ (the latter for sensitive questions such as the sexual self-identification question)	1.6%
Mexico	Encuesta Nacional sobre Discriminación en México (ENADIS)	National Council to Prevent Discrimination (CONAPRED) for waves 2005 and 2010, and Instituto Nacional de Estadística y Geografía (INEGI) for wave 2017	Cross-sectional	Between N=50 000 and N=150 000	2005, 2010 and 2017	Since 2010	CAPI	ENADIS 2017: 1.9%
New Zealand	New Zealand Attitudes and Values Study (NZAVS)	New Zealand universities, including the University of Auckland, Victoria University of Wellington, the University of Canterbury, the University of Otago, and Massey University	Longitudinal	N=20 000	Yearly since 2009	Since 2014	SAQ	NZAVS 2014: 3.5%
	New Zealand Health Survey (NZHS)	New Zealand Ministry of Health	Cross-sectional	N=10 000	Periodically between 1992 and 2011, and yearly since 2011	Since 2014	SAQ	NZHS 2014: 3.0%
	General Social Survey (GSS)	Statistics New Zealand (Stats NZ)	Cross-sectional	N=8 000	Every 2 years since 2008	Since 2018	CAPI	Data on the LGB population are not yet part of the public use files
Norway	Survey of Living Conditions	Statistics Norway	Cross-sectional	N=6 457	Every 2 or 3 years since 2005	2008	CAPI and CATI	1.2%
Sweden	National public health survey, Health on equal terms (HET)	Public Health Agency of Sweden, with the help of Statistics Sweden	Cross-sectional	Between N=20 000 and N=40 000	Yearly since 2004 and every 2 years since 2016	Since 2005 (except for 2007 and 2008)	SAQ	HET 2005-2012: 1.6%

Table 1.A.1. **List of OECD countries that collect information on sexual self-identification in the framework of nationally representative surveys conducted by public institutions** *(cont.)*

Country	Survey name	Provider(s)	Survey type	Sample size	Frequency	Year(s) when information on sexual self-identification was collected	Survey method	Estimates of the LGB population
United Kingdom	Annual Population Survey (APS)	Office for National Statistics (ONS)	Cross-sectional	N=320 000	Yearly since 2004	Yearly since 2012	CAPI or CATI	APS 2016: 2.0%
	UK Household Longitudinal Study (UKHLS)	Understanding society	Longitudinal	N=50 000	Yearly since 2009	2012	CAPI and SAQ (the latter for sensitive questions such as the sexual self-identification question)	UKHLS 2012: 2.6%
United States	National Health and Nutrition Examination Survey (NHANES)	Centers for Disease Control and Prevention (CDC)	Cross-sectional	N=5 000	Periodically between 1988 and 1999 and yearly since 1999	Since 1988	CAPI and SAQ (the latter for sensitive questions such as the sexual self-identification question)	NHANES 2009-14: 4.6%
	National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)	National Institute on Alcohol Abuse and Alcoholism (NIAAA)	Cross-sectional	N=40 000	Periodically: 2001-02, 2004-05 and 2012-13	Since 2001-02	CAPI	NESARC 2012-13: 2.9%
	National Survey of Family Growth (NSFG)	Centers for Disease Control and Prevention (CDC)	Cross-sectional	Between N=10 000 and N=20 000	Yearly since 2006	Since 2006	CAPI and SAQ (the latter for sensitive questions such as the sexual self-identification question)	NSFG 2011-15: 5.4%
	General Social Survey (GSS)	National Opinion Research Center (NORC)	Cross-sectional	Between N=2 000 and N=3 000	Yearly since 1972 (except for the years 1979, 1981, and 1992) and every 2 years since 1994	Since 2008	CAPI and SAQ (the latter for sensitive questions such as the sexual self-identification question)	GSS 2008-16: 4.2%
	The National Intimate Partner and Sexual Violence Survey (NISVS)	Centers for Disease Control and Prevention (CDC)	Cross-sectional	N=40 000	Ongoing since 2010	Since 2010	CATI	NISVS 2010: 3.0%
	National Adult Tobacco Survey (NATS)	Centers for Disease Control and Prevention (CDC)	Cross-sectional	N=75 000	Periodically since 2009	2013	CATI	2.8%
	National Health Interview Survey (NHIS)	Centers for Disease Control and Prevention (CDC)	Cross-sectional	N=87 500	Yearly since 1957	Since 2013	CAPI	NHIS 2013-14: 2.8%

Table 1.A.1. **List of OECD countries that collect information on sexual self-identification in the framework of nationally representative surveys conducted by public institutions** *(cont.)*

Country	Survey name	Provider(s)	Survey type	Sample size	Frequency	Year(s) when information on sexual self-identification was collected	Survey method	Estimates of the LGB population
	Population Assessment of Tobacco and Health (PATH)	National Institute on Drug Abuse (NIDA), National Institutes of Health (NIH), the Center for Tobacco Products (CTP), and the Food and Drug Administration (FDA)	Longitudinal	N=45 971	Yearly since 2013	Since 2013	SAQ	Data on the LGB population are not yet part of the public use files
	National Survey on Drug Use and Health (NSDUH)	Substance Abuse and Mental Health Services Administration (SAMHSA)	Cross-sectional	N=70 000	Yearly since 1971	Since 2015	CAPI and SAQ (the latter for sensitive questions such as the sexual self-identification question)	NSDUH 2015: 4.3%
	National Crime Victimization Survey (NCVS)	Bureau of Justice Statistics (BJS)	Cross-sectional	N=160 000 (aged 12 and over)	Yearly since 1972	Since 2016	CAPI and CATI	Data on the LGB population are not yet part of the public use files

Note: The sample to which the question on sexual self-identification is asked typically represents only a fraction of the total sample. Survey methods include CAPI (computer-assisted personal interviewing), CATI (computer-assisted telephone interviewing) and SAQ (self-administered questionnaire).

Source: OECD, based on country responses to the 2018 OECD questionnaire on statistical sources to identify LGBT people, as well as: Richters et al. (2014[69]) for ASHR 2012-2013, contact with ABS for the Australian GSS 2014, Perales & Todd (2018[52]) for HILDA 2016, contact with StatCan for CCHS 2016 and the Canadian GSS 2016, dataset analysis for CASEN 2017, US GSS 2008-2016 and NATS 2013, contact with Morten Frisch, project leader of Project SEXUS, Bajos, Bozon, & Beltzer (2008[70]) for the 2006 Enquête "Contexte de la sexualité' in France, Kroh, Kühne, Kipp & Richter (2017[14]) for SOEP 2016, contact with Iceland's Directorate of Health for HWBIS 2017, Layte et al. (2006[71]) for SSHR 2005, contact with Istat for the 2011 Survey on discriminations by gender, sexual orientation and ethnic origin, contact with INEGI for ENADIS 2017, Greaves et al. (2017[72]) for NZAVS 2014, contact with the New Zealand's Ministry of Health for NZHS 2014, Gulløy & Normann (2010[73]) for the 2008 Survey of Living Conditions in Norway, Public Health Agency of Sweden (2014[74]) for HET 2005-2012, contact with ONS for APS 2016, Powdthavee & Wooden (2015[75]) for UKHLS 2012, Patterson & Jabson (2018[76]) for NHANES 2009-2014, McCabe et al. (2017[77]) for NESARC 2012-2013, contact with CDC for NSFG 2011-2015, NISVS 2010 and NHIS 2013-2014, and SAMHDA (2016[78]) for NSDUH 2015.

Table 1.A.2. **List of OECD countries that collect information on gender identity in the framework of nationally representative surveys conducted by public institutions**

Country	Survey name	Provider(s)	Survey type	Sample size	Frequency	Year(s) when information on gender identity was collected	Survey method	Approach to measure gender identity	Estimates of the transgender population
Chile	Encuesta de Caracterización Socioeconómica Nacional (CASEN)	Ministerio de Desarrollo Social	Cross-sectional	N=250 000	Every 2 years or 3 years since 1990	Since 2015	CAPI	Two-step approach, with a different "gender identity" question in 2015 and 2017: possible answers in 2015 are "Male" and "Female", while they also include "Transgender" in 2017.	2.7% in 2015 and 0.1% in 2017
Denmark	Project SEXUS	Statens Serum Institut (Department of Epidemiological Research) and Aalborg University (Center for Sexology Research)	Longitudinal	N=200 000	Every 3 to 4 years since 2017	Every 3 to 4 years since 2017	SAQ	Three-step approach	Data on the transgender population are not yet part of the public use files
United States	National Adult Tobacco Survey (NATS)	Centers for Disease Control and Prevention (CDC)	Cross-sectional	N=75 000	Periodically since 2009	2013	CATI	Two-step approach: possible answers for the "gender identity" question are "Male" and "Female"	0.3%
	Population Assessment of Tobacco and Health (PATH)	National Institute on Drug Abuse (NIDA), National Institutes of Health (NIH), the Center for Tobacco Products (CTP), and the Food and Drug Administration (FDA)	Longitudinal	N=45 971	Yearly since 2013	Since 2013	SAQ	One-step approach	Data on the transgender population are not yet part of the public use files
	National Crime Victimization Survey (NCVS)	Bureau of Justice Statistics (BJS)	Cross-sectional	N=160 000	Yearly since 1972	Since 2016	CAPI and CATI	Two-step approach: possible answers for the "gender identity" question are "Male", "Female", "Transgender" and "None of these"	Data on the transgender population are not yet part of the public use files

Note: The sample to which the question on gender identity is asked typically represents only a fraction of the total sample. Survey methods include CAPI (computer-assisted personal interviewing), CATI (computer-assisted telephone interviewing) and SAQ (self-administered questionnaire).
Source: OECD, based on country responses to the 2018 OECD questionnaire on statistical sources to identify LGBT people, as well as dataset analysis for CASEN 2015, CASEN 2017 and NATS 2013.

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Chapter 2

Interpreting OECD Social Indicators

The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

2.1. The purpose of *Society at a Glance*

Society at a Glance 2019 aims to address the growing demand for quantitative evidence on the social situation, its trends, and its possible drivers across OECD countries. One objective is to assess and compare social outcomes that are currently the focus of policy debates. Another is to provide an overview of societal responses, and how effective policy actions have been in furthering social development. This edition of *Society at a Glance* discusses the challenges lesbians, gay men, bisexuals and transgender (LGBT) face in OECD countries. Indicators on LGBT people receive therefore a particular focus.

The indicators are based on a variant of the "Pressure-State-Response" framework that has also been used in other policy areas (United Nations [1997], *Glossary of Environment Statistics*, Studies in Methods, Series F, No. 67, New York). This groups indicators into three areas:

- *"Social context"*: refers to general indicators that, while not usually direct policy targets are relevant information for understanding the social landscape. An example is the proportion of elderly people to working-age people.
- *"Social status"*: describes the social outcomes that policies try to influence. Ideally, the selected indicators can be easily and unambiguously interpreted. As an example all countries would rather have low poverty rates than high ones.
- *"Societal response"*: provides information about measures and activities to affect social status indicators. Examples are governmental policies, but also activities of NGOs, families and broader civil society.

In addition, the framework used in *Society at a Glance* groups social status and societal response indicators according to the broad policy fields they cover:

- "self-sufficiency"
- "equity"
- "health status"
- "social cohesion".

A related OECD publication, *How's Life? Measuring Well-being*, presents a large set of well-being indicators, with an aim to give an accurate picture of societal well-being and progress. Compared with *Society at a Glance*, *How's Life?* uses a broader set of outcome measures but excludes indicators of policy responses. In addition, the special chapter in *Society at a Glance* provides policy analysis and recommendations.

OECD countries differ substantially in their collection and publication of social indicators. In selection of indicators for this report, the following questions were considered.

- *What is the degree of indicator comparability across countries?* This report strives to present the best comparative information for each of the areas covered. However, the indicators presented are not confined to those for which there is "absolute" comparability. Readers are alerted to the nature of the data used and the limits to comparability.

- *What is the minimum number of countries for which the data must be available?* This report includes only primary indicators that are available for two thirds of OECD countries.
- *What breakdowns should be used at a country level?* Social indicators can often be decomposed at a national level into outcomes by social sub-categories, such as people's age, gender and family type. Pragmatism governs here: the breakdowns presented vary according to the indicator considered, and are determined by what is readily available.

Chapters 3 to 8 describe the key evidence. Some of these indicators are published by the OECD on a regular basis (e.g. Social Expenditure Database and OECD Health Statistics). Others have been collected on an ad hoc basis or involve transformation of existing indicators.

2.2. The selection and description of indicators

2.2.1. Risks That Matter

To find out more about people's perceptions of social and economic risks and how well they think their government reacts to those risks, the OECD launched in 2018 a brand-new cross-national survey – the OECD *Risks That Matter* Survey (see Chapter 3). The survey is a cross-national survey that examines people's perceptions of social and economic risks and how well they think government addresses those risks. The survey draws on a representative sample of 22 000 people aged 18-to-70-year olds in 21 OECD countries: Austria, Belgium, Canada, Chile, Denmark, Estonia, Finland, France, Germany, Greece, Israel, Ireland, Italy, Lithuania, Mexico, the Netherlands, Norway, Poland, Portugal, Slovenia and the United States.

The survey questionnaire consists of three main sections covering: risk perceptions and the social and economic challenges facing respondents and their families; satisfaction with how well government performs in providing public services and benefits; and desired policies or preferences for social protection going forward. Most questions are fixed-response, taking the form of either binary-response or scale-response. The questionnaire is conducted in national languages.

Table 2.1. **List of perception indicators**

Risk perceptions and concerns
Perceptions of government effectiveness and fairness
Preferences for social policy

2.2.2. General social context indicators

When comparing *social status* and *societal response* indicators, it is easy to suggest that one country is doing badly relative to others, or that another is spending a lot of money in a particular area compared with others. It is important to put such statements into a broader context. General context indicators including *household income, fertility, migration, family* and the *demographic trends*, provide the general background for other indicators in this report (see Chapter 4).

Table 2.2. **List of general context indicators**

Household income
Fertility
Migration
Family
Demographic trends

2.2.3. Self-sufficiency indicators

Self-sufficiency is an underlying social policy objective. Self-sufficiency is promoted by ensuring active social and economic participation by people, and their autonomy in activities of daily life. A selection of indicators is shown in Chapter 5.

For many people, paid employment provides income, identity and social interaction. Social security systems are also funded by taxes levied on those in paid employment. Thus promoting higher paid *employment* is a priority for all OECD countries. To be *unemployed* means that supporting oneself and one's family is not always possible. *Skills* also play a central role in ensuring people find and keep employment, particularly important for young people. A major societal response to enable people to become self-sufficient is public and private *spending in education*. The number of expected years in retirement is a societal response, determined by employment options for older people, age of pension eligibility, and self-sufficiency in old age.

The table below lists the chosen indicators for assessing whether OECD countries have been successful in meeting goals for assuring the self-sufficiency of people and their families.

Table 2.3. **List of self-sufficiency indicators**

Social status	Societal responses
Employment	Education spending
Unemployment	Expected years in retirement
Skills	

2.2.4. Equity indicators

Equity is another common social policy objective. Equitable outcomes are measured mainly in terms of access by people to resources.

Equity has many dimensions (Chapter 6). It includes the ability to access social services and economic opportunities, as well as equity in outcomes. Opinions vary as to what exactly entails a fair distribution of opportunities or outcomes. Additionally, as it is hard to obtain information on all equity dimensions, the *social status* equity indicators presented here are limited to inequality in financial resources.

Income inequality is a natural starting point for considering equity across the whole of society. Often however, policy concerns are more strongly focussed on those at the bottom end of the income distribution. Hence the use of *poverty* measures, in addition to overall inequality. Consideration of guaranteed minimum income benefits shows financial support and obtainable living standard for low-income families. In periods with high unemployment, cash transfers for working-age people are a major income safety net. The indicator of *out-of-work benefits* complements the more general measures of income

inequality and poverty. All OECD countries have social protection systems that redistribute resources and insure people against various contingencies. These interventions are summarised by public *social spending*. Equity indicators are clearly related to self-sufficiency indicators. Taken together, they reveal how national social protection systems address the challenge of balancing adequate provision with system sustainability and promotion of citizens' self-sufficiency. Having access to quality *affordable housing* is also important to reduce poverty risks, improve equality of opportunity and make growth inclusive and sustainable.

Table 2.4. **List of equity indicators**

Social status	Societal responses
Income inequality	Social spending
Poverty	
Out-of-work benefits	
Affordable housing	

2.2.5. Health indicators

Health status is a fundamental objective of health care systems, but improving health status also requires a wider focus on its social determinants, making health a central objective of social policy (Chapter 7).

The links between social and health conditions are well-established. Indeed, educational gains, public health measures, better access to health care and continuing progress in medical technology, have contributed to significant improvements in health status, as measured by *life expectancy*. Despite effective public health measures, significant *HIV/AIDS* transmission continues and remains a major public health issue. *Suicide rates* give additional information about health and societal challenges, since there are a complex set of reasons why some people commit suicide. *Health spending* is a more general and key part of the policy response of health care systems to concerns about health conditions. Another health indicator for total population and youth is *Tobacco and alcohol consumption*, both associated with numerous harmful health and social consequences.

Nevertheless, health problems can sometimes have origins in interrelated social conditions – such as unemployment, poverty, and inadequate housing – beyond the reach of health policies. Moreover, more than spending levels *per se,* the effectiveness of health interventions often depends on other characteristics of the health care system, such as low coverage of medical insurance or co-payments, which may act as barriers to seeking medical help. A much broader range of indicators on health conditions and interventions is provided in *OECD Heath Statistics* and in *Health at a Glance*.

Table 2.5. **List of health indicators**

Social status	Societal responses
Life expectancy	Health spending
HIV/AIDS	
Suicide rates	
Tobacco and alcohol consumption	

2.2.6. Social cohesion indicators

Social cohesion is often identified as an over-arching objective of countries' social policies. While little agreement exists on what it means, a range of symptoms are informative about *lack* of social cohesion. Social cohesion is positively evident in the extent to which people participate in their communities or feel safe (Chapter 8).

Life satisfaction is determined not only by economic development, but also by diverse experiences and living conditions. *Confidence in institutions* and participation in *voting* are two important measures on how well people trust their country's institutions and participate in society. A measure of *Violence against Women*, encompassing all forms of violence perpetrated against women because they are women, is added to highlight the persistently high prevalence of such violence. *Online activities* is another important element of social cohesion indicator, through online connectedness or adolescent cyberbullying.

It is difficult to identify directly relevant and comparable response indicators at a country level on social cohesion issues. Policies that are relevant to other dimensions of social policy (self-sufficiency, equity and health) may also influence social cohesion.

Table 2.6. **List of social cohesion indicators**

Social status	Societal responses
Life satisfaction	
Confidence in institutions	
Violence against women	
Voting	
Online activities	

2.3. What can be found in this publication

In each of the domains covered in Chapters 3 to 8 of this report, the chosen indicators provide each a page of text and a page of charts. Both charts and text generally follow a standardised pattern. The choice of the time period over which change is considered is partly determined by data constraints. However, ideally changes are examined: 1) over the last generation, to compare how society is evolving in the longer term; or 2) over the period since the last economic crisis (typically between 2007-08), so the extent to which recent economic fluctuations are influencing social indicators can be studied.

Finally, a box on "Definition and measurement" provides the definitions of data used and a discussion of potential measurement issues.

The data underlying each indicator are available on the OECD website (*http://oe.cd/sag*), or by typing or clicking for "electronic books" on the "StatLink" at bottom right of each indicator (where data for more countries are also available).

Further reading

OECD (2017), *How's Life? 2017: Measuring Well-being*, OECD Publishing, Paris, *http://dx.doi.org/10.1787/how_life-2017-en*.

United Nations (1997), *Glossary of Environment Statistics*, Studies in Methods, Series F, No. 67, New York.

3. PERCEPTIONS OF SOCIAL RISKS AND GOVERNMENT EFFECTIVENESS

Social and economic risk perceptions and concerns

Perceptions of government effectiveness and fairness

Preferences for social policy

The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Social and economic risk perceptions and concerns

What are people's top concerns in OECD countries? The OECD's *Risks That Matter* survey provides key insights into people's perceptions of the social and economic risks they face, both in the short-term (over the next year or two) and long-term (beyond the next decade).

Around the world, people worry in the short-term about falling ill and making ends meet. On average across the 21 countries surveyed, slightly over half of respondents list "becoming ill or disabled" as one of the top-three social or economic risks facing them or their immediate family in the next year or two (Figure 3.1). This is the most common concern in 14 of the 21 countries, including some countries with highly developed social protection systems, such as Belgium, Finland and France (OECD, 2019).

Understandably, worries about becoming ill or disabled grow with age. This is most often a top short-term concern for older respondents. Younger people, on the other hand, are frequently worried about securing affordable housing (ibid).

The second most important (short-term) worry in many countries is poverty, **with 40-50% of all respondents fearing a struggle to meet daily expenses despite working** in the short term. This answer was especially common among those with lower incomes and in countries that were hit hardest by the global financial crisis. Rates were highest in Greece (70.5%), Italy (55.9%), and Mexico (60%). In some countries, especially Mexico, personal security is also a major concern (ibid).

In the longer term, people are most worried about pensions and finances in old age. On average across countries, about 72% of all respondents list old-age finances as one of the top-three long-term concerns facing them or their family, with the rate rising above 80% in Estonia, Lithuania and Slovenia (Figure 3.2). Again, unsurprisingly, older respondents are most likely to pick finances in old age as one of their greatest worries, but many younger people are also concerned about their pensions.

Intergenerational mobility is a key issue for many. On average across the surveyed countries, 60% of parents (those with a child of their own living in the same household) list the risk that their children will not achieve the level of status and comfort that they have themselves as one of their top three long-term concerns. This is the second most common concern for parents, after their own financial security in old age (73%) (OECD, 2019). Reflecting the difficulties many young people face in today's labour market, younger respondents are more likely than others to have strong concerns about their future prospects. On average across the 21 surveyed countries, well over half of 18- to 29-year-old respondents list attaining the level of status and comfort their parents had as one of their top-three long-term concerns (ibid).

Definition and measurement

Figure 3.1 and Figure 3.2 present results from the OECD's 2018 *Risks That Matter* survey (see Chapter 2 for more information about the survey). To understand people's short- and long-term concerns, respondents were asked to identify the three greatest risks to themselves or their immediate family from a list of seven risks: becoming ill or disabled, losing a job, affording adequate housing, struggling to meet all expenses, accessing childcare or education, accessing long-term care, crime or violence, or none of the aforementioned choices. Respondents had the option of selecting zero, one, two, or three risks.

Short-term was defined as "in the next year or two"; long-term was defined as "beyond the next decade".

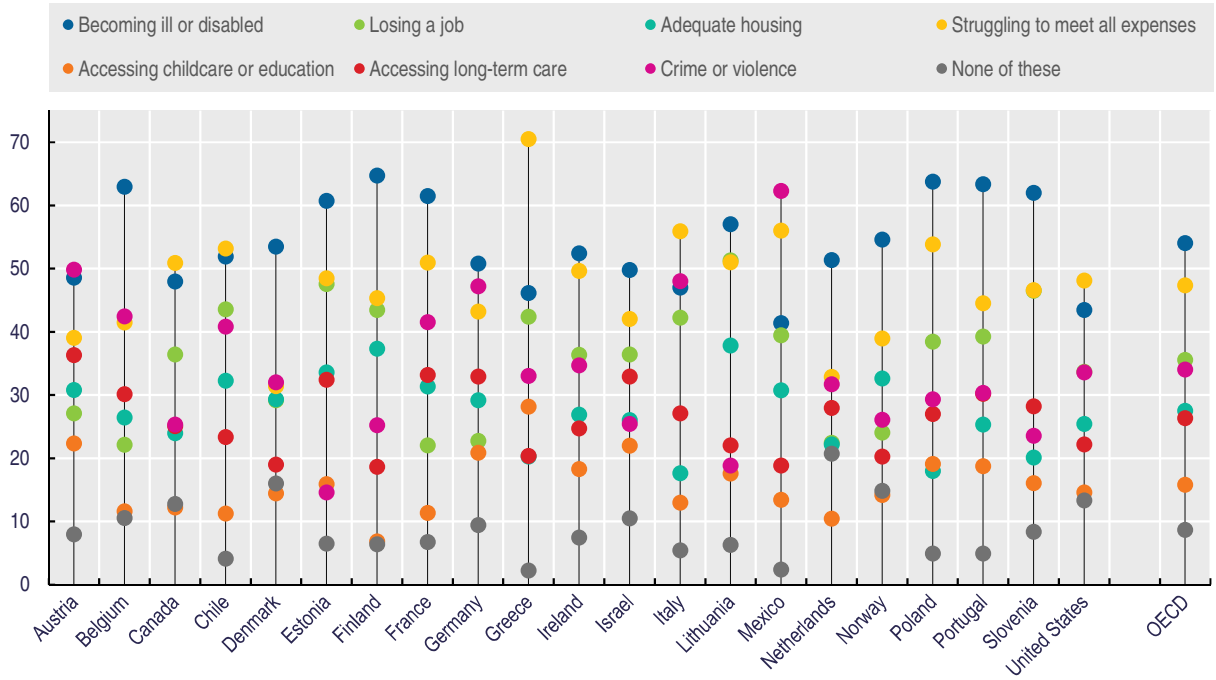
The survey is implemented online using samples recruited via the internet and over the phone. Sampling is based on a modified form of quota sampling with sex, age group, education level, income level, and worker status used as the sampling criteria. Survey weights are used to correct for any under- or over-representation based on these five criteria. The target and weighted sample is 1 000 respondents per country.

Further reading

OECD (2019), *Risks that Matter: Main Findings from the 2018 OECD Risks that Matter Survey*, OECD Publishing, Paris, *www.oecd.org/social/risks-that-matter.htm*.

3.1. People are most concerned with falling ill and struggling to make ends meet

Percentage of respondents identifying each risk as one of the top-three greatest short-term (over the next year or two) risks to themselves or their immediate family, 2018

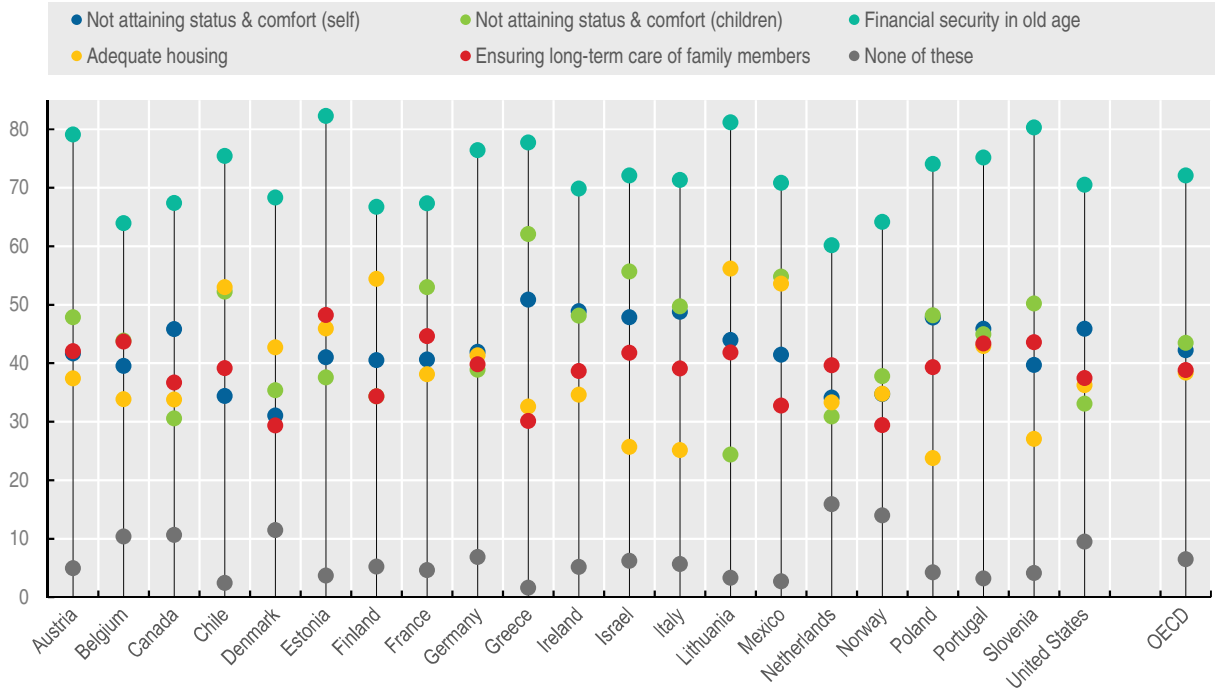


Source: OECD Secretariat estimates based on the 2018 OECD *Risks That Matter* survey, *www.oecd.org/social/risks-that-matter.htm.*

StatLink http://dx.doi.org/10.1787/888933938306

3.2. In the long run, many people are worried about their pensions

Percentage of respondents identifying each risk as one of the top-three greatest long-term (beyond the next decade) risks to themselves or their immediate family, 2018



Source: OECD Secretariat estimates based on the 2018 OECD *Risks That Matter* survey, *www.oecd.org/social/risks-that-matter.htm.*

StatLink http://dx.doi.org/10.1787/888933938325

Perceptions of government effectiveness and fairness

OECD countries have some of the most comprehensive social protection systems in the world. They spend, on average, more than 20% of GDP on social policies delivering public health, housing and family services, old-age supports like public pensions, and income supports for people in need. Research on redistribution and poverty suggests that, in many cases, these social policies are effective. Yet, the *Risks that Matter* survey reveals widespread dissatisfaction with public policies: public programmes are not reaching all groups effectively and policies do not always correspond to needs and expectations.

On average, only about one in five people think that they could easily receive public benefits if they needed them, with well over 50% *disagreeing* that access would be easy across the 21 countries surveyed (Figure 3.3). People are most confident in their ability to access public benefits in Canada (34% agree or strongly agree that they could easily access public benefits if needed), the Netherlands (38%), and Norway (35%).

Most people do not feel that they receive a fair share of public benefits, given the taxes and social contributions they pay. With the exception of Denmark and Norway, the most common response in all countries was "disagree" or "strongly disagree" (59% on average) with the statement "I feel that I receive a fair share of public benefits, given the taxes and social contributions I pay" (Figure 3.4). In Chile, Greece, Israel and Mexico, three-quarters or more of the population disagree that they get their fair share given the taxes they pay (OECD 2019).

Simultaneously, there is a strong sense that others are taking more than they should. On average across the 21 countries, two-thirds of respondents (strongly) agree with the statement "Many people receive public benefits without deserving them" (ibid).

Underlying this sense of injustice is a commonly-held belief that government is not working for, or listening to, the people. In all but four of the surveyed countries (Canada, Denmark, Norway and the Netherlands), a majority of respondents to the *Risks That Matter* survey *disagree* with the statement "I feel the government incorporates the views of people like me when designing or reforming public benefits" (Figure 3.5). In countries like France, Greece, Israel, Lithuania, Portugal and Slovenia, this share rises as high as 70% or more (Figure 3.5). These feelings spread across most social groups, and are not limited just those deemed "left behind". Notably, despite the common perception that young people are among the most disillusioned with government, respondents aged 18-29 are much less likely than others to feel that their voice is being ignored in the policy debate (ibid).

Despite a widespread sense of injustice and disillusionment, people continue to express compassion and support for pro-poor redistributive policies. When asked to explain why people live in poverty, the most common answer in 17 of the 21 surveyed countries was "injustice in society": 71% of Portuguese and 68% of Mexicans pointed to injustice as the root cause of poverty, as did more than two-thirds of French, German and Slovenian respondents (OECD, 2019). At the same time, in every country surveyed, more than half of respondents say that the government should tax the rich more than they currently do in order to support the poor. In Greece, Germany, Portugal and Slovenia, the share rises to 75% or more (ibid).

Definition and measurement

Figure 3.3, Figure 3.4 and Figure 3.5 present results from the OECD's 2018 *Risks that Matter* survey (see Chapter 2 for more information about the survey). In Figure 3.3, respondents were asked to indicate the degree to which they agreed or disagreed with the statement "I think I could easily receive public benefits if I needed them". For Figure 3.4, respondents were asked to indicate the degree to which they agreed or disagreed with the statement "I feel that I receive a fair share of public benefits, given the taxes and social contributions I pay". For Figure 3.5, respondents were asked to indicate the degree to which they agreed or disagreed with the statement "I feel the government incorporates the views of people like me when designing or reforming public benefits".

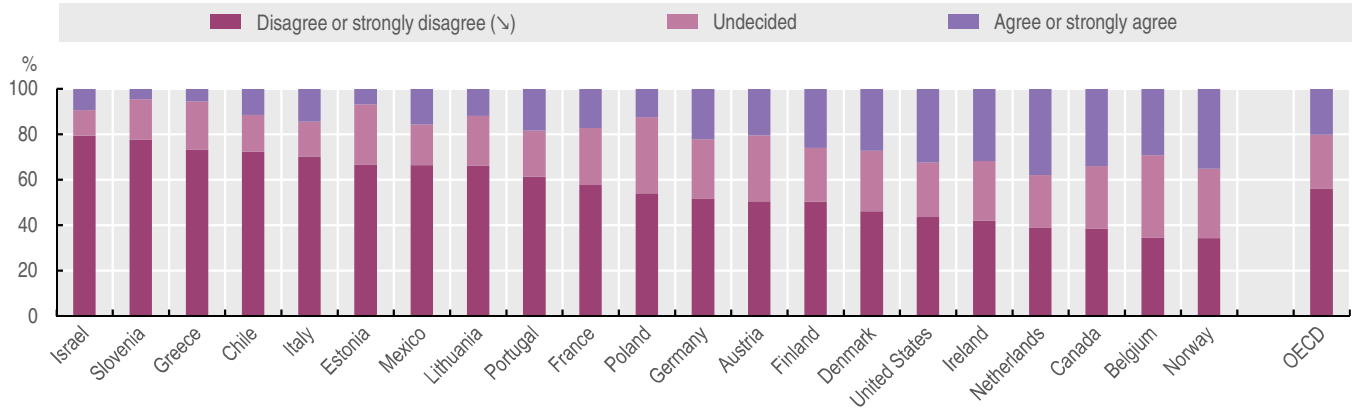
Possible response options for all three questions were "strongly disagree", "disagree", "undecided", "agree" and "strongly agree".

Further reading

OECD (2019), *Risks that Matter: Main Findings from the 2018 OECD Risks that Matter Survey*, OECD Publishing, Paris, *www.oecd.org/social/risks-that-matter.htm*.

3.3. Few believe they could easily access public benefits if they needed them

Distribution of responses to the statement "I think I could easily receive public benefits if I needed them", 2018

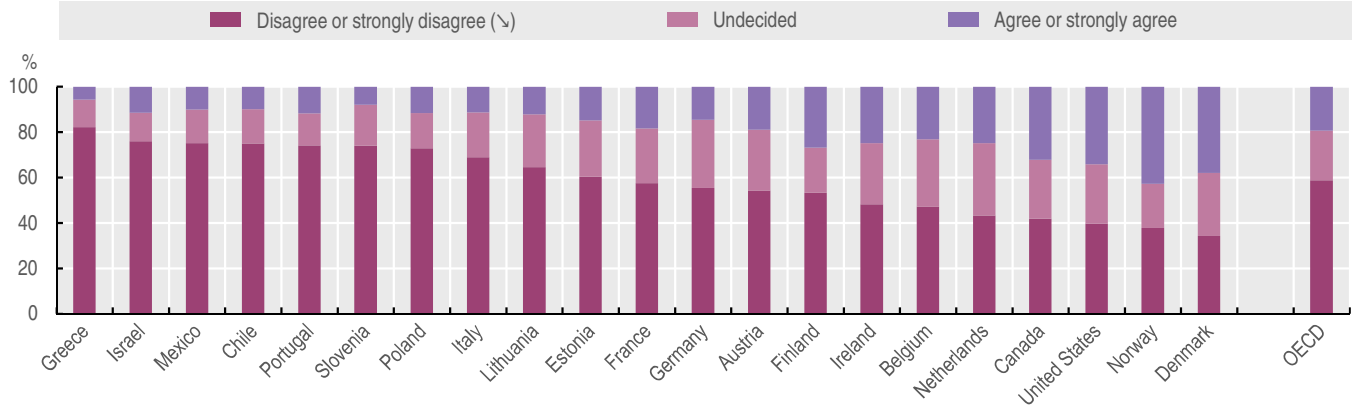


Source: OECD Secretariat estimates based on the OECD *Risks That Matter* survey (2018), *www.oecd.org/social/risks-that-matter.htm.*

StatLink http://dx.doi.org/10.1787/888933938344

3.4. Many people feel they do not receive the benefits they should, given the taxes they pay

Distribution of responses to the statement "I feel that I receive a fair share of public benefits, given the taxes and social contributions I pay", 2018

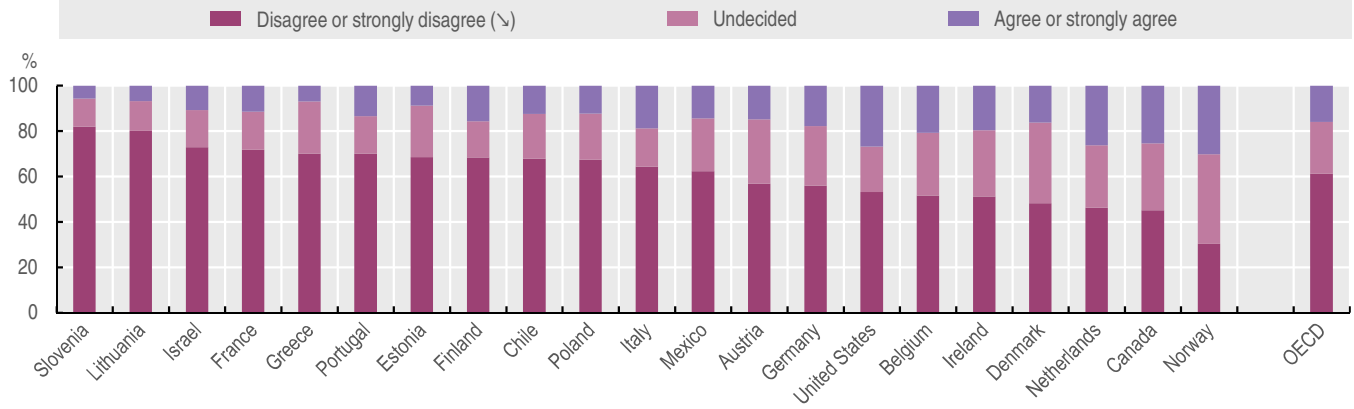


Source: OECD Secretariat estimates based on the 2018 OECD *Risks That Matter* survey, *www.oecd.org/social/risks-that-matter.htm.*

StatLink http://dx.doi.org/10.1787/888933938363

3.5. In most countries, respondents feel that government does not incorporate the views of people like them when designing social benefits

Distribution of responses to the statement "I feel the government incorporates the views of people like me when designing or reforming public benefits", 2018



Source: OECD Secretariat estimates based on the 2018 OECD *Risks That Matter* survey, *www.oecd.org/social/risks-that-matter.htm.*

StatLink http://dx.doi.org/10.1787/888933938382

Preferences for social policy

Unsurprisingly, given levels of dissatisfaction with government services, most people say they want more support from their government. **Across all but two countries, a majority of respondents say they would like the government to do more to ensure their economic and social security,** as opposed to the same or less (Figure 3.6). Even in Denmark and France – where people are most satisfied with social policies – more than 45% of respondents believe that government should do more. In Chile, Greece, Israel, Italy, Lithuania, Mexico, Portugal, and Slovenia, this share rises to 80% or more.

Priorities for specific supports differ and vary across social groups, but increased investment in pensions and health care are often top priorities. On average across the 21 surveyed countries, 54% of respondents pick a better pension and 48% list improved health care as one of the three top supports they would "*need most from the government*" to make them and their family feel more economically secure (OECD, 2019).

People are willing to pay for better pensions and health care. In 19 of the 21 surveyed countries, respondents are more likely to agree than disagree that government should increase spending on pensions, even if it means taxes will rise and some other programmes need to be cut, and an average of almost 40% say they would be willing to pay an extra 2% of their own income in taxes for better health care and pensions (Figure 3.7). Respondents in Ireland are the most likely to say they would pay more in taxes for better health care (51% say this), followed by Portugal (49%), Greece and Chile (both 48%).

There is less support for expansion in other policy areas, but nevertheless, roughly one-quarter of respondents say they would be willing to pay more in taxes for better housing, education and long-term care services (OECD, 2019).

Across countries, respondents in less wealthy countries are more likely than others to prioritise labour market supports, like job-seeking services or funds to start a business. Respondents in richer countries more often say better housing supports are one of the things they need most from government (ibid).

People in countries with relatively high levels of income inequality are more likely to prioritise education supports than people in more egalitarian countries (Figure 3.8), perhaps to help ensure equality of opportunity. In highly unequal countries like Greece and Chile, for example, more than four in ten respondents list education as one of their most-needed policies – and a similar share endorse paying more in taxes to get it.

Definition and measurement

The following figures present results from the 2018 OECD *Risks that Matter* survey (see Chapter 2 for more information about the survey). For Figure 3.6, respondents were asked whether they thought the government should be doing less, more, or the same as they are currently doing to ensure their economic and social security. They could also choose "don't know" as a response option.

For Figure 3.7, respondents were asked to indicate whether they would be willing to pay an additional 2% of their income in taxes/social contributions to benefit from better provision of and access to the various different public services and benefits. They could chose as many as they liked, or none at all.

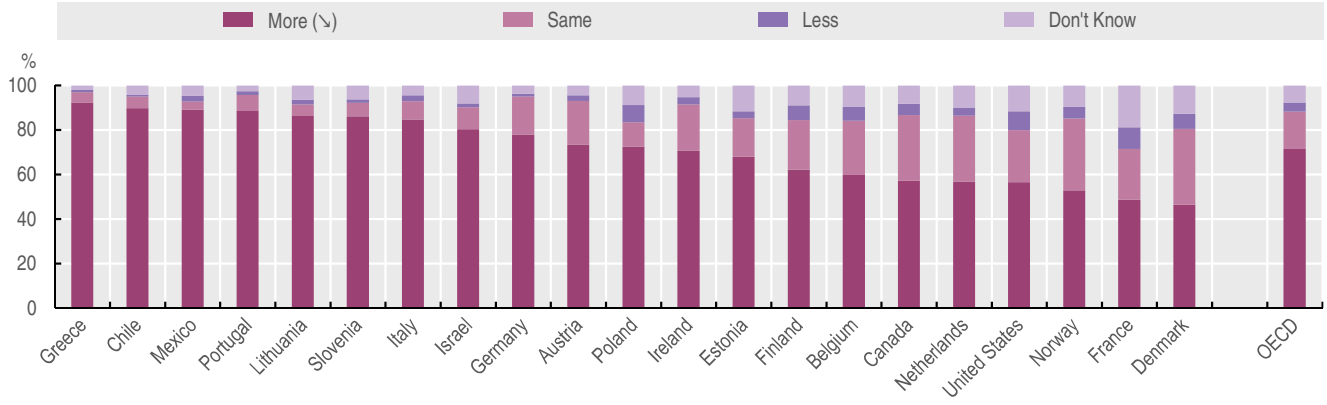
For Figure 3.8, Panel A, respondents were asked what supports they would need most from government to make them and their feel more economically secure. They could choose from a list of nine supports, and had the option of selecting zero, one, two, or three supports. In Panel B: respondents were asked to indicate whether they would be willing to pay an additional 2% of their income in taxes/social contributions to benefit from better provision of and access to the various different public services and benefits. They could chose as many as they liked, or none at all. Data on the Gini coefficient refer to 2015, except for Mexico (2014), income are based on disposable income (after taxes and transfers) from the OECD *Income Distribution database*.

Further reading

OECD (2019), *Risks that Matter: Main Findings from the 2018 OECD Risks that Matter Survey*, OECD Publishing, Paris, *www.oecd.org/social/risks-that-matter.htm*.

3.6. In all but two countries, most people think their government should do more to ensure their economic and social security

Distribution of responses to the question "Do you think the government should be doing less, more, or the same to ensure your economic and social security? ", 2018

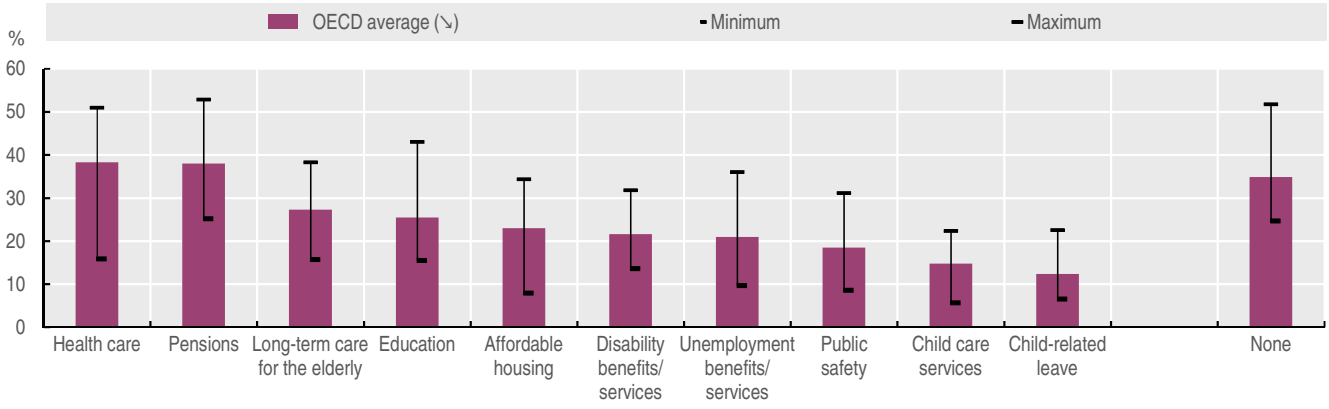


Source: OECD Secretariat estimates based on the 2018 OECD *Risks That Matter* survey, *www.oecd.org/social/risks-that-matter.htm.*

StatLink http://dx.doi.org/10.1787/888933938401

3.7. Almost 40% are willing to pay more in taxes for better pensions and health care

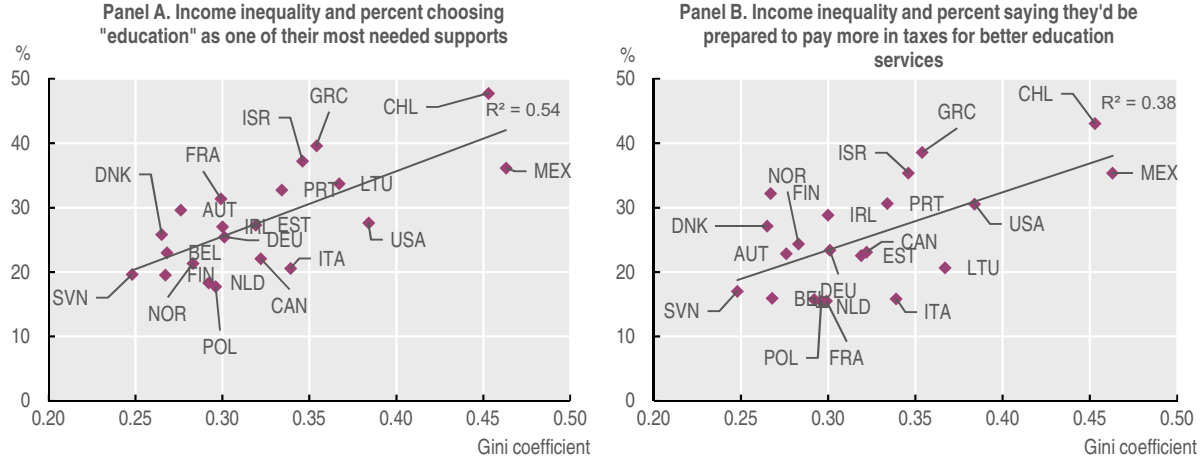
Percentage of respondents indicating they would be willing to pay an additional 2% of their income in taxes/social contributions to benefit from better provision of and access to different public services and benefits, unweighted cross-country average, 2018



Source: OECD Secretariat estimates based on the 2018 OECD *Risks That Matter* survey, *www.oecd.org/social/risks-that-matter.htm.*

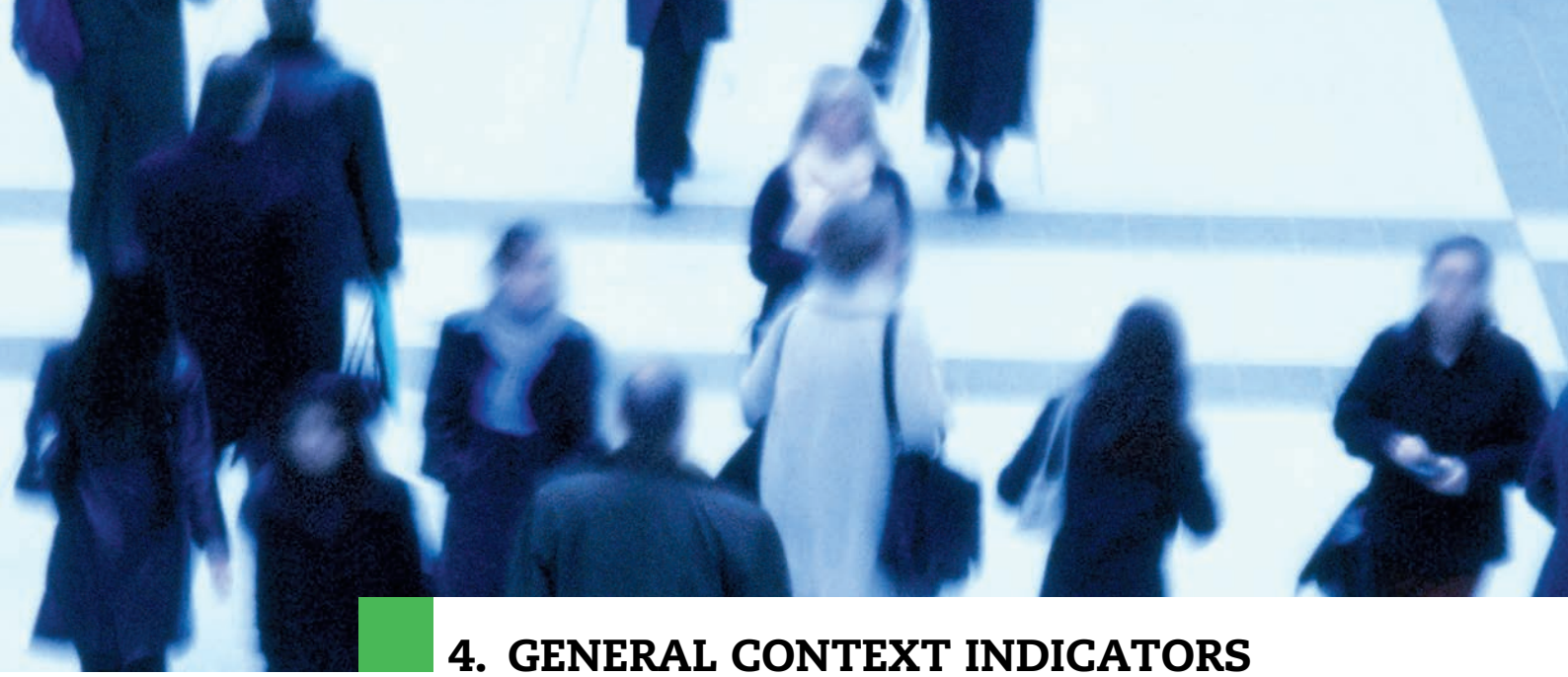
StatLink http://dx.doi.org/10.1787/888933938420

3.8. Better public education is one of the top priorities for respondents in more unequal countries



Source: OECD Secretariat estimates based on the 2018 OECD *Risks That Matter* survey *www.oecd.org/social/risks-that-matter.htm* and the *OECD Income Distribution Database* (*http://oe.cd/idd*).

StatLink http://dx.doi.org/10.1787/888933938439



4. GENERAL CONTEXT INDICATORS

Household income

Fertility

Migration

Family

Demographic trends

The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Household income

Disposable household income provides an indication of the goods and services families can purchase on the market. It is thus an objective indication of material quality of life, and it is used to measure poverty and inequality. Converting national currencies into US dollars using the purchasing power parity allows for a meaningful comparison across countries.

In 2016, the median disposable household income in Luxembourg was eight times higher than in Mexico and about two times higher than in Spain (Figure 4.1). Countries with low levels of median household income include Chile, Mexico, Turkey and many Eastern and Southern European countries. Luxembourg, Norway and Switzerland are the top-3 countries with the highest median disposable household income. Median incomes are generally lower in emerging economies than in OECD countries.

In most OECD countries for which long-term data are available, **median income has been growing faster than income at the bottom of the distribution and slower than at the top since the 1980s** (Figure 4.2). Income growth has been considerably slower across the distribution since the 2008 global financial crisis than in previous decades, despite the redistributive effect of public cash transfers and personal income taxes during this period. These general trends hide strong differences across countries. For instance, as a result of the financial crisis, median income in Greece was still 10% lower in 2016 than in 1985. By contrast during the same period, median income increased significantly in Israel, Luxembourg, Norway, Sweden and the United Kingdom.

The middle class plays an essential role for the economy as well as for social and political stability. **On average 61% of the population across the OECD lives in the middle-income class, defined here as households earning between 75% and two times the median national income** (Figure 4.3). This share ranges from around half in Chile, Israel, Mexico and the United States to around 70% in Nordic and some Continental European countries. On average across the OECD, the lower income group makes up to 30% of the population and the upper income group accounts for 9% of the population. In emerging economies except the Russian Federation, the upper income group accounts for 20-25% of the population.

Definition and measurement

Data on annual median equivalised household disposable income come from the *OECD Income Distribution Database*. Disposable income is market income (income from work and capital) after taking into account public cash transfers received and direct taxes and social security contributions paid. It excludes in-kind services provided to households by governments and private entities, consumption taxes, and imputed income flows due to home ownership. After subtracting taxes and adding cash transfers, household income provides an indication of the goods and services families can purchase on the market. Household income is adjusted for differences in the needs of households of different sizes with an equivalence scale that divides household income by the square root of household size. The adjusted income is then attributed to every person in the household.

For cross-country comparison, national currency measures of income were converted into US dollars (USD) using purchasing power parity (PPP) for private consumption exchange rates. These PPPs reflect the amount of a national currency required in each country to buy the same basket of goods and services as a dollar does in the United States. Both income and PPP estimates are affected by statistical errors, so differences between countries of 5% or less are not considered significant.

Middle class is defined here as households with incomes between 75% and two times the national median income.

Further reading

OECD Income Distribution database, *http://oe.cd/idd*.

OECD (2018), *A Broken Social Elevator? How to Promote Social Mobility*, OECD Publishing, Paris, *https://doi.org/10.1787/9789264301085-en*.

OECD (2019, forthcoming), *Under Pressure: The Squeezed Middle Class*, OECD Publishing, Paris.

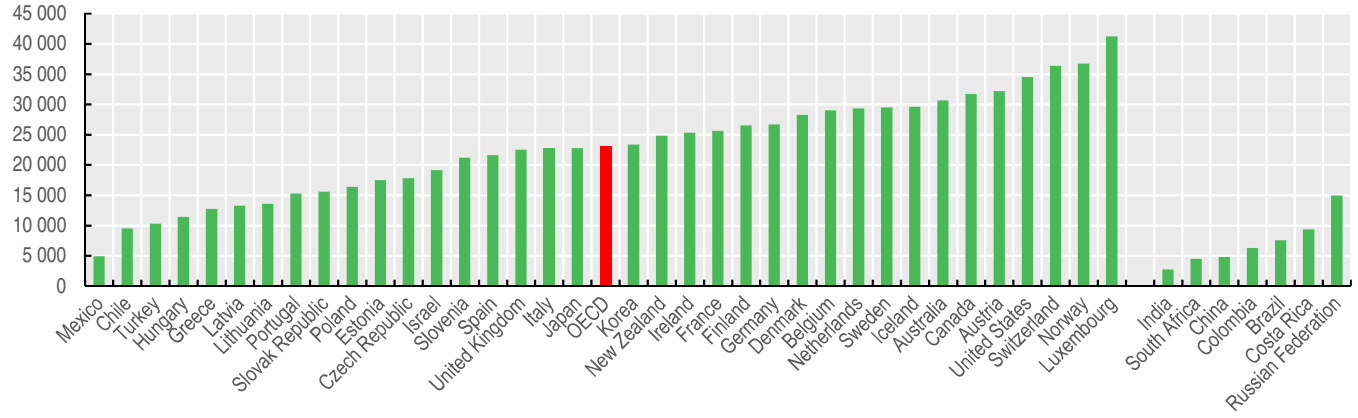
Figure notes

Figure 4.1: Data for Colombia are provisional data and disposable income is not after personal income taxes, although they are after worker's social insurance contributions.

Figure 4.2: OECD-17 refers to 17 OECD countries for which long-term income data are available: Canada, Denmark, Finland, France, Germany, Greece, Israel, Italy, Japan, Luxembourg, Mexico, Netherlands, Norway, New Zealand, Sweden, United Kingdom and United States; income data were adjusted in most countries due to a change in the standard methodology of household income as from 2012.

4.1. Median income varies by a factor of eight from USD 4 900 to USD 41 200

Annual median equivalised disposable income, in 2016, US dollars at PPP rates

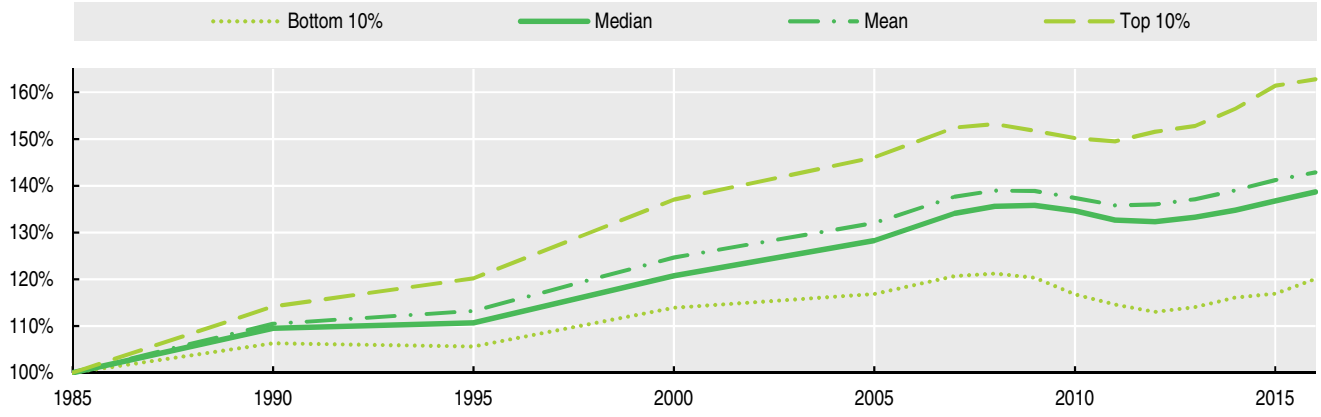


Source: Calculations based on *OECD Income Distribution Database* (*http://oe.cd/idd*).

StatLink http://dx.doi.org/10.1787/888933938458

4.2. Median incomes grew slower than top incomes

Real income growth by income position, OECD 17 average (1985 = 100%)

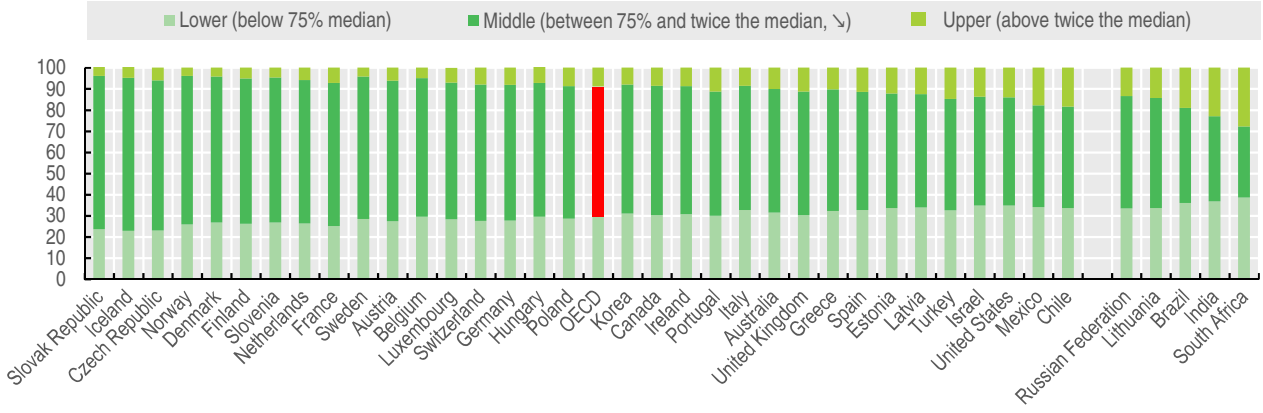


Source: Calculations based on *OECD Income Distribution Database* (*http://oe.cd/idd*).

StatLink http://dx.doi.org/10.1787/888933938477

4.3. Most people live in the middle class

Population share by income group, 2014 or nearest year



Source: Calculations based on *OECD Income Distribution Database* (*http://oe.cd/idd*).

StatLink http://dx.doi.org/10.1787/888933938496

Fertility

The total fertility rate indicates the number of children an average woman would have if she were to experience the exact age-specific fertility throughout her life. Allowing for some mortality during infancy and childhood, the population is replaced at a total fertility rate of a little over two.

Over the last decades, fertility declined dramatically across OECD countries, falling on average from 2.8 children per woman of childbearing age in 1970 to 1.7 in 2016 (Figure 4.4). The decline was particularly pronounced – by at least three children per woman on average – in Korea, Mexico and Turkey. There was a moderate recovery in average fertility rates between 2000 and 2008, but this rebound stalled in many OECD countries in 2009, probably as a consequence of the crisis.

In 2016, fertility was well below the replacement level in most countries, averaging 1.7 across the OECD (Figure 4.4) and still below the pre-crisis level. The highest rate was recorded in Israel at 3.1, where women had on average one child more than women in Mexico and Turkey, the countries with the second and third highest rates, respectively. These three countries were the only OECD countries with a level above the replacement fertility rate (2.1 children per woman). Ireland and France have the highest fertility rate in Europe (and the fourth and fifth highest rates in the OECD), but also Anglophone and Nordic countries were typically at the higher end. The lowest fertility rates are found in South Europe, Japan and Korea, with on average just one child per women in the latter.

Fertility rates are generally higher in key partner economies than in OECD countries; rates are above replacement levels in Argentina, India, Indonesia, Saudi Arabia and South Africa. With the exception of the Russian Federation, fertility decreased in all key partner economies between 1995 and 2016.

Rising female education and employment, a delayed entry in the labour market, growing housing problems and in some cases insufficient support for families juggling work and children, have all played a role in declining fertility. The postponement of family formation is reflected age-specific fertility trends. **Since 2000, fertility rates have been declining for women under 30 years old whereas they been rising for those aged 30 years and older** (Figure 4.5). In the last few years, the average OECD fertility rate of 30-34s exceeded the fertility rate of 25-29s, and so did the rate of 35-39s compared to 20-24s. The average 40-44s fertility rate is about to surpass the adolescent fertility rate, as it already does in two-thirds of OECD countries. The adolescent fertility rate has fallen to low levels at under three births per 1 000 adolescents in Korea, the Netherlands and Switzerland, but it remains high at above 60 in Mexico.

The postponement of family formation is also reflected in the increase in the mean age of women at first childbirth, in all 30 OECD countries for which data are available (Figure 4.6). **Between 1995 and 2016, the mean age at first birth has risen by almost three years on average in the OECD, from 26.0 to 28.9 years old**. In 2016, mean ages at first birth were lowest at around 27 years in the United States and some Eastern European countries (Estonia, Latvia, Lithuania, Poland and Slovak Republic), whereas they were above 30 years in Japan, Korea, Ireland, Luxembourg, Switzerland, Greece, Italy and Spain.

Definition and measurement

The total fertility rate is the expected number of children born to each woman at the end of the childbearing years (i.e. if the likelihood of her giving birth to children at each age was the current prevailing age specific fertility rates). It is computed by summing up the age-specific fertility rates defined over five year intervals. Assuming there is no net migration and mortality remains unchanged, the total fertility rate of 2.1 children per woman ensures broad population stability ("replacement rate").

The age-specific fertility rates are the number of births per 1 000 women of a given age in a given year. They are presented here per five-year age group.

Fertility data typically come from civil population registers or other administrative records. The data are harmonised according to United Nations and Eurostat recommendations.

Mean ages of women at first birth are from the *OECD Family Database*, based on Eurostat demographic statistics and United Nations World Fertility Data 2017.

Further reading

OECD (2018), "SF2.1 Fertility rates", *OECD Family Database*, *http://oe.cd/fdb*.

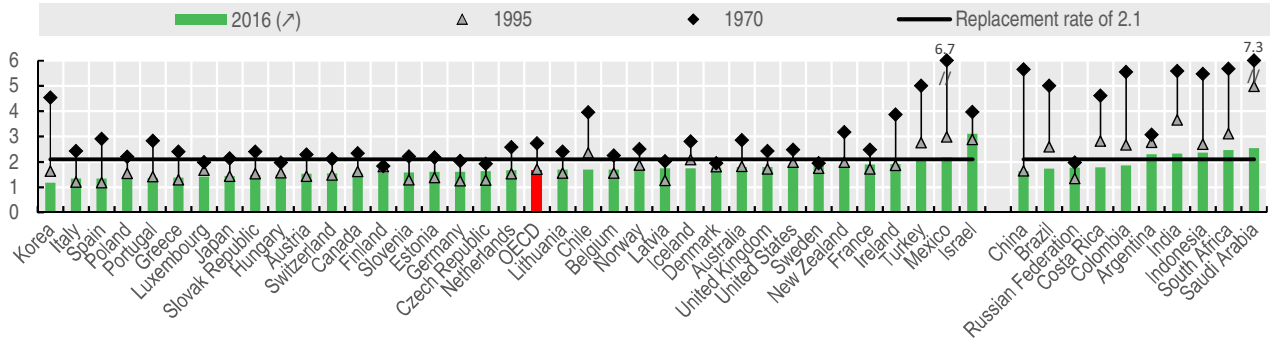
OECD (2018), "SF2.3 Age of mothers at childbirth and age-specific fertility", *OECD Family Database*, *http://oe.cd/fdb*.

Figure notes

Figure 4.6: Data for the United Kingdom refer to England & Wales only; 2011 for Canada instead of 2016; 1998 for France and Sweden, 1999 for the Slovak Republic, 2000 for Latvia instead of 1995; no data available around 1995 for Germany; no data available for both years for Australia, Chile, Colombia, Mexico, New Zealand and Turkey.

4.4 Fertility rates across the OECD are typically below the population replacement rate

Number of children per woman aged 15 to 49, in 1970, 1995 and 2016 or nearest years

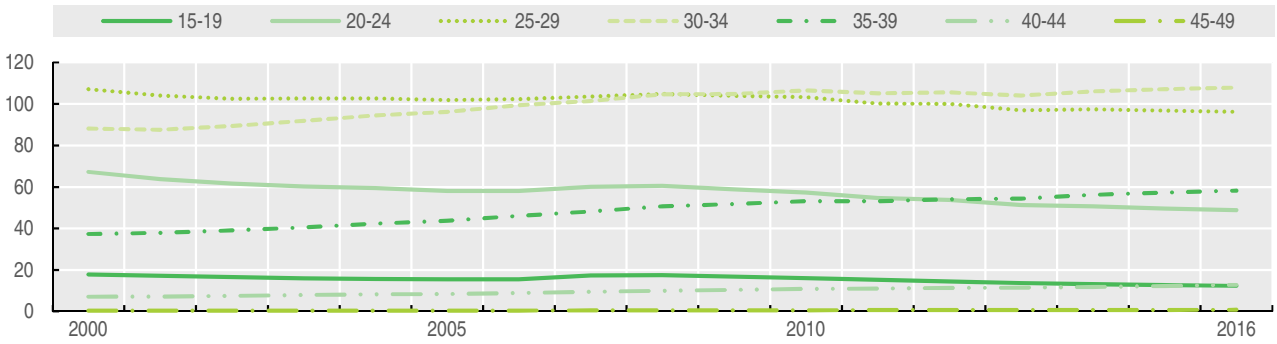


Source: OECD (2018), "SF2.1 Fertility rates", *OECD Family Database*, *http://oe.cd/fdb*.

StatLink http://dx.doi.org/10.1787/888933938515

4.5. Decline in fertility rates for women under 30 years old and increase for those aged 30 years and older

Births per 1 000 women by five-year age group, 2000 to 2016 or nearest year, OECD average

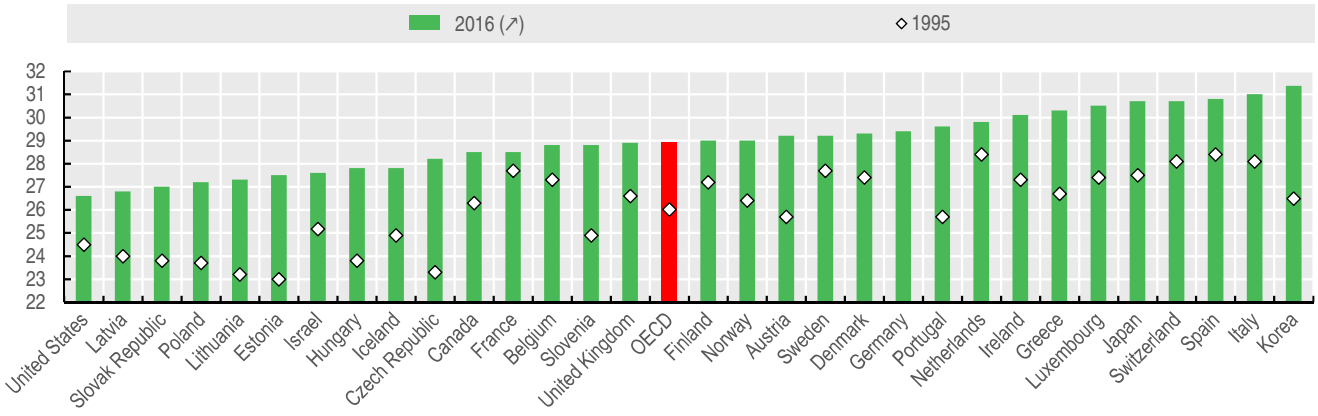


Source: OECD (2018), "SF2.3 Age of mothers at childbirth and age-specific fertility", *OECD Family Database*, *http://oe.cd/fdb*, based from Eurostat demographic statistics (*http://ec.europa.eu/eurostat/web/population-demography-migration-projections/population-data/database*) and United Nations World Fertility Data 2017 (*www.un.org/en/development/desa/population/publications/dataset/fertility/wfd2017.shtml*).

StatLink http://dx.doi.org/10.1787/888933938534

4.6. The mean age of women at first birth has risen by three years within two decades

Mean age of women at first birth, 1995 and 2016 or nearest year



Source: OECD (2018), "SF2.3 Age of mothers at childbirth and age-specific fertility", *OECD Family Database*, *http://oe.cd/fdb*, based from Eurostat demographic statistics (*http://ec.europa.eu/eurostat/web/population-demography-migration-projections/population-data/database*) and United Nations World Fertility Data 2017 (*www.un.org/en/development/desa/population/publications/dataset/fertility/wfd2017.shtml*).

StatLink http://dx.doi.org/10.1787/888933938553

Migration

Annual new permanent migration flows represent less than 1% of the population in nearly all OECD countries (Figure 4.7). Only Switzerland and Luxembourg have, since many years, much higher rates, reaching 1.5% and 3.4% respectively in 2016. Permanent migration flows rose sharply in Germany and Sweden in recent years, giving both countries a spot in the top five OECD countries in terms of immigration as a proportion of the population. Within the EU, many permanent migrants come from other EU countries through the free mobility arrangements. The share of migrants coming from third countries to EU countries remains relatively low but has been rising from 0.22% in the period 2010-15 to 0.36% in 2016.

Across OECD countries, permanent migration flows increased by 15% in 2016. Two-thirds of the increase is due to increased humanitarian migration, particularly to Germany, and one-fourth is due to rising family migration, in particular to the United States. For other OECD countries, there were few changes in the numbers of new labour migrants or in the magnitude of migration movements within free-circulation areas. Preliminary figures for 2017 show a slight decrease in flows, the first decline recorded since 2011.

On average in the OECD, more than 10% of the population was foreign-born in 2017 (Figure 4.8). The share of foreign-born within the population was highest in Australia, Canada, Israel, Luxembourg, New Zealand and Switzerland, where at least one-in-five people were foreign-born. Nearly two-thirds of the OECD countries had an immigrant population exceeding one in ten of the population. Around two-thirds of the foreign-born are from non-EU countries. Over one-third of immigrants in the OECD live in the United States, where they make up almost 14% of the population. Luxembourg is the country with the highest share of foreign-born – over 46% of its population. With the exception of Israel and the Baltic States, the share of foreign-born in the total population increased in all OECD countries over the last decade. Over two-thirds of immigrants in the OECD have lived in their host country for at least ten years, while 16% have been residents for up to five years.

In the EU, interaction with immigrants occurs more often in the neighbourhood than at the workplace, with respectively 44% and 28% of the native-born population reporting an interaction with immigrants from non EU countries at least once a week (Figure 4.9). Countries where the native-born interact most with the non-EU-born in their neighbourhood are Southern European countries, Ireland and Austria. Interaction with immigrant colleagues is most common in Sweden, Denmark and the Netherlands. For more information about immigrant civic engagement and social integration, see Chapter 5 in OECD/EU (2018), *Settling In 2018: Indicators of Immigrant Integration*.

Definition and measurement

Permanent movements refer to entries for long-term residents either for labour, family, humanitarian or free mobility reasons and include only foreign nationals. These inflows include status changes, namely persons in the country on a temporary status who obtained the right to stay on a longer-term basis. This standardised definition has been designed, when data were available, to make the scale and composition of migration most comparable across countries.

Immigrants are, in the first instance, defined as those who are foreign-born, whatever their citizenship at birth. In general, the foreign-born population is substantially larger than the share of foreign nationals. Immigrants offspring include different categories of people: i.e. they can either be born in their parents' host country to two foreign-born parents; or to mixed parentage (one foreign-born parent); be foreign-born and arrived as children; or be foreign-born and arrived as adults.

The indicator on interactions, which is only available for EU countries, seeks to assess the frequency of interactions of the natives with immigrants born in a third country ("On average, how often do you interact with immigrants? Interaction can mean anything from exchanging a few words to doing an activity together"). Two types of interaction are considered in this section: in the workplace and in the neighbourhood. Interactions are considered frequent when they occur at least once a week; rare when they occur once a year or less frequently. Data cover the native-born aged 15 and older.

Further reading

OECD (2018), *International Migration Outlook 2018*, OECD Publishing, Paris, *https://doi.org/10.1787/migr_outlook-2018-en*.

OECD/EU (2018), *Settling In 2018: Indicators of Immigrant Integration*, OECD Publishing, Paris/EU, Brussels, *https://doi.org/10.1787/9789264307216-en*.

OECD (2019), *Ready to Help? Improving Resilience of Integration Systems for Refugees and other Vulnerable Migrants*, OECD Publishing, Paris, *https://doi.org/10.1787/9789264311312-en*.

Figure notes

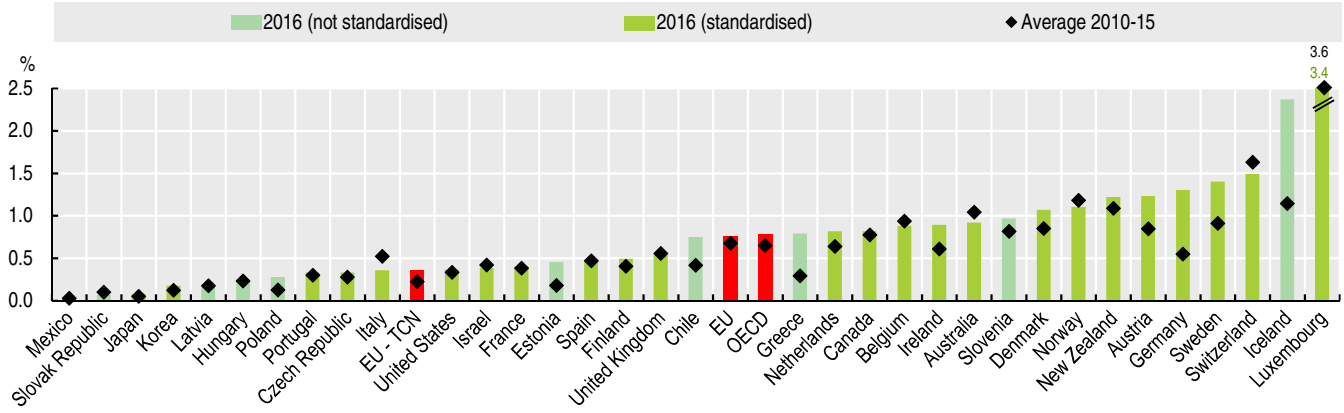
Figure 4.7: EU average is the average of EU countries presented in the chart. EU – TCN represents the entries of third-country nationals into EU countries for which standardised data are available, as a percentage of their total population.

Figure 4.8: OECD average refers to weighted average. For more information see *Statlink*

Figure 4.9: Averages factor in rates that cannot be published individually because sample sizes are too small. EU-28 refers to weighted average.

4.7. In most OECD countries, annual migration flows represent less than 1% of the population

Permanent migration flows to OECD countries, as a percentage of the total population, 2016

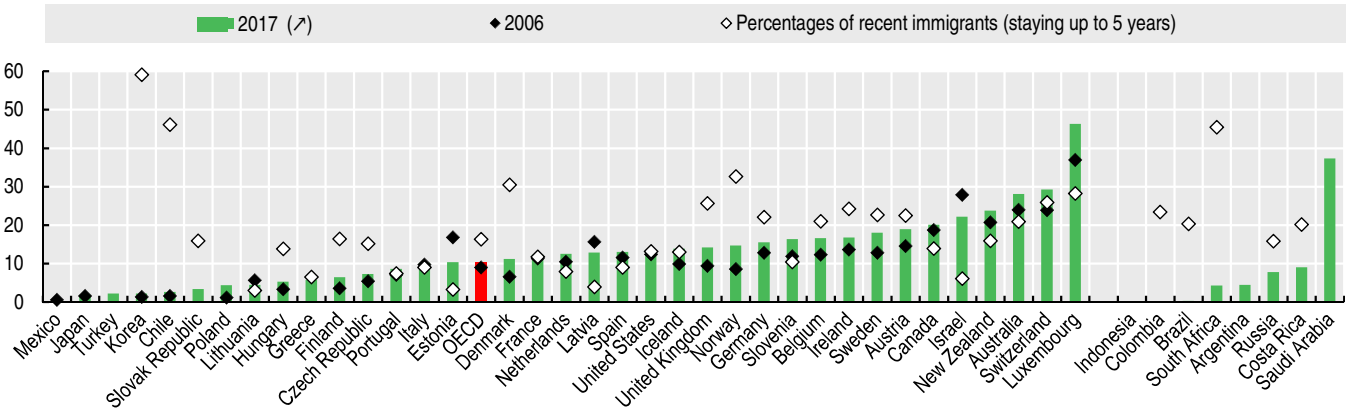


Source: OECD (2018), *International Migration Outlook 2018*, OECD Publishing, Paris, *https://doi.org/10.1787/migr_outlook-2018-en*.

StatLink http://dx.doi.org/10.1787/888933938572

4.8. One in ten of the OECD population is foreign-born

Foreign-born shares as percentage of total populations, 2006 and 2017 and percentages of recent immigrants, 15- to 64-year-olds, 2015-16

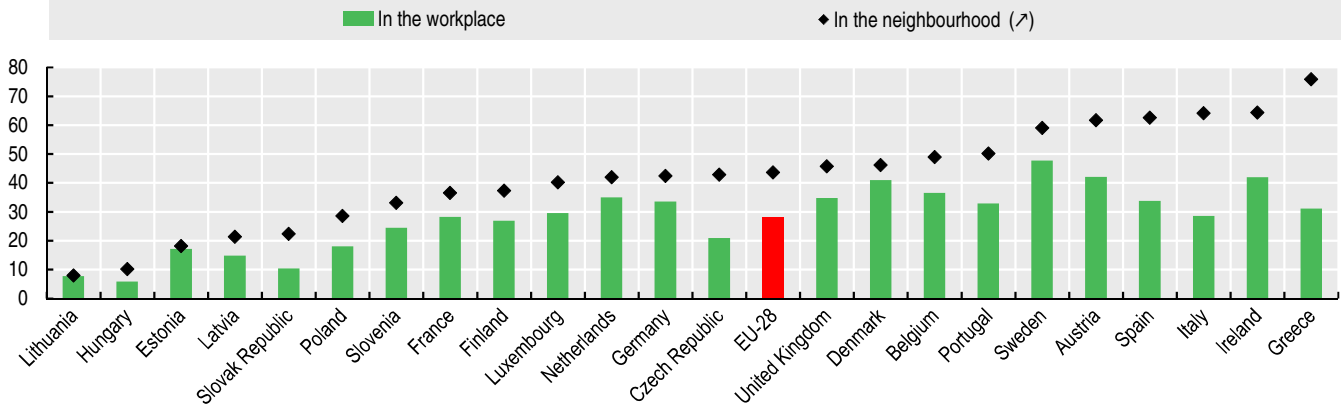


Source: OECD/EU (2018), *Settling In 2018: Indicators of Immigrant Integration*, OECD Publishing, Paris/EU, Brussels, *https://doi.org/10.1787/9789264307216-en*.

StatLink http://dx.doi.org/10.1787/888933938591

4.9. In the EU, interaction with immigrants happens more frequently in the neighbourhood than in the workplace

Percentages of the native-born who interact at least once a week with immigrants, 2018



Source: OECD/EU (2018), *Settling In 2018: Indicators of Immigrant Integration*, OECD Publishing, Paris/EU, Brussels, *https://doi.org/10.1787/9789264307216-en*.

StatLink http://dx.doi.org/10.1787/888933938610

Family

The living arrangements of children are important as they can influence their welfare and poverty rates. **Across OECD countries, most children live in households with two parents** (Figure 4.10). Rates vary across counties, from less than 70% in Latvia and the United States to as high as 90% in Turkey and Greece. Most remaining children live with a single parent, rather than without parents. With 28%, Latvia has the highest proportion of children living with a single parent. Rates are also high in Belgium, Lithuania, the United Kingdom and the United States, where around one in four children live with a single parent.

Among children living with two parents, the majority has married parents rather than cohabiting parents. In Greece, Germany, Italy, Lithuania, Luxembourg, the Slovak Republic, Spain, Switzerland and the United States, less than 10% of all children live with cohabiting parents. In Estonia, Iceland, Slovenia and Sweden, more than 25% of all children live with cohabiting parents. However, even in these countries, the most common arrangement by far is still "living with two married parents". Over the last decade, the share of children living with cohabiting couples has been increasing in most countries (OECD, 2018).

Across the OECD, the average age at which people get married has significantly increased (Figure 4.11). At the start of the 1990s, the average age at first marriage across OECD countries was 25 for women and 27 for men. By 2016, this average age has increased to 30 for women and to 32 for men. Despite common declining trends in increasing ages at first marriage, there remain notable differences between countries. The average age is very high in the Nordic countries. In Israel and Turkey, by contrast, the average age at first marriage is around 25 for women and less than 28 for men. The difference between countries points to a variety of transition paths towards the formation of long-term partnerships: cohabitation has become an important form of long-term partnership in, for example, the Nordic countries, where people are postponing and frequently replacing marriage as the partnership standard.

Higher ages of marriage are accompanied by declining marriage rates and stabilising divorce rates. In 2016, crude marriage rates were between 3.5 and 7 marriages per 1 000, with the OECD average standing at 4.8 (Figure 4.12). Rates are very low in Italy, Luxembourg, Portugal and Slovenia at 3.5 or fewer marriages per 1 000 people, while rates are at least twice as high in Lithuania, Turkey and the United States. Marriage rates are even higher in the Russian Federation (8.5 per 1 000) and China (9.6 per 1 000). In contrast, in 1990, most OECD countries had a marriage rate of five to eight marriages per 1 000 people. Only Sweden and Turkey experienced an increase in marriage rates between 1990 and 2016. Crude divorce rates also vary across countries, from as low as 0.1 divorces per 1 000 people in Chile to above 3 per 1 000 in Latvia, Lithuania and the United States in 2016. Between 1990 and 2014, the picture was mixed: the rates increased in 20 OECD countries but decreased in 16 others. Decline was most pronounced in the United States, from 4.8 divorces per 1 000 in 1992 to 3.2 in 2016, while increase was highest in Spain, from 0.6 divorces per 1 000 in 1990 to 2.1 in 2016.

In January 2019, marriage among persons of same sex was legalised in 20 OECD countries (Figure 1.8). Data on same-sex marriages/divorces are not yet available across all those countries. In France in 2018, 3% of weddings were among persons of same sex, being equally shared among female and male same-sex couples (INSEE, 2019).

Definition and measurement

The distribution of children (aged 0-17) is categorised according to the presence and marital status of parents in the household, as follows:

- Living with two parents, where the child lives primarily in a household with two adults that are reported as "parents" of the child. For European countries and a few non-European OECD countries, data allow for further disaggregation between those that live with two married parents and those that live with two cohabiting parents. For European countries, "married parents" in principle includes parents in registered partnerships, although actual practice may vary from country to country.
- Living with a single parent, where the child lives primarily in a household with only one adult that is reported as a "parent".
- Other, where the child lives primarily in a household where no adult is considered a parent.

The mean age at first marriage is defined as the mean average age in years of marrying persons at the time of first marriage. This measure is disaggregated by sex with separate averages for men and women.

The crude marriage rate is defined as the number of legal civil unions or marriages each year per 1 000 people. The crude divorce rate, defined as the number of marriages that are dissolved each year per 1 000 people.

Further reading

OECD (2018), *Family Database, http://oe.cd/fdb*.

INSEE (2019), Bilan Démographique 2018, Insee Première n° 1730, *www.insee.fr/fr/statistiques/3692693*.

Figure notes

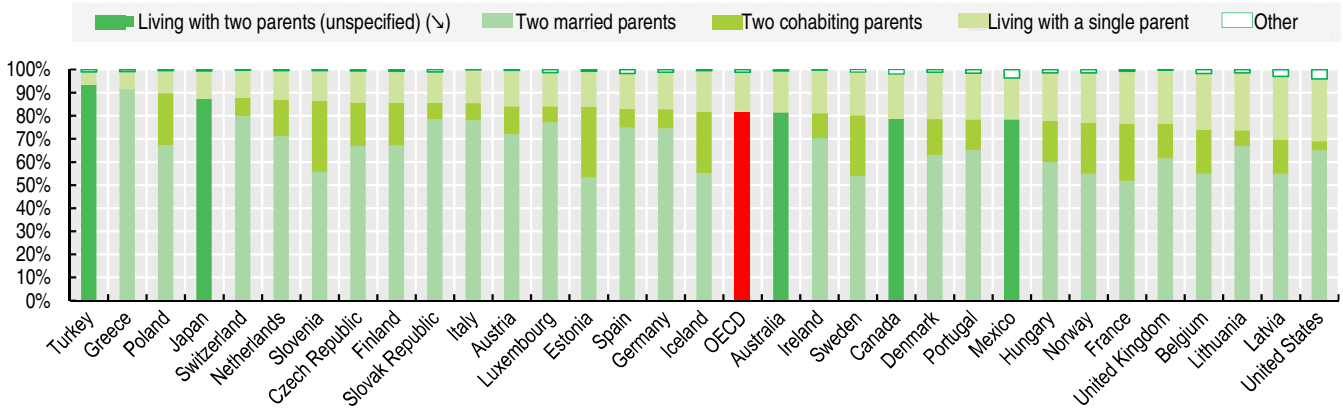
Figure 4.10: For Japan and Mexico, children aged 0-14. Data for Mexico refer to 2010, for Australia to 2012, for Japan and Turkey to 2015, and for Croatia, France, Germany, Iceland, Ireland, Luxembourg, Norway, Portugal, the Slovak Republic, Switzerland and the United Kingdom refer to 2016.

Figure 4.11: For 2016, data for Belgium refer to 2010, for Iceland and Malta to 2011, for Austria to 2012, for Mexico to 2014, and for Chile, France, Ireland, Israel, and the United Kingdom to 2015. Data for Mexico refer to all marriages rather than first marriages, and for Australia, New Zealand and the United States to median age at first marriage, rather than mean age at first marriage. Data for New Zealand include civil unions.

Figure 4.12: see Statlink for specific years.

4.10. Most children live in households with two parents

Percentage children (aged 0-17) by presence and marital status of parents in the household, 2017

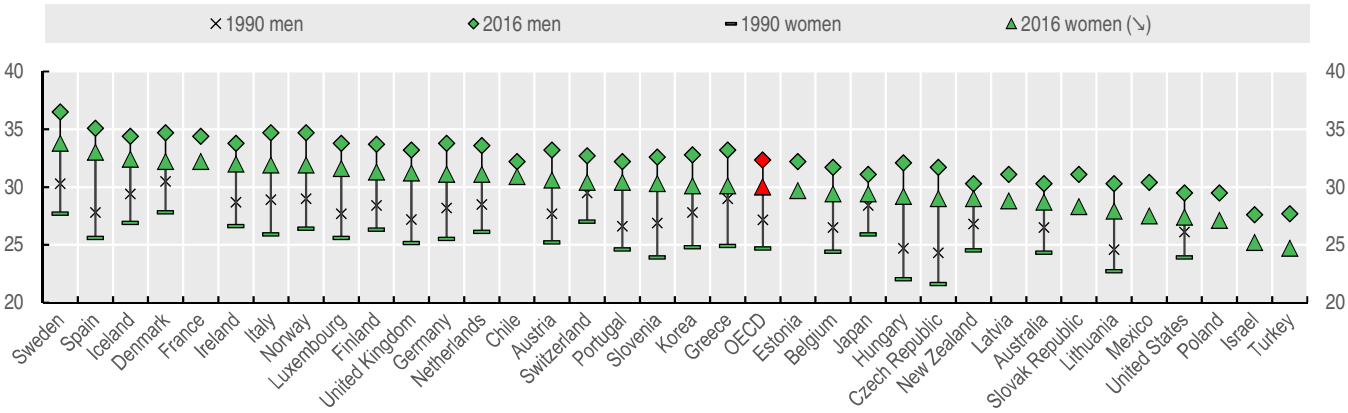


Source: OECD Family Database – Indicator SF2.1 – based from national statistical offices and Eurostat, *http://oe.cd/fdb.*

StatLink http://dx.doi.org/10.1787/888933938629

4.11. The mean age at first marriage for both women and men rose by 5 years since 1990

Mean age at first marriage, by gender, 1990 and 2016 (or nearest year)

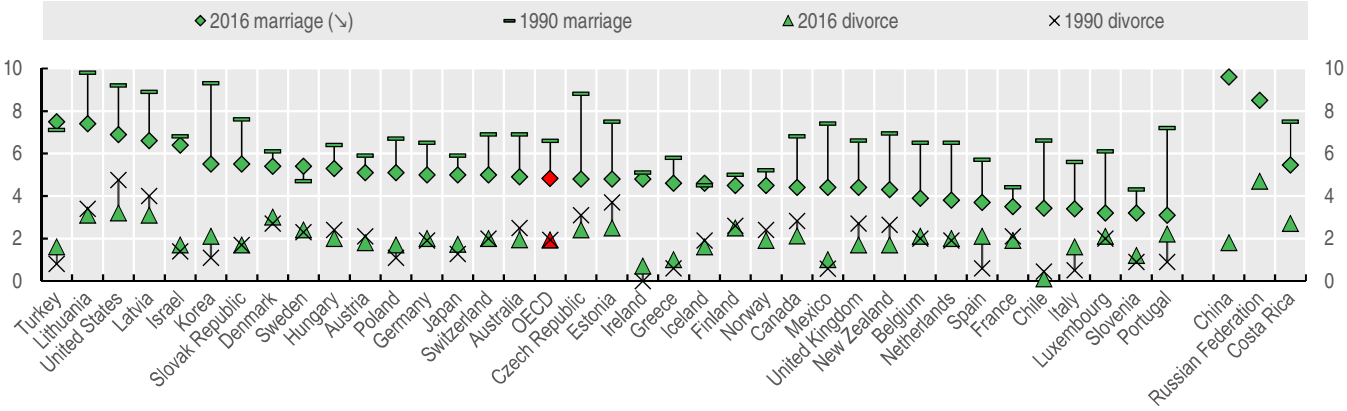


Source: OECD Family Database – Indicator SF3.1 – based from national statistical offices and Eurostat, *http://oe.cd/fdb.*

StatLink http://dx.doi.org/10.1787/888933938648

4.12. Marriage rates declined while divorce rates stabilised over the last decades

Crude marriage and divorce rates, per 1 000 people, 1990 and 2016 (or nearest year)



Source: OECD Family Database – Indicator SF3.1 – based from national statistical offices and Eurostat, *http://oe.cd/fdb.*

StatLink http://dx.doi.org/10.1787/888933938667

Demographic trends

Age-dependency ratios are a measure of the age structure of the population. They provide information about the demographic shifts that have characterised OECD countries in the past and that are expected in the future.

OECD populations became older and will continue to become older in the coming decades. In 2015, on average across OECD countries, there were 28 persons aged 65 and over for every 100 persons aged 20 to 64; up from 18 in 1970 (Figure 4.13). Cross-country differences are large, varying from less than 15% in Mexico and Turkey, to over 35% in Finland, Italy, Greece and Portugal and to over 45% in Japan. By 2060, the average ratio is projected to double in the OECD area (to 57%) and to quadruple in Korea. By 2060, the old-age dependency ratio will almost reach 80% in Korea and Japan while remaining below 45% in Israel, Mexico, Turkey and the United States. This increase will contribute to higher public spending in health, long-term care and pensions.

Conversely, the youth-dependency ratio declined between 1970 and 2015. In 2015, there were 38 persons aged below 20 for every 100 persons aged 20 to 64 on average across OECD countries, down from 70% in 1970 (Figure 4.14). In 2015, the youth-dependency ratio ranged between 30% in Germany and Korea and 65% or more in Israel and Mexico. In most OECD countries, this ratio will stop declining, reaching an average level of 39% in 2060, except in Chile, Israel, Mexico and Turkey. Lower youth dependency means lower public spending in education and towards families. But overall, the declines are not large enough to offset higher spending towards the elderly.

In emerging economies, old-age dependency ratios are in general lower than in OECD countries, particularly in India, Indonesia, Saudi Arabia and South Africa. By contrast, youth dependency ratios are higher.

Figure 4.15 also presents the past, current and future shares of youth aged 15 to 29 – those in age to enter the labour market – as a percentage of the total population. On average, the share declined from 22% in 1970 to 19% in 2015, with strongest declines in the "ageing" countries Japan, Finland, Italy and Spain. The average ratio is forecasted to decline even further to 16% of the total population by 2060, with the strongest declines in countries that will become considerably older in the next decades, like Chile, Mexico, Korea and Turkey.

Definition and measurement

Age-dependency ratios relate the number of individuals who are likely to be "dependent" on the support of others for their daily living – elderly or youths – to the number of those individuals who are capable of providing such support.

The old-age dependency ratio measures the number of individuals aged 65 and over as a percentage of the population aged 20 to 64. The youth dependency relates the number of individuals aged less than 20 to the population aged 20 to 64. An additional ratio is shown here: the share of youth aged 15-29 as a percentage of the total population.

Estimates prior to 2015 and projections for 2060 are drawn from the United Nations, World Population Prospects – 2017 Revision. Projections used here are based on the most recent "medium fertility variant" population projections, which for each country corresponds to the median of several thousand projected trajectories of each demographic component.

Further reading

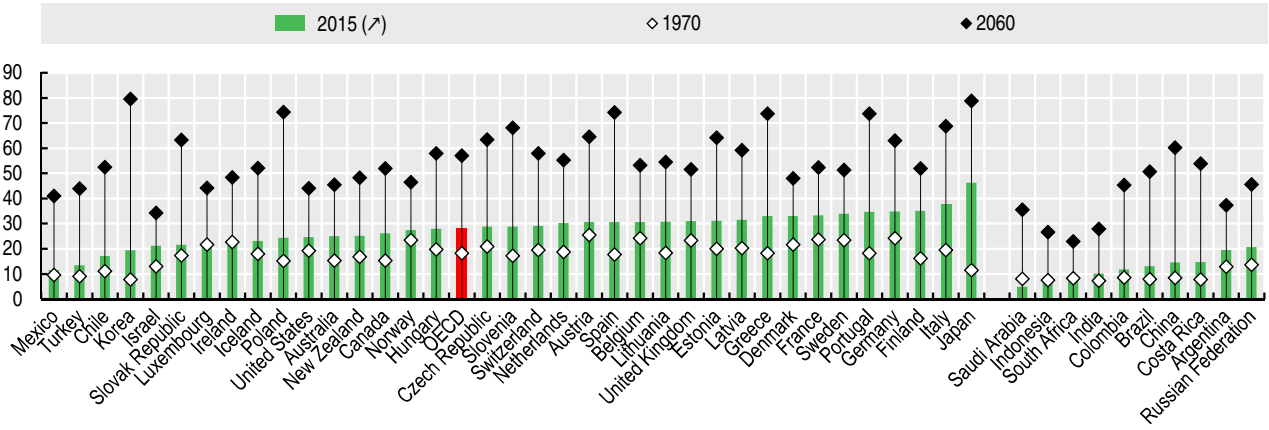
Boulhol, H. and C. Geppert (2018), The effect of population ageing on pensions, VOX, CEPR Policy Portal, *https://voxeu.org/article/effect-population-ageing-pensions*.

OECD (2017), *Pensions at a Glance 2017: OECD and G20 Indicators*, OECD Publishing, Paris, *http://dx.doi.org/10.1787/pension_glance-2017-en*.

United Nations (2017), World Population Prospects: 2017 Revision, Washington, DC, *http://esa.un.org/unpd/wpp*.

4.13. The old-age dependency ratio will double in the next 45 years

Number of people of retirement age (65+) per 100 people of working-age (20-64), in 1970, 2015 and 2060

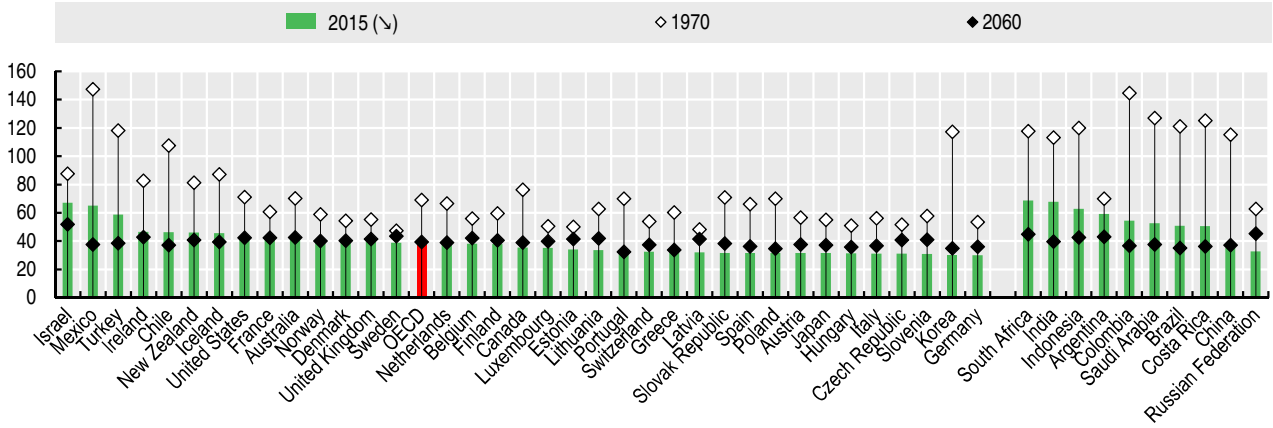


Source: Calculations from United Nations, World Populations Prospects: 2017 Revisions.

StatLink http://dx.doi.org/10.1787/888933938686

4.14. The strong decline in the youth dependency ratio has stopped

Number of young people (under 20) per 100 people of working-age (20-64), in 1970, 2015 and 2060

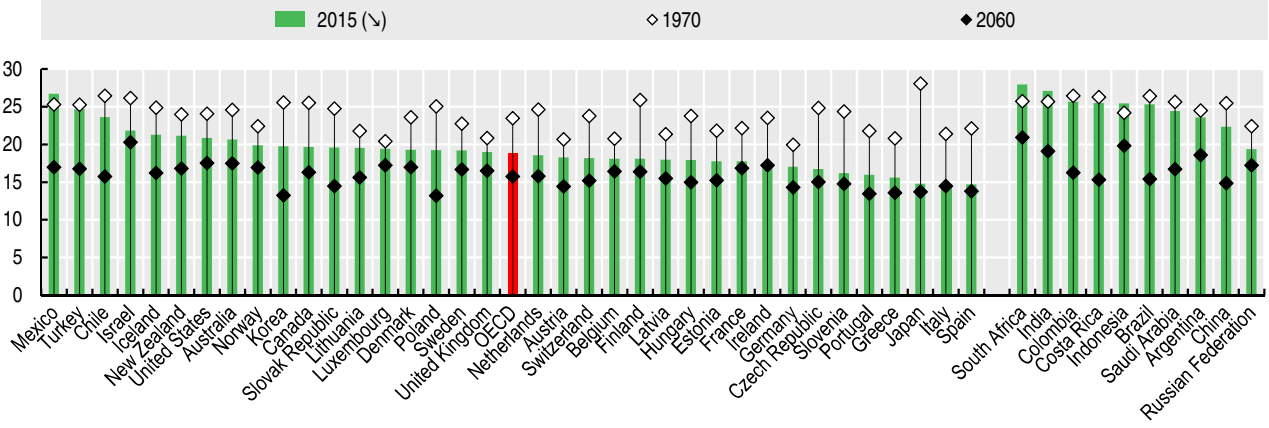


Source: Calculations from United Nations, World Populations Prospects: 2017 Revisions.

StatLink http://dx.doi.org/10.1787/888933938705

4.15. The share of youth in the total population declines in most countries

Number of young people (15-29) in total population, percentages, in 1970, 2015 and 2060



Source: Calculations from United Nations, World Populations Prospects: 2017 Revisions.

StatLink http://dx.doi.org/10.1787/888933938724

5. SELF-SUFFICIENCY INDICATORS

Employment

Unemployment

Skills

Education spending

Expected years in retirement

The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Employment

Employment is a key factor in self-sufficiency. **On average, seven-out-of-ten working-age adults in the OECD area are employed** (Figure 5.1). In Iceland and Switzerland, more than eight out of ten are employed, compared with five out of ten in Greece and Turkey. Employment levels are generally above OECD average in Nordic and Anglophone countries, and they are below OECD average in Mediterranean, South American and non-Member countries, except in China.

In every country, men are more likely in paid employment than women. The gender employment gap is smallest (under 5 percentage points) in several European Nordic countries, Latvia and Lithuania. The gap is largest in Mexico and Turkey (over 30 percentage points) and still relatively high in Chile and Korea (around 20 percentage points).

Labour market conditions generally continue to improve after the strong impact of the global economic crisis of 2008-09. In 2017, the OECD average employment rate was almost 2 percentage points above its pre-crisis level in 2007. Employment levels increased particularly in Hungary and Poland (around 10 percentage points within 10 years), but they are still below pre-crisis levels in countries strongly hit by the crisis (Greece, Ireland and Spain).

The incidence of non-standard forms of employment is not a marginal issue. **In 2017, 16% of all workers were self-employed across the OECD on average, and a further 13% of all dependent employees had a temporary employment contract** (Figure 5.2). Self-employment is the most prevalent form of non-standard work in Greece and Turkey. Temporary employment also represents more than 25% of dependent employment in Chile, Poland and Spain. Non-standard work can be a "stepping stone" to more stable employment, but many non-standard workers are worse off in many aspects of job quality, such as earnings, job security, social protection or access to training.

Digitalisation is reducing demand for routine and manual tasks while increasing demand for low- and high-skilled tasks and for problem-solving and interpersonal skills. **Recent results from the OECD's Survey of Adult Skills (PIAAC) reveal that 14% of jobs have a high risk of automation on average in the OECD** (Figure 5.3). Risks vary across countries, ranging from 34% in Slovak Republic Slovak to 6% in Norway. A further 32% of jobs have a low risk of complete automation but an important share of automatable tasks. These jobs will not be substituted entirely, but a large share of their tasks may, radically transforming how these jobs are carried out.

Definition and measurement

A person is employed if working for pay, profit or family gain for at least one hour per week, even if temporarily absent from work because of illness, holidays or industrial disputes. The data from labour force surveys of OECD countries rely on this work

Definition and measurement (cont.)

definition during a survey reference week. The basic indicator for employment is the proportion of the population aged 15-64 who are employed.

Temporary employees are wage and salary workers whose job has a pre-determined termination date as opposed to permanent employees whose job is of unlimited duration. To be included in the group of temporary employees are: i) persons with a seasonal job; ii) persons engaged by an employment agency or business and hired out to a third party for carrying out a "work mission"; and iii) persons with specific training contracts (including apprentices, trainees, research assistants, probationary period of a contract, etc.).

Self-employment jobs are those jobs where the remuneration is directly dependent upon the profits (or the potential for profits) derived from the goods or services produced (where own consumption is considered to be part of the profits). Self-employment jobs include employers, own-account workers, members of producer cooperatives and contributing family workers.

National definitions broadly conform to this generic definition, but may vary depending on national circumstances. For more information, see *www.oecd.org/employment/database*.

Jobs are at high risk of automation if the likelihood of their job being automated is at least 70%. Jobs at risk of significant change are those with the likelihood of their job being automated estimated at 50-70%.

Further reading

OECD (2018), *OECD Employment Outlook 2018*, OECD Publishing, Paris, *http://dx.doi.org/10.1787/empl_outlook-2018-en*.

OECD (2018), *The Future of Social Protection: What works for non-standard workers?*, OECD Publishing, Paris, *www.oecd.org/employment/future-of-work*.

OECD (2018), "Putting faces to the jobs at risk of automation", Policy Brief on the Future of Work, OECD Publishing, Paris, *www.oecd.org/employment/future-of-work*.

Figure notes

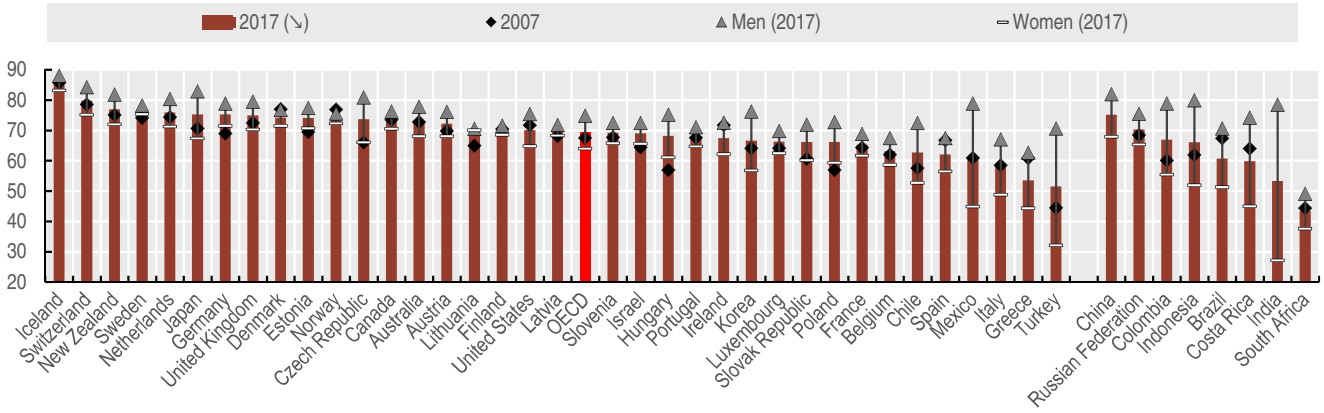
Figure 5.1: data refers to 2010 for China, 2012 for India.

Figure 5.2: no data on self-employment for Estonia, Iceland, Luxembourg and the Russian Federation; no data on temporary employment for Brazil, Israel, Mexico, New Zealand and the United States.

Figure 5.3: data for Belgium correspond to Flanders and data for the United Kingdom to England and Northern Ireland. OECD refers to a weighted average.

5.1. Employment rates are generally above pre-crisis levels

Employment rate, percentage of the working-age population (aged 15-64), by gender, 2007 and 2017

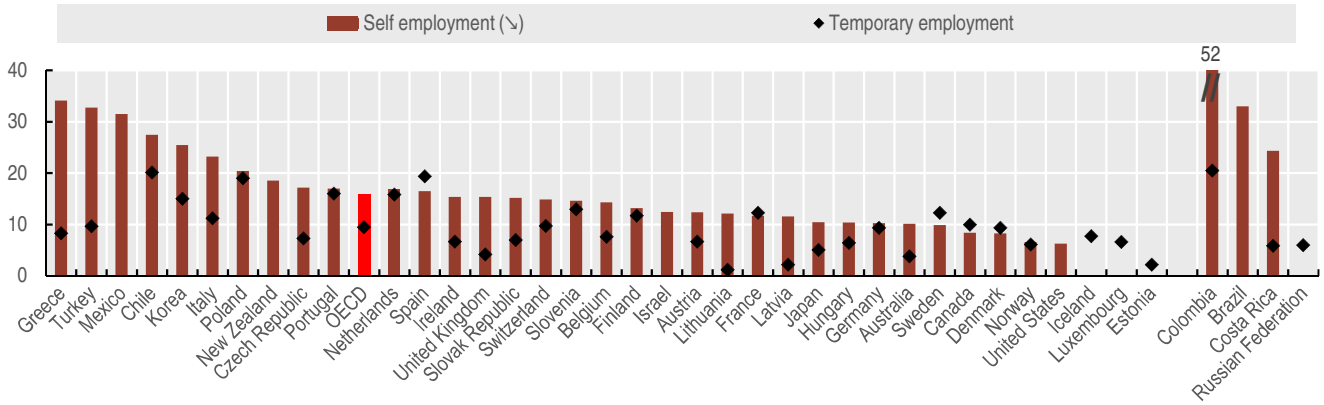


Source: OECD Employment Database, www.oecd.org/employment/database.

StatLink http://dx.doi.org/10.1787/888933938743

5.2. The share of non-standard workers is high in some countries

Self-employed workers as a percentage of all workers, and workers in temporary employment as a percentage of dependent employees, 2017 or nearest year available

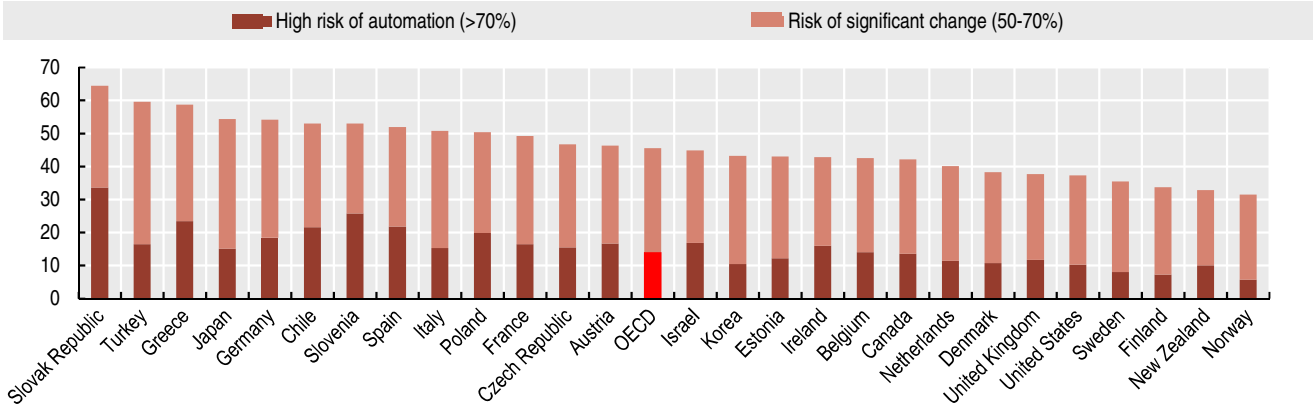


Source: OECD Employment Database, www.oecd.org/employment/database.

StatLink http://dx.doi.org/10.1787/888933938762

5.3. One-third to two-thirds of jobs are at risk of automation or significant change

Percentage of jobs at risk by degree of risk of automation



Source: OECD calculations based on the Survey of Adult Skills (PIAAC) (2012); and Nedelkoska, L. and G. Quintini (2018), "Automation, Skill Use and Training", OECD Social, Employment and Migration Working Paper No. 202.

StatLink http://dx.doi.org/10.1787/888933938781

Unemployment

In addition to putting a strain on household and public finances, unemployment can have a demoralising effect on individuals and diminish their career prospects. The great recession of 2008-09 led to record unemployment rates across the OECD. Even if unemployment rates are below (or close to) pre-crisis levels in many countries, **still on average 7% of the active working-age population was unemployed in 2017 across the OECD** (Figure 5.4).

Countries present a diverse picture. The Czech Republic, Iceland and Japan exhibit rates as low as 3%, while many countries including the United States, the United Kingdom and Germany, cluster around 4%. On the other hand, unemployment is still strikingly high in the Southern European countries hit hardest by the crisis, such as Greece (22%), Spain (17%) and Portugal and Italy (11%) as well as in Brazil (13%) and South Africa (27%). Some countries have seen impressive falls in unemployment in the last decade, particularly Germany and Israel, where the unemployment rate more than halved. The fall has also been also substantial in the Czech Republic, Hungary, Poland and Indonesia.

Gender unemployment gap is low (under 3 percentage points difference) in most countries, but women are more likely to be on unemployment than men (above 3 percentage points difference) in Greece, Spain and Turkey and in key partner countries Brazil, Costa Rica and South Africa.

Unemployment as well as inactivity also hits the young people. **The share of 15-29-year olds who were neither employed, nor in education or training in 2017 reached 13.4% on average across OECD countries** (Figure 5.5). A breakdown of NEETs into those actively seeking a job (unemployed NEETs) and those who are not (inactive NEETs) shows that in most countries the majority of NEETs are not looking for work. Lower skills make young people particularly vulnerable to unemployment and inactivity, as young people with no more than lower-secondary education are three times more likely to be NEET than those with a university-level degree.

A broader measure of labour market slack is the so-called broad labour underutilisation, which enables to quantify the degree to which available labour resources are either not utilised (i.e. joblessness) or underutilised such as people who wish to and are available to work more hours than they usually do and are working part-time (i.e. underemployment). **On average across OECD countries, more than one in four persons (26%) of working-age is "underutilised"** (Figure 5.6). The share is lowest in Iceland at 12% and is highest in Greece, Italy and Turkey at above 40%. Compared to 2007, 2017 rates are 4% points higher in Ireland and Italy, 7% points higher in Spain and as much as 11% points in Greece in 2017. On the other hand, rates particularly decreased during the same period in the Czech Republic (-6%), Poland (-7%), Germany and Turkey (-8%) and Hungary and Israel (-10%).

Definition and measurement

The unemployment rate is the ratio of people not working, actively seeking and available to take a job to the population of working age either in work or unemployed (aged 15 to 64). The data are gathered through labour force surveys of member countries. According to the standardised ILO definition used in these surveys, the unemployed are those who did not work for at least one hour in the reference week of the survey, but who are currently available for work and who have taken specific steps to seek employment in the four weeks including the survey reference week. Thus, for example, people who cannot work because of physical impairment, or who are not actively seeking a job because they have little hope of finding work are not considered as unemployed. The unemployment rates are also presented by gender.

The so-called NEET population refers to youth population (aged 15 to 29) who is neither in employment nor in education or training. NEET rates are presented here by status of joblessness: unemployed or inactive. Data refer to OECD estimates based on national labour force surveys.

Broad labour underutilisation is a broader measure of joblessness and underemployment adding up inactive and unemployed people as well as involuntary part-timers aged 15-64 expressed as a share of population aged 15-64. Youth (15-29) in education and not in employment are excluded from the numerator and the denominator.

For more information, see *www.oecd.org/employment/database*.

Further reading

OECD (2018), *OECD Employment Outlook 2018*, OECD Publishing, Paris, *http://dx.doi.org/10.1787/empl_outlook-2018-en*.

OECD (2018), *Good Jobs for All in a Changing World of Work: The OECD Jobs Strategy*, OECD Publishing, Paris, *https://doi.org/10.1787/9789264308817-en*.

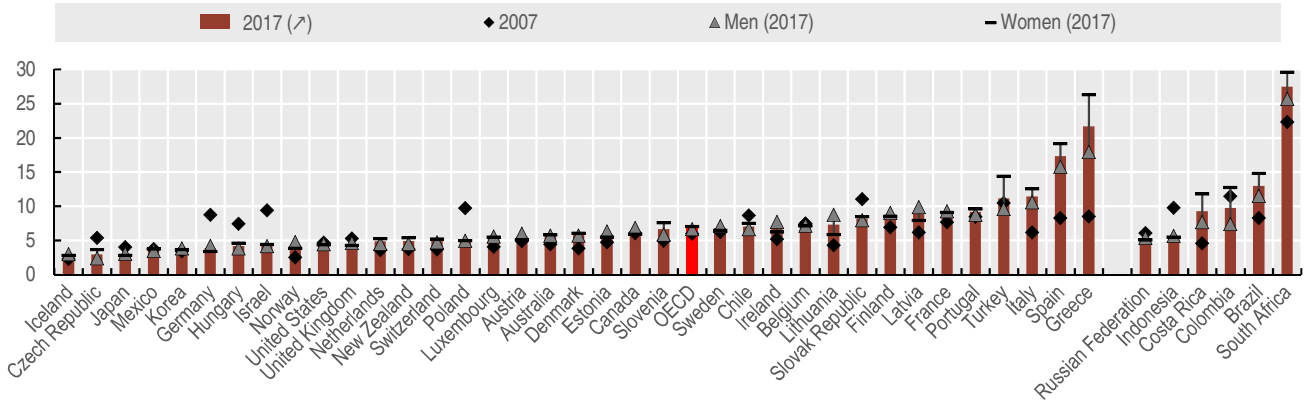
OECD, Investing in Youth Reviews, *www.oecd.org/social/action-plan-youth.htm*.

Figure notes

Figure 5.5: 2017 refers to 2016 for the United States, 2015 for South Africa and 2014 for Japan; 2007 refers for 2006 for Chile; 2007 data are missing for Colombia, Costa Rica, Russian Federation and South Africa.

5.4. Unemployment rates are below, or close to, pre-crisis levels in many countries

Unemployment rate, percentage of the labour force (aged 15-64), by gender, 2007 and 2017

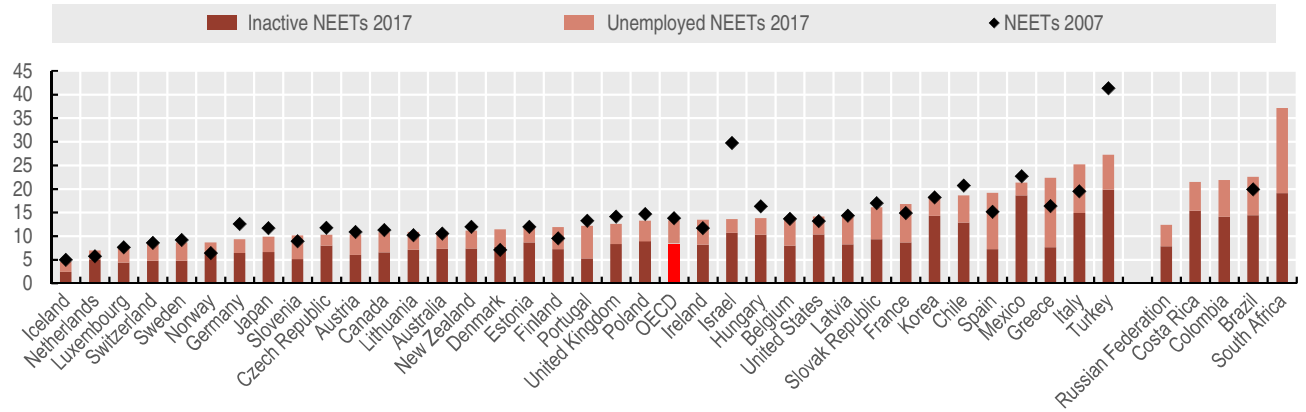


Source: OECD Employment Database, *www.oecd.org/employment/database.*

StatLink http://dx.doi.org/10.1787/888933938800

5.5. More than one in seven young people are not employed nor in education or training

Share of NEETs in percentage of 15-29s, by status of joblessness in 2007 and 2017

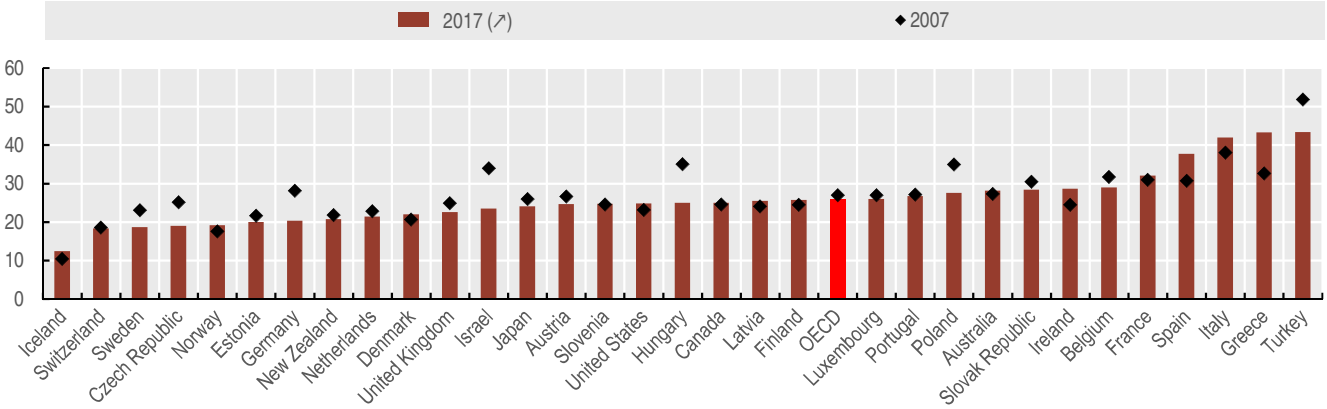


Source: Calculations based on national labour force surveys and the *OECD Education database, www.oecd.org/education/database.htm.*

StatLink http://dx.doi.org/10.1787/888933938819

5.6. More than one-fourth of the workforce is "underutilised"

Share of inactive, unemployed or involuntary part-timers (15-64) in population (%), excluding youth (15-29) in education and not in employment, in 2007 and 2017



Source: OECD Employment Database, *www.oecd.org/employment/database.*

StatLink http://dx.doi.org/10.1787/888933938838

Skills

Globalisation, technological progress and demographic changes are having a profound impact on the world of work. These mega-trends are affecting the number and quality of jobs that are available, how they are carried out and the skills that workers will need in the future to succeed in an increasingly competitive landscape.

On average across the OECD countries analysed by the Skills for Jobs database, more than five-out-of-ten jobs that are hard-to-fill (i.e. in shortage) are found in high-skilled occupations (Figure 5.7). These jobs range from managerial positions to highly skilled professionals in the health care, teaching or ICT sectors. A relatively large share of occupational shortage (approximately 39% of total jobs that are hard-to-fill across the OECD) is also found in medium-skilled occupations, such as personal service workers or electrical and electronic trades workers. Fewer than one out of ten jobs in shortage across the OECD are found, instead, in low-skilled occupations. The intensity of occupational shortages, however, varies significantly across countries both within the OECD and in developing countries. In Finland, more than nine out of ten jobs in shortage are of the high-skilled type. In Mexico and Chile, the demand for highly skilled professionals is significantly lower, with less than two out of ten jobs in shortage being "high-skilled" and the majority of jobs in shortage being found, instead, in medium to low-skilled occupations.

Emerging mega trends are increasingly reshaping the demand for specific types of skills. **On average across OECD countries and during the period between 2004 and 2014, the shortage of high-level cognitive skills has increased, while the demand for physical abilities and routine skills has decreased relative to the supply** (Figure 5.8). For instance, cognitive abilities related to reading, understanding and processing information and ideas (e.g. written comprehension or expression) or others related to the ability of applying general rules to specific problems (e.g. deductive reasoning) are among the several cognitive dimensions for which shortages increased between 2004 and 2014. Physical abilities such as Trunk Strength, Stamina or Arm-hand steadiness (typically used in many occupations that are nowadays at risk of being automated by more precise machines) have seen the sharpest declines in demand in the last decade.

The misallocation of talent in the labour market leads to qualification mismatch, i.e. workers are under- or overqualified for their job. **On average across the OECD, approximately 36% of workers are mismatched by qualifications with shares of under and over-qualified workers being roughly the same, 19% and 17% respectively** (Figure 5.9). The prevalence of both types of mismatch speaks to both an insufficient supply of talent (causing under-qualification to emerge in some parts of the labour market) as well as to weak skill demand (commanding the emergence of over-qualification). The magnitude of qualification mismatch changes substantially from one country to the other. On the one hand, approximately one in two workers in Mexico and Chile are mismatched by qualifications, with large shares of workers being over-qualified. On the other hand, less than two in ten workers are mismatched by qualifications in the Czech Republic and only 8% of these are over-qualified in their jobs.

Definition and measurement

The OECD Skills for Jobs database (*www.oecdskillsforjobsdatabase.org*) defines skills as either hard-to-find (in shortage) or easy-to-find (in surplus). The indicators measuring these imbalances in the labour market (both shortages and surpluses) are constructed following a two-step approach that delivers two different, though related, sets of information on:

- Skills shortages and surpluses – measuring the extent by which each skill dimension is (or not) hard to find in the labour market.
- Occupational imbalances – measuring the extent by which jobs in each occupational group are hard or easy to fill for firms in the current labour market.

The Occupational shortage indicator is a composite indicator that ranks occupations in shortage or in surplus within each country based on the analysis of five sub-components: wage growth, employment growth, hours worked growth, unemployment rate, change in under-qualification.

Information on skill requirements in each occupation are extracted from the O*NET database which provides categorical data about the skills required to perform the tasks of more than 800 different occupations.

Further reading

OECD (2018), Skills for Jobs, *www.oecd.org/employment/skills-and-work.htm*.

OECD (2017), *Getting Skills Right: Skills for Jobs Indicators*, OECD Publishing, Paris, *http://dx.doi.org/10.1787/9789264277878-en*.

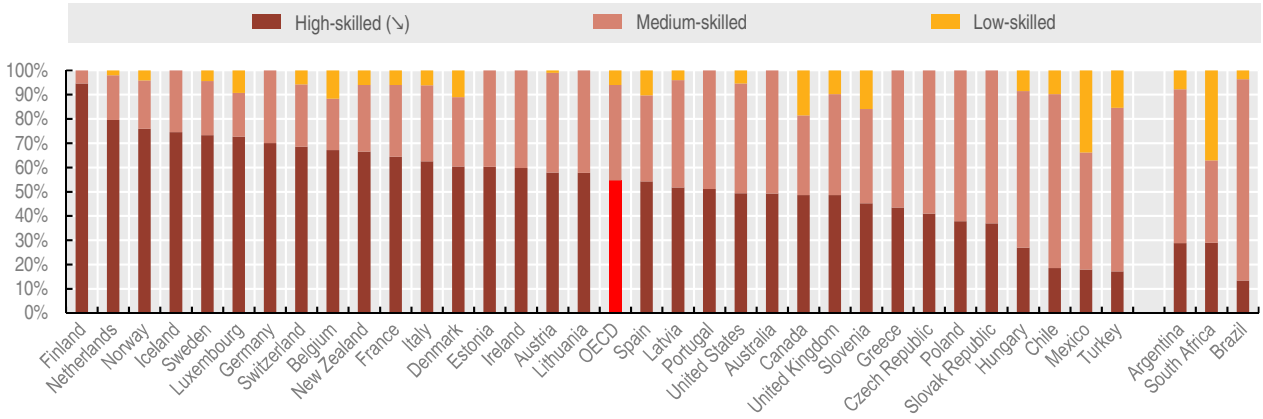
Figure notes

Figure 5.7: High, medium and low skilled occupations are ISCO occupational groups 1 to 3, 4 to 8 and 9 respectively.

Figure 5.8: Results are presented on a scale where the maximum value reflects the strongest shortage observed across OECD (31) countries and skills dimensions.

5.7. More than five-out-of-ten jobs in shortage are found in high-skilled occupations

Percentage of employment in shortage, by skill level, 2015 or closest year available

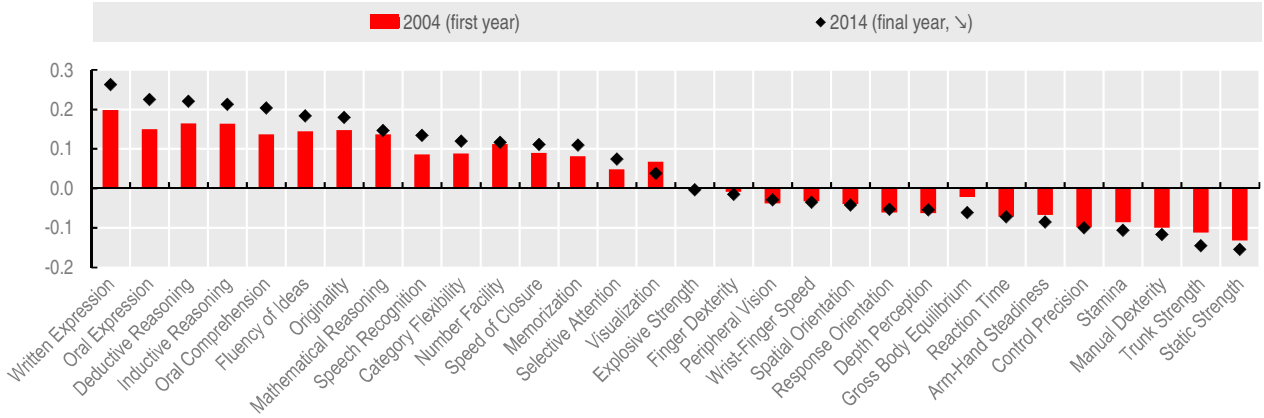


Source: Calculations based on the *OECD Skills for Jobs database* (2018), *www.oecd.org/employment/skills-and-work.htm*.

StatLink http://dx.doi.org/10.1787/888933938857

5.8. Increasing shortages of high-level cognitive skills as well as increasing surpluses of routine skills and physical abilities

Skill shortages (+) and surpluses (-), OECD average, in 2004 and 2014 or closest year available

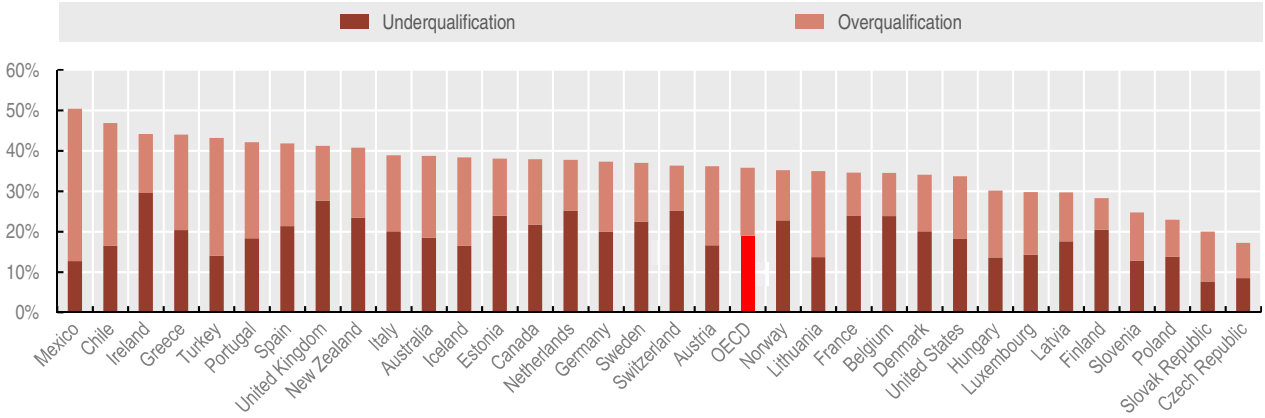


Source: Calculations based on the *OECD Skills for Jobs database* (2018), *www.oecd.org/employment/skills-and-work.htm*.

StatLink http://dx.doi.org/10.1787/888933938876

5.9. Almost four-out-of-ten workers are either under-qualified or over-qualified

Percentage of workers who are either under-qualified or over-qualified, 2015 or closest year available



Source: Calculations based on the *OECD Skills for Jobs database* (2018), *www.oecd.org/employment/skills-and-work.htm*.

StatLink http://dx.doi.org/10.1787/888933938895

Education spending

Annual expenditure per student on educational institutions provides an assessment of the investment made in each student. **On average, OECD countries spent USD 10 400 per student from primary through tertiary education in 2015** (Figure 5.10). Spending was highest in Luxembourg with USD 22 400 per child, followed by the United States, Norway and Austria. On the opposite end, spending was below USD 5 000 in Mexico and Turkey. Non-Members Brazil and the Russian Federation had education spending slightly higher than the low-spending OECD countries at around USD 5 000. Spending was also relatively low (between USD 6 000 and 9 000) in several Eastern European countries.

The corresponding share of national income is substantial: in 2015 OECD countries spent on average 5% of their GDP on educational institutions from primary to tertiary levels, ranging from 3.5% in Ireland to 6.4% in Norway.

Between 2010 and 2015, total expenditure on educational institutions from primary to tertiary levels as a share of GDP decreased by 4% across OECD countries, mainly due to slower increase in public expenditure on educational institutions compared with GDP (Figure 5.11). Spending decreased in 20 out of 28 countries for which data are available. Estonia, Ireland (mainly due a revision of its 2015 GDP), Lithuania and Slovenia had the largest negative change, while the Slovak Republic had the largest positive change mainly driven by a substantial increase in both public and private investment in tertiary education. Looking closer by level of education, average spending remained rather stable at tertiary level while it decreased at non-tertiary levels by a little over 6%.

On average across OECD countries, less investment is put in early education as compared with later years, ranging from around USD 8 500 spending per child in early childhood and primary levels to almost twice as much at the "Bachelor's, master's or doctoral" tertiary level (Figure 5.12). These averages mask a broad range of variation across countries. In early childhood education, spending per child ranges from USD 2 700 in Mexico to almost eight times more in Luxembourg at USD 20 500. Even so, investment in early education has been shown to improve equity. Targeting more resources to early childhood education, and in particular to disadvantaged children, is a major recommendation of the OECD's Framework for Policy Action for Inclusive Growth, and a way to reduce inequalities.

Investing in vocational education is an important way to smoothen school-to-work transitions, particularly for vulnerable youth. On average, countries spend almost USD 2 000 per student more on vocational programmes than on general programmes at upper secondary education. The gap is larger in countries with large enrolments in dual-system apprenticeship programmes, such as Austria, Germany and the Netherlands. At the same time, Australia, Norway, Slovenia and the United Kingdom spend less per student on vocational education than on general upper-secondary programmes.

Definition and measurement

Data on education spending per child is calculated using total annual spending from primary to tertiary education (including research and development activities) divided by the corresponding full-time equivalent enrolment. Figures are for public and private spending combined, and are reported in US dollars based on purchasing power parities for GDP from 2015.

The trends in expenditure on educational institutions in percentage of GDP also refer to the spending originating in, or generated by, the public and private sectors.

Levels of education are based on the International Standard Classification of Education (ISCED 2011), which distinguishes six levels of education, classified here into four groups: early childhood (ISCED-0), primary (ISCED-1), lower secondary (ISCED-2), upper secondary (ISCED-3),post-secondary non-tertiary (ISCED-4), short cycle tertiary (ISCED-5), and Bachelor, Master or Doctoral or equivalent (ISCED 6-7-8).

Further reading

OECD (2018), *Education at a Glance 2018: OECD Indicators*, OECD Publishing, Paris, *http://doi.org/10.1787/eag-2018-en*.

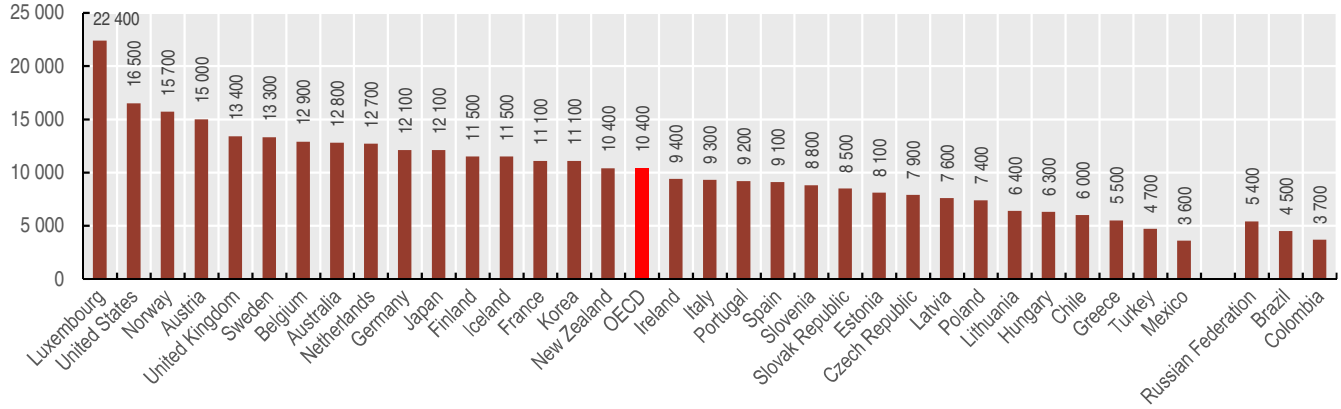
OECD Child Well Being portal, *http://oe.cd/child-well-being*.

Figure notes

Figure 5.10 and Figure 5.11: Data refer to 2016 for Chile and Colombia. In Canada, primary education includes data from pre-primary and lower secondary education.

5.10. Variation in per student education spending across the OECD

Annual expenditure on educational institutions per full-time equivalent student from primary to tertiary education, in equivalent USD converted using PPPs for GDP, in 2015

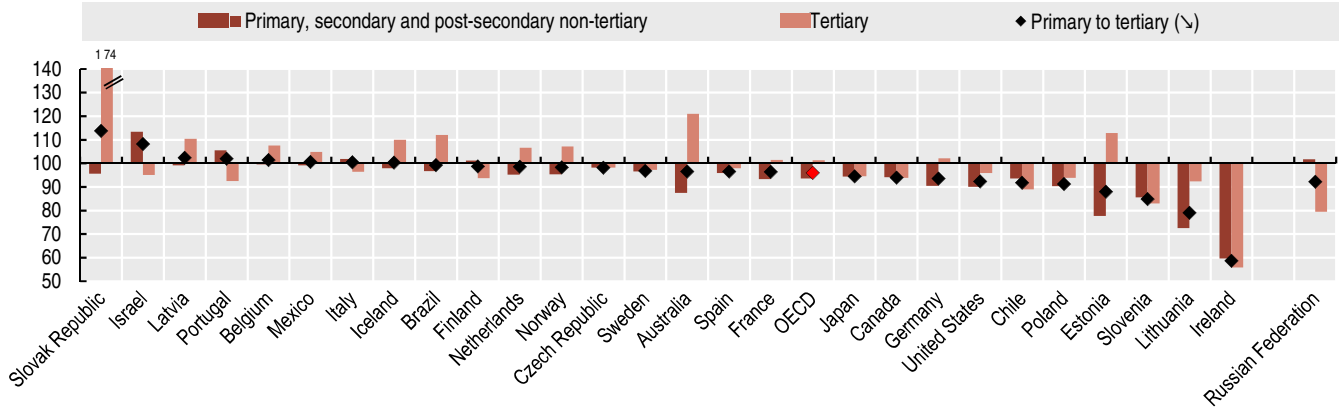


Source: OECD (2018), *Education at a Glance 2018* – Indicator C1 – *http://dx.doi.org/10.1787/eag-2018-en.*

StatLink http://dx.doi.org/10.1787/888933938914

5.11. Decline in total education spending in percentage of GDP between 2010 and 2015

Changes in total expenditure on educational institutions as a percentage of GDP in 2015, by level of education, Index 100 in 2010

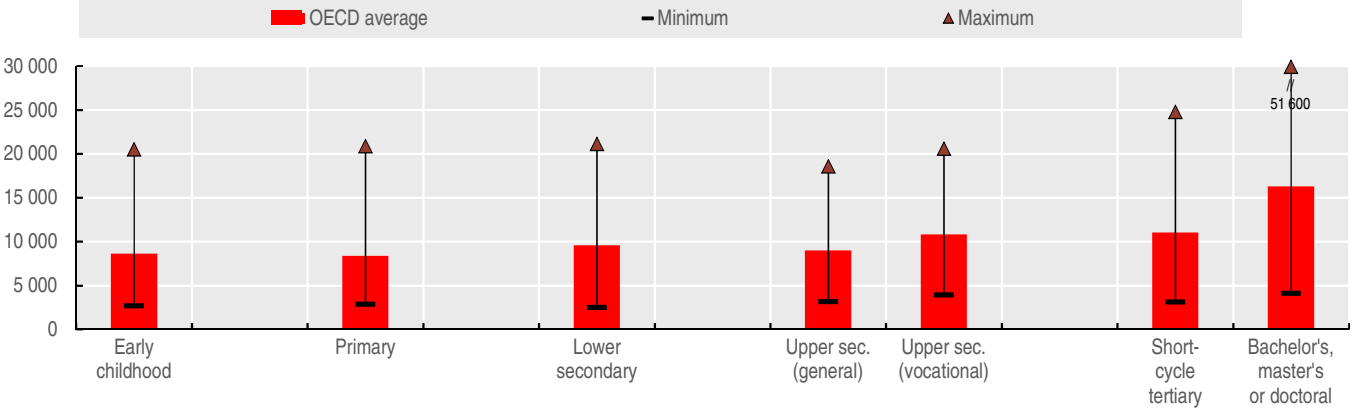


Source: OECD (2018), *Education at a Glance 2018* – Indicator C2 – *http://dx.doi.org/10.1787/eag-2018-en.*

StatLink http://dx.doi.org/10.1787/888933938933

5.12. Spending per child tends to increase with the level of education

Total expenditure on educational institutions per full-time equivalent student per level of education, in equivalent USD converted using PPPs for GDP, in 2015



Source: OECD (2018), *Education at a Glance 2018* – Indicator C1 and B2.3 – *http://dx.doi.org/10.1787/eag-2018-en.*

StatLink http://dx.doi.org/10.1787/888933938952

Expected years in retirement

The indicator of expected years in retirement illustrates the average years of remaining life expectancy from the age of labour market exit. The indicator demonstrates how pension systems interact with labour market exit and reveals the financial pressures on the pension system in the context of an ageing population.

Men and women can expect to spend respectively 17.8 and 22.5 years in retirement on average (Figure 5.13). The most recent calculations of expected years in retirement exceed 20 years for men in Austria, Belgium, France, Greece, Italy, Luxembourg and Spain (Figure 5.13, Panel A). The duration exceeds 25 years for women in Austria, Belgium, France, Greece, Italy, Luxembourg, Slovenia and Spain (Figure 5.13, Panel B). The number of expected years in retirement was notably low for men in Korea and Mexico – less than 14 years – and for women in Korea, Mexico and Turkey – under 20 years.

Women can expect to spend, on average, almost five years longer in retirement than men. In most Eastern European and South American countries, as well as in Portugal, the gender gap was at least six years. Longer periods in retirement expose women to old age poverty, in particularly in those countries where price indexation of pension payment magnifies the gender pay gap.

The expected years in retirement for women in emerging countries varies from 25 years in Costa Rica to 18 years in South Africa. The variation is less for men, who can expect 13 to 15 years in retirement. While the effective age of labour force exit in Costa Rica was more than nine years lower for women than for men, the difference in South Africa was only one to two years.

The average expected number of years in retirement across OECD countries has increased over time**. In 1970, men in OECD countries spent, on average, ten years in retirement and by 2017, this average increased to 18 years** (Figure 5.14, Panel A). The increase in the expected years in retirement was similar for women; increasing from 14 years on average in 1970 to 22 years in 2017 (Figure 5.14, Panel B).

The increase in the expected years in retirement from 1970 to 2017 is due to both a drop in the effective exit age from the labour force and increased longevity. The effective age of labour force exit decreased gradually from 1970 to the late 1990s for both men and women. After a few relatively stable years, the average effective exit age started to increase slowly from the early 2000s. It increased by two years for both men and women between the mid-2000s and 2017.

Life expectancy at the effective exit age from the labour force increased substantially during this period, particularly for women, and over the last two decades for men as well. In the last few years, this increase in life expectancy at the effective exit age has been fairly equal to that of the effective exit age from the labour market, and potential years in retirement have stabilised.

Definition and measurement

Expected years in retirement is a calculation of remaining life expectancy from the time of effective age of labour force exit for men and women.

The average effective age of labour force exit is calculated as a weighted average of (net) withdrawals from the labour market at different ages over a five-year period for workers initially aged 40 and over. In order to abstract from compositional effects in the age structure of the population, labour force withdrawals are estimated based on changes in labour force participation rates rather than labour force levels. These changes are calculated for each (synthetic) cohort divided into five-year age groups. For more discussion see OECD (2017).

Estimates of the number of years of additional life are calculated based from the UN World Population Prospects, the 2017 revision dataset.

Further reading

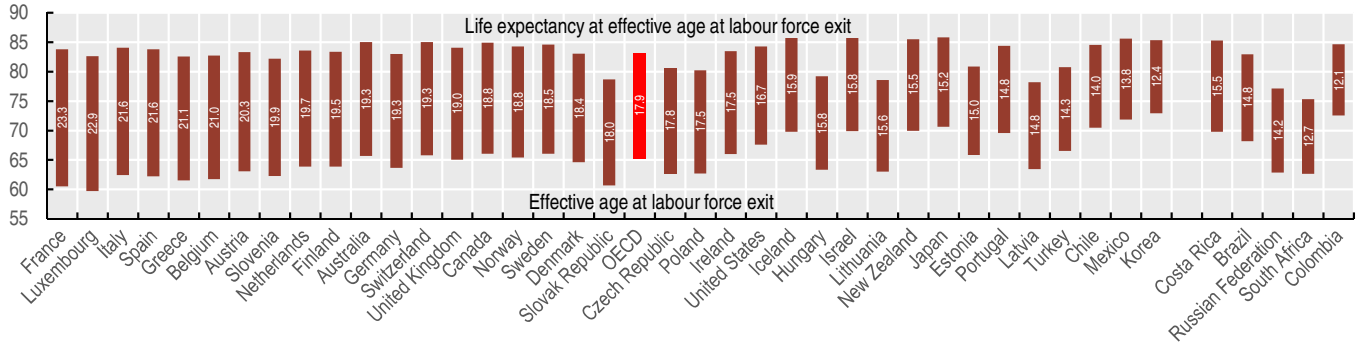
OECD (2017), *Pensions at a Glance 2017: OECD and G20 Indicators*, OECD Publishing, Paris, *https://doi.org/10.1787/pension_glance-2017-en*.

Figure notes

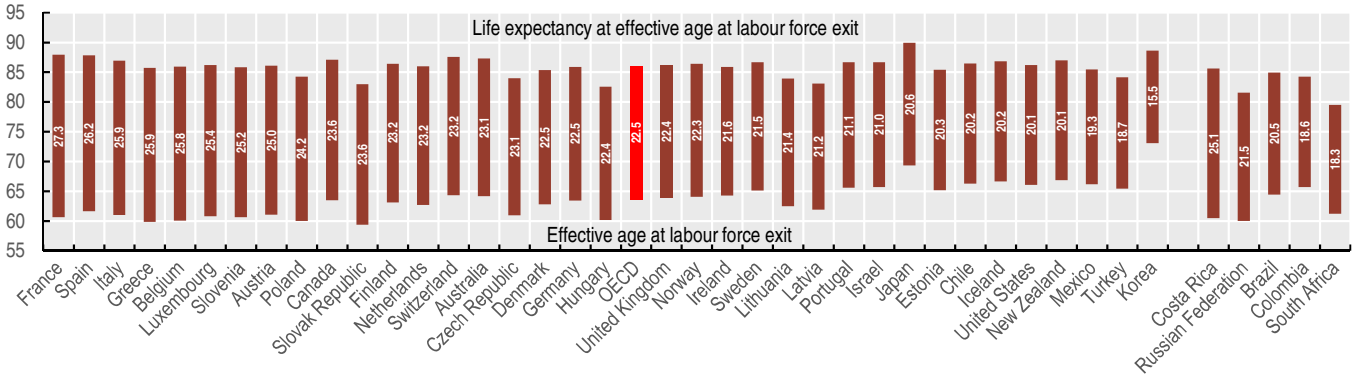
Figure 5.14: OECD refers to an unweighted average of 36 OECD countries; 1970-95 data are trended from 28 countries, as information for Czech Republic, Iceland, Israel, Latvia, Lithuania, Mexico, Slovak Republic and Slovenia is not available from 1970.

5.13. Women spend almost five more years in retirement than men

Panel A. Expected years in retirement for men in 2017



Panel B. Expected years in retirement for women in 2017



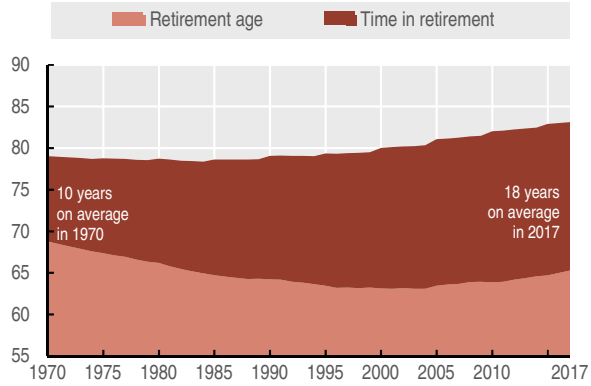
Source: OECD (2017), *Pensions at a Glance 2017*, OECD Publishing, Paris, *https://doi.org/10.1787/pension_glance-2017-en*.

StatLink http://dx.doi.org/10.1787/888933938971

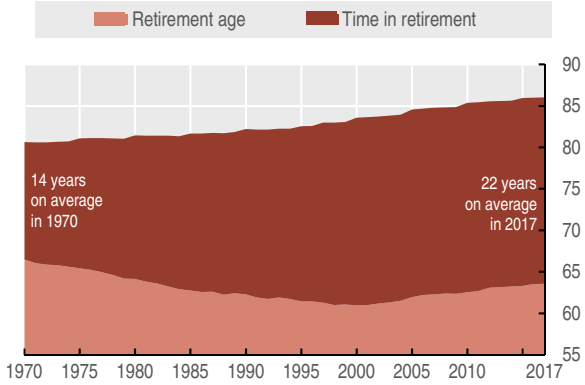
5.14. Men and women spend 7.5 more years in retirement in 2017 than in 1970

Trend in age at labour market exit and years in retirement, 1970 to 2017, OECD average

Panel A. Men



Panel B. Women



Source: OECD (2017), *Pensions at a Glance 2017*, OECD Publishing, Paris, *https://doi.org/10.1787/pension_glance-2017-en*.

StatLink http://dx.doi.org/10.1787/888933938990

6. EQUITY INDICATORS

Inequalities

Poverty

Out-of-work benefits

Social spending

Affordable housing

The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Inequalities

Inequalities of outcomes such as income and wealth and inequalities of opportunities go hand in hand, largely because higher inequality curbs social mobility and opportunities for the poor and people from disadvantaged backgrounds.

Income inequality varies considerably across the OECD countries. **In 2016, the Gini coefficient ranged from around 0.25 in the Czech Republic, Slovak Republic and Slovenia to almost twice that value in Chile and Mexico** (Figure 6.1). The Nordic and some central and continental European countries have the lowest inequality levels of disposable income, while inequality is high in South American countries, Turkey and the United States. Alternative indicators of income inequality suggest similar rankings. The gap between the average income of the richest 10% and the poorest 10% of the population was 9.3 to 1 on average across OECD countries in 2016. The gap ranged from 5.2 to 1 in the Czech Republic and Slovenia to almost four times larger in Chile and Mexico (20 to 1). Over the past three decades, the gap between the rich and poor has widened in the large majority of OECD countries. During that period, the Gini coefficient increased by three points to an OECD average level of 0.32.

Emerging economies have higher levels of income inequality than most OECD countries, particularly China and South Africa. Inequality also increased in many emerging economies, but there are encouraging signs of stabilisation in China and even declines in Brazil and several other Latin American countries.

Household wealth is much more unequally distributed than income. **On average, households in the top 10% of the wealth distribution own more than half (52%) of all total household wealth, and as much as 79% in the United States** (Figure 6.2). In comparison, the richest 10% of income earners get on average around a quarter (24%) of all cash income, ranging from 20% in the Slovak Republic to 36% in Chile. While wealth inequality is higher that income inequality in all countries reviewed, countries with lower income inequality levels are not necessarily those with low wealth concentration, as witnessed by the examples of Denmark, Germany and the Netherlands.

High and increasing levels of inequality of outcomes tend to be an obstacle to income and social mobility. **It could take on average four to five generations for the offspring of a family in the bottom 10% of the income distribution to reach the average income** (Figure 6.3). In low-inequality and high-mobility countries, such as the Nordic countries, it would take two to three generations – 50 to 100 years – for those born in low-income families to approach the mean income in their society. But in high-inequality and low-mobility countries, such as the emerging countries Brazil, Colombia and South Africa, this shift would take even nine generations or more, if these probabilities of earnings mobility are not to change. In Colombia, where persistence is the highest, it would take at least 300 years for the offspring of low-income families to reach the mean.

To tackle inequality and promote opportunities for all, countries should adopt a comprehensive policy package, centred around four main areas: promoting greater participation of women into the labour market; fostering employment opportunities and good quality jobs; strengthening quality education and skills development, and adaptation during the working life; and a better design of tax and benefits systems for efficient redistribution. The OECD's Inclusive Growth Initiative outlines a comprehensive approach to tackling inequality in all dimensions and promoting higher living standards.

Definition and measurement

The main indicator of income distribution used is the Gini coefficient. Values of the Gini coefficient range from 0 in the case of "perfect equality" (each person receives the same income) and 1 in the case of "perfect inequality" (all income goes to the person with the highest income). Gini coefficients are based on disposable equivalised household incomes – i.e. post-taxes and social transfers and adjusted for differences in the needs of households of different sizes with an equivalence scale that divides household income by the square root of household size. An alternative indicator is the S90/S10 income decile share, corresponding to the gap between the average incomes of the richest and the poorest 10% of the population, also based on equivalised disposable income. Income data are from the *OECD Income Distribution Database*, *http://oe.cd/idd*.

Wealth data refers to net private household wealth, that is the value of all assets owned by a household less the value of all its liabilities at a particular point in time, around 2015 here. Data are from the *OECD Wealth Distribution database, http://stats.oecd.org/Index.aspx?DataSetCode=WEALTH*.

The estimated numbers of generations are based on earnings persistence (elasticities) between fathers and sons and the current level of household incomes of the bottom decile and the mean, assuming constant elasticities, following Bowles and Gintis (2002). Low-income family is defined as the first income decile, i.e. the bottom 10% of the population. These estimates are simulation-based and intended to be illustrative; they should not be interpreted as giving the precise time that a person from a low-income household will need to reach the average income.

Further reading

OECD (2018), *A Broken Social Elevator? How to Promote Social Mobility*, OECD Publishing, Paris, *https://doi.org/10.1787/9789264301085-en*.

Balestra, C. and R. Tonkin (2018), "Inequalities in household wealth across OECD countries: Evidence from the OECD Wealth Distribution Database", OECD Statistics Working Papers, No. 2018/01, OECD Publishing, Paris, *https://doi.org/10.1787/7e1bf673-en*.

Figure notes

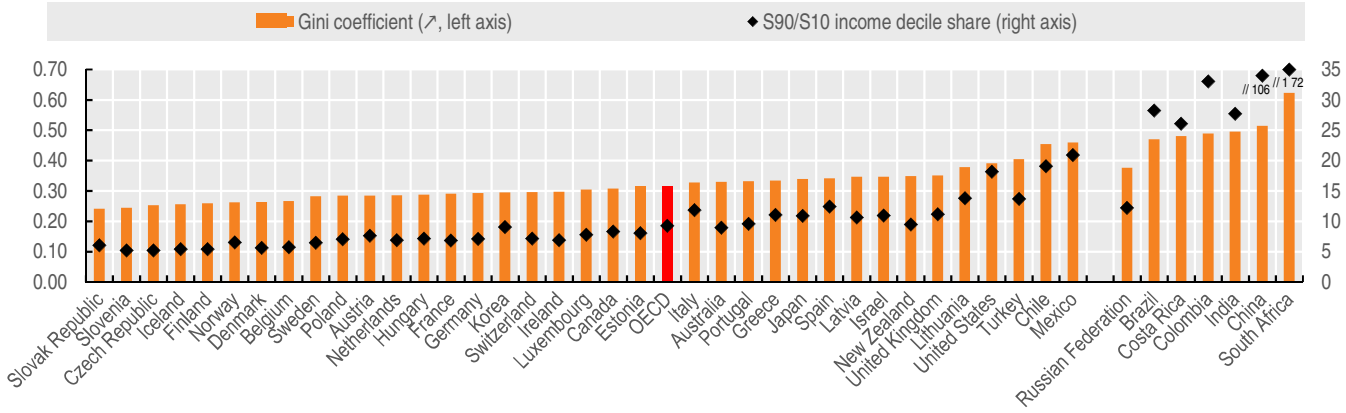
Figure 6.1: Data refer to 2016 for all countries except Costa Rica (2017); Chile, Denmark, Germany, Iceland, Ireland, Japan, Korea, Switzerland, Turkey (2015); Hungary, Mexico and New Zealand (2014); Brazil (2013); China, India and the Russian Federation (2011). Data for Colombia are provisional data and disposable income is not after personal income taxes, although they are after worker's social insurance contributions.

Figure 6.2: Data refer to the share held by the richest 10% of households in the case of wealth and by the richest 10% of individuals in the case of income.

Figure 6.3: See above "Definition and measurement".

6.1. There are large differences in levels of income inequality across the OECD

Gini coefficient of household disposable income and gap between richest and poorest 10%, in 2016 (or nearest year)

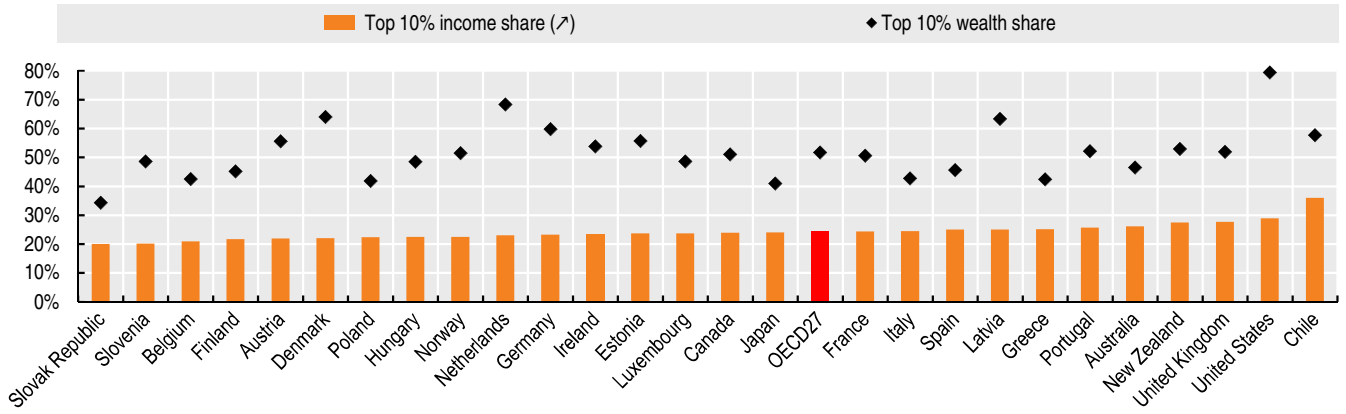


Source: OECD Income Distribution Database, http://oe.cd/idd.

StatLink http://dx.doi.org/10.1787/888933939009

6.2. Wealth is more concentrated at the top than income

Share of top 10% of household disposable income and top 10% of household net wealth, 2015 (or nearest year)

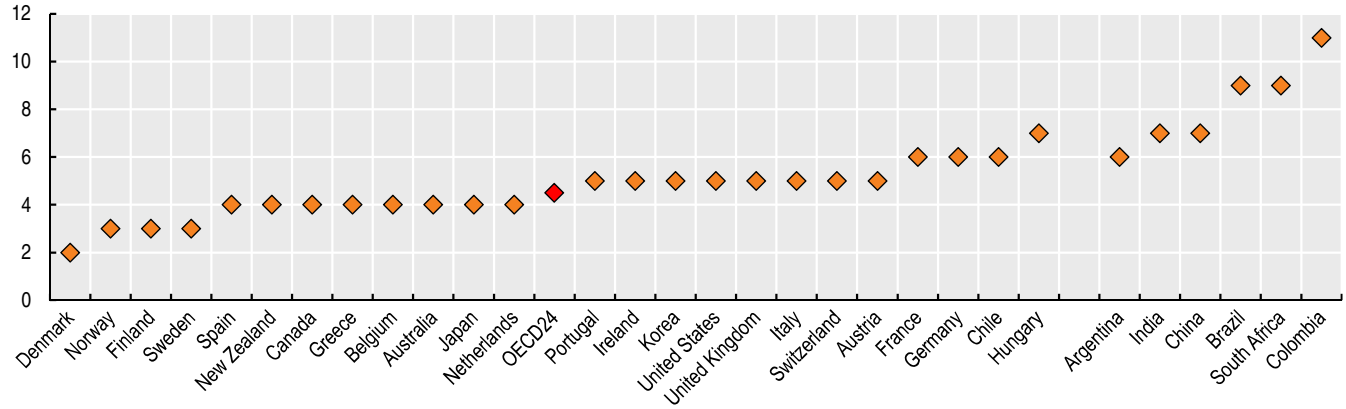


Source: OECD Wealth Distribution Database, http://stats.oecd.org/Index.aspx?DataSetCode=WEALTH.

StatLink http://dx.doi.org/10.1787/888933939028

6.3. At current levels of intergenerational mobility, it takes on average four to five generations for the offspring of a low-income family to reach the average income

Expected number of generations it would take the offspring from a family at the bottom 10% to reach the mean income in society



Source: OECD (2018), *A Broken Social Elevator? How to Promote Social Mobility* – Figure 1.5.

StatLink http://dx.doi.org/10.1787/888933939047

Poverty

Income poverty rates measure the share of people at the bottom end of the income distribution. Society's equity concerns are typically greater for the relatively disadvantaged. As a result, poverty measures often receive more attention than income inequality measures, with greater concerns for certain groups like older people and children, who have no or limited options for working their way out of poverty.

The average OECD relative poverty rate (i.e. the share of people living with less than half the median disposable income in their country) was 11.7% in 2016 for the OECD (Figure 6.4). Poverty rates were highest in Israel and the United States at almost 18%, while poverty in Denmark and Finland affected only 5-6% of the population. Mediterranean countries, South American countries and Baltic countries have relatively high poverty rates. Emerging economies also have higher levels of poverty than most OECD countries, particularly China and South Africa.

Relative poverty rates vary by gender. The average poverty rate for women equals 12.3% and 10.9% for men. Women face a higher risk of poverty than men in all OECD countries and key partners, except in Denmark, Finland and Greece. The largest gender poverty gaps are observed in Estonia, Latvia and Korea, where the poverty rates among women are 4 to 6 percentage points higher than men.

Changes in relative income poverty have been limited over the last decade. Between 2007 and 2016, only in Hungary and Lithuania poverty rose by more than 3 percentage points (Bars in Figure 6.5). Over the same period, it fell in Australia and Finland, while changes were below 2 percentage points in the other OECD countries. **By using an indicator which measures poverty against a benchmark "anchored" to half the median real incomes observed in 2005 (i.e. keeping constant the value of the 2005 poverty line), recent increases in income poverty are much higher than suggested by "relative" income poverty**. This variation is particularly pertinent in Greece and Spain ("symbols" in Figure 6.5). While relative poverty did not increase much or even fell in these countries, "anchored" poverty increased by 5 percentage points or more between 2007 and 2016, reflecting disposable income losses of poorer households in those countries. Only in Chile "anchored" poverty fell by more than 7 percentage points reflecting significant income gains of poorer households.

Relative poverty rates also vary by age group. On average across OECD countries, poverty is lower among adults at 10%, while it is higher at 13% for children and almost 14% for youth and elderly. Child poverty is low in Nordic countries but highest in Chile, Israel, Spain, Turkey and the United States, where more than one in five children is income-poor. Poverty rates amongst youth were particularly high in Denmark and Norway, countries where youth leave parent's home early and become economically independent. But rates were also high in Spain where youth unemployment rates ballooned during the crisis years. Very high poverty rates among elderly are observed in a few countries, often related to maturation of pension systems. For instance, old-age poverty rates were highest in Korea, where the recent pension system has not fully matured. In Australia and Switzerland, old-age poverty rates are partly related to the fact that many pensioners have taken their accumulated pensions as lump sums (which are not counted as current income) rather than annuitising them to provide income streams. In Estonia, Latvia and Mexico, the level of safety net benefits for elderly is very low.

Definition and measurement

As with income inequality, the starting point for poverty measurement is the concept of equivalised household disposable income (see "Definition and measurement" of the "Household income" or "Income inequality" indicators).

The poverty rate is a headcount of how many people fall below the poverty line. People are classified as poor when their equivalised disposable household income is less than 50% of the median prevailing in each country. The use of a relative income threshold means that richer countries have the higher poverty thresholds. Higher poverty thresholds in richer countries capture the notion that avoiding poverty means an ability to access to the goods and services that are regarded as customary or the norm in any given county. Poverty rates by age group are computed based on the median income for the entire population.

Changes in relative poverty referring to the current median income can be difficult to interpret around recessions. In a situation where the incomes of all households fall, but they fall by less at the bottom than at the middle, relative poverty will decline. Therefore, more "absolute" poverty indices, linked to past living standards, are needed to complement the picture provided by relative income poverty. Therefore changes in poverty are also presented in Figure 6.5 using an indicator which measures poverty against a benchmark "anchored" to half the median real incomes observed in 2005.

Data are from the *OECD Income Distribution Database*, *http://oe.cd/idd*.

Further reading

OECD (2018), *A Broken Social Elevator? How to Promote Social Mobility*, OECD Publishing, Paris, *https://doi.org/10.1787/9789264301085-en*.

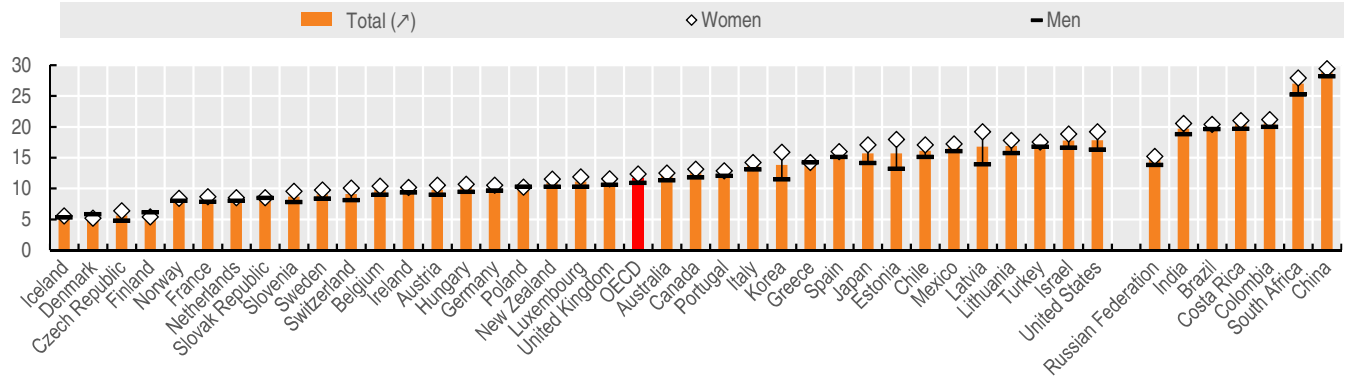
Figure notes

Figure 6.4 and Figure 6.6: instead of 2016: 2017 for Costa Rica, 2015 for Chile, Denmark, Germany, Island, Ireland, Japan, Korea, Switzerland, Turkey and South Africa; 2014 for Hungary, Mexico and New Zealand; 2013 for Brazil; 2011 for China and India.

Figure 6.5: Poverty rates are « anchored » in 2006 for Chile, Japan, Korea and Turkey, and 2007 for Austria and Spain, instead of 2005.

6.4. There are large differences in levels of relative poverty across the OECD

Percentage of persons living with less than 50% of median equivalised disposable income, by gender, in 2016 (or nearest year)

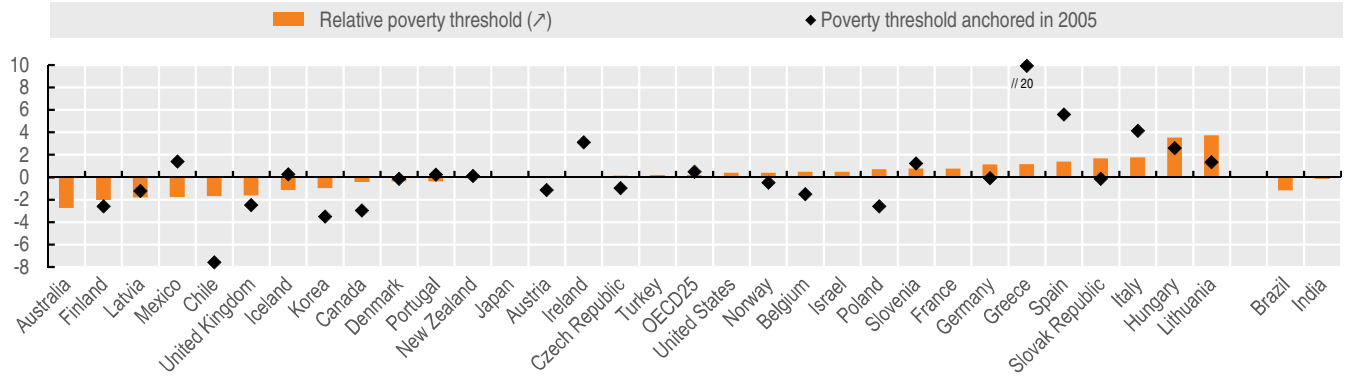


Source: OECD Income Distribution Database, http://oe.cd/idd.

StatLink http://dx.doi.org/10.1787/888933939066

6.5. The evolution of poverty differs if the threshold is "anchored"

Percentage point changes in relative and "anchored" poverty rates between 2007 and 2016 (or nearest year)

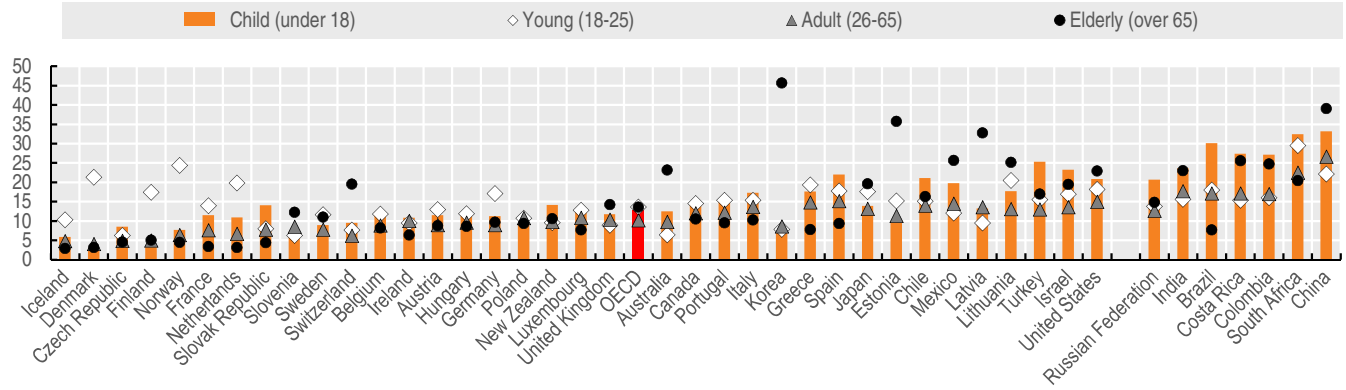


Source: OECD Income Distribution Database, http://oe.cd/idd.

StatLink http://dx.doi.org/10.1787/888933939085

6.6. Poverty is highest among children, youth and elderly, and lowest among adults

Percentage of persons living with less than 50% of median equivalised disposable income, by age group, in 2016 (or nearest year)



Source: OECD Income Distribution Database, http://oe.cd/idd.

StatLink http://dx.doi.org/10.1787/888933939104

Out-of-work benefits

Cash transfers for working-age people provide a major income safety net in case of unemployment. In most countries, two layers of support can be distinguished: primary unemployment insurance benefits and secondary benefits (such as unemployment assistance or guaranteed minimum-income benefits) for those who are not or no longer entitled to insurance benefits. These guaranteed minimum-income benefits (GMI) provide financial support for low-income families to ensure an acceptable standard of living and play a crucial role as last-resort safety nets for long-term unemployed people.

In 2016, the shares of working-age individuals receiving out-of-work benefits were highest in France, Finland, Ireland and the United States, with rates above 10% (Figure 6.7). At the other end of the spectrum, in Chile, Israel, Japan, Korea and Turkey, less than 4% of the working-age population received at least one of these payments. These differences in the number of recipients reflect not only differences in employment rates, but also differences in benefit entitlement rules. In countries with the highest levels of receipt, entitlement to GMI benefits extends to low-income working families. In some countries (including France and Ireland), earnings from work can be combined with unemployment insurance payments under certain conditions.

On average, 5.8% of the working-age population received out-of-work benefits in the OECD in 2016. The rate was still above pre-crisis levels in many countries, especially those countries where unemployment remained elevated in 2016 (including Ireland, Lithuania and Spain) and in countries with a higher number of recipients of means-tested benefits (Finland, France, the Netherlands and the United States). In other countries (Czech Republic, Hungary, New Zealand and Slovak Republic), levels of benefit recipiency fell. This drop partly reflects a fall in benefit coverage among the unemployed as a result of either policy changes that have tightened eligibility conditions or changes in the composition of the unemployed that have led to fewer people meeting these conditions (OECD, 2018[1]).

In a large majority of OECD countries, the levels of primary unemployment insurance benefits are typically significantly higher than those of GMI benefits (Figure 6.8). **On average across the OECD, 58% of net income in work is maintained in the initial phase of an unemployment spell for a single person without children with previous earnings at the average wage, but this falls to 31% once they become long-term unemployed.**

GMI benefits are sometimes significantly lower than commonly used poverty thresholds (Figure 6.9). Indeed, in a few countries, a single person without children who has exhausted unemployment benefit entitlement receives no cash support at all: Turkey has no GMI benefit and in the United States support takes the form of "food stamps" from the Supplementary Nutrition Assistance Programme. For those living in rented accommodation, housing-related benefits like rent allowances can provide significant further income assistance, bringing overall incomes close to or somewhat above the poverty line (Denmark, Finland, Iceland, Ireland, Japan, the Netherlands and the United Kingdom). However, in all countries GMI benefits alone are insufficient to escape poverty. Family incomes in these cases depend strongly on the type of housing and family arrangements.

Definition and measurement

Figure 6.7 shows the number of recipients as shares of working-age individuals. Benefits that are awarded at family level (e.g. social assistance) are only counted once per family. Data are based on the OECD Social Benefit Recipients Database (SOCR), which covers all main income replacement benefits in 40 EU and OECD countries. Depending on the data made available by countries, SOCR includes caseloads, flows and average amounts of benefits, and currently covers eight years (2007-14). Primary out-of-work benefits are typically received during an initial phase of unemployment (unemployment insurance in most countries). Some countries that have no unemployment insurance instead operate means-tested unemployment assistance as the primary benefit.

The net replacement rate (NRR) measures the fraction of net income in work that is maintained when unemployed. It is defined as the ratio of net income while out of work divided by net income while in work. The NRR presented here corresponds to a 40 year-old single person without children who earns 100% of the average wage. Initial phase of unemployment refers to the second month of benefit following any waiting period, and long-term unemployment refers to the 60th month of benefit receipt. Family incomes are simulated using the OECD Tax-Benefit Model (*www.oecd.org/social/benefits-and-wages.htm*).

One way of looking at how countries' social protection systems perform is to show how the level of net minimum cash income benefits (including housing assistance) compares to relative poverty thresholds of 50% or 60% of median household incomes. These income levels account for all cash benefit entitlements of a family with a working-age head, with no other income sources and no entitlements to primary benefits such as unemployment insurance. They are net of any income taxes and social contributions. Median disposable incomes (before housing costs) come from the *OECD Income Distribution Database* (*www.oecd.org/social/income-distribution-database.htm*).

Further reading

Immervoll, H. and C. Knotz (2018), "How demanding are activation requirements for jobseekers", OECD Social, Employment and Migration Working Papers, No. 215, OECD Publishing, Paris, *https://dx.doi.org/10.1787/2bdfecca-en*.

OECD (2018), "Unemployment-benefit coverage: Recent trends and their drivers", in *OECD Employment Outlook 2018*, OECD Publishing, Paris, *https://doi.org/10.1787/empl_outlook-2018-9-en*.

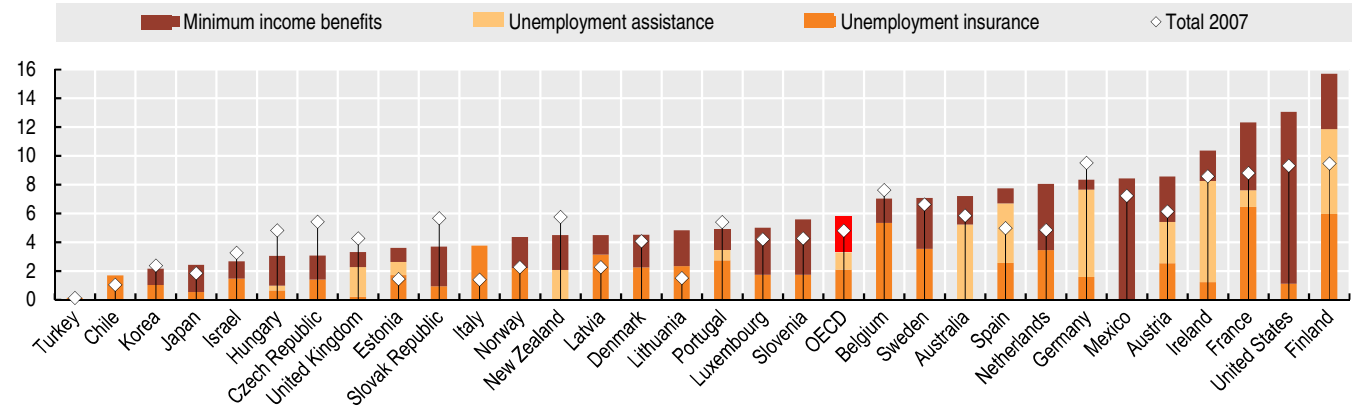
Figure notes

Figure 6.7: Recipients caseloads are missing or incomplete for Greece. For comparability reasons, Canada, Iceland, Poland and Switzerland are also excluded.

Figure 6.8 and Figure 6.9: No data for Chile and Mexico.

6.7. Increase in recipients of out-of-work benefits in most OECD countries since 2007

Working-age cash transfers paid as percentage of the working-age population, decomposed by benefit type in 2016 and total level in 2007

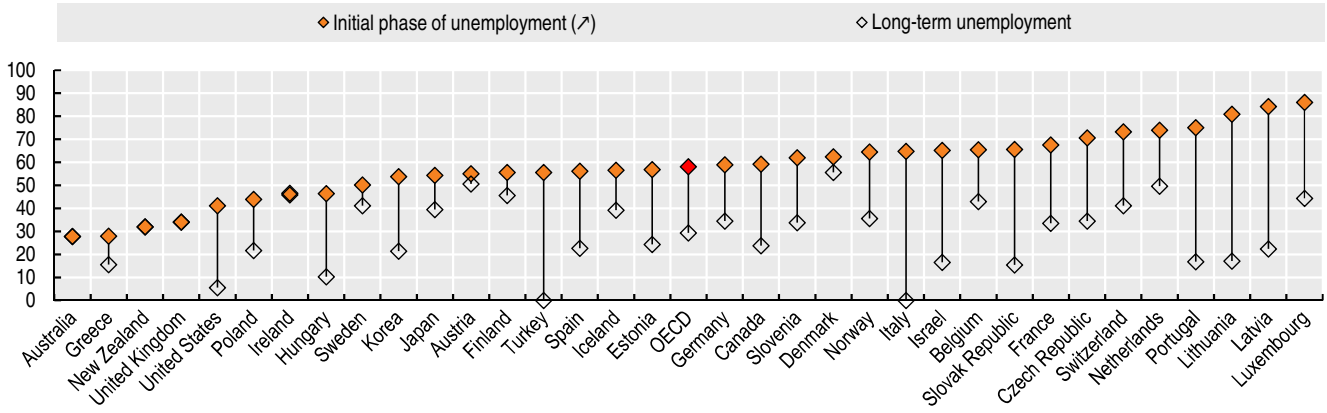


Source: OECD *Benefit Recipients Database* (SOCR), *www.oecd.org/social/recipients.htm.*

StatLink http://dx.doi.org/10.1787/888933939123

6.8. In most countries, benefit incomes decline significantly for people with long unemployment spells

Net income while out of work in percentage of net income in work (NRR), 40 years-old single, 2018

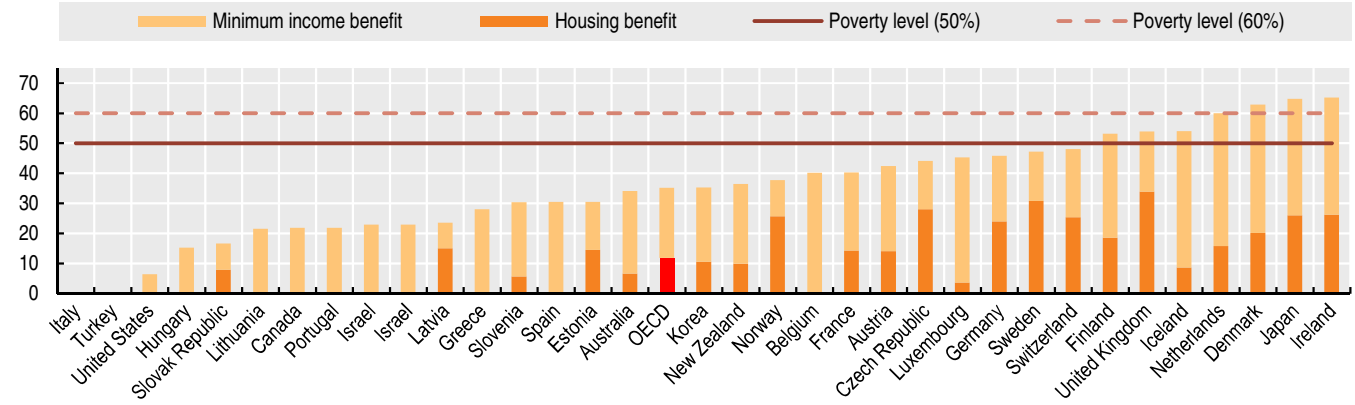


Source: OECD Tax-Benefit Models, *www.oecd.org/els/soc/benefits-and-wages.htm.*

StatLink http://dx.doi.org/10.1787/888933939142

6.9. Minimum-income benefits alone cannot prevent income poverty

Net income level provided by cash minimum-income benefit (MIB), single person, with and without housing benefit (HB), in percentage of median household income, 2018



Source: OECD Tax-Benefit Models, *www.oecd.org/els/soc/benefits-and-wages.htm.*

StatLink http://dx.doi.org/10.1787/888933939161

Social spending

In 2018, public social spending was just over 20% of GDP on average across the 36 OECD countries (Figure 6.10). Public social spending-to-GDP ratios are highest in France at just over 30% of GDP, while Austria, Belgium, Denmark, Finland, Germany, Italy and Sweden devoted more than a quarter of their GDP to public social spending. At the other end of the spectrum are mostly non-European countries such as Chile, Korea, Mexico and Turkey, which spend less than 13% of GDP on public social support. Social spending in the emerging economies in the early 2010s was lower than the OECD average, ranging from around 3% of GDP in India to about 17% in Brazil.

At its peak during the Great Recession, public social expenditure amounted to 22% of GDP on average across the OECD. Spending has edged downwards since 2009. Figure 6.10 suggests that it takes some time for social protection systems to develop into comprehensive welfare states. Although still low in international comparisons, since 1990 public social expenditure-to-GDP ratios more than tripled in Korea and Turkey. In a small number of OECD countries (Canada, Israel, New Zealand, the Slovak Republic, Slovenia and Sweden) the public social spending-to-GDP ratio is the same now as it was in 1990, or is even lower. The Netherlands is the country with the biggest drop: a health care reform in 2006 led to a shift away from public spending; since then, compulsory basic health insurance is being financed through private funds.

On average in the OECD, pensions and health services account for two-third of total expenditure. In a majority of OECD countries, pensions are the largest expenditure area (Figure 6.11). In Anglophone countries and most other countries outside Europe, health makes up for the bulk of public social expenditure. In a few countries, such as Denmark and Ireland, the largest share is devoted to income support for the working-age population.

Accounting for the impact of taxation and private social benefits leads to some convergence of spending-to-GDP ratios across countries (Figure 6.11). Net total social spending is 20-27% of GDP in about half of countries. It is even higher for the United States at 30% of GDP, where the amount of private social spending and tax incentives is much larger than in other countries. It remains highest in France at 32% of GDP.

Cash social benefits are not always tightly targeted to the poorest. In 2016, on average only 23% of public cash transfers received by working-age individuals went to households in the bottom 20% of the income distribution, while 19% went to households in the top 20% of the income distribution (Figure 6.12). These shares vary across countries. On the one hand, more than 40% of cash benefits go the poorest 20% in Australia, Finland and New-Zealand, countries with various income-tested benefits. On the other hand, less than 15% of cash benefits go the poorest 20% in Mediterranean European countries (Greece, Italy, Portugal, Spain) and Luxembourg, countries with a strong social insurance dimension where most benefits are related to past earnings.

Definition and measurement

Social expenditure is classified as public when general government controls the financial flows. Sickness benefits financed by compulsory contributions to social insurance funds are considered "public", whereas sickness benefits paid directly by employers to their employees are classified as "private". The spending shown in Figure 6.10 is recorded before deduction of direct and indirect tax payments levied on these benefits and before addition of tax expenditures provided for social purposes. Data after considering the impact of private social spending as well as the tax system (Total Net social) are presented in Figure 6.11. Spending by lower tiers of government may be underestimated in some federal countries.

Public social spending totals reflect detailed social expenditure data for 1980-2015/17. Consistent with these historical series, public social expenditure totals were calculated for 2016, 2017 and estimated for 2018.

"Poorest 20%" and "Richest 20%" refer to the share of public cash transfers received by working-age households at the bottom and top quintiles of the income distribution. Data come from the *OECD Income Distribution Database*.

Further reading

OECD (2019), Social Expenditure Update 2019, Public Social Spending is High in Many OECD Countries, OECD Publishing, Paris, *http://oe.cd/socx*.

OECD (2017), "Basic income as a policy option: Can it add up?", Policy Brief on The Future of Work, OECD Publishing, Paris, *www.oecd.org/employment/future-of-work*.

Figure notes

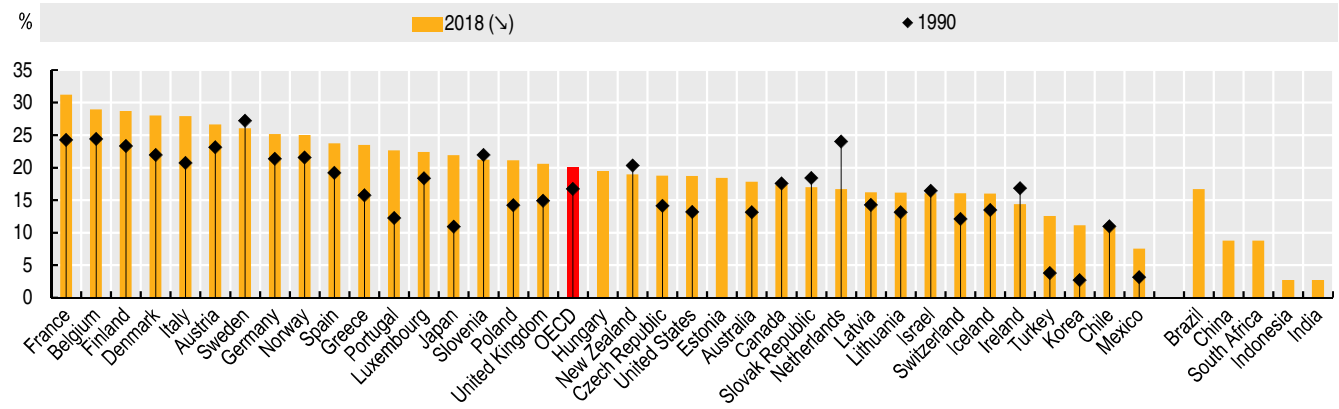
Figure 6.10: Instead of 2018, data refer to 2017 for Canada, Chile and Israel, 2016 for Australia, Mexico and Turkey and 2015 for Japan. Instead of 1990, data for Chile, Israel and the Slovak Republic refer to 1995, for Slovenia to 1996, and for Latvia to 1997. Estimates for non-OECD countries (right side) do not follow the same methodology therefore data are not fully comparable with OECD countries.

Figure 6.11: Data for Chile, Israel and Korea refer to 2017, Australia, Mexico, New Zealand, the United States and Turkey to 2016, Poland to 2014, otherwise they refer to 2015. Income support to the working-age population refers to spending on the following SOCX cash categories: Incapacity benefits, Family cash benefits, Unemployment and other social policy areas categories. Other social services refer to services for the elderly, survivors, disabled, families, housing and other social services. Net indicators are not available for Lithuania and the Netherlands and refer to 2013 for Poland.

Figure 6.12: Data refer to 2016 for all countries except Chile, Denmark, Germany, Iceland, Ireland, Japan, Korea, Switzerland, Turkey (2015); Hungary, Mexico and New Zealand (2014).

6.10. Public social spending amounts to just over 20% of GDP on average across OECD countries

Public social expenditure in percentage of GDP, in 1990 and 2018

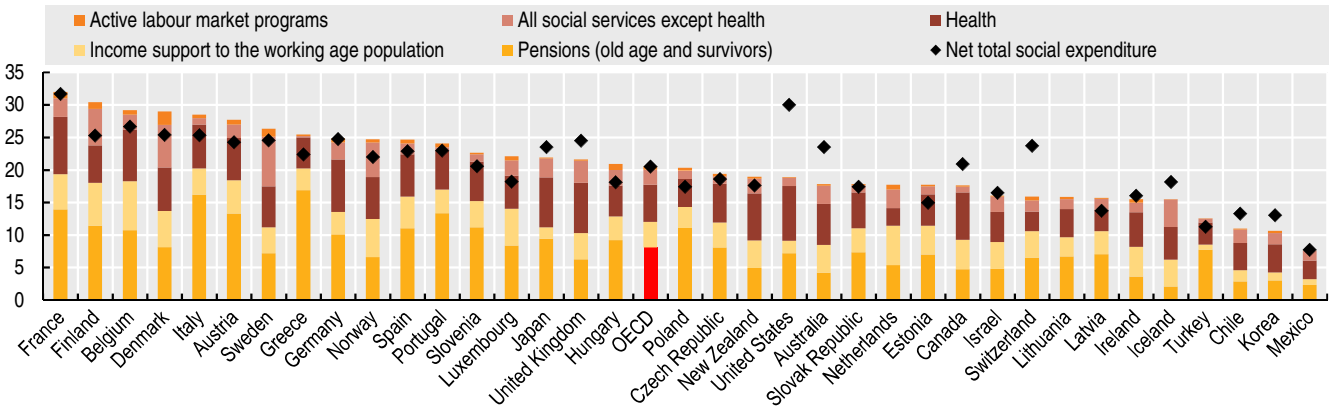


Source: OECD (2019), *Social Expenditure database* (SOCX), *http://oe.cd/socx* and OECD (2019), *Society at a Glance: Asia/Pacific 2019*, OECD Publishing, Paris.

StatLink *http://dx.doi.org/10.1787/888933939180*

6.11. Most spending goes to pensions and health

Public social spending by broad policy area and net total social spending, in 2015/17, in percentage of GDP

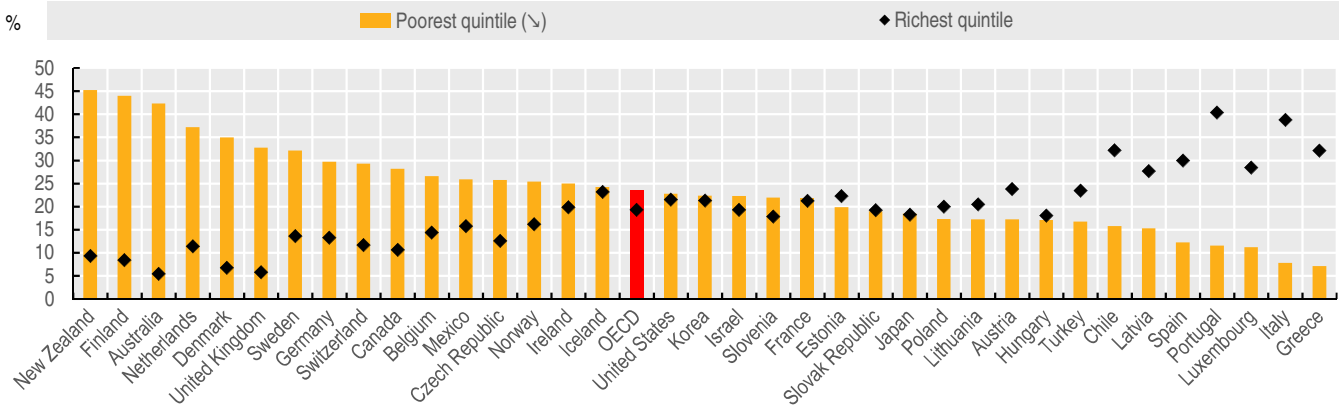


Source: OECD (2019), *Social Expenditure database* (SOCX), *http://oe.cd/socx*.

StatLink *http://dx.doi.org/10.1787/888933939199*

6.12. Cash support is not always tightly targeted to the poorest

Share of public cash transfers received by working-age individuals in low and high-income groups, in 2016



Source: Calculations based on *OECD Income Distribution Database*, *http://oe.cd/idd*.

StatLink *http://dx.doi.org/10.1787/888933939218*

Affordable housing

Having access to quality affordable housing is important to reduce poverty risks, improve equality of opportunity and make growth inclusive and sustainable. Housing trends vary considerably across the OECD, in terms of tenure, affordability and quality, representing diverse historical contexts, household preferences and policy priorities across countries.

In most OECD countries, owning a home is much more common than renting. On average, nearly 70% of households across the OECD either owned their dwelling outright or with a mortgage in 2016, compared to 26% of households who rented a dwelling, either in the private rental market or as subsidised rental housing (Figure 6.13). A number of Eastern European countries – including the Slovak Republic, Lithuania, Hungary, Latvia and Poland – record a very high rate of homeownership, with over 70% of households owning their dwelling outright, a result of the historic sales of state-owned housing in the 1990s. In 2016, owners with a mortgage outnumbered outright homeowners in Iceland, Norway, the Netherlands, Sweden, Canada and the United States.

In contrast, just over a quarter of households across the OECD rented a dwelling on average in 2016. Only Switzerland and Germany are home to a majority of renters (60% and 55%, respectively), with Denmark, Austria and the Netherlands each recording more than 40% of households renting their dwelling. Subsidised rental housing (social rental housing) is present in 27 OECD countries, yet the size of the social housing stock varies widely across countries. According to the 2016 OECD Questionnaire on Affordable and Social Housing, social housing plays a major role in the Netherlands, Austria, Denmark, France and the United Kingdom, comprising more than 15% of the total housing stock.

Affordable housing is a challenge for many households across the OECD, but low-income dwellers face a significant housing cost burden. In sixteen OECD countries, more than 40% of low-income owners with a mortgage spent over 40% of their disposable income on a mortgage in 2016. The same was true for low-income renters in private rentals in fourteen OECD countries (Figure 6.14). In Greece and the United States, low-income dwellers face a similar housing cost burden, regardless of tenure: in both countries, more than half of the low-income population spent over 40% of disposable income on rent or a mortgage in 2016.

Children are particularly exposed to poor housing quality. On average, more than one-in-five children aged 0-17 live in an overcrowded household in European OECD countries, with considerable variation across countries (Figure 6.15). Over half of all children live in overcrowded households in Hungary, Latvia, Poland and the Slovak Republic, compared to less than 8% in Ireland, Norway and the Netherlands. In all countries for which data are available, children in low-income households are more than twice as likely as those in high-income households to face overcrowded conditions.

Definition and measurement

Housing affordability can be measured in different ways. Indicators often focus on the ratio between housing costs and household income. Two common indicators are: i) the housing cost burden (used here), which is the share of households spending more than 40% of their disposable household income on rent or mortgage; and ii) the share of

Definition and measurement (cont.)

housing-related expenditures (housing, water, electricity, gas, etc.) relative to overall final consumption expenditures of a household. Other indicators may aim to measure other dimensions of housing affordability, such as the share of households who cannot afford to keep their dwelling adequately warm.

The subsidised rental market, also characterised as social rental housing, is defined as residential rental accommodation provided at sub-market prices and allocated according to specific rules (see Fitzpatrick, S. and H. Pawson, 2014). The private rental market is defined as the for-profit segment of the rental market, in which rental housing is provided at market-rates

Following the EU-agreed definition (Eurostat) a household is considered overcrowded if it does not have at its disposal a minimum number of rooms equal to: one room for the household; one room per adult couple in the household; one room for each single person aged 18 and over; one room per pair of single persons of the same sex between 12 and 17 years of age; one room for each single person between 12 and 17 years of age and not included in the previous category; one room per pair of children under 12 years of age.

For more information on the methodology, see *OECD Affordable Housing Database*: *http://oe-cd/ahd*.

Further reading

Salvi del Pero, A. et al. (2016), "Policies to promote access to good-quality affordable housing in OECD countries", *OECD Social, Employment and Migration Working Papers*, No. 176, OECD Publishing, Paris, *http://dx.doi.org/10.1787/5jm3p5gl4djd-en*.

Fitzpatrick, S. and H. Pawson (2014), "Ending Security of Tenure for Social Renters: Transitioning to 'Ambulance Service' Social Housing?", *Housing Studies*, Vol. 29/5, pp. 597-615, *http://dx.doi.org/10.1080/02673037.2013.803043*.

Scanlon, K. (2014), *Social housing in Europe*, John Wiley & Sons, *https://doi.org/10.1002/9781118412367.ch1*.

Figure notes

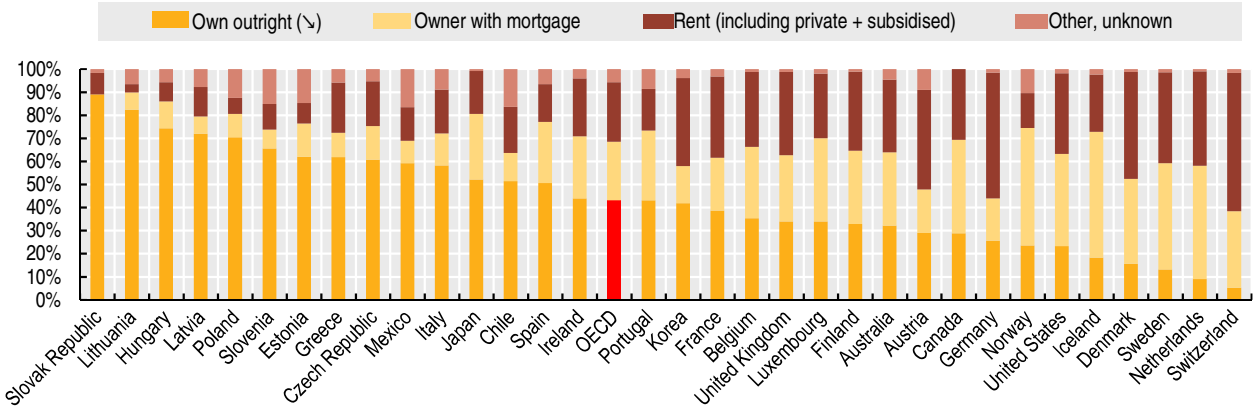
Figure 6.13: Data for Japan only available on the respondent level due to data limitations. See Statlink for precise years.

Figure 6.14: The bottom quintile refers to the lowest 20% of the income distribution. No information for Turkey due to data limitations. In Chile, Mexico, Korea and the United States gross income instead of disposable income is used due to data limitations. No data on mortgage principal repayments available for Denmark due to data limitations. Results only shown if category composed of at least 30 observations. 3. Data for Japan only available on the respondent level due to data limitations. See Statlink for precise years.

Figure 6.15: No information for Australia, Chile, Germany, Israel, Japan, Korea, Mexico, New Zealand, Turkey and United States due to data limitations.

6.13. In most OECD countries, owning a home is much more common than renting

Share of households in different tenure types, in percentages, 2016 or latest year available

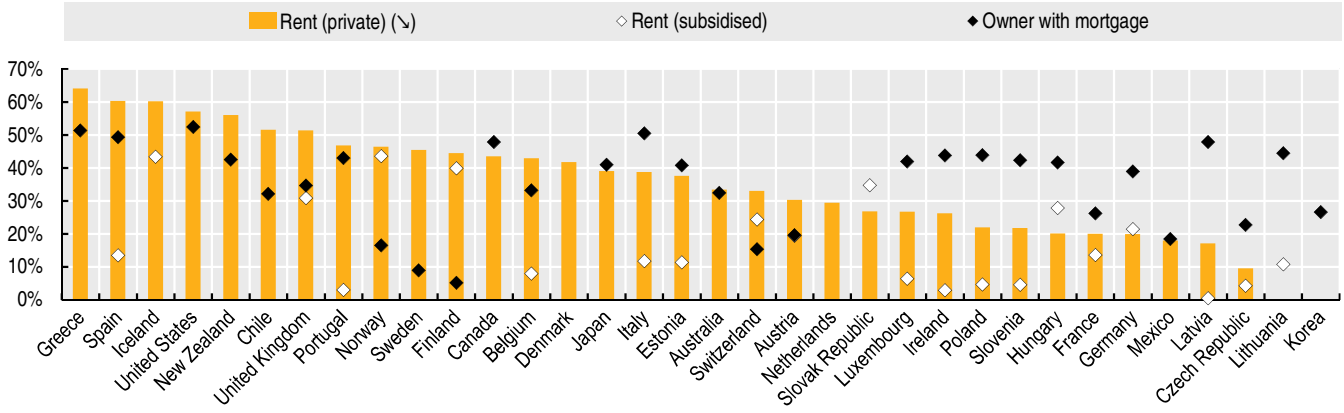


Source: OECD *Affordable Housing Database* – HM1.3 Housing tenures and HC1.2 Housing costs over income, *http://oe-cd/ahd.*

StatLink *http://dx.doi.org/10.1787/888933939237*

6.14. Low-income dwellers face a significant housing cost burden

Share of population in the bottom quintile of the income distribution spending more than 40% of disposable income on mortgage and rent, by tenure, percentages, 2016/17 or latest year

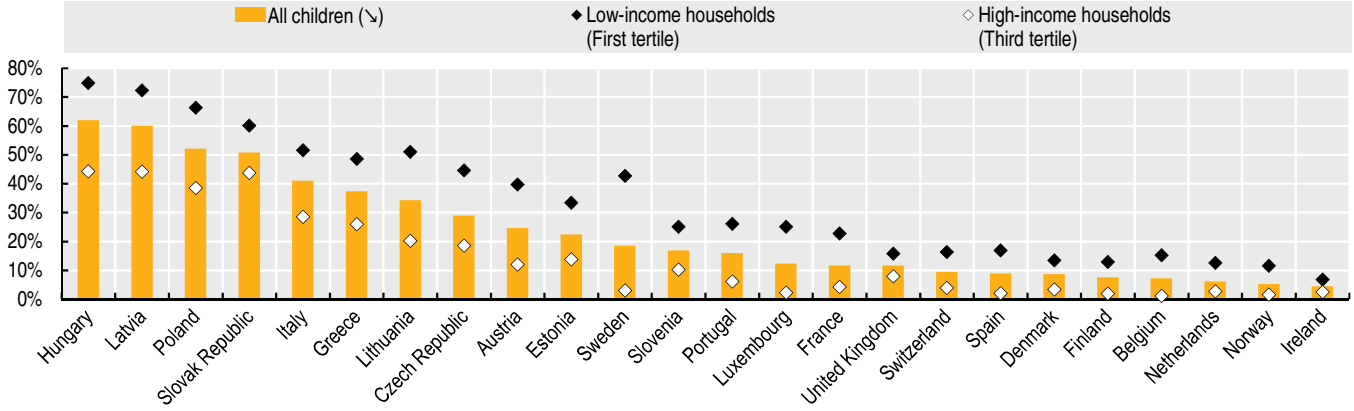


Source: OECD *Affordable Housing Database* – HM1.3 Housing tenures and HC1.2 Housing costs over income, *http://oe-cd/ahd.*

StatLink *http://dx.doi.org/10.1787/888933939256*

6.15. Children are particularly exposed to poor housing quality

Share of children (aged 0-17) living in overcrowded households in European OECD countries, by income group, percentages, 2016



Source: OECD Child Well-Being Data Portal, CWB9 Children in overcrowded households, OECD calculations based on EU-SILC survey, *http://oe.cd/child-well-being.*

StatLink *http://dx.doi.org/10.1787/888933939275*

7. HEALTH INDICATORS

Life expectancy

Health spending

HIV/AIDS

Suicide

Tobacco and alcohol consumption

The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Life expectancy

In 2016, life expectancy at birth on average across OECD countries reached 80.6 years, an increase of more than ten years since 1970 (Figure 7.1). Life expectancy at birth now exceeds 80 years in two-thirds of OECD countries, with Japan, Spain and Switzerland at the top of the ranking. The United States, Latin America and a number of Central and Eastern European countries have a life expectancy between 75 and 80 years. Among OECD countries, life expectancy is lowest in Latvia and Lithuania, slightly below 75 years.

The gains in longevity can be attributed to a number of factors, including an improved lifestyle, better working conditions and education, as well as progress in health care. OECD partner countries, such as Brazil, Colombia, Costa Rica, China, Indonesia and India, have also achieved large gains in longevity over the past decades, with life expectancy in these countries converging rapidly towards the OECD average. There has been much less progress in South Africa (due mainly to the epidemic of HIV/AIDS) and the Russian Federation (due mainly to the impact of the economic transition in the 1990s and the rise in risky behaviours among men).

In the last couple of years, a number of OECD countries reported slight falls in life expectancy. Reasons underpinning such worrisome trend appear to be diverse. In North America, recent declines in life expectancy at birth are linked to the increase in drug overuse mortality due to opioids, as well as to a levelling off in the decline in mortality from heart diseases (NCHS, 2018). In the United Kingdom and other European countries, the life expectancy slowdown has been partly due to peaks of deaths among the elderly during the winter months (the impact of the winter flu), along with a slowdown in the reduction in deaths from heart diseases (Public Health England, 2018).

Life expectancy at birth varies by gender, at 83.3 years for women compared with 77.9 years for men in 2016 on average across OECD countries (Figure 7.1). The gap reaches 5.4 years on average. In 2016, life expectancy for women in OECD countries ranged from less than 80 years in Hungary, Latvia and Mexico to more than 85 years in France, Italy, Japan, Korea, Luxembourg, Spain and Switzerland. For men it ranged from less than 75 years in Estonia, Hungary, Latvia, Lithuania, Mexico and Slovak Republic to more than 80 years in Australia, Iceland, Israel, Italy, Japan, Luxembourg, Norway, Spain, Sweden and Switzerland.

Life expectancy also depends on the socio-economic status of a person, as measured, for instance, by education level (Figure 7.2). Higher education levels do not only provide the means to improve the socio-economic conditions in which people live and work, but may also promote the adoption of more healthy lifestyles and facilitate access to appropriate health care. **On average among 25 OECD countries for which data are available, women and men with the highest level of education at age 30 can expect to live four to seven years longer than people with the lowest level of education.** These differences in life expectancy by education level are particularly pronounced for men, with a gap of seven years on average. They are especially large in Central and Eastern European countries (Czech Republic, Hungary, Latvia, Poland and Slovak Republic) where the life expectancy gap between higher and lower educated men reaches more than ten years. Differences are less pronounced in Canada, Sweden and Turkey.

Higher health spending per capita is generally associated with higher life expectancy at birth, although this positive relationship tends to level off for countries with the highest spending per capita (Figure 7.3). Japan, Korean and Spain stand out as having relatively high life expectancies while the Russian Federation and the United States have relatively low life expectancies, given their levels of health spending.

Definition and measurement

Life expectancy at birth measures how long, on average, people would live based on a given set of age-specific death rates. However, the actual age-specific death rates of any particular birth cohort cannot be known in advance. If age-specific death rates are falling over time (as has been the case over the past decades), actual life spans will be higher than life expectancy calculated with current death rates. The methodology used to calculate life expectancy can vary slightly between countries and could affect a country's estimates by a fraction of a year.

Life expectancy at birth for the total population is calculated for all OECD countries using the unweighted average of life expectancy of men and women. To calculate life expectancies by education level, detailed data on deaths by sex, age and education level are needed. However, not all countries have information on education as part of their deaths data, reducing the number of countries presented in Figure 7.2.

For more details about health spending per capita, see indicator "Health spending".

Further reading

OECD (2017), *Health at a Glance 2017: OECD Indicators*, OECD Publishing, Paris, *http://dx.doi.org/10.1787/health_glance-2017-en*.

OECD (2017), *Preventing Ageing Unequally*, OECD Publishing, Paris, *https://doi.org/10.1787/9789264279087-en*.

National Center for Health Statistics (2018), Mortality in the United States, 2017. NCHS Data Brief, No. 328, *www.cdc.gov/nchs/data/databriefs/db328-h.pdf*.

Public Health England (2018), A Review of Recent Trends in Mortality in England, *www.gov.uk/government/publications/recent-trends-in-mortality-in-england-review-and-data-packs*.

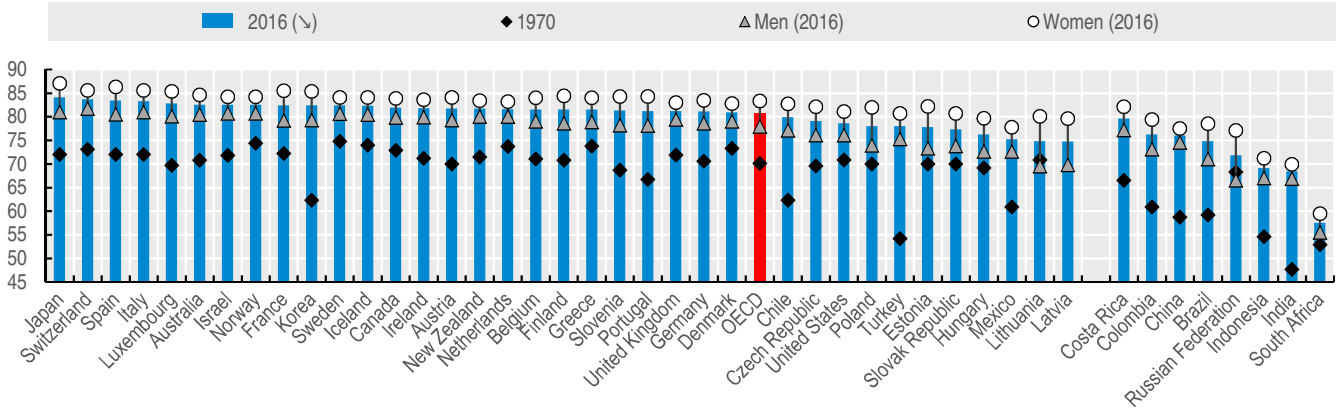
Figure notes

Figure 7.1 and Figure 7.3: 2016 data refer to 2015 for Canada, Chile, France, Brazil, China, Colombia, Costa Rica, India, Indonesia and South Africa; 1970 data refer to 1971 for Canada, Israel, Italy and Luxembourg; no data for 1970 for Latvia.

Figure 7.2: 2016 data refer to 2015 for Israel, Mexico and the Netherlands; 2012 for Austria and France; 2011 for Australia, Belgium, Latvia, United Kingdom and United States; and 2010 for Canada.

7.1. Life expectancy has increased over the past decades but the gender gap remains considerable

Life expectancy at birth, by gender, in years, 1970 and 2016 (or nearest years)

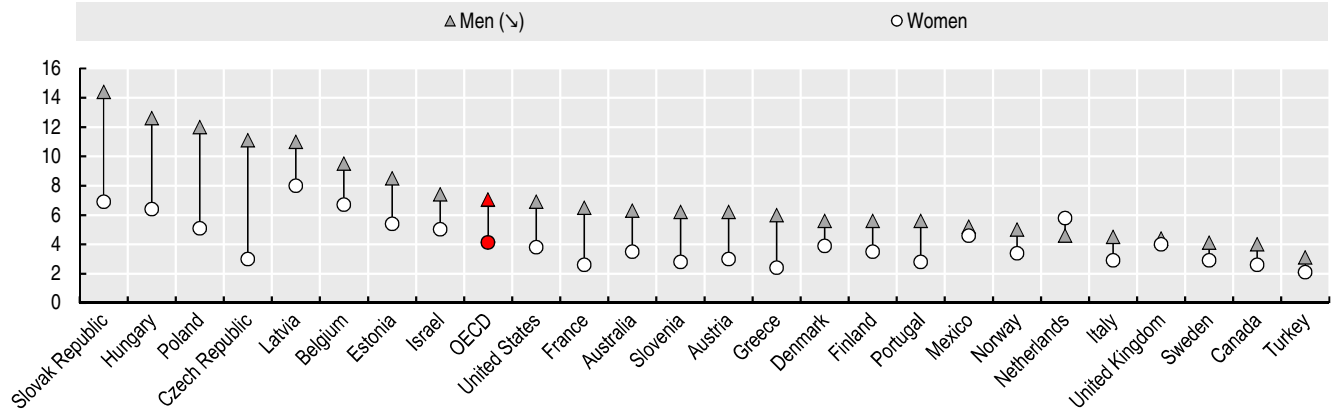


Source: OECD Health Statistics 2018, *https://doi.org/10.1787/health-data-en.*

StatLink http://dx.doi.org/10.1787/888933939294

7.2. Women and men with the highest level of education can expect to live four to seven years longer than people with the lowest level of education

Gap in life expectancy at age 30 between tertiary and below upper secondary education, by gender, 2016 (or nearest year)

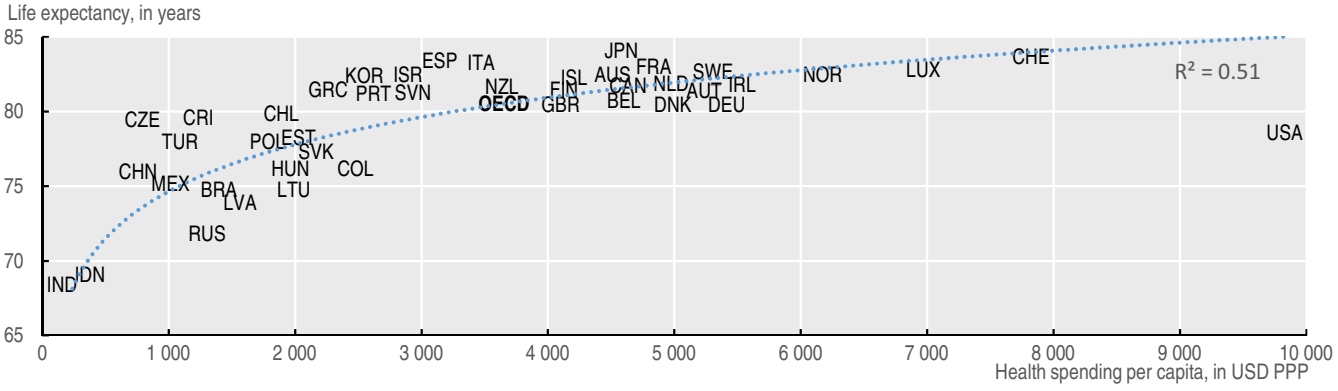


Source: Eurostat database complemented with OECD Statistics Directorate data and national data for Israel, Mexico and the Netherlands.

StatLink http://dx.doi.org/10.1787/888933939313

7.3. Higher health spending is generally associated with higher life expectancy, although the relationship levels off as health spending goes up

Life expectancy at birth in years, and health spending per capita in USD PPP, 2016 (or nearest year)



Source: OECD Health Statistics 2018, *https://doi.org/10.1787/health-data-en.*

StatLink http://dx.doi.org/10.1787/888933939332

Health spending

How much countries spend on health and the rate at which such expenditure grows from one year to the next reflects a wide array of market and social factors, as well as countries' diverse financing and organisational structures of their health systems.

In 2017, the United States continued to outspend all other OECD countries by a wide margin, with the equivalent of around USD 10 000 per person (Figure 7.4). This level of health spending is two-and-a-half times the OECD average (USD 4 000) and nearly 25% and 40% higher than Switzerland and Luxembourg respectively, the next biggest spending countries. Around three-quarters of countries fall within a per capita spending range of USD 2 000-6 000. Countries spending below USD 2 000 include Central European and Latin American members of the OECD, together with Turkey. The lowest per capita spender on health was Mexico with USD 1 030 per person (26% of OECD average). Among the key emerging economies, China, Indonesia and India spent respectively 19%, 10% and 6% of the OECD average on health in per capita terms in 2017.

Figure 7.4 also shows the breakdown of per capita spending on health based on whether it is paid from government sources or some kind of compulsory insurance, or through voluntary means such as voluntary health insurance or direct payments by households. **The vast majority of health expenditure comes either from government schemes** (Denmark, Iceland, Sweden and the United Kingdom) or from some form of compulsory insurance (Czech Republic, Germany, France, Japan and Slovak Republic). On average, health spending through voluntary means represents around 25% of total spending. The ranking based on the different sources of spending remains broadly comparable to the ranking based on total per capital spending.

Looking at changes over time, health expenditure grew in 2016 at 2.7% on average across OECD countries, the highest rate since 2009 although still below pre-crisis levels (Figure 7.5). Preliminary estimates for 2017 expect spending to have grown again by around 1.8%.

Growth rates in health spending slowed down in the majority of OECD countries in the past decade. Between 2009 and 2017, per capita health spending grew, in real terms, by 1.5% annually on average across the OECD (Figure 7.6). In contrast, in the period 2003-09, annual real growth rates reached on average 3.7%. Three countries – Greece, and to a lesser extent Portugal and Italy – even displayed a negative average annual growth rate for the period 2009-17. Only three countries – Hungary, Iceland and Switzerland – recorded higher growth rates after 2009 than before that year.

Policies to reduce health expenditure included controls on public health worker salaries, halting recruitment as well as actual reductions in the health workforce, cuts in fees payable to health providers and the containment of spending on pharmaceuticals (Morgan and Astolfi, 2014). Korea, and Chile are the countries with the highest growth rates within the OECD area at above 5% on an annual basis. However, these rates are well below those experienced in India, Indonesia and China, where real health expenditure has been growing on annual basis at an average rate of 8%, 9% and 11% respectively between 2009 and 2017.

Definition and measurement

Heath expenditure measures the final consumption of health goods and services. This measure includes spending by both public and private sources on medical services and goods, as well as public health and prevention programmes and administration, but it excludes spending on capital formation (investments in infrastructure, machinery and equipment, as well as software and databases).

To compare spending levels across countries, per capita health expenditures are converted to a common currency (US dollar) and adjusted to take account of the different purchasing power of the national currencies using Purchasing Power Parities (PPPs) exchange rates.

For the calculation of growth rates in real terms, economy-wide deflators are used. In some countries (e.g. France and Norway), health-specific deflators exist, based on national methodologies, but these are not used due to limited comparability.

Further reading

Morgan, D. and R. Astolfi (2014), "Health Spending Continues to Stagnate in Many OECD Countries", OECD Health Working Papers, No. 68, OECD Publishing, Paris, *https://doi.org/10.1787/5jz5sq5qnwf5-en*.

OECD (2018), Focus on Spending on Heath: Latest Trends, *www.oecd.org/health/health-expenditure.htm*.

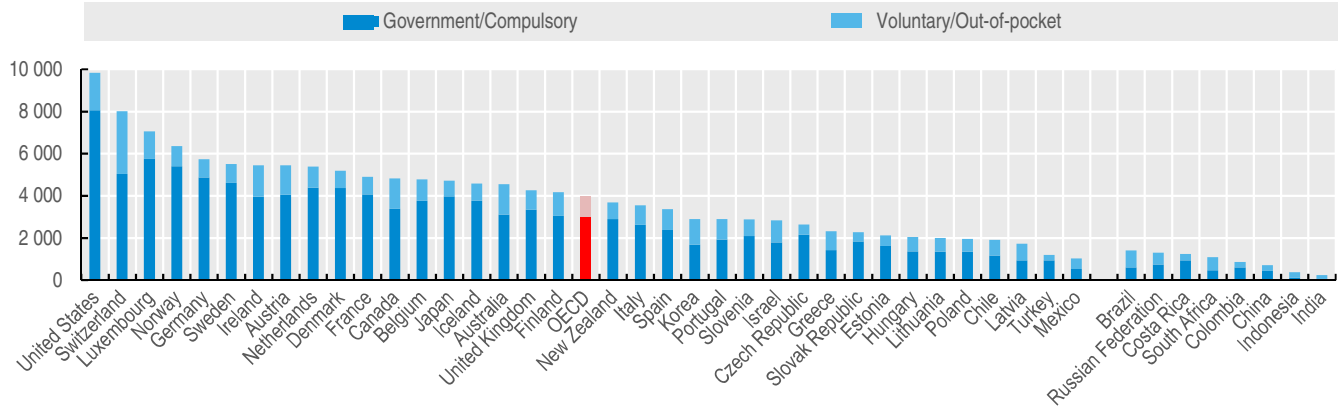
OECD (2017), *Health at a Glance 2017: OECD Indicators*, OECD Publishing, Paris, *http://dx.doi.org/10.1787/health_glance-2017-en*.

Figure notes

Figure 7.4, Figure 7.5, Figure 7.6: Data for 2017 are based on preliminary figures either provided by the country or estimated by the OECD. Data refer to 2016 for the United States (Figure 7.4 only), Costa Rica and the Russian Federation; 2015 for non-OECD members.

7.4. Large differences in health spending across the OECD

Per capita health expenditure by source, in USD PPPs, 2017 or nearest year

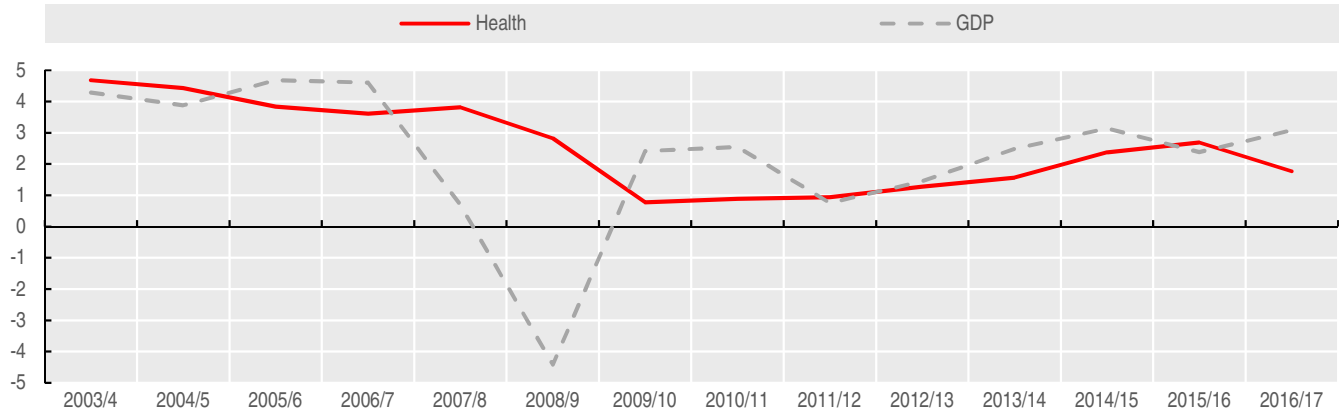


Source: OECD Health Statistics 2018, *https://doi.org/10.1787/health-data-en.*

StatLink http://dx.doi.org/10.1787/888933939351

7.5. On average health spending growth is still below pre-crisis levels

Real annual average growth rate in per capita health expenditure and GDP, OECD average, in percentages, 2003-17 or nearest years

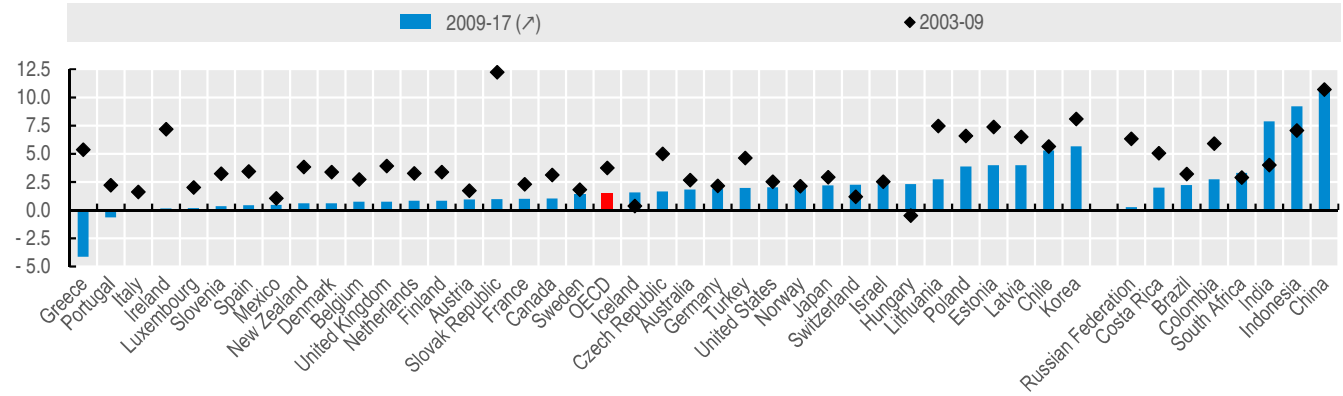


Source: OECD Health Statistics 2018, *https://doi.org/10.1787/health-data-en.*

StatLink http://dx.doi.org/10.1787/888933939370

7.6. Growth rates in health spending slowed down in the majority of OECD countries in the past decade

Real annual average real growth rate in per capita health expenditure, in percentages, over the periods 2003-09 and 2009-17 (or nearest years)



Source: OECD Health Statistics 2018, *https://doi.org/10.1787/health-data-en.*

StatLink http://dx.doi.org/10.1787/888933939389

HIV/AIDS

HIV (Human Immunodeficiency Virus) remains a major public health issue, with approximately 37 million people living with HIV infection in the world in 2017, of which 27 million live in Africa according to WHO. **For the 28 European OECD countries for which data are available, nearly 32 000 people were newly diagnosed in 2016, corresponding to 6.4 new cases of HIV infection per 100 000 population** (Figure 7.7). Latvia and Estonia had the highest rates of new HIV cases (at 17-18 per 100 000 population), followed by Ireland, Portugal and Luxembourg (at 10-11 per 100 000 population). Hungary and the Slovak Republic had the lowest rates, with around two cases per 100 000 population. The average annual rates of newly-diagnosed HIV cases have been fairly stable in OECD-Europe over the past decade, but these averages hide diverging trends across countries. In Estonia and Portugal, infection rates decreased rapidly although they remain high, while infection rates doubled in Iceland and Lithuania, albeit from rather low initial levels. Men account for three-quarters of the newly diagnosed HIV cases.

The predominant mode of transmission of HIV is through same-sex sexual acts (40%; of which 99.7% relate to men having sex with men), followed by heterosexual contact (32%). Drug use through injections is another common mode of HIV transmission (ECDC and WHO Regional Office for Europe, 2017).

HIV infection causes the onset of AIDS (Acquired Immunodeficiency Syndrome), which manifests itself through many different diseases, such as pneumonia and tuberculosis, as the immune system is no longer able to defend the body, leaving it susceptible to different infections and tumours. There is a time lag between HIV infection, AIDS diagnosis and death, which can be any number of years depending on the treatment administered.

The rate of newly-reported cases of AIDS in OECD countries in 2016 was 1.5 per 100 000 population (Figure 7.8). Following the first reporting of AIDS in the early 1980s, the number of cases rose rapidly to reach an average of almost four new cases per 100 000 population across OECD countries at its peak in the middle of the 1990s. Public awareness campaigns contributed to steady declines in new cases of HIV/AIDS in the second half of the 1990s. The development and greater availability of antiretroviral drugs, which reduce or slow down the development of the disease, also led to a sharp decrease in new cases since the mid-1990s. Mexico had the highest AIDS reporting rates among OECD countries in 2016 (at 11 new cases per 100 000 population), followed by Chile, Latvia and the United States (at around six new cases per 100 000 population). The low rates in some countries may be due to incomplete reporting.

The HIV/AIDS death rate also declined on average across OECD countries in the last two decades. However, people still die because of HIV/AIDS. In 2015, 18 000 lives were taken away due to HIV/AIDS in OECD countries, corresponding to an average death rate of 1.2 deaths per 100 000 population (Figure 7.9). Among OECD countries, HIV/AIDS death rates were highest in Latvia and Mexico, at four to five deaths per 100 000 population. Rates were slightly higher in Brazil, Colombia and the Russian Federation, and a lot higher in South Africa where HIV-AIDS caused more than 50 deaths per 100 000 population.

Definition and measurement

The incidence rates of HIV (human immunodeficiency virus) and AIDS (acquired immunodeficiency syndrome) are the number of new cases per 100 000 population at year of diagnosis. However, since newly reported HIV diagnoses may also include persons infected several years ago, the data do not represent the real incidence. Under-reporting and under-diagnosing also affect incidence rates, and could represent as much as 40% of reported cases in some countries (ECDC and WHO Regional Office for Europe, 2017).

Death rates are based on numbers of HIV/AIDS deaths registered in a country in a given year divided by the size of the corresponding population. The rates have been age-standardised to the 2010 OECD population (available at *http://oe.cd/mortality*) to remove variations arising from differences in age structures across countries and over time. The source for the HIV/AIDS death rates is the WHO Mortality Database.

Further reading

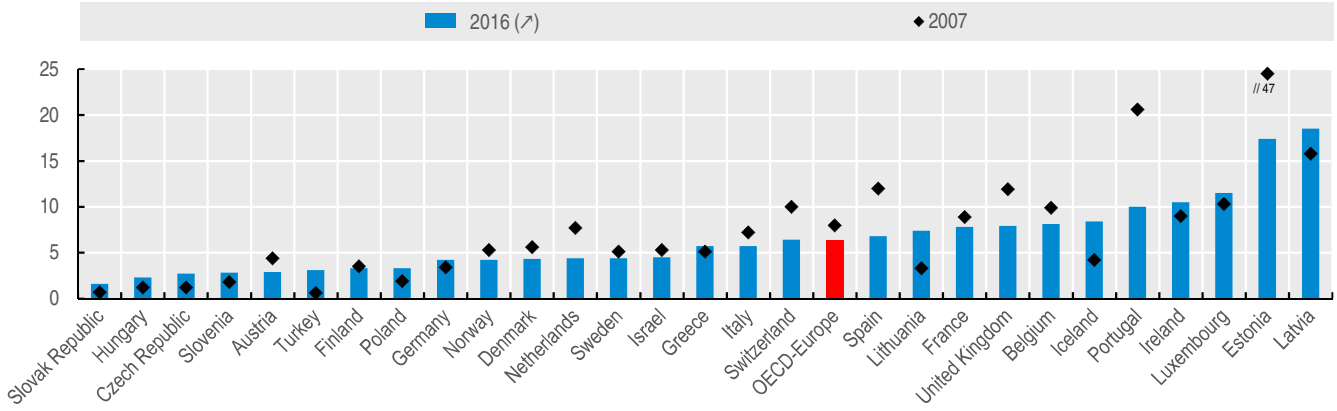
ECDC and WHO Regional Office for Europe (2017), HIV/AIDS surveillance in Europe 2016.

Figure notes

Figure 7.8 and Figure 7.9: See Statlink for precise years.

7.7. HIV reporting rates have been fairly stable in European OECD countries over the past decade

Newly reported cases of HIV (Human Immunodeficiency Virus) per 100 000 population, 2007 and 2016

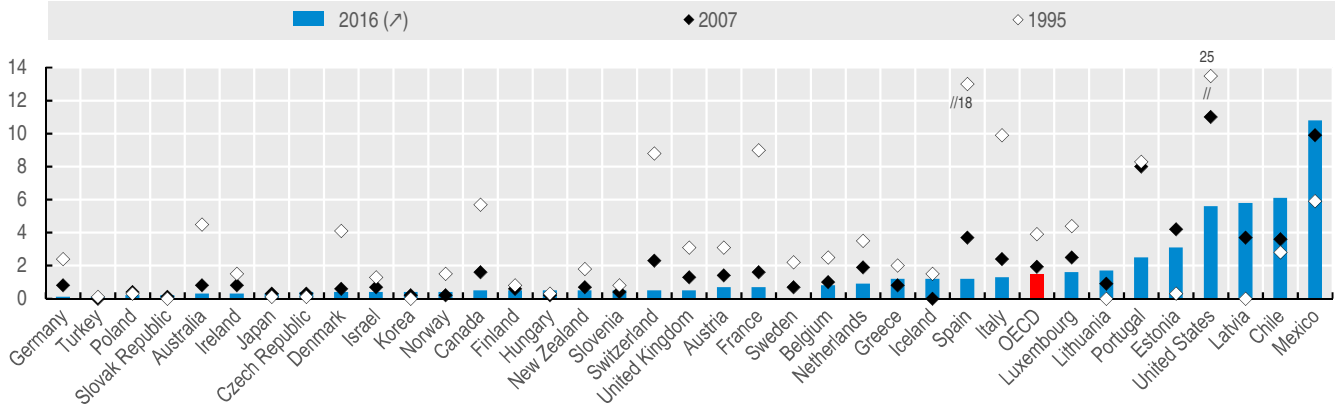


Source: ECDC and WHO Regional Office for Europe (2017), HIV/AIDS surveillance in Europe 2016.

StatLink http://dx.doi.org/10.1787/888933939408

7.8. AIDS reporting rates have been declining since the mid-1990s

Newly reported cases of AIDS (Acquired Immunodeficiency Syndrome) per 100 000 population, 1995, 2007 and 2016 (or nearest years)

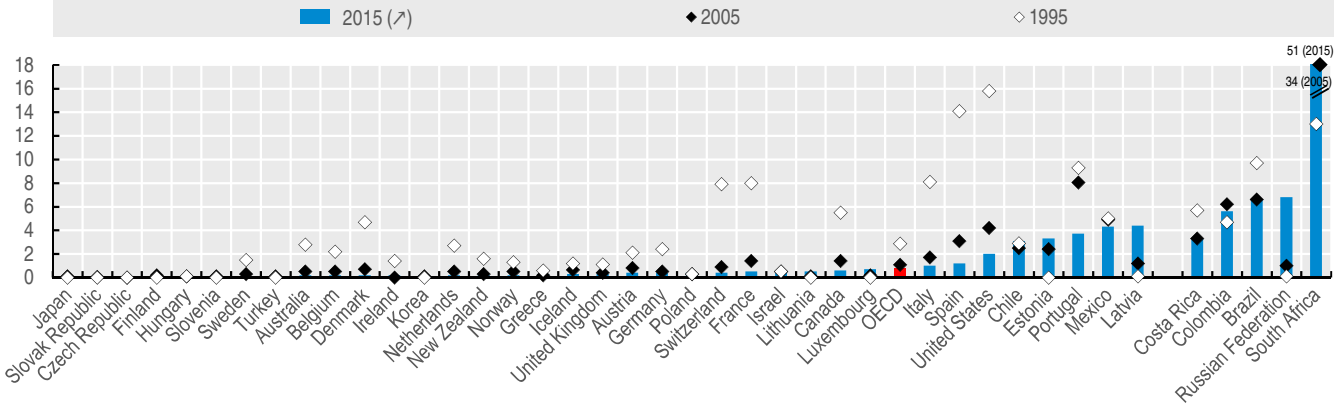


Source: OECD Health Statistics 2018, https://doi.org/10.1787/health-data-en.

StatLink http://dx.doi.org/10.1787/888933939427

7.9. HIV/AIDS death rates declined in most OECD countries over the last two decades

Age-standardised HIV/AIDS deaths per 100 000 population, 1995, 2005 and 2015 (or nearest years)



Source: OECD Health Statistics 2018, https://doi.org/10.1787/health-data-en.

StatLink http://dx.doi.org/10.1787/888933939446

Suicide

Suicide is a significant cause of death in many OECD countries and accounted for over 152 000 deaths in 2016, which represents about 12 suicides per 100 000 people. The reasons for committing suicide are complex, with multiple risk factors that can predispose a person to attempt to take their own life.

In 2016, suicide rates were lowest in Turkey, Greece, Israel and South Africa, at five or fewer deaths per 100 000 population (Figure 7.10). Latvia, Slovenia, Korea, Lithuania and the Russian Federation stood at the top of the ranking, with more than 18 deaths per 100 000 population caused by suicide. There is a thirteen-fold difference between Turkey and Lithuania, the two countries with respectively the lowest and highest suicide rates.

Death rates from suicide are three-to-four times higher for men than for women across OECD countries (Figure 7.10). In Iceland and Poland, men are at least seven times more likely to commit suicide than women. While the gender gap is smaller in Netherlands, Norway and Sweden, male suicide rates are still at least twice as high as female suicide rates.

Suicide rates increased in the 1970s and peaked in the early 1980s (Figure 7.11). **Since the mid-1980s, suicide rates have decreased by around one third across OECD countries**, with pronounced declines in Hungary, for example. At the same time, suicide rates have increased in countries such as Japan and Korea. In these countries, there was a sharp rise in the mid- to late 1990s, coinciding with the Asian financial crisis, but rates have started to decline in more recent years. In some other countries, suicide rates have increased in the last decade. For instance, in the United States the rates increased from 11.2 per 100 000 in 2000 to 13.8 in 2015, and most recent data show that suicide numbers and rates in the United States have continued to increase in 2016 and 2017 (NCHS, 2018). A similar trend is observed in Mexico and Portugal. Finland provides an example of a country that achieved significant reductions in suicide rates over the past few decades, through the implementation of suicide prevention campaigns, although suicide rates still remain high in comparison with other Nordic countries (OECD/EC, 2018).

On average, older people are more likely to take their own lives, with 20 people aged 70 years or more per 100 000 compared with ten people aged 15-29 years (Figure 7.12), but this pattern is not general across the OECD. Denmark, France, Hungary and Korea are examples where older people take their own lives more often than young people. The largest increasing age gradient is found in Korea, where rates amongst the eldest group are almost 13 times higher than those of teenagers. In a minority of OECD countries like Iceland, Ireland, Mexico and New Zealand, young people are more likely to take their own lives than older people. Suicide rates among under 30s are highest Estonia, Iceland and New Zealand, with 15 or more suicides per 100 000 youth. The rates are lowest in Mediterranean European countries and Luxembourg.

Differences in suicide rates between men and women become particularly important from 80-years old, where suicide rates are five times greater for men than for women. This pattern may reflect higher social isolation, possibly following ending of a long-term partnership, of older men compared to older women. It could also come from higher incidence of diseases among men leading to suicides.

Definition and measurement

The World Health Organization defines suicide as an act deliberately initiated and performed by a person in the full knowledge or expectation of its fatal outcome. Comparability of data between countries is affected by a number of reporting criteria, including how people's intention of killing themselves is ascertained, who is responsible for completing the death certificate, whether a forensic investigation is carried out, and what the provisions for confidentiality of the cause of death are. Caution is required therefore in interpreting variations across countries, as the number of suicides in certain countries may be under-reported because of the stigma that is associated with the act, or because of data issues associated with reporting criteria.

Death rates are based on the numbers of deaths registered in a country in a given year divided by the size of the corresponding population. The rates have been age-standardised to the 2010 OECD population to remove variations arising from differences in age structures across countries and over time. The source for the death rates is the WHO Mortality Database.

Further reading

National Center for Health Statistics (2018), Mortality in the United States, 2017, NCHS Data Brief, no. 328, *www.cdc.gov/nchs/data/databriefs/db328-h.pdf*.

OECD (2017), *Health at a Glance 2017: OECD Indicators*, OECD Publishing, Paris, *http://dx.doi.org/10.1787/health_glance-2017-en*.

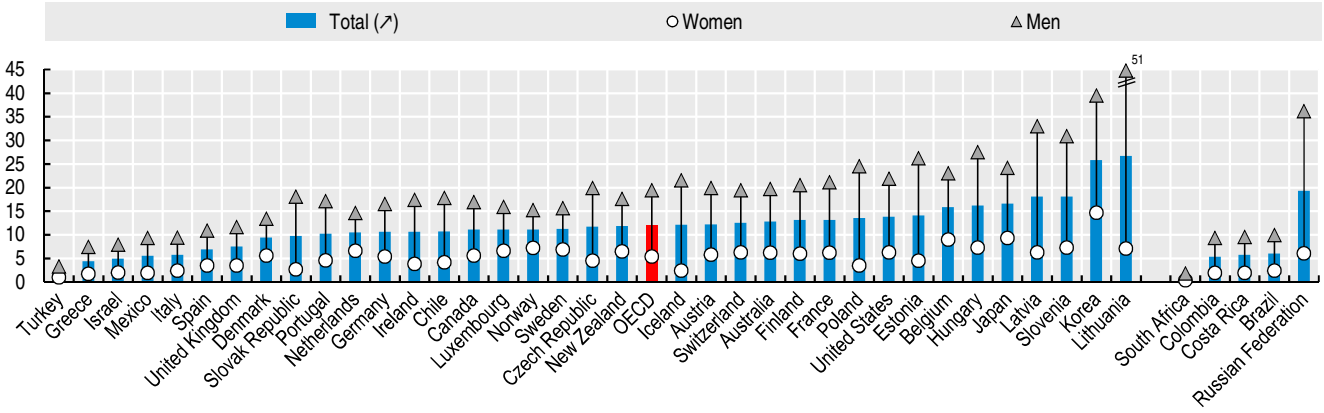
OECD/EU (2018), *Health at a Glance: Europe 2018: State of Health in the EU Cycle*, OECD Publishing, Paris/EU, Brussels, *https://doi.org/10.1787/health_glance_eur-2018-en*.

Figure notes

Figure 7.10 and Figure 7.12: See Statlink for precise latest years ranging from 2013 to 2016.

7.10. Suicide rates are three-to-four times higher for men than for women on average across OECD countries

Age-standardised suicide rate per 100 000 population by gender, 2016 (or nearest year)

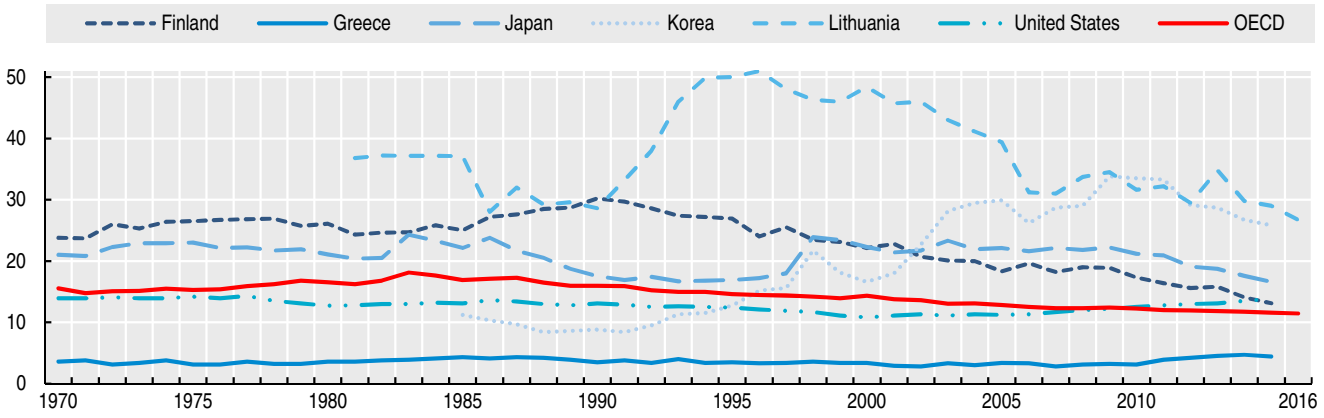


Source: OECD Health Statistics 2018, https://doi.org/10.1787/health-data-en.

StatLink http://dx.doi.org/10.1787/888933939465

7.11. Suicide rates have been falling on average, but countries display a diverse trend pattern

Trends in age-standardised suicide rate per 100 000 population, selected OECD countries, 1970-2016

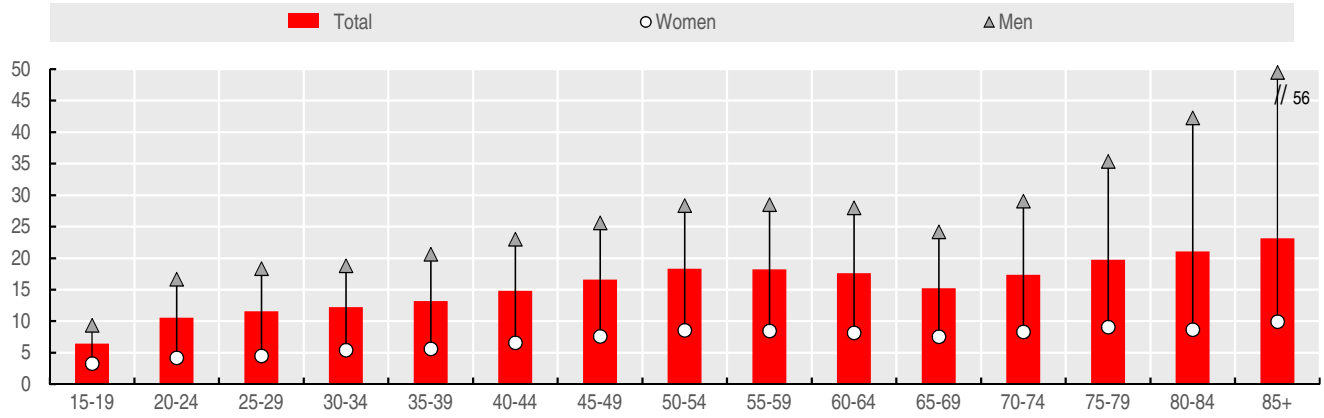


Source: OECD Health Statistics 2018, https://doi.org/10.1787/health-data-en.

StatLink http://dx.doi.org/10.1787/888933939484

7.12. Suicide rates increase with age, except in the first years of retirement

Suicide rate per 100 000 population, by age-group and gender, OECD average, 2016 (or nearest year)



Source: OECD Health Statistics 2018, https://doi.org/10.1787/health-data-en and OECD Secretariat calculations from *WHO Mortality database, www.who.int/healthinfo/mortality_data/en.*

StatLink http://dx.doi.org/10.1787/888933939503

Tobacco and alcohol consumption

Tobacco and alcohol are major risk factors for at least two of the leading causes of premature mortality – cardiovascular diseases and cancer.

On average, about 18% of the adult population smoked on a daily basis in 2017 (Figure 7.13). Keeping measurement issues in mind, variations across OECD countries seem to be large. Smoking rates were lowest in Mexico and Iceland (less than 10% of the adult population) and highest in Greece, Hungary and Turkey (above 25%). Rates are higher among men than among women in nearly all OECD countries, with the exception of Sweden and Iceland where the gender gap is less than 1%. Apart from Austria and the Slovak Republic, all OECD countries experienced a marked decline in smoking rates over the past eighteen years. On average across the OECD, the rate decreased by more than one fourth, from 26% in 2000 to 18% in 2017. Particularly large reductions occurred in Ireland, the Netherlands and Norway. Among OECD partner countries, smoking rates tend to be low in Brazil (7%) and high in Indonesia and the Russian Federation (above 30%).

Alcohol consumption, as measured by recorded data on annual sales, stands at 8.8 litres of pure alcohol per adult, on average, across OECD countries, based on the most recent data available (Figure 7.14). The Czech Republic, France and Lithuania reported the highest consumption of alcohol with 11.5 litres or more per adult per year. Low alcohol consumption is recorded in Turkey and Israel, as well as in the emerging economies Indonesia and India, where religious and cultural traditions restrict the use of alcohol for some population groups. Although average alcohol consumption slightly declined in many OECD countries since 2000 – by about 0.7 litre per adult on average –, it has risen by two litres or more in Estonia, Latvia, Lithuania and Poland, as well as in key partner countries China and India. OECD analysis based on individual-level data show that men of low socioeconomic status are more likely to drink heavily than men of a high socioeconomic status, while the opposite is observed among women (OECD, 2015).

Adolescents establish addictions more quickly than adults and regular smoking and drinking is associated with poorer psychological, social and physical health outcomes, as well as poorer educational outcomes, violence, injuries, drug use and risky sexual behaviour (OECD, 2015). **On average, one in eight 15-year-olds reported smoking at least once a week.** Adolescent smoking rates ranged from less than 5% in Canada, Iceland and Norway to around 20% in France, Hungary and Italy (Figure 7.15). Boys reported significant higher rates in Finland, Israel, Lithuania and Russian Federation, while the opposite pattern prevailed in the Czech Republic and Luxembourg.

As for drunkenness, **on average, one in five 15-year-olds reported that they had been drunk at least twice in their life.** Rates ranged from 10% in Israel to above 35% in Denmark, Hungary and Lithuania (Figure 7.16). Boys are more likely to have been drunk than girls, particularly in Austria, Hungary, Israel, Italy, Latvia, Lithuania, Russian Federation and Switzerland. the United Kingdom is the only country where girls more frequently report drunkenness than boys.

Definition and measurement

The proportion of daily smokers is defined as the percentage of the population aged 15 years and over who report smoking every day. International comparability is limited due to the lack of standardisation in the measurement of smoking habits in health interview surveys across OECD countries.

Variations are observed in the surveyed age groups, the wording of questions, response categories and survey methodologies (e.g. in a number of countries, respondents are asked if they smoke regularly, rather than daily). Self-reported behaviours may also suffer from a social desirability bias that may potentially limit cross-country comparisons.

Alcohol consumption is defined as annual sales of pure alcohol in litres per person aged 15 years and over. However, the methodology to convert alcoholic drinks to pure alcohol may differ across countries. Official statistics do not include unrecorded alcohol consumption, such as home production, which may be more common in some countries than in others.

Tobacco and alcohol consumption rates for 15-year-olds by gender are taken from the 2013/14 Health Behaviour in School-aged Children (HBSC) study, which collects information on many socio-economic factors that affect health behaviour among children for 26 OECD countries. Indicators shown here by gender are the percentage of 15-year-olds who smoke at least once a week and those who have been drunk on two or more occasions.

Further reading

Inchley, J. et al. eds. *Growing up unequal: Gender and socioeconomic differences in young people's health and well-being. Health Behaviour in School-aged Children (HBSC) study: International report from the 2013/2014 survey*. Copenhagen, WHO Regional Office for Europe, 2016 (Health Policy for Children and Adolescents, No. 7), *www.hbsc.org/publications/international*.

OECD (2015), *Tackling Harmful Alcohol Use: Economics and Public Health Policy*, OECD Publishing, Paris, *http://dx.doi.org/10.1787/9789264181069-en*.

OECD (2017), *Health at a Glance 2017: OECD Indicators*, OECD Publishing, Paris, *http://dx.doi.org/10.1787/health_glance-2017-en*.

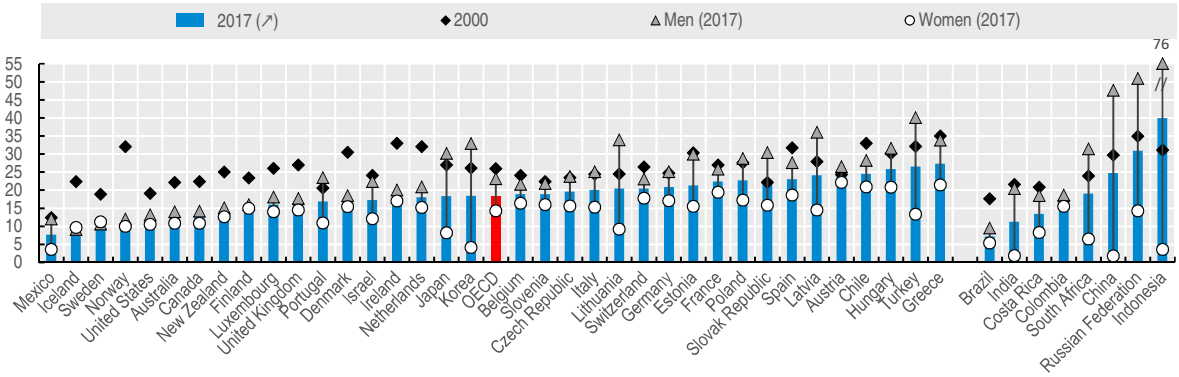
Figure notes

Figure 7.13 and Figure 7.14: See Statlink for precise years.

Figure 7.15 and Figure 7.16: Data for Belgium were computed using population shares for Flemish (60%) and French (40%); data for the United Kingdom were computed using population shares for England (85%), Scotland (9%) and Wales (5%).

7.13. Marked decline in smoking rates among adults in most OECD countries

Percentage of population aged 15 years and over smoking daily, by gender, in 2000 and 2017 (or nearest years)

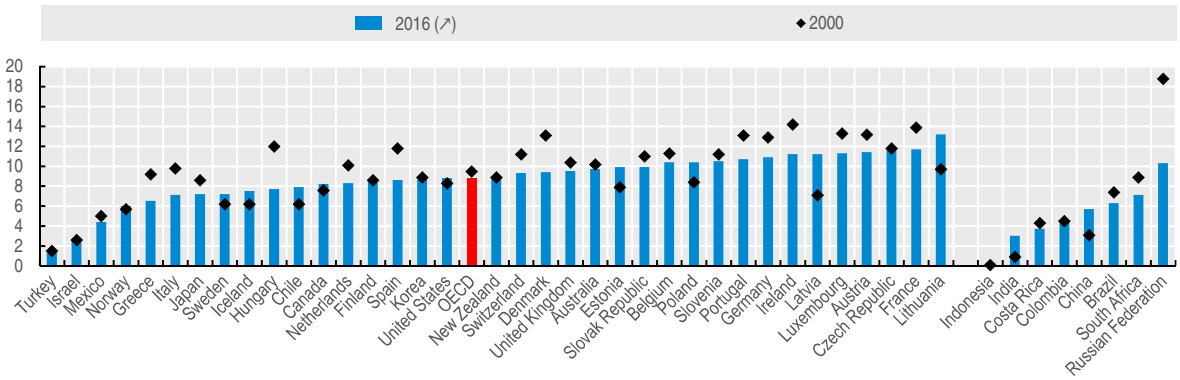


Source: OECD Health Statistics 2018, *https://doi.org/10.1787/health-data-en.*

StatLink http://dx.doi.org/10.1787/888933939522

7.14. Slight decline in alcohol consumption among adults in many OECD countries

Litres of pure alcohol per person aged 15 years and over, 2000 and 2016 (or nearest years)

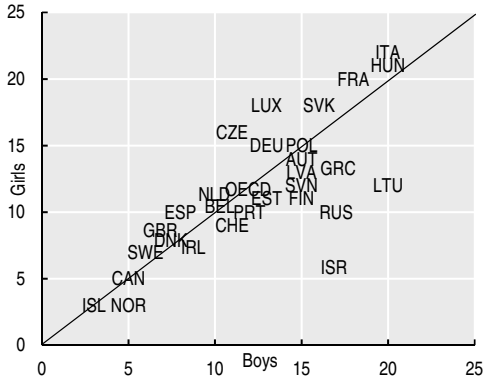


Source: OECD Health Statistics 2018, *https://doi.org/10.1787/health-data-en.*

StatLink http://dx.doi.org/10.1787/888933939541

7.15. One in eight 15-year-olds smoke at least once a week

Percentage of 15-year-olds who smoke at least once a week, by gender, in 2013/14

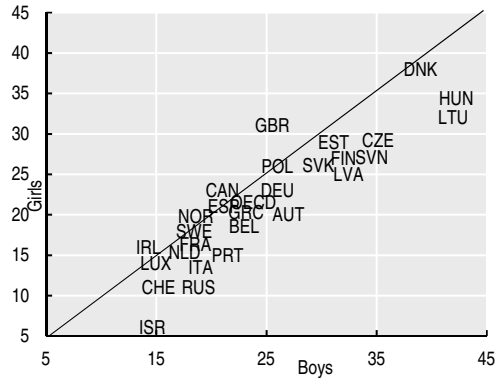


Source: Inchley, J. et al. eds. Growing up unequal: gender and socioeconomic differences in young people's health and well-being. Health Behaviour in School-aged Children (HBSC) study: international report from the 2013/2014 survey. Copenhagen, WHO Regional Office for Europe, 2016 (Health Policy for Children and Adolescents, No. 7), *www.hbsc.org/publications/international.*

StatLink http://dx.doi.org/10.1787/888933939560

7.16. One in five 15-year-olds have been drunk at least twice in their life

Percentage of 15-year-olds who have been drunk on two or more occasions, by gender, in 2013/14



Source: Inchley, J. et al. eds. Growing up unequal: gender and socioeconomic differences in young people's health and well-being. Health Behaviour in School-aged Children (HBSC) study: international report from the 2013/2014 survey. Copenhagen, WHO Regional Office for Europe, 2016 (Health Policy for Children and Adolescents, No. 7), *www.hbsc.org/publications/international.*

StatLink http://dx.doi.org/10.1787/888933939579

8. SOCIAL COHESION INDICATORS

Life satisfaction

Confidence in Institutions

Violence against women

Voting

Online activities

The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Life satisfaction

Life satisfaction measures how people evaluate their life and is a subjective indicator that complements more objective indicators of life quality.

When asked to rate their general satisfaction with life on a scale from 0 to 10, people on average across the OECD gave it a 6.7 in 2016-17 (Figure 8.1). However, life satisfaction is not evenly shared across OECD countries. People in Finland, Denmark and Norway are most satisfied with their lives, with scales of 7.5 and higher, and the other Nordic countries are not much behind. The measured level of life satisfaction in the Nordics is about 2.5 steps higher than in Greece, the country at the bottom of the ranking. Other countries with low life satisfaction include Turkey, Portugal, Hungary, Estonia and Korea. Life satisfaction also varies between emerging economies, from a scale above 6 in Argentina, Brazil, Colombia, Costa Rica and Saudi Arabia, to below 5 in India and South Africa.

OECD average life satisfaction in 2016-17 is similar to 2006-07 levels (Figure 8.1). Life satisfaction declined in only nine out of 36 OECD countries, with major drops in Greece, Italy and Spain, three countries that were hit particularly hard by the global economic crisis in 2008-09. In contrast, satisfaction with life considerably improved in Latvia, Hungary and Iceland.

Life satisfaction varies by socio-demographic group (Figure 8.2). While men and women report similar levels of life satisfaction on average across OECD countries, there are large gender gaps in certain countries, like Italy and the United Kingdom where men report higher levels than women, and Japan and Korea where women report higher levels than men. Life satisfaction tends to decrease with age and young people are on average happier than older age groups. Youth from Finland and Iceland are the most satisfied with their lives in the OECD, while people aged 50 and over in Greece report the lowest levels. A full-time job, higher education and higher income increase the likelihood of higher life satisfaction, while the place where you live (urban versus rural) does not seem to influence life satisfaction on average. Even so, life satisfaction in Australia and the Czech Republic tend to be considerably higher in rural areas than in urban areas, while the opposite is true in Korea, Latvia, Lithuania and Mexico, as well as in all emerging economies.

A snapshot of people's daily feelings and emotions is presented in Figure 8.3, using the positive and negative experience indexes of Gallup. Among OECD countries, **the composite "positive experience" index is highest in Mexico and Norway and lowest in Turkey, while the "negative experience" index is highest in Greece and lowest in Estonia**. Across these countries, high values of the positive experience index tend to be associated with high scores of life satisfaction, while there is only a weak negative correlation between the positive and negative experience indexes.

Definition and measurement

The Gallup World Poll asked respondents to: "Imagine an eleven-rung ladder where the bottom (0) represents the worst possible life for you and the top (10) represents the best possible life for you. On which step of the ladder do you feel you personally stand at the present time?" The main indicator used in this section is the average country score. The Gallup World Poll is conducted in more than 150 countries around the world based on a common questionnaire. With few exceptions, all samples are probability based and nationally representative of the resident population aged 15 years and over in the entire country. While this data source ensures a high degree of comparability across countries, results may be affected by sampling and non-sampling errors, and variation in response rates. Data are available by some socio-demographic groups.

The Gallup World Poll also presents the positive and the negative experience indexes. The positive experience index averages country responses to five questions about whether the respondent experienced a lot of enjoyment, smiled or laughed a lot, felt well-rested and learned or did something interesting the day before the interview. The negative experience index averages country responses to five questions about whether the respondent experienced a lot of physical pain, worry, stress, sadness and anger. The index scores are the mean of all valid affirmative responses to these items multiplied by 100.

Further reading

OECD (2013), *OECD Guidelines on Measuring Subjective Well-being*, OECD Publishing, Paris, *https://doi.org/10.1787/9789264191655-en*.

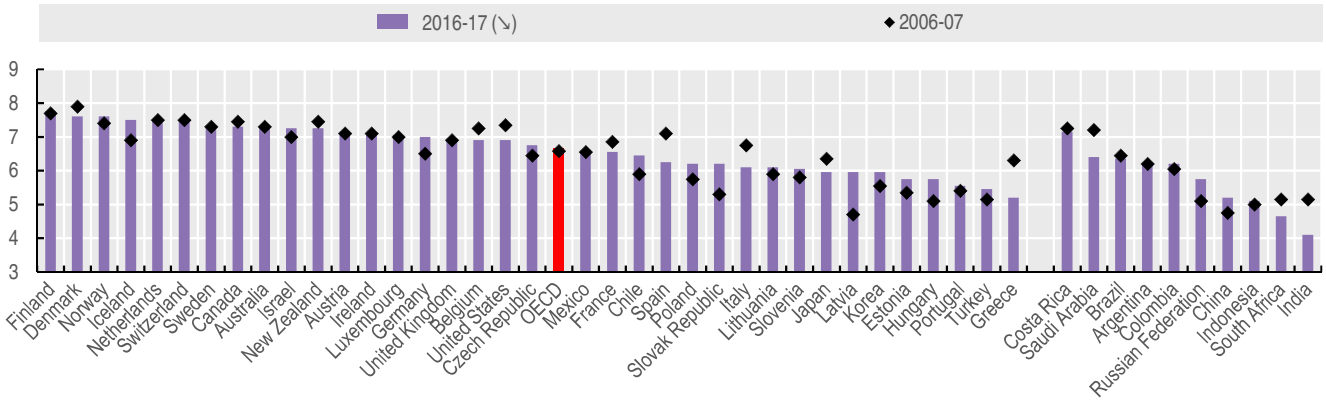
OECD (2017), *How's Life?* OECD Publishing, Paris, *http://dx.doi.org/10.1787/how_life-2017-en*.

Figure notes

Figure 8.1, Figure 8.2 and Figure 8.3: Results are averaged over a two-year period to minimise the impact of year-on-year fluctuations.

8.1. Levels and trends of life satisfaction vary considerably across countries

Average points of life satisfaction on a scale from 0 to 10, in 2016-17 and 2006-07

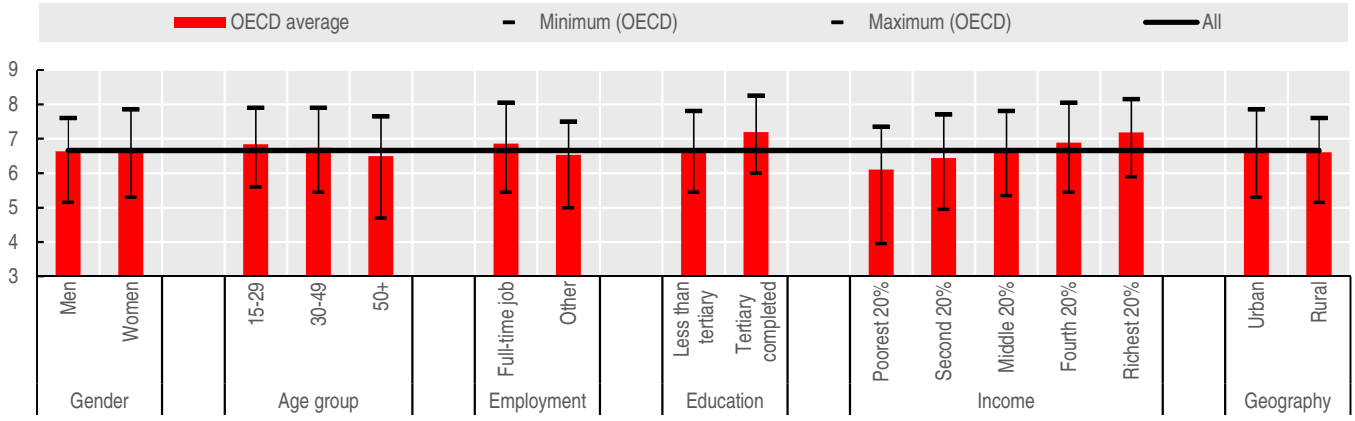


Source: Gallup World Poll, *www.gallup.com*.

StatLink http://dx.doi.org/10.1787/888933939598

8.2. Life satisfaction varies by socio-demographic group

Average points of life satisfaction on a scale from 0 to 10, by socio-demographic group, OECD average, 2016-17

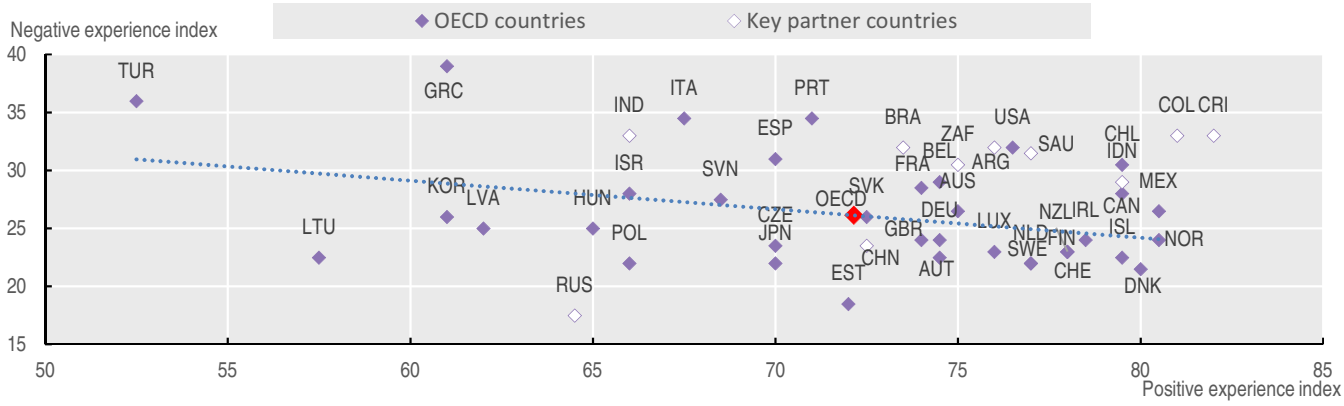


Source: Gallup World Poll, *www.gallup.com*.

StatLink http://dx.doi.org/10.1787/888933939617

8.3. A snapshot of people's daily feelings and emotions

Positive versus negative experience index, in 2016-17



Source: Gallup World Poll, *www.gallup.com*.

StatLink http://dx.doi.org/10.1787/888933939636

Confidence in institutions

A cohesive society is one where citizens have confidence in public institutions and believe that social economic institutions are not subjected to corruption. Confidence and corruption issues are dimensions that are strongly related to societal trust.

In OECD countries, on average **less than half of the population (43%) reported trust in their national government** in 2016-17 (Figure 8.4). Switzerland, Luxembourg and Norway stood at the top of the ranking with more than two-thirds of people reporting confidence. At the other end, less than one third of the population reported confidence in Greece, Chile, Italy and Slovenia. There is a six-fold difference between Switzerland and Greece, the two countries with respectively the highest and lowest confidence in national government. Among emerging economies, confidence in national government is highest in India and Indonesia, with confidence levels comparable with Switzerland, and lowest in Brazil and Colombia, but still higher than in Greece.

In most OECD countries, the share of people expressing confidence in the national government is higher among the richest quintile than in the poorest quintile of the population; some of the largest gaps being observed in Australia and New Zealand. However, the poorest share of the population does report higher confidence rates than their richer peers in four OECD countries (France, Greece Turkey and the United States) and in several key partner economies (Brazil, Colombia, India and South Africa).

Trust in the local police and military is considerably higher than trust in the national government, with respectively 74% and 73% of the OECD population reporting confidence in these two institutions in 2016-17 (Figure 8.5). People also report having more confidence in the judicial system (52% on average across the OECD) and in the financial system (46%), but confidence levels vary significantly across countries, with confidence in the judicial system ranging from around 20% in Chile and South Korea to around 85% in Denmark and Norway. Confidence levels for all institutions are higher in 2016-17 than they were in 2006-07, except for financial institutions, as a result of the financial crisis in 2007-08 that generated a severe economic crisis. Also trust in the national government experienced a decline during the economic downturn, with the greatest losses observed in Chile and Greece (around 30 percentage points). Since 2014-15, trust in the national government is rising again, as it is for financial institutions.

Gallup World Poll data also present data on perception of corruption in governments (Figure 8.6). On average across OECD countries in 2016/17, **more than half of respondents (54%) perceived widespread corruption in their government**. Denmark and Sweden report the lowest levels (under 20%) whereas the highest levels are perceived in the Czech Republic, Italy, Lithuania and Spain at above 80%. Perception of corruption is above the OECD average in all key partner countries and is also above 80% in Colombia, Indonesia and South Africa. In the last decade, perception of corruption deteriorated most in Chile, Slovenia and Spain while it improved most in Germany and Poland.

Definition and measurement

Data on confidence in institutions is taken from the Gallup World Poll, which is conducted in more than 150 countries around the world, and based on a common questionnaire, as translated into the predominant languages of each country. With few exceptions, all samples are probability based and nationally representative of the resident population aged 15 years and over in the entire country, including rural areas. While this ensures a high degree of comparability across countries, results may be affected by sampling and non-sampling error, and variation in response rates. Hence, results should be interpreted carefully. Data are averaged over a two-year period to minimise the impact of year-on-year fluctuations. Data are available by some socio-demographic groups.

Data on confidence is based on binary questions: Do you have confidence in each of the following: in the national government, in financial institutions or banks, in the judicial system and courts, in the local police force, in the military.

Data on corruption perception is based on the binary question: "Is corruption widespread throughout the government in this country, or not?"

Further reading

OECD (2017), *Government at a Glance 2017*, OECD Publishing, Paris, *https://doi.org/10.1787/gov_glance-2017-en*.

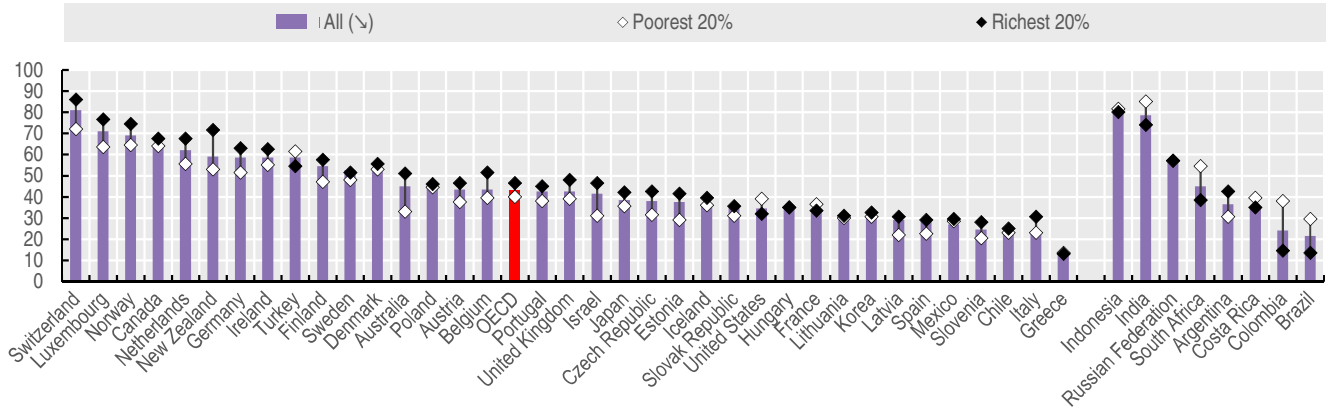
OECD (2017), *How's Life?*, OECD Publishing, Paris, *http://dx.doi.org/10.1787/how_life-2017-en*.

Figure notes

Figure 8.6: 2008 data instead of 2006/07 for Iceland and Luxembourg.

8.4. Less than half of the OECD population reports trust in their national government

Percentage of people reporting having confidence in national government, by household income, in 2016-17

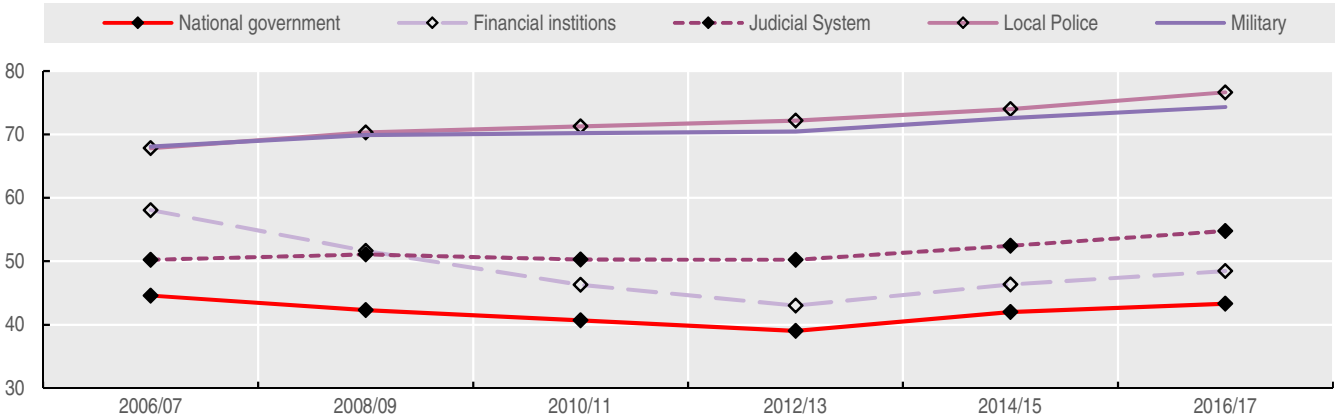


Source: Gallup World Poll, *www.gallup.com*.

StatLink http://dx.doi.org/10.1787/888933939655

8.5. People have most trust in the local police and military

Trend in percentage of people reporting having confidence in specific institution, OECD average

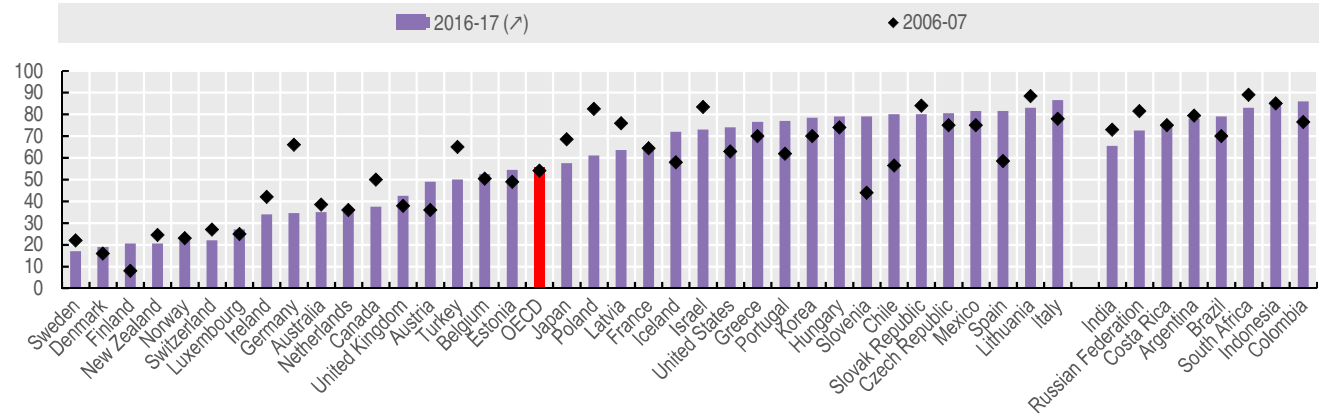


Source: Gallup World Poll, *www.gallup.com*.

StatLink http://dx.doi.org/10.1787/888933939674

8.6. More than half of the population perceives corruption in their government

Percentage of people reporting that corruption is widespread throughout the government, in 2016-17 and 2006-07



Source: Gallup World Poll, *www.gallup.com*.

StatLink http://dx.doi.org/10.1787/888933939693

Violence against women

Violence against Women (VAW) encompasses all forms of violence perpetrated against women because they are women. This includes all forms of physical violence, sexual violence and abuse, psychological violence, economic violence, and harassment. Other forms of violence against women include harassment, rape and other forms of assault, child marriage, human trafficking, female genital mutilation, a lack of reproductive rights, social norms that devalue women, and discriminatory laws that disenfranchise women.

The number of women who report having been victims of violence in their lifetimes and those who report violence in the past year is high in many countries. **Across OECD countries, 22% of women report having experienced physical or sexual violence from an intimate partner in their lifetimes, with more than 4% of women having experienced intimate partner violence in the past year.** More than one third of women in New Zealand, the United States and Turkey report having experienced interpersonal violence from a partner (Figure 8.7). For most women who have experienced physical or sexual violence, the perpetrator is someone they know, rather than a stranger.

OECD Social Institutions and Gender Index (SIGI) 2019 shows that social norms and legal frameworks can either drive processes of social transformation or act as barriers to women's empowerment. Despite years of advocacy to protect women's physical integrity, legislative progress has been uneven across OECD countries. In 14 countries, the legal framework protects women from violence, including intimate partner violence, rape and sexual harassment, without any legal exception. In 16 OECD countries, survivors of violence still face legal obstacles: one country still allows reduced penalties in case of so-called honour crimes; in four countries domestic violence is not a criminal offense; in 11 countries, the law provides legal protection from sexual harassment but does not include criminal penalties.

Social norms can also be powerful disincentives for women to report and pursue legal recourse against perpetrators. Social acceptance of domestic violence against women by women themselves weakens the functioning of legal frameworks and is an obstacle to addressing violence against women. SIGI 2019 shows that within OECD countries, **8% of women say that a husband may be justified in hitting or beating his wife, from 1% or less in Denmark and Ireland to up to 18% in Korea and 20% in Germany** (Figure 8.8). In emerging economies, acceptance of violence against women can be much higher – 34% of women in Indonesia and 61% of women South Africa say that spousal violence can be justified.

A recent Global Study on Homicide, the United Nations Office on Drugs and Crimes finds that while men are more likely to be victims of homicide, women killed by intimate partners or family members account for 58% of all female homicide victims. Gender-related killing of women and girls is a global phenomenon, with the highest rates of women and girls intentionally killed in Africa and in North and South America.

Women also face violence and harassment outside the home. According to a 2018 International Transport Forum report, most women who use public transport feel exposed to physical or verbal aggression, sexual harassment and other forms of violence or unwelcome behaviour, leading to personal stress and physical harm. **On average across OECD countries, almost one women in three report not feeling safe when walking alone at night, compared to one in five for men** (Figure 8.9). Women feel safer in Iceland, Norway, Slovenia, Spain and Switzerland, where less than one in five women do not feel safe. By contrast, in Latin America, around six women out of ten report not feeling safe. Women from Brazil and South Africa report the highest shares at above 70%.

Definition and measurement

Figure 8.7 presents the percentage of ever-partnered women who ever suffered intimate partner physical and/or sexual violence, as well as the percentage of women who have suffered intimate partner physical and/or sexual violence in the past 12 months. Figure 8.8 presents percentage of women aged 15-49 years who consider a husband to be justified in hitting or beating his wife for at least one of the specified reasons, i.e. if his wife burns the food, argues with him, goes out without telling him, neglects the children or refuses sexual relations. Data are from the Gender, Institutions and Development Database 2019 includes the data used in the OECD Social Institutions and Gender Index (SIGI) 2019, a cross-country composite measure of gender-based discrimination in formal and informal laws, social norms and practices in 180 countries.

Figure 8.9 presents the share of respondents who replied "No" to the GallupWorld Poll question "Do you feel safe walking alone at night or in the city or area where you live?" See more details on the Gallup World Poll in previous indicator "Life satisfaction".

Further reading

International Transport Forum (2018), *Women's Safety and Security: A public transport priority*, OECD Publishing, Paris, *www.itf-oecd.org/sites/default/files/docs/womens-safety-security_0.pdf*.

OECD (2019), *SIGI 2019 Global Report: Transforming Challenges into Opportunities, Social Institutions and Gender Index*, OECD Publishing, Paris, *https://doi.org/10.1787/bc56d212-en*.

OECD (2018) Gender Institutions and Development Database, *https://stats.oecd.org/Index.aspx?DataSetCode=GIDDB2019*.

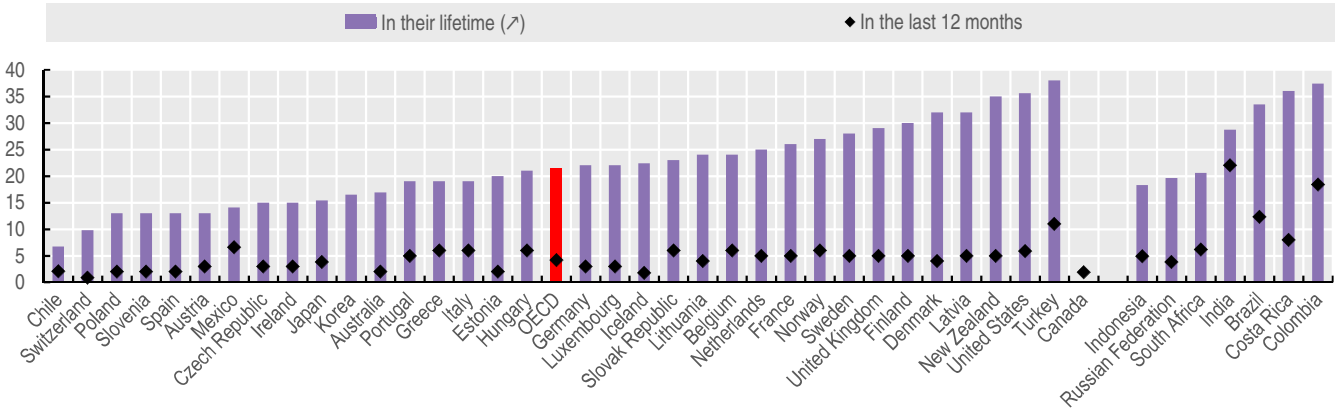
United Nations Office on Drugs and Crime (2018), Global study on homicide: Gender-related killing of women and girls, UNODC, Vienna, *www.unodc.org/documents/data-and-analysis/GSH2018/GSH18_Gender-related_killing_of_women_and_girls.pdf*.

Figure notes

Figure 8.7: No lifetime data available for Canada.

8.7. One in five women in the OECD report having experienced intimate partner violence

Percentage of women who report having experienced intimate partner physical and/or sexual violence, at least once in their lifetime and in the last 12 months, in 2010-17

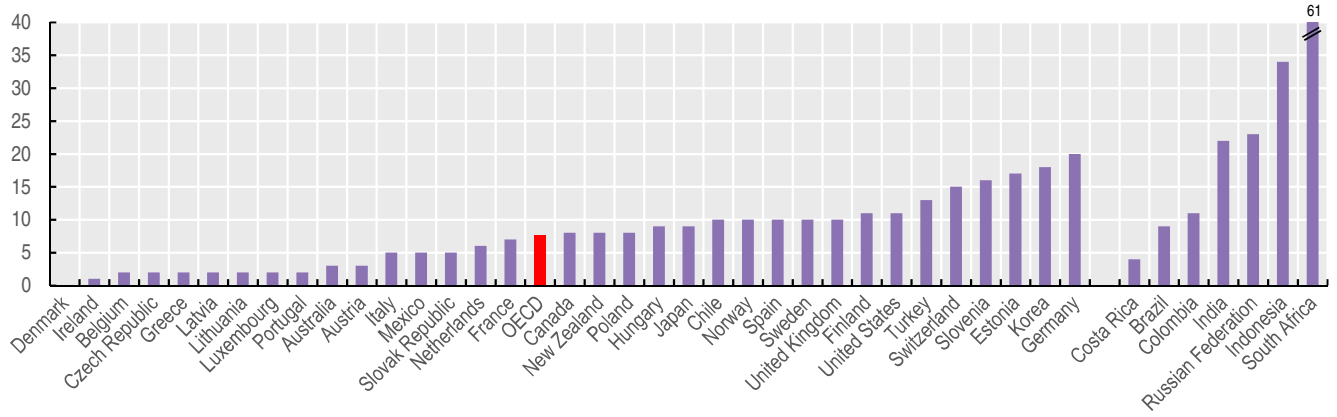


Source: OECD (2019), *Gender, Institutions and Development Database*, *https://oe.cd/ds/GIDDB2019*.

StatLink http://dx.doi.org/10.1787/888933939712

8.8. Some women condone men's violence against women

Percentage of women aged 15-49 years who consider a husband to be justified in hitting or beating his wife in 2010-17

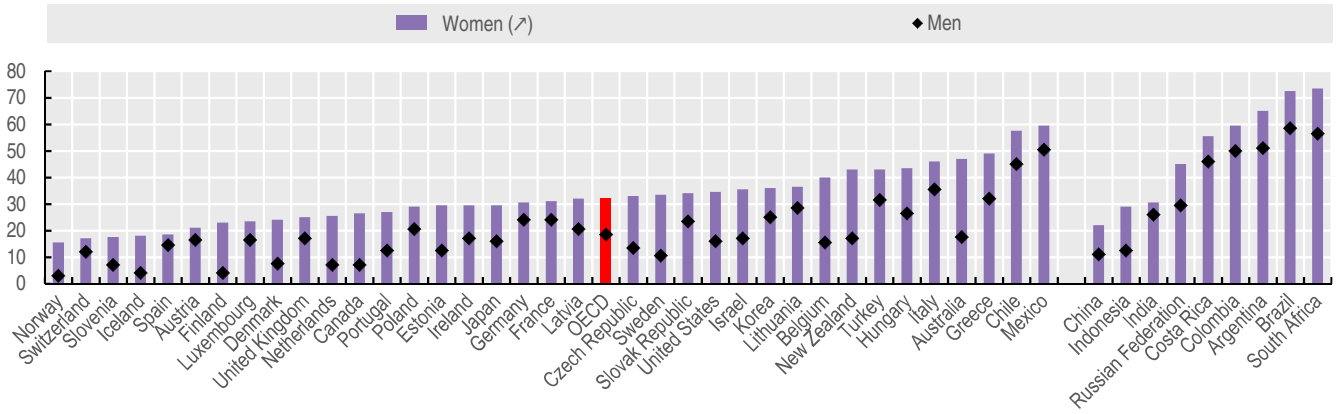


Source: OECD (2019), *Gender, Institutions and Development Database*, *https://oe.cd/ds/GIDDB2019*.

StatLink http://dx.doi.org/10.1787/888933939731

8.9. Women feel less secure walking alone at night than men

Percentage of people responding they do not feel safe walking alone at night in the city or area where they live, by gender, in 2016/17



Source: Gallup World Poll, *www.gallup.com*.

StatLink http://dx.doi.org/10.1787/888933939750

Voting

Interest in politics is an important factor for social cohesion. It is a key challenge for politicians to ensure that citizens feel concerned by politics and participate as actors in the political life of the society.

Voter turnout rates vary enormously across OECD countries. A high voter turnout is a sign that a country's political system enjoys a strong degree of participation. Turnout rates in parliamentary elections are above 80% in Belgium, Denmark, Turkey and Sweden, but below 50% in Chile, Luxembourg and Switzerland (Figure 8.10). Low turnout not only reflects limited participation by registered voters, but also limited registration by potential voters. **In most OECD countries, there has been a decline in electoral participation over the last three decades**. Between the early 1990s and the late 2010s, participation in parliamentary elections across the OECD decreased from 75% to 65% on average.

One in four young people in the OECD report no interest at all in politics, compared with one in five for all age groups (Figure 8.11). Disinterest in politics among 15-to-29-year olds is highest in the Czech Republic, Hungary and Lithuania, with 50% or more reporting no interest at all, compared with rates below 10% in the Nordics and Germany. Chile, Italy and Mexico report the highest level of disinterest in politics for the total population, whereas Japan joins the Nordics and Germany with the lowest levels of disinterest.

Three-quarter of immigrants with host-country nationality participated in the most recent national elections (Figure 8.12). This OECD average share is slightly below that of native-born (74% versus 80% respectively). Even when accounting for age and education, the gap in voter participation with native-born remains constant. Electoral participation among immigrants is below that of native-born in most OECD countries, with the exception of Estonia, Hungary, Israel, Lithuania and Poland.

In absolute terms, immigrants' turnout is highest (around 90%) in Denmark and Belgium (two countries with a formal obligation for all citizens to vote), and lowest in the Czech Republic, Switzerland and Ireland (slightly below 60%). The ranking is relatively similar for the native-born participation. Gaps are widest, ranging from 12 to 20 points, in the Nordic countries, Southern Europe, Ireland, Germany, the Netherlands and Switzerland.

Definition and measurement

Voting in national parliamentary elections is one indicator of people's participation in their community's national life. The indicator used here to measure the participation of individuals in the electoral process is the "Voting age population turnout", i.e. the percentage of the voting age population (VAP) that actually voted – as available from administrative records of member countries. The VAP is an estimate as it is difficult to accurately account for people who are of voting age but who are not registered voters, whatever the reason.

Definition and measurement (*cont.*)

Cross-national comparisons for voter turnout data can be affected by a variety of factors including, the legal voting age, the voting registration system (automatic or requiring action by the potential voter) and whether voting is compulsory or not. In most OECD and European countries, the legal voting age in the national elections is 18 years old, but young people can vote from age 16 in Austria and Brazil and from age 17 in Greece and Indonesia.

Different types of elections occur in different countries according to their institutional structure and different geographical jurisdictions. For some countries, it should be noted, turnout for presidential elections and regional elections may be higher than for national parliamentary elections, perhaps because those elected through these ballots are constitutionally more important for how those countries are run. Data about voter turnout are extracted from the international database managed by the Institute for Democratic and Electoral Assistance (IDEA).

Data on interest in politics, are from the European Social Surveys (ESS8-2016) and the Word Value Survey Wave 6: 2010-14 (WVS). The questions in both surveys ask about How interested in politics and the respondent to choose between 4 categories: "Very interested", "Quite interested", "Hardly interested" and "Not at all interested". Data refer to the rate of people answering to be not at all interested in politics.

Data on self-reported participation in most recent election for the foreign-born and native born population (Figure 8.12) are based on survey data (such as the European Social Survey, the Global Social Survey, or the Current Population Survey) therefore they differ from IDEA data presented in Figure 8.10.

Further reading

OECD/EU (2018), *Settling In 2018: Indicators of Immigrant Integration*, OECD Publishing, Paris/EU, Brussels, *https://doi.org/10.1787/9789264307216-en*.

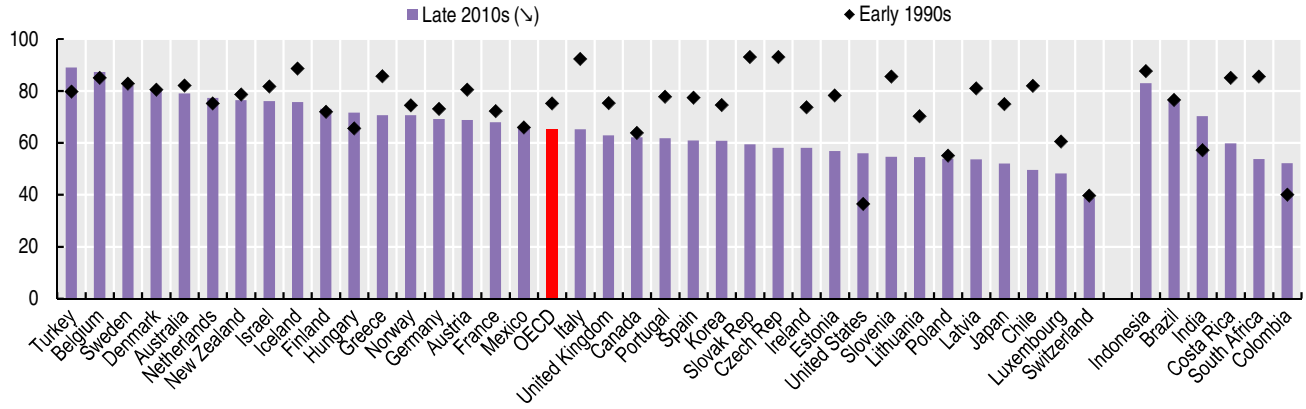
Figure notes

Figure 8.10: Voting age population (VAP) turnout statistics are calculated by dividing the total vote by an estimated voting age population. The voting age population (VAP) includes all citizens above the legal voting age. Data refer to parliamentary elections, with the exceptions of France, Mexico, and Poland where presidential elections are considered due to higher participation rates. For more information about elections dates, see *statlinks*.

Figure 8.11: Data for Canada, Greece, Latvia and Luxembourg are not available.

8.10. In most OECD countries there has been a decline in electoral participation

Voter turnout in latest parliamentary election, early 1990s and late 2010s, percentage of the voting age population

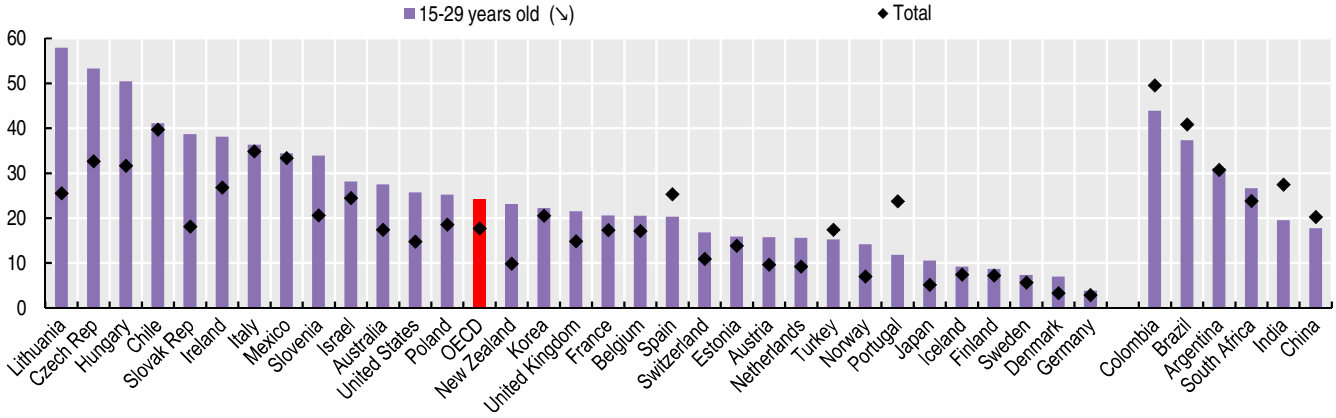


Source: International Institute for Democracy and Electoral Assistance (IDEA), Voter Turnout database, *www.idea.int*.

StatLink *http://dx.doi.org/10.1787/888933939769*

8.11. One in four young people in OECD are not at all interested in politics

Percentage of people reporting to be not at all interested in politics, by age group, 2016 or last year available

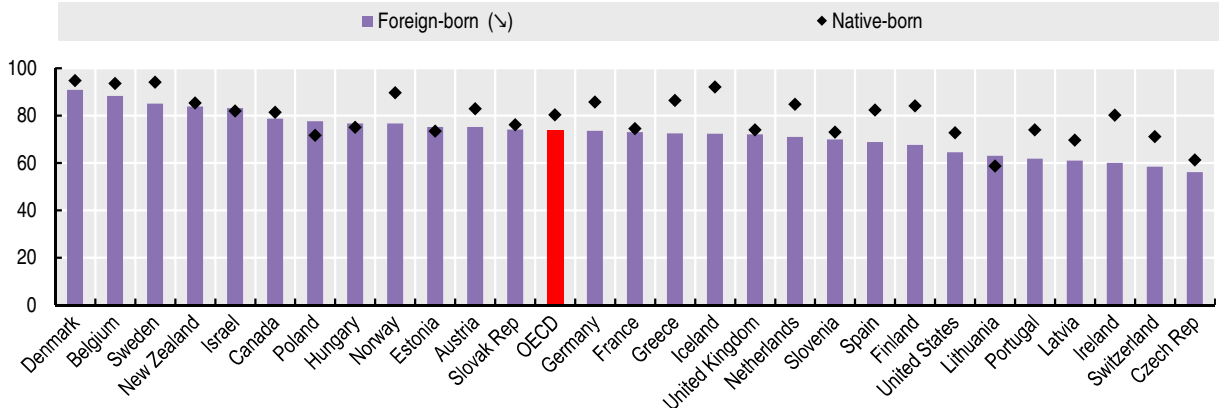


Source: European Social Survey ESS8-2016, ESS7-2014 and World Values Survey Wave 6: 2010-2014.

StatLink *http://dx.doi.org/10.1787/888933939788*

8.12. Participation in elections is slightly lower for the foreign-born population

Self-reported participation in most recent election, as a percentage of the population with the host country's nationality aged 18 and above, 2008-16



Source: OECD/EU (2018), *Settling In 2018: Indicators of Immigrant Integration*, OECD Publishing, Paris/EU, Brussels, *https://doi.org/10.1787/9789264307216-en*, Chapter 5: Immigrant civic engagement and social integration.

StatLink *http://dx.doi.org/10.1787/888933939807*

Online activities

Despite a regular and significant increase during the last decade, Internet usage continues to vary widely across OECD countries and among social groups. In 2018, 97% and above of the adult population accessed the Internet in Denmark, Iceland, and Norway, but 65% did so in Mexico (Figure 8.13). Differences in Internet uptake are linked primarily to age and education, often intertwined with income levels.

In most countries, **Internet uptake by young people is nearly universal, but there are wide differences for older generations**. On average across the OECD, over 97% of 16-24 year-olds used the Internet in 2018 compared to about 67% of 55-74 year-olds. The Internet usage rate among 16-24 year-olds is nearing 100% in most OECD countries, except in Mexico and Turkey (90%), Israel and the United States (85-87%). By contrast, Internet usage among 55-74 year-olds is still very heterogeneous across countries: above 90% in Denmark, Iceland, the Netherlands, Norway but only 40% in Greece, 31% in Turkey and 28% in Mexico.

Most of online time is devoted to instant messaging and social networking. In countries for which data are available, people aged 14 and above spent more than three hours per day on the Internet in 2016, whereas the duration increases to 4.5 hours a day among young people (aged 14-24) (Figure 8.14). The age gap is even higher in countries where people use the Internet more extensively, such as the Netherlands, Sweden or Portugal. Constant connectivity is changing attitudes and behaviour in people's personal life, with the transfer of part of social relations online and the blurring of work and leisure time.

More than one in ten adolescents across the OECD report having been the victim of cyberbullying, either by message or by picture (Figure 8.15). The highest cyberbullying rates in OECD countries are found in Latvia (almost one in four), as well as in Estonia, Hungary, Ireland and the United Kingdom (Scotland), where more than one in five adolescents report cyberbullying. The lowest rate is in Greece, with only five percent of adolescents report having been victim to cyberbullying.

The digital space can also introduces new risks and stress sources into young people's lives. Just as with traditional forms of bullying, exposure to cyber-bullying – for instance, the rapid creation and sharing of offensive messages or comments, spreading of rumours, exclusion of victims from online groups and other forms of harassment – is associated with a wide range of negative outcomes, including depressive symptoms, substance use, ideation and suicide attempts (OECD Brief Children & Young People's Mental Health in the Digital Age, Shaping the Future).

Teenage girls are more likely than teenage boys to report having been victim to cyberbullying. The gender difference is especially large in Ireland and the United Kingdom, where cyberbullying rates for girls exceed those for boys by more than 10 percentage points. Only in Spain, boys report higher rates of cyber-bullying than girls, by 3 percentage points.

Definition and measurement

Data on internet usage refer to the ICT Access and Usage by Households and Individuals database which provides a selection of indicators, based on the second revision of the OECD Model Survey on ICT Access and Usage by Households and Individuals (*http://oe.cd/hhind*). Internet users are defined for a recall period of three months.

Data on daily time spent on the Internet are from the European Social Survey (ESS), an academically driven cross-national survey that has been conducted across Europe since its establishment in 2001. Every two years, face-to-face interviews are conducted with newly selected, cross-sectional samples. The survey measures the attitudes, beliefs and behaviour patterns of diverse populations in more than thirty nations (*www.europeansocialsurvey.org/*)

Data on cyberbullying refer to the percentage of 11-, 13- and 15-year-olds who, when asked if they had been cyberbullied with messages or with pictures and presented with response options ranging from "Haven't" to "Several times a week", responded "at least once". Adolescents refer to young people aged 11, 13 and 15 attending school. Data are based on the Health Behaviour in School-aged Children (HBSC) World Health Organization Collaborative Cross-National Survey 2013-14 (*www.hbsc.org/*).

Further reading

OECD (2019), *Measuring the Digital Transformation: A roadmap for the future*, OECD Publishing, Paris, *https://doi.org/10.1787/9789264311992-en*.

OECD (2019), *Going Digital: Shaping Policies, Improving Lives*, OECD Publishing, Paris, *https://doi.org/10.1787/9789264312012-en*.

OECD (2019), *How's Life in the Digital Age? Opportunities and Risks of the Digital Transformation for People's Well-being*, OECD Publishing, Paris, *https://doi.org/10.1787/9789264311800-en*.

OECD (2019), Children & Young People's Mental Health in the Digital Age, Shaping the Future, *www.oecd.org/els/health-systems/Children-and-Young-People-Mental-Health-in-the-Digital-Age.pdf*.

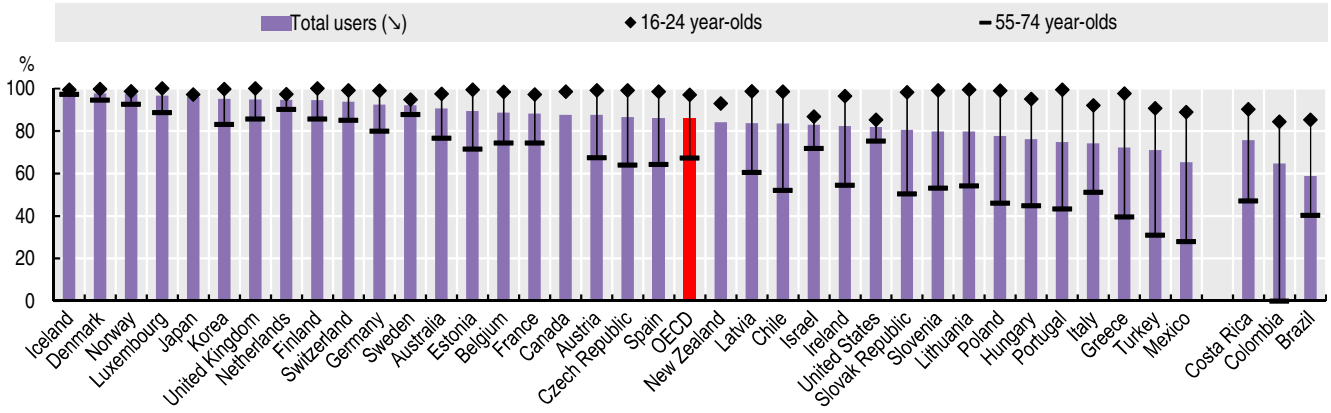
Figure notes

Figure 8.13: Unless otherwise stated, Internet users are defined for a recall period of three months. For Canada and Japan, the recall period is 12 months. Data refer to 2012 for Canada and New Zealand, 2016 for Australia, Israel and Japan, and 2017 for Chile, Korea, Mexico, Switzerland and the United States. OECD data are based on a simple average of the available countries.

Figure 8.15: OECD excludes Belgium (Flemish), Belgium (French), United Kingdom (England), United Kingdom (Scotland), and United Kingdom (Wales).

8.13. There are large variations in Internet use across generations

Internet users by age, as a percentage of the population in each age group, 2018

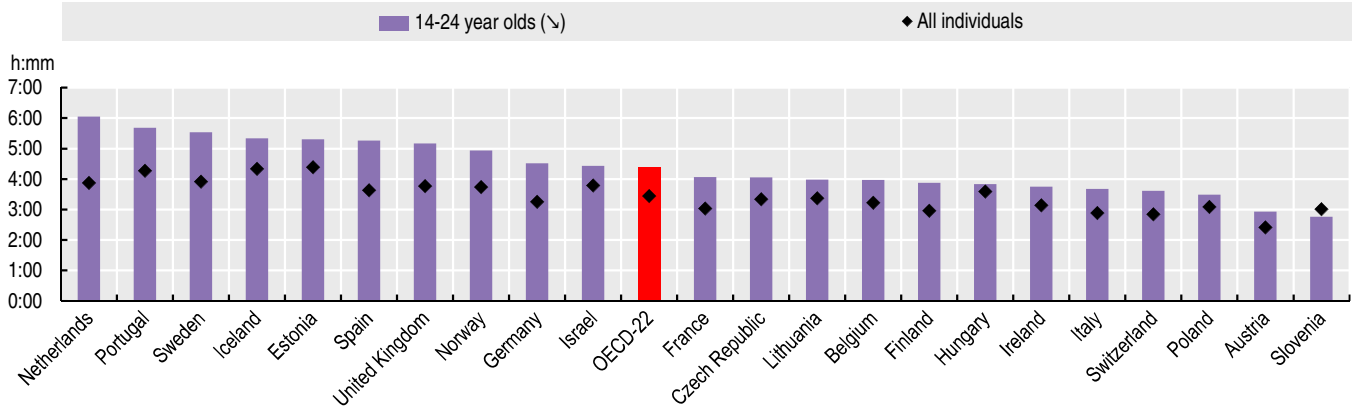


Source: OECD, *ICT Access and Usage by Households and Individuals* (database), *http://oe.cd/hhind* (accessed February 2019).

StatLink http://dx.doi.org/10.1787/888933939826

8.14. Young people spend more than four hours per day online

Daily time spent on the Internet by young people and all individuals, 2016

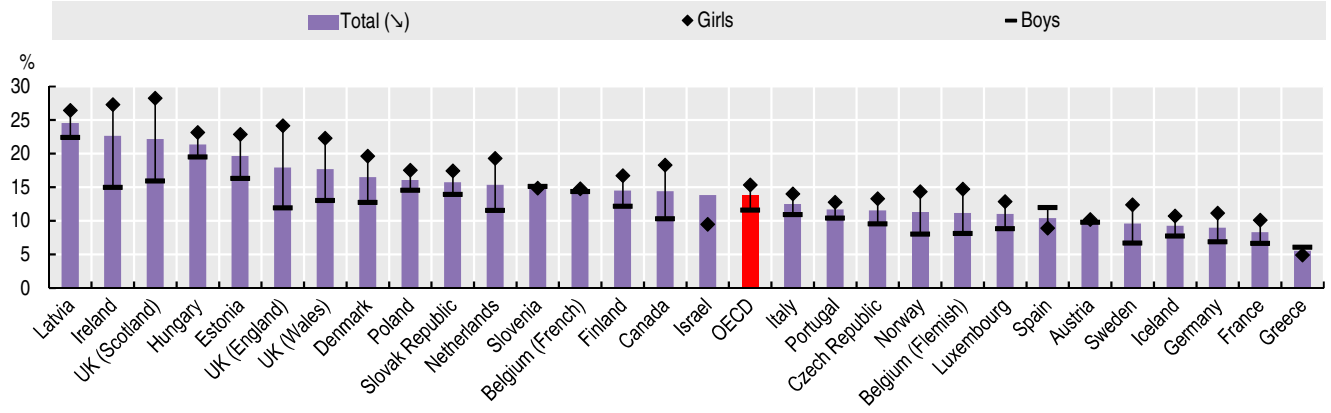


Source: OECD (2019), *Measuring the Digital Transformation: A roadmap for the future*, OECD Publishing, Paris, *https://doi.org/10.1787/9789264311992-en*; OECD calculations based on The European Social Survey microdata (2016 edition).

StatLink http://dx.doi.org/10.1787/888933939845

8.15. Teenage girls report more often to be victims of cyberbullying than boys

Percentage of 11-, 13- and 15-year-olds who report having been cyberbullied by messages or pictures at least once, by gender, 2014



Source: OECD Child Well-being Data Portal, *http://oe.cd/child-well-being*; OECD Secretariat calculations based on the Health Behaviour in School-aged Children (HBSC), World Health Organization Collaborative Cross-National Survey 2013-14, *www.hbsc.org/*.

StatLink http://dx.doi.org/10.1787/888933939864

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Society at a Glance 2019

OECD SOCIAL INDICATORS

This report, the ninth edition of the biennial OECD overview of social indicators, addresses the growing demand for quantitative evidence on social well-being and its trends. This year's edition presents 25 indicators, several of which are new, and includes data for 36 OECD member countries and, where available, key partners (Brazil, China, India, Indonesia, Russia and South Africa) and other G20 countries (Argentina and Saudi Arabia).

The report features a special chapter on lesbian, gay, bisexual and transgender (LGBT) people: their numbers, how they fare in terms of economic outcomes and well-being, and what policies can improve LGBT inclusivity. It also includes a special section based on the 2018 OECD Risks That Matter Survey on people's perceptions of social and economic risks and the extent to which they think governments address those risks. In addition, the report provides a guide to help readers in understanding the structure of OECD social indicators.

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Consult this publication on line at ***https://doi.org/10.1787/soc_glance-2019-en***.

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