Health Situation of Women in Germany – the most important facts at a glance
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More than 35 million adult women live in Germany. This brochure contains important information and key data to their health in a compact form. It provides information on common diseases, important risk factors, the utilisation of prevention and medical care. Determinants and framework conditions of health are highlighted, and specific groups of women are discussed in more detail.

Why is this important? The strong influence of gender on health has been well researched and documented by now. Biological and especially social factors lead to numerous differences between the health of women and men. In addition, a great diversity exists within the gender groups, for example, depending on age, family situation, or migration background. A solid base of information is needed to promote the health of women in different life situations. Another topic has also come into focus during the last few years: Gender and sexual diversity. So far, only limited data is available on this topic, also in connection with health.

The brochure is based on the comprehensive report ‘Health Situation of Women in Germany’, which was published by Federal Health Reporting in December 2020. Selected contents were newly edited; greater emphasis was placed on the topic of women during the corona pandemic. For some topics, data was updated. The comprehensive report is available only in German. The introduction, the executive summary as well as the summary and conclusion of the comprehensive report are available in English.

The brochure is a data-based and scientifically reliable source of information for all those who are interested in the many fascinating aspects of women’s health. It gives visibility to the topic and supports those who advocate for a strengthening of the health of women in Germany and elsewhere.
Diseases and health disorders
Subjective health

**FACTS**  66.6% of women in Germany rate their health as good or very good. This proportion is slightly higher (69.9%) among men. ++ With increasing age, the state of health is perceived to be poorer. Slightly more than half of the women aged 65 years and older rate their health as good or very good. +++ In particular among older women, self-rated health has improved significantly over the course of the last 20 years. +++ However, this development is not equally visible in all population groups.

Life expectancy

**FACTS**  Life expectancy of women has been increasing for many decades. For the period 2019/2021, life expectancy at birth was 83.4 years. Since 1991, the life expectancy of women has increased by almost five years. ++ Men have a life expectancy of 78.5 years. The life expectancy of women is thus almost five years above that of men. ++ These differences still exist at the age of 65: On average, 65-year-old women will live to the age of 86, 65-year-old men to the age of about 83.
Cardiovascular disease

FACTS Cardiovascular disease is still the leading cause of death in women and men; in 2020, 37% of all deaths in women were due to cardiovascular disease. +++ Cardiovascular diseases are nonetheless still considered to affect mainly men, and women often underestimate their risk of developing them. +++ On average, women have a heart attack later than men and often have different symptoms. +++ Among women and men, mortality rate and incidence rate of coronary heart disease have decreased due to improved therapies and a more health-conscious behaviour.

Coronary heart disease and stroke
Coronary (also ischemic) heart disease and acute stroke are the most important cardiovascular diseases in women. In coronary heart disease, blood vessels that supply the heart, are narrowed. The oxygen supply of the heart muscle is thus impacted. In a heart attack, there is an acute critical reduction of blood flow to part of the heart muscle. Stroke is a term used for various diseases in which a haemorrhage or a vessel occlusion damages parts of the brain. About 80% of strokes are caused by blood clots that block a blood vessel in the brain.

The ten leading causes of death among women by disease groups (2020)

<table>
<thead>
<tr>
<th>Disease Group</th>
<th>Number of Deaths</th>
<th>Proportion of all deaths in %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ischemic cardiovascular diseases</td>
<td>52,863</td>
<td>10.7</td>
</tr>
<tr>
<td>Dementia</td>
<td>40,270</td>
<td>8.2</td>
</tr>
<tr>
<td>Cerebrovascular diseases</td>
<td>29,979</td>
<td>6.1</td>
</tr>
<tr>
<td>Hypertensive heart disease, hypertensive heart and renal disease</td>
<td>22,686</td>
<td>4.6</td>
</tr>
<tr>
<td>Heart failure</td>
<td>21,213</td>
<td>4.3</td>
</tr>
<tr>
<td>COVID-19</td>
<td>18,818</td>
<td>3.8</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>18,425</td>
<td>3.7</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>17,066</td>
<td>3.5</td>
</tr>
<tr>
<td>Chronic diseases of the lower respiratory tract</td>
<td>15,241</td>
<td>3.1</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>13,640</td>
<td>2.8</td>
</tr>
</tbody>
</table>
### Musculoskeletal disorders

**FACTS** Musculoskeletal disorders such as osteoarthritis and osteoporosis are more common in women than in men. Older women are affected significantly more frequently than younger women. ++ Arthritis results in a degradation of the articular cartilage. Almost half (42.4%) of women aged 65 years and older are affected by arthritis. ++ In the case of osteoporosis, bone density decreases sharply and the bones become more susceptible to fractures. Every fourth woman aged 65 years and older is affected by osteoporosis.

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### Diabetes

**FACTS** Approximately 8% of women and almost 10% of men have a known diabetes mellitus (not including gestational diabetes). ++ Women with diabetes have an increased risk of cardiovascular disease. Especially the risk of dying from a heart attack is higher in women with diabetes compared to men with diabetes.

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Gestational diabetes

In 2020, gestational diabetes was determined in 56,193 of 744,297 women with hospital births in Germany. In gestational diabetes, blood sugar levels are increased for the first time during pregnancy. After birth, they typically normalise again. The presence of gestational diabetes is associated with an increased risk of complications during pregnancy. The risk can be reduced by early diagnosis and treatment. In 2012, Germany introduced a screening for gestational diabetes, which is covered by statutory health insurance.

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Osteoporosis – why are women affected more often?

Various factors contribute to the development of osteoporosis: Increasing age, family predisposition, and female sex are risk factors for osteoporosis. Due to changes in hormone balance during and after menopause, women are affected much more frequently by osteoporosis than men. In addition, there are behavioural risk factors. These are, for example, lack of exercise and malnutrition. Other diseases, such as rheumatoid arthritis as well as taking certain medications can increase the risk for osteoporosis. As a result of osteoporosis, women are affected more often by bone fractures.
Mental health

**FACTS**  Women are affected more frequently than men by mental disorders such as, for example, depression, anxiety disorders, or eating disorders. +++ 13% of women report having depression. Women between the ages of 45 and 60 are affected most frequently. +++ Women in the low education group suffer from depression more often than women in the medium and high education groups. +++ Suicide attempts are more common in women than in men. However, the number of completed suicides is lower in women.

13% of women report depression.

**Anxiety disorders**
One in five women between the ages of 18 and 79 reports an anxiety disorder. Women are thus affected by anxiety disorders twice as much as men. Almost three quarters of anxiety disorders in women are specific phobias, such as fear of flying, fear of heights, or animal phobias. Affected women are only impaired to a certain extent thereby. Anxiety disorders, which are associated with more severe impairments in everyday life, are rarer.

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**Why are there gender differences in mental disorders?**
Biological, psychological, and social factors play a role in the development of mental disorders. The biological factors include, for example, genetic predisposition or hormon-related causes. In addition, further causes, such as experiencing violence, can favour mental disorders. Differences in diagnoses are also reported. Some findings suggest that with the same symptoms, physicians diagnose mental disorders more often in women, while they are more likely to assume physical causes in men.

**Mental health of lesbian, bisexual, and transgender women**
Little data is available on the mental health of lesbian, bisexual and transgender women. The available information points to health inequalities compared to the heterosexual and cisgender* population group. For example, depression occurs twice as often, and the risk of suicide is increased. However, neither sexual orientation nor gender identity per se are risk factors for mental diseases. It is the living conditions and societal conditions in which the women live. A supportive social and family environment can improve mental wellbeing. Equality with heterosexual and cisgender women also is a protective factor. Closely related to this is greater social acceptance of LBTIQ persons**.

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* People whose gender identity matches the sex assigned at birth are referred to as cisgender (in contrast to transgender).
** Lesbian, bisexual, trans, intersex, and queer persons.
Cancer, cancer screening, HPV infections

**FACTS** Cancer is the second leading cause of death among women after cardiovascular disease. ++ With an incidence of over 70,000 new cases annually, breast cancer is the most common cancer among women. In the last 25 years, the chances of survival for women with breast cancer have improved considerably. ++ As a whole, the incidence and mortality rates have declined for most cancers. For lung cancer, there has been an increase of the incidence and mortality rates among women.

**Cancer among women in Germany (2019)**

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Proportion of all cancers in %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>30.4</td>
</tr>
<tr>
<td>Colon and rectum</td>
<td>11.8</td>
</tr>
<tr>
<td>Lung</td>
<td>10</td>
</tr>
<tr>
<td>Uterus</td>
<td>4.8</td>
</tr>
<tr>
<td>Malignant melanoma of the skin</td>
<td>4.5</td>
</tr>
<tr>
<td>Pancreas</td>
<td>4.1</td>
</tr>
<tr>
<td>Ovaries</td>
<td>3.1</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>3.1</td>
</tr>
<tr>
<td>Stomach</td>
<td>2.4</td>
</tr>
<tr>
<td>Leukemia</td>
<td>2.3</td>
</tr>
<tr>
<td>Kidney</td>
<td>2.1</td>
</tr>
<tr>
<td>Bladder</td>
<td>2.0</td>
</tr>
<tr>
<td>Cervix</td>
<td>1.9</td>
</tr>
<tr>
<td>Oral cavity and pharynx</td>
<td>1.9</td>
</tr>
<tr>
<td>Thyroid gland</td>
<td>1.7</td>
</tr>
</tbody>
</table>

**Lung cancer**

More than 23,000 women were diagnosed with lung cancer in 2019. After breast and colon cancer, lung cancer is thus the third most common cancer in women. Since 2000, the number of cases has increased by more than 80%. In 2020, around 17,000 women died of lung cancer. Smoking is the most important risk factor for lung cancer – according to estimates, four of five cases can be attributed to active smoking.

**Cancer screening examinations**

Screening examinations aim to detect certain diseases at an early point in time. Possible treatments can thus start at an early stage. The statutory health insurance offers, for example, screenings for colon and skin cancer as standard services. Specifically for women, there are screening programs for cervical cancer and breast cancer; women receive information about them and are invited personally to participate. Half of the eligible women get a smear test for early detection of cervical cancer within a year. 66% of women make use of an X-ray of the breast (mammography) within two years.

**Human Papillomavirus (HPV)**

HPV infections are among the most common sexually transmitted infections. Most women become infected with HPV at least once in their lifetime. Human Papillomaviruses are classified into low-risk types and high-risk types. A chronic infection can develop in approximately one of ten women infected with high-risk HPV types. As a result, this can lead to the development of precancerous lesions and cancers. The development of cervical cancer is associated with HPV at almost 100%, for example. Vaccination protects effectively against the most dangerous HPV types – reducing the risk of certain cancers. Vaccination against HPV is therefore recommended for girls and boys. Nationwide, about half of the 15-year-old girls (51%) and more than half of the 18-year-old women (54%) are fully vaccinated against HPV.
Gynaecological diseases and operations

FACTS Endometriosis, uterine fibroids, and uterine prolapse are common gynaecological diseases. They are associated with low mortality rates. Nonetheless they have a major impact on women’s quality of life and how they feel about their bodies. Approximately every sixth woman aged 18 to 79 years in Germany has had a hysterectomy; most often, the reason was a benign disease.

What is endometriosis?
In endometriosis, cells that resemble the uterine lining (endometrium) form outside the uterus. Women affected have different symptoms, such as, for example, abdominal pain, especially during menstruation or during intercourse, or are involuntarily childless. The symptoms of endometriosis often vary widely. This is why it sometimes takes years until the disease is diagnosed by a physician.

What is a fibroid?
Fibroids or myomas are benign tumours, which occur in or on the uterus. Many myomas do not cause any symptoms, and no treatment is needed. However, affected women may experience menstrual pain, increased menstrual bleeding, abdominal pain, or other discomfort. Fibroids are one of the most common reasons for a hysterectomy.

What is uterine prolapse?
When the support function of the pelvic floor weakens, a prolapse of the uterus – and therefore also of the bladder and the rectum – can occur. Associated symptoms include a feeling of pressure or foreign body sensation, abdominal pain, or problems urinating. It is estimated that almost one third of women are affected by uterine prolapse.

Hysterectomy
In a hysterectomy, the uterus is removed either completely or partially in an operation. Reasons for a hysterectomy include cancers of the uterus, the fallopian tubes, or the ovaries, as well as various benign conditions. About every sixth woman (17.5%) in Germany reported in a study conducted 2008-2011 that she had a hysterectomy. Since 2005, the number of hysterectomies per year has declined. Since there are also other treatment options for benign diseases, the advantages and disadvantages of a hysterectomy should be weighed against each other carefully.
Health behaviour
Physical activity

**FACTS** Almost half of the women (47%) are physically active for at least two hours a week in their leisure time. ++ Slightly more than one third of women (35%) meet the recommendation of the World Health Organization (WHO) for physical activity (at least 150 minutes a week). ++ Compared to men, women do less sport in their leisure time. ++ Almost a quarter (23%) of women ride a bicycle at least one hour a week to cover everyday distances.

Nutrition

**FACTS** Compared to men, women are better informed about the topic of ‘healthy diet’. ++ Women eat healthier – they choose healthy food, such as fruit and vegetables more often. ++ Over 60% of women prepare meals from fresh food daily or almost daily. ++ Approximately 6% of women eat a predominantly vegetarian diet.

10 guidelines of the German Nutrition Society (DGE) for a wholesome diet
1. Enjoy food diversity
2. Vegetables and fruit – take ‘5 a day’
3. Favour whole-grain foods
4. Complete the choice with animal-based foods
5. Choose health-promoting fats
6. Reduce sugar and salt intake
7. Water is the best choice
8. Prepare carefully cooked dishes
9. Mindful eating and enjoying
10. Watch your weight and stay active
Body weight and body image

**FACTS** Every second woman in Germany has normal weight. 47% of women are overweight, including obesity. ++ Women are less often overweight than men.

++ At about 3%, underweight is rare among women. Risk groups for underweight are young women, but also old women. ++ 2 of 3 women considered themselves ‘too fat’.

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**Women and body image**

More than half (56%) of women with normal weight considered themselves ‘too fat’ in a study conducted 2008-2011. Ideals of beauty, which are socially established and conveyed by the media, can contribute to a negative view of one’s own body. This can lead to the desire to lose weight through sports, diets, or fasting. A result may be disturbed eating habits, or even eating disorders that require treatment.

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*The values shown here are based on interviews from the GEDA study 2019/2020. Compared to measurements, self-reported information relating to body size and body weight from surveys can lead to a bias in the results because people tend to underestimate their body weight and to overestimate their body size. This also underestimates the proportion of the population that is overweight or obese.*
Smoking

**FACTS** Approximately one fourth (24%) of women smokes daily or occasionally. ++ Women up to their mid-40s smoke more – almost every third woman in this age reaches for cigarettes or other tobacco products. +++ Women of the lower education group smoke more frequently than women in higher education groups. ++ Compared to men, women smoke less often and less heavily, they are also less likely to be exposed to passive smoke. +++ About one in ten mothers of children born between 2007 and 2016 smoked during pregnancy.

Health risk smoking
Smoking causes numerous diseases, such as cancer, cardiovascular and respiratory diseases. Women react more sensitively to the harmful substances contained in tobacco smoke – they are therefore exposed to a higher risk to their health than men. Smoking is the largest health risk that can be influenced. Prevention services, such as workshops on non-smoking, can influence the behaviour. Other measures, such as, for example, tax increases or advertising bans for cigarettes, likewise have an impact on smoking behaviour.

Alcohol

**FACTS** About 14% of women drink risky amounts of alcohol. At-risk consumption is more frequent among women with higher education than in the low education group. Women in the age group between 45 and 64 years drink risky amounts of alcohol more often. ++ Every fifth woman drinks too much alcohol at least once a month (heavy episodic drinking). ++ In contrast to men, the proportion of women who drink alcohol in risky amounts of alcohol and who practice heavy episodic drinking, did not decrease between 1995 and 2018.

Alcohol consumption
Harmful alcohol consumption causes numerous diseases, such as liver disease, pancreatitis, mental disorders, or various cancers. Worldwide, the consumption of alcohol is one of the most important risk factors for disease, impairment, and death. On average, men consume almost twice as much alcohol per day as women (16.2 g vs. 8.5 g of pure alcohol). Alcohol abuse and alcohol dependence occur less frequently among women than among men.

Risky consumption
On average, the threshold values for a risky amount of alcohol for women are more than 10–12 g per day and for men 20–24 g per day. About 10 g of pure alcohol are contained in:
- One small beer (0.33 l)
- One glass of wine (125 ml)
- One glass of sparkling wine (100 ml)
- One double schnapps (4 cl).

Heavy episodic drinking
If 60 g or more of pure alcohol are consumed at least once a month on one occasion, this is referred to as heavy episodic drinking.
Health care
**Behavioural prevention**

**FACTS** Four out of five participants in prevention courses in the areas of nutrition, exercise, stress or substance use are women. Young women, women in the low education group, and single mothers utilise health courses and similar behavioural prevention offers less often. Offers relating to prevention should focus more on the needs and living conditions of socially disadvantaged women and young women.

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**Health behaviour and behavioural prevention**

Certain behaviours can help in reducing the risk of disease, such as cardiovascular disease, diabetes, cancer, or mental disorders – for example:

- Not smoking
- Low alcohol consumption
- Balanced nutrition
- Adequate physical activity
- Coping with stress.

To support people in improving their health behaviour, there are, e.g., information campaigns, but also offers, such as health classes or individual counselling. In addition to behavioural prevention, structural prevention can also have a great impact. This refers to changes in health-relevant living conditions, for example, improved working conditions, non-smoker protection acts, or creating bicycle paths.

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**Workplace health promotion**

**FACTS** Women are more likely to use offers for workplace health promotion relating to back health, nutrition, and stress management/relaxation than men. Offers for workplace health promotion in these areas also reach women in the lower education group. Measures for workplace health promotion must be further strengthened. The focus should thereby be on the needs of women, in particular those from socially disadvantaged living conditions.

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**What is workplace health promotion?**

Workplace health promotion refers to various measures, which aim at improving health and wellbeing in the workplace. This includes, e.g., the working conditions, the work organisation, but also the health-related behaviour of staff members. Workplace health promotion thus comprises structure-oriented measures as well as complementary behaviour-oriented offers, such as classes on back health, healthy nutrition, or stress management and relaxation.

42% of women report that their company offers measures for workplace health promotion.
Visits to medical practices and hospital stays

**FACTS**  Outpatient medical practices are usually the first point of contact in the field of professional health care. The majority of women (91%) utilises outpatient medical services at least once per year. ++ Around 18% of women are treated in hospital every year. +++ The utilisation of medical services increases with age. The differences between women and men level out with age.

Why do women visit medical practices more often?
Overall, women utilise medical services slightly more frequently than men. The use of gynaecological and obstetric services is considered to be one reason for this. In addition, it is assumed that women are more sensitive to their body and their health and are more aware of changes. Women are also more willing than men to accept medical help.

Use of medicines

**FACTS**  Women use medicines more frequently than men. 60% of women report that they used medicines prescribed by a physician in the last two weeks. In men, this figure is slightly above 50%. ++ With increasing age, both women and men utilise medicines more frequently: More than 80% of people from the age of 65 used medically prescribed medicines in the last two weeks.

Medication and gender differences
There are some significant differences between women and men regarding the prescribing and use of medicines. The absorption and processing (metabolization) of drugs in the body can also differ between the genders. Further research and considering these differences are important to ensure the safe use of medicines for women.
Women in health professions

F A C T S  Health care professionals make a very important contribution to society. In view of an ageing population, the importance of health professions will further increase in the future. ++ The majority of people working in health professions are women – women nonetheless occupy only a small portion of the leadership positions. ++ The number of women in health professions has increased slightly between 2012 (3.8 million) and 2020 (4.4 million). Health care professionals are sometimes exposed to high physical and mental stress.

Female physicians
About 265,000 female physicians are currently registered with the State Chamber of Physicians. Since the beginning of the 1990s, the number of employed female physicians in Germany has more than doubled. Employed female specialists work most commonly as general practitioners, in internal medicine, and in gynaecology and obstetrics. Women are still underrepresented in executive medical positions in hospitals: The proportion of women in senior medical positions is about one third (34%), at the level of chief physicians, the proportion of women is only 14%.

Women in health and nursing care
In health and nursing care professions as well as in elderly care, the proportion of women is almost 85%. A majority of women in these sectors work part-time and as marginally employed. There is an increasing need for qualified staff in the field of elderly care and in health and nursing care.

Women and men in health professions (2020)

- Nursing, emergency medical services and obstetrics
- Geriatric care
- Doctors’ receptionists and assistants
- Human medicine and dentistry
- Non-medical therapy and alternative medicine
- Psychology and non-medical psychotherapy
Long-term care

**FACTS** Women are getting older than men. They therefore have a higher risk of needing long-term care in old age. ++ In 2021, there were 2.8 million women and girls in need of care in Germany, which is around 7% of the female population. +++ Women are more frequently active in caring for persons in need of care than men. 8.7% of women in Germany care for a close person (men: 4.9%).

**Women as recipients of care**

More than 60% of the about 4.9 million people in Germany recognised as being in need of care were female in 2021. With age, the proportion of women among those in need of care increases rapidly and is above 50% from about 65 years of age. From the age of 90, 8 out of 10 persons in need of care are women.

**Women as family caregivers**

Women provide care more frequently and with a greater expenditure of time than men. Care can be associated with health burdens. The fact that women are more ‘responsible’ than men for the care of others is also to be seen in light of the existing gender roles – the division is not only evident in the care of older people, but also in childcare and nursing.

**Proportion of family caregivers in women and men (2012)**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–29</td>
<td>4.0%</td>
<td>2.0%</td>
</tr>
<tr>
<td>30–39</td>
<td>6.0%</td>
<td>3.4%</td>
</tr>
<tr>
<td>40–49</td>
<td>7.5%</td>
<td>4.7%</td>
</tr>
<tr>
<td>50–59</td>
<td>9.0%</td>
<td>6.1%</td>
</tr>
<tr>
<td>60–69</td>
<td>10.5%</td>
<td>7.7%</td>
</tr>
<tr>
<td>70–79</td>
<td>11.0%</td>
<td>8.4%</td>
</tr>
<tr>
<td>80+ years</td>
<td>12.0%</td>
<td>9.8%</td>
</tr>
</tbody>
</table>
**Girls’ health**

**FACTS** The large majority of children and adolescents in Germany grows up healthy. In childhood and adolescence, chronic diseases and functional limitations are significantly rarer than in later stages of life. ++ More than 90% of parents rate the health of their daughters as good or very good. ++ 2.8% of girls between seven and ten years of age have asthma bronchiale – significantly fewer than boys (5.7%). Hay fever is also less frequent among girls (6%) than among boys (11.3%). In addition, girls are less likely to get injured in accidents than boys.

**FACTS** During adolescence, girls rate their health as poorer than boys. ++ Starting at the age of 15 years, mental health problems are more common among girls than among boys. Female teenagers have symptoms of depression and show signs of eating disorders more frequently than boys. In addition, they report significantly more frequently than boys that they experience stress often or very often. ++ Girls aged 11 years and older have headaches and abdominal pain more frequently than boys. ++ Compared to boys, girls exercise less, but eat more fruit and vegetables.

**Health and role models**
In childhood, girls are healthier and less likely to have medical problems than boys. In adolescence, this pattern is partially reversed. Social roles of femininity become more important for many girls during adolescence – with consequences for health and behaviour.
Women between gainful employment and family work

**FACTS** Many women in their mid-adult age are employed and take care of children and/or care for family members. +++ Women who are gainfully employed often rate their health as better than women who are not gainfully employed. This also applies to mothers with minor children. +++ If conflicts arise when trying to reconcile family and professional life, this is more frequently associated with poorer health of the mothers. +++ Particular health burdens exist for young mothers, single mothers, unemployed women, and women who care for family members.

**Women of working age providing care**
7% of women and 4.6% of men between 16 and 64 years of age cared for a family member in the period 2001 to 2012. Family members who provided care mostly cared for their children requiring care (39%), for their parents (27%), or for their partner (25%). Women providing care are often exposed to high physical and mental stress. Women who are involved in caring for older family members and look after their children at the same time are a particularly stressed group.

**Single mothers**
1.34 million single mothers with children under the age of 18 years live in Germany. Single mothers are more frequently affected by poverty – even if they are gainfully employed. Compared with mothers in partnerships, single mothers rate their health more frequently as poor. Single mothers are also more stressed mentally.

**Kindergarten and school**
Good support at kindergarten and at school eases the burden on families: A sustainable family, social, and labour policy can contribute to creating a balance between gainful employment and family work. The health of women in the mid-adult age can be supported in this way.
Health of elderly women

**FACTS** Every second woman aged 65 years and older rates her health as good or very good. This proportion has increased slightly in the last few years – today, older women rate their health as better than in the past. **++** Significantly more women than men live alone in old age. One reason for this is the higher life expectancy of women – they often live longer than their partners. However, women in their later years do not feel lonely more often than men.

Health problems and fear of falling

Health problems increase with age. Mental diseases such as dementia and depression are widespread. Among women aged 90 and older, 39% have dementia, for example. Many elderly and old women are afraid of falling. They thus often limit their activities in everyday life. From the age of 75, more women (44%) report being afraid of falling than have actually fallen (33%).

Physical activity in old age

A physically active lifestyle is good for health – this is also true for older people. The World Health Organisation (WHO) recommends being active for at least 150 minutes per week with moderate endurance activities, for example, swimming or bicycling. About every second woman aged 65 and older achieves this recommendation.

Advance directive documents

With increasing age, many people think about the end of life. Using health care proxies, advance directives, and living wills, people can make provisions in the event that they can no longer make decisions for themselves. More than half of older women aged 65 and over have a living will or health care proxy, more than 40% have an advance directive.
Social inequality and health

FACTS  Socially disadvantaged women are more frequently affected by many chronic diseases. For example, they more often have cardiovascular diseases, such as heart attack or stroke, respiratory diseases, such as chronic bronchitis, or diabetes. ++ On average, they have a lower life expectancy than women who are better off socially. ++ Women with low education are affected more frequently by health limitations in everyday life than women with higher education. In addition, they report more frequently having difficulties in dealing with health information.

Why are health opportunities and risk of disease unevenly distributed?

Differences in living, housing, and working conditions are major causes for health inequalities. However, health behaviour also plays a role, as well as the access to information about health topics, and the possibility to use this knowledge in everyday life.

Differences in health behaviour

Social differences in diseases and in life expectancy can partially be explained with differences in health behaviour: With increasing level of education, women smoke less often and exercise more frequently. In addition, they eat healthier and are affected by overweight (obesity) less often. Women in the high education group, in contrast, drink risky amounts of alcohol more frequently than women in the low education group.

Reducing inequalities – improving health opportunities

Measures to improve the social situation of disadvantaged women can contribute to reducing health inequalities. It is important to strengthen the opportunities for social participation, in particular by means of educational offers. Targeted prevention and health promotion measures can also contribute to reducing health inequalities. Concrete support offers must thereby be tailored to the needs of socially disadvantaged women in many different situations, for example, for single mothers.
Health of women with migration background

**FACTS** Women with migration background are a diverse group. The data situation relating to the health of women with migration background is insufficient. +++ Compared to women without migration background, women with migration background are affected less often by certain chronic physical diseases, but experience depressive symptoms more frequently. +++ Women with migration background are less likely to drink risky amounts of alcohol. However, they are also physically active less often. +++ Differences in the utilisation of health care services and the quality of treatment are based in particular on language barriers and bureaucratic hurdles.

**Health behaviour from a differentiated perspective**

Example smoking: The proportion of smokers is higher in women of the second migration generation (21%) than in women who migrated themselves (18%) and women without migration background (19%). There are also differences by age and country of origin.

**Smoking rates of women with and without migration background (2017)**

- **Women without migration background**
- **Women who migrated themselves (1. generation)**
- **Women born in Germany with migration background (2. generation)**

Women with refugee experience

Women with refugee experience are a particularly vulnerable group. They are exposed to severe physical as well as emotional stresses before, during, and after fleeing. Stresses result, e.g., from staying in conflict areas, homelessness, hunger and thirst, or the lack of access to medical care. In surveys, women with refugee experience often reported pain and sadness; as a whole, they rated their health as poorer than women in the general population. The mental stress of the women can be reinforced by discrimination and stigmatisation experienced in Germany.
Women during the Corona pandemic

**FACTS** Women and men are affected approximately equally by a Coronavirus infection. However, men become severely ill more frequently after being infected with SARS-CoV-2 and die twice as often. Differences in the immune system of women and men are seen as a reason for this. However, differences in lifestyle also seem to play a role, including more frequent smoking and more frequent overweight among men.

Mental health during the Corona pandemic
It cannot clearly be seen yet from the currently available scientific studies, how mental health has developed during the Corona pandemic. However, study results on mental health of the adult population in Germany indicate that
- women were more strongly at risk of developing mental health problems,
- contentment and wellbeing have decreased more strongly among women than among men. An increase of depressive symptoms or anxiety symptoms was observed more frequently among women than among men.

Family and work life
Women often took over the vast majority of the unpaid house and family work also during the pandemic, including caring for family members. When schools and day-care centres were closed due to Corona, women more frequently looked after the children and reduced their hours at work more than men. When fathers worked in the home office, it was more likely that childcare was distributed equally among both parents. In studies, mothers reported a significantly higher emotional burden on the family situation due to the pandemic. Single mothers and fathers stated the highest burden.

Violence against women
Corona measures, such as lock downs or mobility restrictions were connected to an increase in cases of violence against women and children worldwide. In Germany, for example, the amount of counselling advice at the 'Violence against women' support hotline increased since April 2020. The risk of becoming a victim of violence increased when families were in quarantine or when the family had financial problems.
Women during the Corona pandemic

**FACTS**  During the contact restrictions in spring 2020, the number of visits to physicians decreased. ++ During that time, fewer women had early cancer detection examinations, for example. From the end of March to the end of April 2020, invitations for mammography screenings were temporarily suspended and screening appointments that had already been made were cancelled; from May 2020, women were invited again and cancelled appointments could be rescheduled. ++ Surgeries that could be postponed, such as hysterectomies, were cancelled. ++ The services were partly rescheduled in 2021.

Covid-19 risk
People working in health and care professions appear to have a significantly higher risk of contracting COVID-19. Three of four employees in the health sector are women.

Pregnancy and Corona
There is no increased risk of becoming infected with the Coronavirus during pregnancy. However, if there is an infection, the risk increases for a severe disease progression and admission to the intensive care unit. The risk of preterm birth is increased by two to three times for pregnant women with COVID-19.

Corona pandemic and birth
During birth, family members and partners take over an important role in the delivery room as accompanying persons. During the Corona pandemic, one accompanying person was permitted in almost all of the more than 600 delivery rooms nationwide, but often with restrictions. As a whole, hospitals implemented birth attendance differently. For example, often only vaccinated persons were allowed to accompany women in the delivery room.

Midwives: Digital care
During the pandemic, midwives offered selected services in digital form for the first time. These services during pregnancy and the postpartum period were assessed almost entirely positively. The majority of the midwives surveyed wished that digital care during pregnancy and the postpartum period would remain available even after the pandemic – without reducing personal care services thereby.
Sexual health

**FACTS** Sexuality is mostly lived in committed relationships. Several (monogamous) relationships often follow one another in young and middle age. ++ Currently, girls have sex for the first time slightly later than around ten years ago: In 2010, 66% of the 17-year-old girls had ever had sex, currently this is true for 58%. ++ Today, girls and also boys use contraception more conscientiously than ten years ago. When having sex for the first time, three quarters of the 14- to 25-year-old women and girls use condoms. ++ Condom and the pill is the most commonly used type of contraception for adult women. Young women in particular take the pill less often – the use has decreased significantly in recent years.

Sexual health

A definition by the WHO makes clear how important sexual health is: Accordingly, the term sexual health is inseparably linked to health as a whole, to wellbeing, and quality of life. Sexual health is viewed as a state of physical, emotional, mental, and social wellbeing in relation to sexuality, and includes much more than the absence of disease, dysfunction or infirmity.

Desire to have children

Around 80% of girls and young women between the ages of 14 and 25 years want to have children. Many women and men who want to have children would like to complete their education and gain several years of professional experience before having their first child.

Around one quarter of women between the ages of 20 and 50 years live without having children of their own, despite wanting children. Medical reasons for infertility can be in the man as well as in the woman – in many cases, an exact cause cannot be identified. In women, hormonal problems, but also changes in the fallopian tubes and the uterus – for example due to fibroids or endometriosis – can cause fertility problems.

The number of artificial inseminations has increased sharply since 2004. In 2021, around 129,000 treatment cycles were documented, approximately 69,000 women were treated. In 2020, more than 22,000 births occurred after artificial insemination.

Abortsions

Unwanted pregnancies and abortions are experiences shared by many women. For the most part, a decision for or against an abortion is associated with an intensive discourse and can generally raise issues relating to future life plans.

In 2021, there were 94,596 terminations of pregnancy in Germany – this figure is rather low compared to other European countries. Since 2001, there has been a downward trend. With almost 96%, the majority of the abortions reported in 2021 were performed according to the so-called Counselling Provision.

Family planning, desire to have children, abortion

**FACTS** The birth rate in Germany is low – the average number of children per woman is 1.58. ++ Women in Germany have their first child at the age of 30 years on average. This means that the first child is born relatively late. ++ With a proportion of about 12%, there are relatively few families with three and more children.
Pregnancy and birth

**FACTS** Almost half (43%) of pregnant women use between eight and eleven prenatal screening examinations. Over 80% of first-time mothers attend antenatal classes. ++ In 2021, 795,492 children were born alive in Germany ++ Around 98% of births in Germany take place in hospital, around 2% in birth centres or at home. ++ In 2020, almost one in three births (29.7%) was a caesarean section. ++ 8% of the children born in hospital were born before the 37th week of pregnancy and thus prematurely.

First menstruation and menopause

**FACTS** The reproductive phase of women comprises the period between the onset (menarche) and the end of menstruation (menopause). ++ 15% of girls have their first menstrual period at the age of 11 years or earlier. Almost half of them (46%) start menstruating at the age of 12. ++ Women in Germany are 49.7 years old on average when they have their last menstrual period. ++ For women aged 50 years and older, menopausal symptoms are the most common reason for visiting a gynaecological practice.

Breastfeeding

Breastfeeding has advantages for both mothers and babies: It accelerates uterine involution, strengthens the emotional bond, and lowers the child’s risk of allergies. The majority of children (87%) is breastfed. Starting at two months of age, the breastfeeding rates drop: 46% of children are fully breastfed for four months. Almost 15% of children are fully breastfed for six months (according to the WHO recommendation).

First menstrual period

The first menstrual period is an important event for girls in the course of the physical changes during puberty. Today, girls experience their first menstrual period much earlier than their mothers. The question whether they were well-prepared for their first menstrual period is answered affirmatively by 77% of girls without a migration background and 63% of girls with a migration background.

Menopause

Menopausal transition is a natural process in the life of women. Menopausal transition is characterised by changes in the hormonal balance. For example, the production of the female sex hormone oestrogen decreases. As a result, menstrual periods become irregular and finally stop completely. Women from younger birth cohorts experience menopause later in life than older women. The use of hormone therapy to treat menopausal symptoms fell sharply in the last 20 years: In 2000, 37% of women between the ages of 45 and 65 were prescribed such medication, this number fell to only 6% by 2021.
Health impacts of violence against women

FACTS Every third woman in Germany has experienced physical and/or sexual violence since the age of 15 years. With this frequency, Germany lies within the European average. The perpetrators are mostly partners or ex-partners of the women affected. ++ For Germany, the crime statistics for 2021 reports more than 143,000 victims of crimes in the field of intimate partner violence. 80.3% of the victims were female. ++ Almost every third day, a woman dies through her partner or ex-partner.

Who is particularly at risk?
Women from all social groups become victims of violence equally – the level of education or income do not play a role thereby. Women in separation situations are particularly at risk. The risk of experiencing violence is also higher for women with disabilities.

Consequences of violence
Violence can have grave consequences for women’s physical and mental health. Relationships to other people and the entire living situation can also be negatively impacted as a result of violence.

Assistance in case of violence
Many women affected by violence do not reach the existing help system for various reasons. Physicians and caregivers in medical practices and hospitals play an important role in uncovering cases of violence. They are often the first point of contact for victims and can refer women to existing support services. People working in these fields should thus be made more aware of this issue.

Violence against girls and women: Health consequences

<table>
<thead>
<tr>
<th>NON-FATAL CONSEQUENCES</th>
<th>FATAL CONSEQUENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical consequences</strong></td>
<td><strong>Psychological consequences</strong></td>
</tr>
<tr>
<td>Injuries, impairments, permanent disabilities</td>
<td>Posttraumatic stress disorder, depression, anxiety, insomnia, panic attacks, eating disorders, loss of self-confidence/self-esteem, risk of suicide</td>
</tr>
<tr>
<td><strong>Health-threatening (survival) strategies as consequences</strong></td>
<td><strong>Consequences for reproductive health</strong></td>
</tr>
<tr>
<td>Smoking, use of alcohol/drugs, risky sexual behaviour, self-harming behaviour</td>
<td>Inflammation of fallopian tube/ovaries, sexually transmitted diseases, unwanted pregnancies, complications during pregnancies, miscarriages/low birth weight</td>
</tr>
<tr>
<td><strong>Psychosomatic consequences</strong></td>
<td><strong>Deadly Injuries</strong></td>
</tr>
<tr>
<td>Chronic pain syndrome, irritable bowel syndrome, gastrointestinal problems, urinary tract infections, respiratory symptoms</td>
<td>Homicide</td>
</tr>
<tr>
<td></td>
<td>Murder</td>
</tr>
<tr>
<td></td>
<td>Suicide</td>
</tr>
</tbody>
</table>

Source: modified according to Hellbernd, Brzank, Wieners et al.
Health of women with disabilities

**Facts** Five million women and girls in Germany have an officially recognised disability. This corresponds to 12% of the female population. 3.9 million women and girls have a severe disability. ++ The proportion of women with disabilities increases with age. More than half (60%) of all women with recognised severe disabilities are 65 years and older. ++ Less than one fifth (19%) of all women with impairments or disabilities rate their health as good or very good. In contrast, three quarters of women without impairments or disabilities rate their health as good or very good.

**Medical treatments**
Women with impairments or disabilities use medical health care more frequently and also have to stay in hospital more often. Almost all women with impairments or disabilities (98%) visited a medical practice at least once within twelve months.

Furthermore, it is important to continue to break down the existing barriers in the area of health and health care and to support women with disabilities.

**Violence**
Women with disabilities experience violence significantly more frequently in the course of their lifetime than women without disabilities. Women and girls with disabilities are two to three times more likely to be sexually assaulted than women and girls without disabilities.

**Women with severe disabilities (2021)**

<table>
<thead>
<tr>
<th>Form of the Most Severe Disability*</th>
<th>Number**</th>
<th>Proportion</th>
<th>Change 2009–2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical disability</td>
<td>2,244,925</td>
<td>57.9%</td>
<td>+3.4%</td>
</tr>
<tr>
<td>Blindness or visual impairment</td>
<td>193,820</td>
<td>5.0%</td>
<td>-6.6%</td>
</tr>
<tr>
<td>Language or speech disorder, deafness, hearing loss, balance disorder</td>
<td>154,845</td>
<td>4.0%</td>
<td>+14.8%</td>
</tr>
<tr>
<td>Psychological disability</td>
<td>396,570</td>
<td>10.2%</td>
<td>+79.1%</td>
</tr>
<tr>
<td>Mental disability, learning disability</td>
<td>136,940</td>
<td>3.5%</td>
<td>+18.4%</td>
</tr>
<tr>
<td>Other disability</td>
<td>750,915</td>
<td>19.4%</td>
<td>+26.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,878,025</td>
<td>100.0%</td>
<td>+12.6%</td>
</tr>
</tbody>
</table>

* Classification according to the Federal Government Second Report on Participation with regard to the circumstances of persons with impairments (2016)

** Presentation by using the procedure of rounding 5, therefore deviation of the total result from the sum of individual values

The number of women with impairments and disabilities has grown in the last decades, also in the course of the demographic change. In the group of women with severe disabilities, mental disabilities have increased the most.
The Report on the ‘Health Situation of Women in Germany’, published by Federal Health Reporting, forms the basis for this brochure. It provides the empirical basis for many topics of women’s health and wants to contribute to further raising awareness for these topics in politics, science, and practice, and to thus maintain and promote women’s health.

Science-based information and reliable, current data is indispensable for making political decisions. As a whole, the data situation relating to women’s health in Germany is good. Data gaps appear in the health of certain groups of women, for example women with migration background, very old women, or women with disabilities. So far, hardly any reliable data exists on the health of lesbian, queer, and transgender women, as well as on intersex persons. Information about certain diseases, including the prevalence of frequent gynaecological diseases such as endometriosis, is also missing.

More tailored offers for health information, prevention and care can also contribute to strengthening women’s health in Germany. This relates, for example, to the accessibility of health care for women with disabilities and improvements in the information about early detection services.

To improve women’s health and to decrease social and gender-related inequalities in health and care, it is expedient to involve further policy areas, in addition to health policy (Health in all Policies). Also, the significance of gender equality for health is to be emphasized: The comparison with the first report on Women’s Health in Germany from 2001 shows that much progress has been made in the last 20 years in the fair and equal distribution of health opportunities – and that many challenges still remain.
Health monitoring at RKI

The Department of Epidemiology and Health Monitoring at the Robert Koch Institute is responsible for providing health policy-relevant and reliable information on noncommunicable diseases. For this purpose, the department continuously and systematically collects data on health, combines it, and evaluates it. For almost 30 years, the department has been conducting surveys on the health of the population. It thus creates a comprehensive and reliable data basis for health reporting and provides a scientifically solid foundation for (health) policy decisions and prioritisation. It thus supports measures for promoting the population’s health with the aim of lowering the burden of disease and of strengthening health and wellbeing – for all groups of the population.

In the future, approximately 100,000 people all over Germany will be surveyed on a regular basis in the RKI health panel with regard to their state of health, but also with regard to, e.g., their smoking behaviour, sports activities, and physician visits. The results as well as other key figures relating to health will be provided on a digital platform (‘Health Information System’), and will be available to interested parties from science, politics, health care, public sphere, and media. In addition to the monitoring of noncommunicable diseases, research and surveillance of infectious diseases in Germany are central responsibilities of the RKI. The focus is thereby on notifiable diseases, such as, for example, SARS-CoV-2, measles, HIV, tuberculosis, and influenza.

Inform yourself about the latest news – the RKI is represented on the following social media platforms:

- @rki_de – twitter.com/rki_de
- @RKI_fuer_Euch – instagram.com/RKI_fuer_Euch
- linkedin.com/company/robertkochinstitut
- @RKI@social.bund.de – social.bund.de/web/@RKI
Data sources

The brochure is based on the comprehensive report ‘Health Situation of Women in Germany’ (2020). All references can be found at the end of the corresponding chapters, the data sources at the end of the report (p. 384). For this brochure, the data sources were updated if more recent data were available. These are listed here.


Gynaecological diseases and operations: Federal Statistical Office – Case related hospital statistics (DRG statistics) 2020


Body weight and body image: RKI – GEDA 2019/2020-EHIS

Smoking/Alcohol: RKI – GEDA 2019/2020-EHIS


Visits to medical practices and hospital stays/Use of medicines: RKI – GEDA 2019/2020-EHIS


Women between gainful employment and family work: Federal Statistical Office – Microcensus 2019


Social inequality and health: RKI – GEDA 2019/2020-EHIS

Health of women with migration background: Federal Statistical Office – Microcensus 2021 (Proportion of migrant women in Germany)


Women during the Corona pandemic: The topic ‘Women during the Corona Pandemic’ is dealt with in more detail in this brochure than in the comprehensive report. The sources are therefore listed here.


The editorial deadline for all Federal Statistical Office data sources used in the brochure was the 30.11.2022.
How healthy are the women in Germany? This brochure provides important information and key data for all those who are interested in the many fascinating aspects of women’s health. The brochure focusses on common diseases, important risk factors, the utilisation of prevention and medical care. Determinants and framework conditions of health are highlighted, and specific groups of women are discussed in more detail. The brochure is based on the comprehensive report ‘Health Situation of Women in Germany’ by Federal Health Reporting.