

## Introduction

There are currently over 35 million adult women living in Germany. The interplay of additional factors such as age, education, occupation, income, family situation and cultural background all contribute to their highly diverse life situations. All of these factors also have an influence on health. In the way that their social circumstances are highly diverse, the same is true for the health situation of women. Our report ‘Health Situation of Women in Germany’ presents comprehensive and up-to-date information on the health status, health behaviour and health care of women in Germany. We report on women of all age groups including one chapter on girls’ health. The report has been prepared by Federal Health Reporting (GBE) in cooperation with numerous colleagues from the Robert Koch Institute’s (RKI) Department of Epidemiology and Health Monitoring. Many external experts and colleagues from other departments of the RKI contributed additional texts and reviews.

### Gender and health

Why focus specifically on women’s health? The great impact of gender on health is by now extensively researched and well documented. Starting with the women’s health movement that emerged in the 1970s, health inequalities between women and men became an important topic on the health research and health policy agenda. The distinction between sex and gender has also come to the fore: sex refers to the biological aspects of an individual and gender refers to social constructions. The present report attempts to differentiate between these two aspects, particularly in explaining findings.

The first ‘Report on the health situation of women in Germany’ was published in 2001. Being funded by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, the initiative emerged as a joint project involving scientists from five German research institutions. The report provided information on a wide range of health topics and related aspects of life circumstances. The current report now follows up on many of the initial report’s topics, e.g. pregnancy and family planning.

A comparison between women and men was – and has remained in the current women’s health report – the starting point for the preoccupation with

women’s health. In addition to differences in how often diseases affect women and men, further differences were identified regarding health behaviour and health care utilisation. Moreover, women and men often also perceive, judge and communicate disease symptoms and health impairments differently. Primarily this is rooted in social and societal factors: the different living and working conditions of women and men, often historically grown and reproduced in the form of role models and norms. The biological differences between women and men, and the social factors influencing health and disease are thereby closely interlinked.

Gender and sexual diversity is another relevant aspect that has gained in importance in current social and political debates. A comparison between women and men would, for example, neglect the health needs of transgender and intersex (TI) people. To a certain degree, the needs of this group overlap with those of the lesbian, gay, bisexual and queer (LGBQ) community. More generally, LGBTIQ people share the experience of being exposed to discrimination and disadvantage in a heteronormative society. Heteronormativity refers to the concept that there are only two biologically and socially corresponding genders (women and men) in society that are sexually orientated towards each other.

### Gender and health in Federal Health Reporting

Federal Health Reporting has repeatedly focused on the influence of gender on health. All publications, as a matter of standard, report findings for both sexes separately, and, in the mid-2000s, several GBE booklets were published on specific women’s and men’s diseases. A new quality of reporting on gender differences in health was called for in the early 2000s, based on a recommendation by the then Commission on Health Reporting: implementing the gender mainstreaming principle as a strategy for gender-sensitive health reporting. By examining the social conditions and trying to offer explanatory approaches for gender-related differences in health, gender-sensitive health reporting goes beyond a mere comparison between women and men. Two reports in which GBE has so far pursued this aim have been “Health of women and men in middle age” (2005) and “Health situation of men in Germany” (2014).

This latest women's health report ties in with this type of reporting. Starting from a gender-comparative presentation, the health of specific groups of women is described, determinants of health and framework conditions are presented and, wherever possible, explanatory approaches are discussed. Regarding explanatory approaches, in particular, many questions for research remain. The report takes into account all persons who consider their gender identity as female. Information on the health of LBTIQ people is mainly contained in the chapters on mental health, sexual and reproductive health and outpatient and inpatient care. However, robust data on LBTIQ health is so far scant.

### Content and structure of the report

The report on the 'Health Situation of Women in Germany', financed by the Federal Ministry of Health, provides information on numerous important aspects of women's health on around 400 pages. The report takes up topics with a long tradition of research, such as gender differences in mortality and heart attacks. These lines of investigation are continued with current data. The report also highlights new developments, e.g. presents findings on the health of specific growing and/or more strongly perceived population groups, such as women with a migration background, single mothers and women providing care to relatives.

In order for the topics to be considered with the necessary depth, a selection had to be made, which was based on public health relevance, current importance and availability of valid data. In numerous discussions with experts at the RKI, with the Commission for Health Reporting and Health Monitoring and with representatives of women's associations and organisations, a number of topics were selected and determined. On the basis of prevalences, interpretations for the selected questions are offered, explanatory approaches discussed and framework conditions considered. In doing so, the report goes beyond a merely comparative presentation of the health of women and men ('differences between'), and, based on a gender-sensitive perspective, also describes subgroups of women ('differences within').

The women's health report contains an overview of women's health in Germany based on data of Federal Health Reporting, which is followed by eight focus chapters covering specific and important

aspects of women's health. The part providing the overview on women's health (Chapter 2) is structured in a similar way as the GBE's 2015 'Health in Germany' report. Its three sub-chapters present women's (2.1) health status, (2.2) health-related behaviour and, (2.3) prevention and health care utilisation.

The following focus chapters (chapters 3 to 10) highlight relevant themes beyond the basic reporting of the first part: health in the course of life is examined in the focus chapters (3) girls' health, (4) women's health between work and family life and (5) health of older women. This is followed by the focus chapters (6) health of women with a migration background, (7) sexual and reproductive health, (8) health effects of violence against women, (9) health of women with disabilities and (10) women's health in European comparison. The report ends with a summary and conclusion. An executive summary is found at the beginning of the report.

Cross sectional aspects were defined for the report, and – depending on data availability – are referred to in each chapter: the results are generally reported stratified by age, and in many cases developments over time were presented. For individual research questions, further cross-sectional aspects were included, e.g. employment, family form, education, socioeconomic status and sexual orientation.

### Data basis and quality assurance


The GBE's report 'Health Situation of Women in Germany' was prepared based on a comprehensive set of data and information. As with all health reporting publications, only reliable (robust, representative, quality-assured) data and results were considered. A key data basis is data from RKI health monitoring, which was established in 2008 and provides examination and interview survey data across all age groups. The Germany-wide studies ensure a basis of data for both population-based cross-sectional analyses and findings on trends, as well as for longitudinal analyses. By collecting health data, together with data on social and demographic, risk and protective factors, a wide range of analysis options for health over the life course is provided.

In addition to the data from health monitoring, the present report uses the entire data spectrum available to health reporting: official statistics (e.g. cause-of-death statistics, hospital statistics),

registry data (e.g. cancer registries), administrative data from social insurance providers (e.g. statutory health insurance), social science surveys (e.g. the German Socio-Economic Panel) as well as other health surveys and epidemiological studies. The Federal Statistical Office prepared special evaluations regarding certain issues. All official data used in the report were checked by the staff of the Federal Statistical Office. The editorial deadline for all Federal Statistical Office data sources used in the report was 1 April 2020.

The chapters of the report have undergone a thorough quality assurance process. Our special thanks go to the members of the Commission on Health Reporting and Health Monitoring for their review of the majority of chapters. In addition, they accompanied the process of writing the report and provided many important comments. All those involved in the report, the authors as well as the members of the Commission, other external experts and the colleagues from the Federal Statistical Office are listed at the beginning. Thank you all very much.

### Addressees and benefits of the report

Like all health reporting publications, the report 'Health Situation of Women in Germany' is aimed at a large spectrum of readers. Scientific experts, health care professionals, politicians, organisations, networks, and journalists are GBE target groups. Not least, the report aims to give the general public direct access to scientifically sound information on population health. The online version at [www.rki.de/womenshealthreport](http://www.rki.de/womenshealthreport) provides links  to the most recent data from the Federal Statistical Office and other data holders (deep links).

During the final stages of the writing of this report, the novel coronavirus SARS-CoV-2 was spreading at enormous speed throughout the world. In those countries where gender-disaggregated data are available, men more often die from COVID-19 and develop more severe symptoms. Women, in turn, appear to be burdened more in particular by the psychological and social consequences of the pandemic. They are particularly active in systemically relevant professions such as nurses or in grocery retail and are in charge of a large share of the care work in families. Projects to research the impact of gender in COVID-19 pandemic began in

spring 2020, but could not yet be included in the present report. Once again, the current situation shows the importance of a gender-sensitive perspective on health and health framework conditions.

We hope that the present report, with its in-depth consideration of numerous topics, provides readers with a good overview of women's health in Germany and points out the essential facts and findings as well as recent developments. Together with the other publications of Federal Health Reporting, it provides an important information basis and orientation for the various stakeholders who develop processes and measures to improve women's health. It thus supports evidence-based decisions for better health in Germany in accordance with the Robert Koch Institute's guiding principle devised as part of the 2025 Agenda: 'Promoting research and evidence, sharing knowledge, protecting and improving health'.

We wish all readers an interesting read of the new women's health report. We look forward to receiving any feedback you may wish to send on the report to: [gbe@rki.de](mailto:gbe@rki.de).

## Health Situation of Women in Germany

### Introduction

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#### Publisher

Robert Koch Institute

Nordufer 20

13353 Berlin, Germany

Internet: [www.rki.de/gbe-en](http://www.rki.de/gbe-en)

Twitter: [@rki\\_de](https://twitter.com/rki_de)

#### Editors

Dr Anke-Christine Saß

Dr Thomas Ziese

Dr Franziska Prütz

Dr Laura Krause

Dr Sabine Ludwig

Dr Birte Hintzpeter

Department of Epidemiology and Health Monitoring

#### Typesetting

Gisela Dugnus

Kerstin Möllerke

#### Source of supply

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Simon Phillips

Tim Jack

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