SUMMARY

Development of women's health in Vienna, role of women's health reporting

The concept of women's health has emerged from several different areas: important cornerstones in its development have been the ***international women's policies of the United Nations*** *and the* ***World Health Organisation's (WHO) health and health promotion policy for Europe****. In Vienna women's health was placed on the political agenda for the first time in 1991 when the conference "Women's Health and Urban Policies" was held. Since then it has become increasingly apparent that women's health is not merely taking into consideration gender differences in various health indicators, but rather a contribution to the active promotion of women and a health political programme, as is also demonstrated by the* ***Vienna Women's Health Programme*** *passed by the Vienna City Council in 1998. The programme development was based on the first Vienna Women's Health Report made in 1996 according to WHO guidelines, and which considered women's health in the context of psychosocial and socio-economic circumstances and a broad health and socio-political framework, just as the present report.*

Demographic and socio-economic framework conditions of women's health

Currently Vienna has 846,000 female inhabitants, that is more than half (52.4 percent) of the Viennese population. 13.7 percent are children, 60.8 percent are of employable age, and 25.5 percent are aged 60 or above. The population prognosis projects a lower increase in the share of elderly women (60 years or older) than for Austria as a whole. The high positive migration balance, in particular from abroad, not only leads to a high proportion of persons in the economically active age group, but also counteracts the decline in the share of children in the total population due to higher birth rates.

The changes in the lifestyle of ***young Viennese women*** *are similar to the rest of Austria – less marriages, higher marrying age, an increase in divorce rates, less children, and a higher age at the birth of the children. In Vienna the divorce rates are higher than in the rest of Austria. If the current trend in divorce rates as measured by length of marriage continues, 60 percent of the now made marriages can be expected to end in a divorce. The high divorce rate is one of the reasons for the large percentage of single mothers in Vienna.*

Women are still ***severely underprivileged in many areas of life****, be it unpaid housework, education or, in particular, work and income. Although women in Vienna have a higher* ***level of education*** *than women in Austria overall, it is still lower than that of men. However, the level of education of both genders is becoming more equal in the younger age groups.*

Vienna has the highest share of ***economically active*** *women of all federal provinces. However, Vienna still has significant differences in the structure of economic activity of men and women: Despite improvements, women occupy executive positions less frequently than men, they work mainly in "female" occupations and more frequently in part-time work or minimal employment. Part-time and minimal employment, however, are also on the increase among men.*

Women in Vienna have a higher ***income*** *than women in Austria on average, and the income disparities between the two genders are lower as well, but women still earn significantly less than men even in Vienna. Lower income for women can frequently lead to poverty after a divorce or in old age.*

The state of health of women in Vienna

Life expectancy and mortality

At 81.3 years, women's ***life expectancy*** *currently exceeds that of men (75.7 years) by 5.6 years. The gender disparity, however, has narrowed over the last decade: While women's life expectancy only increased by 2.5 years, that of men increased by 3.5 years. Hand in hand with the growing life expectancy* ***mortality*** *has decreased in Vienna for both genders over the last decade. Women have a lower* ***mortality rate*** *than men, and* ***premature mortality*** *is also lower for them. Of all deaths in Vienna in 2004, 15 percent of women and 32 percent of men died before age 65. Vienna does not only have a life expectancy below the Austrian average, it also has higher mortality rates, in particular for women. The fact that Vienna is a large city probably plays a role here, among*

other factors because of different life styles, environmental factors, and the population structure (e.g. increased migration).

*The **main causes of death** for both women and men are **cardiovascular diseases** and **cancer**. More than half of all women who died in Vienna in 2004 died of a cardiovascular disease, and approximately one quarter died of cancer. For men, only approx. 40 percent died of a cardiovascular disease, and approx. 30 percent died of cancer. The main cause of **premature death** is cancer: Nearly one in two women and one in three men who die before age 65 die of cancer. The main causes of **premature cancer-related deaths** are cancer of the mammary glands and lung cancer for **women** (approx. 10 percent of premature deaths each) and lung cancer for **men** (10 percent). Another significant cause of premature death are cardiovascular diseases (16 percent for women, 22 percent for men). The higher rate of premature cardiovascular disease related deaths in men is in particular due to cardiac infarctions. Approximately one in twenty women and one in ten men who die before age 65 die of a cardiac infarction. For women, ischaemic heart disease and cardiac infarctions only become more significant in higher age.*

Cardiovascular diseases

*Overall, more women than men die due to **cardiovascular diseases**. In women cardiovascular diseases especially in high age lead to an increased need for medical and nursing care. The **risk factors** for coronary heart disease and cardiac infarction are hypertension, elevated blood lipids, diabetes, overweight, smoking, lack of exercise, familial predisposition, and social and psychosocial factors (workload, unfavourable social situation). However, there are gender-specific differences in the amount of influence and interaction these factors have on the risk of developing the disease. For example, women with coronary heart disease have diabetes significantly more often than men. Due to an increase in certain risk factors (e.g. smoking, diabetes mellitus) we can expect an increase in the morbidity and mortality of women as regards cardiac infarction in the coming years.*

*Women's health research indicates **deficits specific to women in the access to treatment, and in the diagnosis and therapy of acute myocardial infarction**. The symptoms typical to women (such as nausea and vomiting, pulling or stabbing pain between the shoulder blades) can cause a diagnosis of another illness more easily than the male symptoms. In combination with the fact that many of the affected women (in particular elderly ones) live alone this means that women die more frequently before reaching the hospital or are in a very serious state when they reach the hospital, and die there. Additionally, the higher age and concomitant diseases increase the risk of mortality for women. Studies show that female immigrants have particular obstacles in the access to treatment, diagnosis and therapy of cardiac infarction.*

Cancer

*Every year, approximately 3,400 women and 3,300 men in Vienna are newly diagnosed with **cancer**. Approximately 2,100 of women and men each die of it. The most frequent types of cancer and causes of cancer-related mortality are breast cancer, colon cancer and lung cancer for women, and prostate cancer, lung cancer, and colon cancer for men.*

*Approximately 900 women in Vienna get **breast cancer** each year, and approximately 400 of them die of it. While new cases of cancer are on the rise, mortality is decreasing. Since the reasons for the emergence of cancer and possibilities of primary prevention are not sufficiently known, early detection is of particular importance. The European Commission and the European Parliament have recommended all Member States to develop a population-based quality assured mammography screening programme by 2008. Vienna already carried out an early detection programme for breast cancer between 2000 and 2002. For 2006 the implementation of model projects for mammography screening is planned all over Austria. The model areas in Vienna are the municipal districts 15, 16 and 17. The goal is to reduce breast cancer mortality by 25 to 30 percent through systematic mammography screening; another important objective is quality assurance. Since the systematic mammography screening is not supported by all experts, a comprehensive evaluation in the model regions as well as solid information for women on the benefits and risks of mammography screening are of particular importance.*

*Other types of cancer specific to women, which however are significantly less frequent than breast cancer, are **cervical** and **uterine cancer**. In 2002 approximately 300 women were diagnosed with one of these types of*

*cancer in Vienna (not counting preliminary stages of cervical cancer). In the case of **lung cancer**, new cases and mortality are on the increase for women, while they are decreasing for men. In 2002 approximately 330 women and 580 men in Vienna were diagnosed with lung cancer. Approximately one in ten new cancer cases for women and one in six for men are lung cancer. Approximately 300 women and 520 men died of lung cancer in Vienna in 2004, that is 16 percent of cancer related deaths for women and one quarter for men. The main reason for the increase of lung cancer incidence and mortality in women is the growing number of smokers. Due to the increased number of smokers especially among young women we can expect a further increase in the future.*

Diabetes mellitus

*Due to the increasing life expectancy and unhealthy life styles an increase in the incidence of diabetes mellitus can be expected. In Vienna 4.3 percent of women and 3.4 percent of men living in private households report having this disease. In particular with advanced age more women than men get diabetes mellitus (primarily **type 2 diabetes**). Diabetes mellitus presents a big challenge to health policy especially due to the associated complications, concomitant diseases and sequelae. Women do not only experience this disease differently than men, but the symptoms can in part be more severe for them.*

*Women can also be affected by **gestational diabetes**, which has risks for mother and child (e.g. premature delivery, caesarean section, higher postnatal infant mortality). In order to avoid or at least reduce long-term damage resulting from diabetes mellitus, the early detection, optimum therapy and aftercare are of great importance.*

***Quality assured patient training** plays an important role in the treatment of diabetes mellitus, aiming at empowering the patients by strengthening their self-responsibility and competence. In addition to various quality assurance measures in in-patient treatment, Vienna focuses on developing quality assured care and treatment for diabetes patients (including patient training) in the out-patient area.*

Mental and behavioural disorders, suicide

*Mental and behavioural disorders overall are not more frequent among women than men, however, individual diagnoses such as **depression** or **anxiety** disorders are more frequent among women, while e.g. alcohol and addiction related disorders are more common in men. One of the reasons for the increased incidence of depression and anxiety disorders in women is the influence of gender-specific norms and roles, which lead to a lack of autonomy and control over one's own life. The dual burden of work and family, the feeling of not being able to cope with all tasks, can lead to excessive stress and consequently to burnout. Other reasons for depressive disorders are poverty, unemployment and related burdens, but in particular the high risk of women to become victims of violence (physical violence, sexual abuse, rape, etc.). Physical and sexualised violence against women is often also related to posttraumatic stress disorders, psychosomatic symptoms, eating disorders, substance abuse, sexual dysfunctions and reproductive health disorders (chronic gynaecological problems, HIV, etc.) and are also accompanied by an increased risk of suicide. Women commit **suicide** less often than men, but have more frequent suicide attempts.*

Diseases of the respiratory organs

*An increasing mortality in women can be observed not only due to lung cancer, but also as a result of **diseases of the respiratory organs**. This increase is due in particular to the growing mortality from chronic diseases of the lower respiratory tract, e.g. **chronic obstructive pulmonary disease (COPD)**. In some age groups its prevalence is already higher in women than in men. The most frequent cause of COPD is smoking; other risk factors include dust exposure at the workplace, air pollution, frequent childhood respiratory infections, and genetic predisposition. Due to the increase of smoking among women an even higher incidence of COPD in women can be expected in the future.*

Gynaecological diseases

***Gynaecological diseases** are rarely lethal, but despite the usually good chances of recovery they can place a heavy physical, mental and social strain on women. In different stages of life different gynaecological diseases are predominant. A significant gynaecological disease, which occurs in reproductive age and usually leads to strong symptoms and chronic pain, is **endometriosis**. This disease can remain undetected for a long time and is frequently the reason for unwanted childlessness.*

*An important issue in the area of gynaecology are **gynaecological surgeries**. Approximately one in three of all in-patient stays of women with surgery are due to surgeries in connection with diagnoses in the area of the female genitalia and obstetrics. Although the number of **hysterectomies** is strongly declining in Vienna, some 10,000 women undergo it every year. Hysterectomies and other gynaecological operations often lead to severe psychological stress for women. Institutions such as women's health centres and gynaecologists who address the consequences for women criticise insufficient information for the patients and the fact that existing alternatives are often ignored.*

Disorders of the locomotive system

*Locomotive system disorders are more frequent in women than in men, and they are particularly common in elderly women: Of all people in Vienna aged 60 or above, 27 percent of women and 17 percent of men report locomotive system disorders. In particular **osteoporosis, arthritis and arthrosis** are frequent in women. **Backaches** are also very widespread among women. While back problems in women are mainly due to daily work, in men they are more frequently due to accidents. Women more frequently have occupations that place a strain on the back (nurses, elderly care nurses, shop assistants, computer workplaces). Menstruation often also leads to backaches. Pregnancy and children place a strong strain on the spine. Psychosocial problems can also lead to muscle tension and thus to back pains. Frequent or permanent pain has a negative impact on the overall mood and mental well-being.*

HIV/AIDS and other sexually transmitted diseases (STDs)

*Since the first cases of **HIV/AIDS** in the early 1980s the share of affected women has grown and is now around 30 percent. HIV/AIDS is no longer limited to minorities but affects the general population. The current challenge is to build awareness for the fact that despite the relatively low prevalence in Vienna and Austria, AIDS is a pandemic. It should particularly be taken into account that in the neighbouring countries to the East the infection rates are high. Compared to HIV/AIDS, all other **sexually transmitted diseases (STDs)** can be considered a "silent epidemic" in that there is very little public awareness for them. **Chlamydia** in particular is fairly widespread and can e.g. lead to infertility. Another example is the **human papilloma virus (HPV)**, with which around 70 percent of all sexually active women and men are infected and which is connected to the emergence of cervical cancer.*

Health in different phases of life

Health related lifestyles of girls and young women

Overweight and eating disorders in children and adolescents

*Approximately one quarter of Viennese school children in the age group 10 to 15 are overweight or obese. While overweight and obesity are less frequent in girls than in boys, extreme underweight is more common in girls than in boys. Disordered eating habits as a potential precursor of eating disorders are significantly more frequent in girls than in boys: Approximately half of all Viennese girls between 14 and 17 years have already been on a diet at least once, while this holds true only for one in seven boys. There are no exact data on the incidence of **eating disorders**. The number of in-patients treated for eating disorders has increased over the last years, however, the majority of patients receive out-patient treatment. The prevention of eating disorders is one of the main objectives of the Vienna Women's Health Programme. Numerous measures have been undertaken for awareness building and public information, and an eating disorder hotline was established in 1998 (toll free number 0800-201120). The prevention of overweight and eating disorders in children and adolescents will remain an important task both due to their high prevalence and due to the fact that preventive measures should start as early as possible in childhood.*

Physical activity, gender mainstreaming in sports

Women are physically less active than men: In the Vienna Health and Social Survey, 43 percent of women but only 27 percent of men said they did not do any sports. Women also prefer different sports than men – gymnastics, aerobic and dancing are more frequent among women, while men prefer ball sports. The role of women in sports clubs and professional sports has been addressed more frequently internationally in the last years, since like in many other areas of society, women are only marginally present in leading positions of sports clubs and associations.

Substance use in adolescents: smoking, alcohol, cannabis, ecstasy

*Of all 15-year old school children in Vienna, 21 percent of girls and 20 percent of boys **smoke** daily. As in previous surveys, the recent data show that daily smoking is somewhat more frequent in girls of this age than in boys. There was a marked increase from 1994, when only 16 percent of 15-year old school girls and 14 percent of boys smoked daily. **Alcohol consumption** is also already widespread among adolescents: One in ten 15-year old girls have been drunk at least four times, for boys the figure is one in five. Experience with **cannabis** is frequent: 36 percent of females and 42 percent of males younger than 30 reported having tried cannabis. The use of **ecstasy and amphetamines** is limited mainly to people younger than 40: 2 percent of both women and men in Vienna reported having consumed these substances in 2003.*

Sexual and reproductive health of girls and young women

*Approximately half of all girls have their **first intercourse** at age 15, while it is a bit later for boys. Only one in six girls do not use contraception during their "first time". This means that a large percentage of adolescents use contraception, most frequently condoms, followed by the pill. However, between 4 and 6 percent of girls and 5 to 7 percent of boys rely on coitus interruptus. Regarding **teenage pregnancies** and **teenage mothers**, Vienna and Austria are near the international average, while the US and Russia have the highest figures. With 22.2 live births per 1,000 women aged 15 to 19, a rate that has been stable over the last years, Vienna is above the Austrian average of 13.7. Despite the relatively good attitude of Viennese adolescents towards contraception, **sexual education** in Vienna and Austria as a whole is not yet satisfactorily established, and further education is necessary.*

Health related lifestyles of adult women

Nutrition, obesity, physical activity

*Women have healthier eating habits than men. The Vienna Health and Social Survey 2001 showed this and also found that the **consumption of healthy food** increases with age for women. It also showed that unhealthy nutrition is more frequent among women and men with a low level of education. The findings of this survey were also confirmed by the results of a **Body Mass Index** study, which showed the prevalence of overweight, underweight and normal weight. In Vienna, just above two in three women but only one in three men have normal body weight. 19.7 percent of women and 57.4 percent of men are overweight, 8.7 percent of women and 8.2 percent of men are obese. Overweight and obesity in Vienna is slightly below the Austrian average for both women and men. Women participate in **sports** less frequently than men, and this gender gap is largest in the age groups below 25 and above 75.*

Smoking/passive smoking and sexual and reproductive health

Approximately 2.3 million people in Austria smoke. Of these, approximately one in three, i.e. 800,000, have a severe nicotine addiction. Some 14,000 people die each year as a result of tobacco consumption, that is 38 people every day. Smoking has been decreasing among men since the 1970s but increasing among women. However, women still smoke less frequently than men. In general Vienna has a higher percentage of smokers than the other Austrian provinces. There are several studies on smoking in Vienna; the figures for regularly smoking women lie between 27.0 and 40.2 percent (for men: between 37.0 and 56.0 percent).

*Smoking can be extremely harmful to **sexual and reproductive health** in women as well as in men. Smoking while using combination oral contraceptives (the pill) increases the risk for coronary heart disease and strokes, and oral contraceptives also fail more often for smokers. The fertility of women (and men) can be reduced through smoking and a lower reaction to fertility treatment has been observed in both sexes. Smoking can delay the start of the menopause and lead to menopausal symptoms being stronger and more frequent. The risk of invasive cervical cancer is tripled for female smokers. Concerning **pregnancy and birth**, smoking has been found to be a risk factor for premature rupture of the membranes, premature birth, low birth weight, miscarriage, stillbirth, infant mortality and birth defects. However, **passive smoking** can also have extremely negative effects in particular on children and pregnant women (slow growth of the foetus, premature birth, cot death, diseases of the respiratory organs, negative impact on the growth and development of the child). In men smoking and passing smoking has been identified as a risk factor for impotence and reduced sperm quality. According to the 1997 Mikrozensus survey, 20.7 percent of female and 21.8 percent of male gainfully employed persons reported*

being passive smokers. In Austria the protection of non-smokers at the workplace is still insufficiently regulated in the ***Employee Protection Act****. The* ***amendment to the Tobacco Act*** *which has been in force since January 2005 bans smoking in all closed public places, but in particular the bar and restaurant business is an exception from this. The amendment also includes a broader ban on advertising and sponsoring for tobacco products. However, it does not contain consequent non-smoker protection.*

Alcohol consumption in women, alcohol during pregnancy

Because "only" one in four alcoholics in Vienna are women, this issue is frequently treated as a male problem. Problematic alcohol consumption in women starts later on average (peaking around age 40). Women also become addicted faster, and they experience stronger physiological effects and more severe long-term damage than men. Female alcoholics occur in all social and educational strata. ***Alcohol consumption of pregnant women*** *can lead to congenital birth defects of the child. According to estimates each year at least 100 children in Vienna are born with defects of varying degrees as a consequence of their mother's alcohol consumption. Since this is an avoidable risk, preventive measures in this area are particularly important.*

Use of illegal substances

There is little data on the gender-specific consumption of illegal drugs in Vienna and Austria. It is known that women consume illegal substances far less frequently than men: approximately 26 to 30 percent of problematic opiate consumers are women. The share of women in directly or indirectly drug related deaths is 15 to 20 percent. Girls start consuming illegal substances at an earlier age than boys, but the share of women decreases with age. Women-specific approaches in drug prevention and the treatment of addicts can be found in places, but they are not enough to cover the need.

Sexual and reproductive health of adult women

The most frequently used ***contraceptive*** *is the pill. It is used with different frequency in different age groups: at least half of all 15 to 19 year old women but less than one quarter of 40 to 45 year old women use the birth control pill. A similar age trend can be observed in the use of condoms, the second most frequently used contraceptive – it is also used more often by young women. With age, the use of long-term contraceptives increases: some 10 percent of 40 to 45 year old women use copper or hormone intrauterine devices (IUDs).*

The over the counter sale (OTC) of the ***"morning-after pill"*** *has been under discussion in Austria for several years. A working group of the Federal Ministry of Health and Women discussed the OTC status for the morning-after pill in 2005, but decided against it.*

There is no exact data on the frequency of ***abortions*** *in Austria, since they do not have to be registered. Estimates lie between 19,000 and 25,000 abortions per year, however, these figures are disputed by some experts. The hospital discharge statistics only show a very small part of all abortions, since the majority is done in private clinics (e.g. Ambulatorium am Fleischmarkt Wien, Ambulatorium gynmed Wien) or by established practitioners. The hospital discharge statistics show 682 abortions in 1993, but only 149 in 2003. In order to make it possible to have an abortion in a public hospital, six hospitals of the Vienna Hospital Association have been offering out-patient abortions since January 2003; the cost has been reduced considerably and is now closer to that of private clinics.*

Unwanted childlessness, in vitro fertilisation (IVF), pre-implantation diagnostics (PID)

If a couple despite wanting children and despite regular intercourse without birth control does not achieve a pregnancy after more than two years (although in practise usually one year), this is considered ***infertility/sterility****. The IVF register maintained by the Austrian Health Institute (ÖBIG), which records the* ***use of IVF centres****, shows that in 2004 Vienna had the highest number of in vitro fertilisations of all federal provinces (1,719 of an Austrian total of 4,661 women or couples), however, 43 percent of these women were from other Austrian provinces, in particular Lower Austria. 8 of the 25 Austrian IVF clinics with contracts with the public health insurance institutions are in Vienna, and 2 of the IVF centres in Vienna and 10 in the rest of Austria are public. The use of* ***pre-implantation diagnostics (PID)****, i.e. investigating embryos before transferring them to the uterus after in vitro fertilisation, is controversial. It is illegal in Austria, Germany, Switzerland and Italy, in some countries it is allowed under special circumstances or not explicitly regulated. The discussion around PID centres mainly on the controversy between the argument that it allows couples with known genetic risk to conceive healthy children, and the opinion that the selective nature of PID might facilitate a*

questionable social development towards positive eugenics.

Pregnancy and childbirth

*The increasing possibilities offered by **prenatal diagnostics** are permanently altering the way in which pregnancy and childbirth are experienced. Many women and couples feel pressured to make use of all the available diagnostics in order to have more certainty about their child being healthy. It is important for women to receive critical and factual information in order to be able to make their own educated decisions.*

*The medicalisation of pregnancy is continuing with a growing trend of **medically controlled childbirth**. 98.6 percent of all births take place in hospital. Out-patient childbirth facilities, i.e. hospital stays of less than 24 hours after giving birth, are used very rarely.*

*The **share of caesarean sections** has increased from 12.4 percent in 1995 to 23.6 percent in 2004; in some Viennese private hospitals it is even up to 50 percent. This follows the Austrian and international trend towards having caesarean sections increasingly without clear medical indication.*

*The promotion of **breastfeeding** has been an international objective for several decades, in particular the WHO and UNICEF promote "successful breastfeeding" and initiated the **"Baby Friendly Hospital Initiative"** in 1991. So far Austria has 14 "Baby Friendly Hospitals". As the first and so far only hospital in Vienna, the Semmelweis women's clinic was awarded this title in 1999. The WHO recommends exclusive breastfeeding for the first six months as the optimal length, and additional breastfeeding up to an age of 24 months. Compared to the other federal provinces, Vienna has a relatively high share of breastfeeding mothers: One in four mothers breastfeed longer than 9 months, about half up to 7.5 months, and the remaining quarter up to 4.0 months.*

***Postnatal depression (PND)** is a medical condition that is frequent and should be taken seriously. However, it is still often not diagnosed, among other reasons because it contradicts the common opinion that a woman should be filled with happiness after the birth of her child. During the **model project for the prevention of postnatal depression**, which was carried out as a part of the Vienna Women's Health Programme in 2001 and 2002, data on the **incidence** of postnatal depression was collected. Of the women who took part in the questionnaire based survey, 18 percent showed indications of depression in the early stages of pregnancy (up to the 30th week), and 13 percent two weeks before birth. Over the entire time of the survey, 28 percent showed risky depression values in one of the four stages that were surveyed. During the project various preventive and supportive measures were also tested and evaluated. It is necessary to continue awareness building measures for medical staff and to extend the possibilities for admitting mothers and babies together to psychiatric wards.*

***Premature births** are a serious problem in obstetrics, since extremely premature births with a birth weight of less than 2,000 grams account for a large share of infant mortality and morbidity. The rate of premature births has slightly increased in the last years together with the survival rate. Nowadays most infants with a birth weight between 500 and 1.000 grams survive. This also means that the number of surviving infants with neurological damage has increased slightly. Attempts to reduce the rate of premature births are therefore very desirable.*

***Infant mortality** has declined strongly in Vienna and Austria since the 1950s. Infant mortality in Vienna in 2003 was 6.3 in 1,000 live births (i.e. 0.63 percent), which was above the Austrian average of 4.5 in 1,000.*

***Miscarriage and stillbirth** are still a taboo. Only in recent years has it become possible for parents who lose their child in this way to receive institutionalised support in coping with the loss. For a few years, e.g. the Semmelweis clinic and the Vienna General Hospital (Point project) have been offering counselling and support for affected parents in Vienna, both psychological support and administrative help with paperwork. Regenbogen Österreich is an association founded in 1994 that offers a **self-help group** for parents who have experienced a miscarriage, stillbirth or an abortion.*

Menopause, hormone replacement therapy

*The time before, during and after the beginning of menopause, the perimenopausal phase, can take several years. The physical and mental changes during this period are very individual and of varying strength. The average age for natural menopause in the Western societies is 51 years, which means that the postmenopausal phase is more than one third of a woman's life. In the last years heated public discussions have taken place on the **benefits and risks of hormone replacement therapy**. Many*

*medical societies and experts, among others the Vienna Health Insurance Fund (Wiener Gebietskrankenkasse), have made **recommendations** based on findings of studies which indicate an increased risk of breast cancer, coronary heart disease and stroke through hormone replacement therapy: in particular estrogen-progestin combination therapies should not be used preventively but should rather be limited to the treatment of postmenopausal symptoms with as low a dose and short a duration as possible. Both the North American and European women's health movements have protested against the "pathologisation" and medicalisation of menopausal women through hormone replacement therapy since the 1970s and spoken in favour of a multidisciplinary view of menopause that focuses on the needs of women.*

Economically active women: Work and health

*Although work places a significantly larger burden on women than on men due to their **multiple roles**, especially when the children are still small, it is also for many women a source of well-being and health. Working women feel subjectively healthier than women who stay at home, and they are also less frequently ill. However, there are significant differences depending on the type of work and the circumstances. In particular women who are unskilled or skilled workers evaluate their state of health less positively than female white-collar workers and civil servants.*

***Typically female occupations** do not only have a different social recognition and income than male ones, they also have different risks, demands and strain. Women work more frequently than men in one-sidedly physically demanding jobs (e.g. assembly line work), occupations with a high psychosocial burden, or a combination of both, e.g. nursing jobs. Many typical female occupations are monotonous, with a very low control over how the work is done, and a lack of decision-making opportunities. Although the share of women working in **technical occupations** in Vienna is approximately one third above the Austrian average, these occupations are nevertheless still dominated by men even in Vienna.*

*Specific health risks associated with female occupations are e.g. problems with the arms, stress, asthma, allergies, and dermatological and infectious diseases. In addition, women are more often than men subject to **mobbing** and **sexual harassment** at the workplace.*

*Women take slightly more **sick leave** on average than men, however the duration of the sick leave is usually shorter. Mental and behavioural disorders and disorders of the nervous system are more frequent causes for sick leave in women than in men, while occupational accidents and diseases are less common in women than in men.*

Due to the different occupational burdens and risks of women and men a gender perspective is necessary in the area of occupational health promotion and health protection: In addition to the already established accident prevention and maternity protection measures it is necessary to establish mental health protection, prevention of mobbing and sexual harassment, and to allow flexible working hours which permit women to combine work and family.

*The **female unemployment rate** in Vienna is above the Austrian average. Women with low qualifications, both long time workers and women only entering the labour market, women returning to the labour market and immigrant women have a particularly high unemployment rate. While the official unemployment rate is lower than that of men, disguised unemployment is more frequent for women. Additionally women are not only affected by their own unemployment, but often have to help solve the problems and conflicts arising from the unemployment of family members (e.g. partner or children).*

The ways in which women and men react to unemployment are becoming increasingly similar the more employment becomes common for women. Unemployed women (and men) take less care of their health, are more frequently ill and have mental and emotional problems more often (e.g. depressive episodes, anxiety, insomnia, irritability, general nervousness, concentration difficulties) as well as psychosomatic disorders. As a consequence they also use health services more often.

Women in nursing occupations

Women's health should not only be seen from the patients' perspective, but also analysed from the point of view of women working in health care. Predominantly female health care jobs place a particular strain on health. Various studies have shown that nurses, in particular in elderly care, are subject to physical and psychological stress. Time pressure, the psychological impact and having to deal with difficult patients are the main sources of stress. Home nursing is particularly stressful,

which is in part due to the precariousness of the working conditions (a high share of atypical employment, lack of continuity, time pressure, a constant change of tasks and requirements). These already very common problems are aggravated through budgetary cuts.

*In recent years there have been discussions about a severe **nursing shortage**, in particular in elderly care (lack of nursing staff, lack of quality in nursing, deficits in the working life of the nursing staff). In order to make nursing professions more attractive and improve the quality of nursing, integrated strategies are required. Particular attention should be paid to older nursing staff. To this end the Viennese information network on health promotion in hospitals and nursing homes made the ageing of nursing staff in a health promotion context the central topic of 2005 and started long-term initiatives which aim at reducing the number of nursing staff who abandon their occupation early.*

Nursing and care in the family

Some 80 percent of nursing care is provided in the family context through family members or private nurses (mainly women). These people sometimes have no income of their own and no pension insurance. The expected increase in the number of persons in need of nursing care, combined with the reduction of unpaid informal (family) care, calls for appropriate measures. In particular in urban environments less people are prepared to provide nursing care for family members. In the coming years the care for elderly immigrants will become a task the public health system has to deal with.

Family members providing care can be assisted mainly through providing flexible mobile services, financial assistance and social insurance. Care providing family members would also like to have more information on legal, medical and nursing related issues, an increase of the nursing allowance, more short-term nursing facilities and day care facilities for the elderly, and the introduction of nursing assistance in the night hours. Special health promotion activities, a wider social recognition of family nursing, and improvements in the area of family nursing leave could also help to improve the situation.

State of health and health risks of elderly women

*Approximately one in four women in Vienna are 60 years or older, and one in ten are 75 or older. The share of women increases significantly in the older age groups. In addition to the **feminisation of ageing**, **singularisation** is characteristic of ageing today and also affects mainly women. More than 75 percent of Viennese women age 85 or older are widowed, but only approximately 40 percent of men. Consequently the proportion of elderly women living on their own is particularly high.*

The gender disparities visible all throughout life become more pronounced in high age. Elderly women are disadvantaged in multiple ways compared to men (income, living conditions, leisure activities, family support, state of health, need for assistance and nursing care, etc.), which leads to a lower satisfaction with their life.

*The higher life expectancy of women does not come without a price: Chronic illnesses and **multimorbidity**, i.e. the coexistence of several diseases, and the need for assistance and nursing care are more frequent in elderly women than men. The most frequent chronic diseases in elderly women are disorders of the locomotive system and cardiovascular diseases. Elderly women also have more accidents (in particular home and leisure accidents) than men. The main risk for elderly women is falling, which can have severe consequences for geriatric patients, e.g. fear of falling, fractures, hospital stays, need for assistance or nursing care, and can even be lethal. The risk of falling is significantly higher in women living on their own.*

***Mental and behavioural disorders** in elderly women and men are distributed similarly as in the population in general, and there are also notable gender differences in some disorders. Depression and anxiety disorders are far more frequent in elderly women than men, while elderly men are more frequently affected by mental disorders connected with alcohol consumption. A high amount of mental disorders can be found in multiply disadvantaged elderly women, in particular influenced by the accumulation of financial, social and health problems including critical life events. A particular health risk for elderly and very old women are **dementia disorders**. A further increase in dementia patients is expected.*

*Taking several diseases which affect elderly persons as an example it can be demonstrated that **preventive measures, early detection** and **rehabilitation** are also effective in high age.*

*Elderly women more frequently need the assistance of **geriatric care institutions**. A gender sensitive quality*

assurance in nursing care for the elderly is therefore particularly necessary. Issues that need to be addressed are among others medication in old age, violence against elderly people and the treatment of mental health problems (e.g. depression, alcoholism) in elderly people.

Health risks through environmental factors

*The **gender perspective** is only slowly spreading in the area of environmental medicine and generally in the issue of the connection between environment and health. Therefore there are only very few research results on the interdependency of environmental influences and gender differences even for the most frequent environment associated illnesses, such as lung disorders, cardiovascular diseases and allergies. In the last years there has been an intense public discussion on **particulate matter** in Austria, and in particular in Vienna. A study presented by the Federal Environmental Agency in 2005 on the **expected health impact of particulate matter in Austria** estimates that if particle pollution remains at the current levels for several decades, life expectancy will be reduced by 12 months in Vienna, as much as 17 months in Graz, 14 months in Linz, 11 months in St. Pölten, 10 months in Innsbruck, 9 months in Klagenfurt and by 7 months in Salzburg.*

*The Municipal Department for Environmental Protection Vienna already implemented the second **package of measures against particulate matter** in September 2005.*

Women with disabilities

During the Year of Disabilities 2003 a number of initiatives and projects for women with disabilities were launched. The Vienna Women's Health Programme carried out a project for removing barriers in the access to gynaecological treatment. Issues of sexual and reproductive health (contraception, pregnancy, sexual abuse) of women with disabilities have for a long time been discussed only marginally, although they are equally relevant for them as for women without disabilities. Much information and awareness building is still needed, e.g. in training medical and nursing staff.

Women in special social situations, with specific health care needs

Single mothers

*Approximately one in five of the total of 408,000 families in Vienna is a single parent family, and around half of these have children younger than 15. The **vast majority of single parents are women** (83.9 percent). The situation of single parents is marked by a number of potential burdens. Vienna differs from the other federal provinces in many aspects – not only is the **share of single parent families higher**, but also the proportion of **divorced single parents**. Viennese single mothers with children older than 15 years have the highest **labour force participation rate** and a comparatively low **part-time work rate**. There are no representative figures on the state of health of single mothers for Vienna or the other federal provinces. However, it is known that single mothers have a higher incidence of gynaecological and mental problems than women in the comparison group of married mothers. The subjective health assessment of single mothers is also worse.*

Immigrant women

*Migration as such is not a health risk – it only becomes one when there are structural, linguistic and/or cultural barriers in the health care system which lead to a use of health care services which is either below or above average, treatment errors or a frequent change of doctors. A gender sensitive perspective on the health of immigrant women is necessary, since these women often face gender specific professional and social disadvantages and are additionally burdened by the usually difficult legal and social situation as immigrants. There are no comprehensive studies on the **state of health of immigrant women** in Vienna or Austria. The existing data should be interpreted with caution due to small samples and a probably high diversity of the interviewed women (and men) with a non-Austrian citizenship. However, they all indicate that physical and mental problems are more frequent in women from the countries of former Yugoslavia and Turkey than in Austrian women. They all also agree on immigrant women using more curative than preventive health services – for example fewer of the women who were born in Turkey or former Yugoslavia have had a Pap smear test or a breast examination done than Austrian women. Women with a Turkish citizenship go more frequently to paediatricians but less frequently to gynae-*

cologists, dentists and out-patient clinics than women from former Yugoslavia and Austria. In recent years issues of ***traditionally influenced violence against immigrant women*** *have become the centre of public attention in particular in Vienna, e.g. female genital mutilation (FGM), forced marriage and trafficking in women and girls. The City of Vienna has implemented numerous measures in these areas. In 2005 the Vienna Women's Health Programme supported the establishment of a counselling centre for women's health and genital mutilation.*

Lesbian women

Lesbian women often remain "invisible" in the public health system; their sexual orientation is not addressed. This is not least due to the fact that both medical staff and health research have little knowledge about the circumstances of living, health requirements and specific health risks of lesbian women. It remains to be answered whether lesbian women have specific health risks and illnesses, whether they participate in early detection examinations less frequently than other women, or whether the incidence of mental health problems in lesbian women is higher than average. In October 1998 an ***Anti-Discrimination Unit for Same Sex Lifestyles*** *was established in the Vienna City Administration on initiative of the Administrative Group for Integration, Women's Issues, Consumer Protection and Personnel. This was a recognition of the fact that lesbian, gay and transgender lifestyles have so far not yet been sufficiently perceived and recognised.*

Homeless women

Homelessness was until recently seen as a problem that affected mainly men. It is hard to say to what extent women are actually affected, as there are no representative studies on this problem in Vienna and Austria. Women are often "invisibly" homeless, i.e. they react by seeking temporary solutions by living with family, friends, "convenience partners" or casual acquaintances. This is in part influenced by specific female behaviour patterns, but could also be due to a lack of women-specific offers in this area. Since 2003 the Supervised Living group of the Fonds Soziales Wien has been responsible for housing and supporting homeless people. "Women and homelessness" was one of the central topics of the Fonds Soziales Wien in 2004. An outreach programme was developed by the neunerAMBULANZ, a health care service of the private association Neunerhaus, together with the women's health centre FEM to provide care for homeless women and men in Vienna who require special ***medical or psychosocial*** *attention due to chronic or mental health problems and to provide assistance for homeless women which goes beyond mere basic gynaecological care. The project started at the beginning of 2006 with a mobile medical team.*

Prostitutes

There are no up-to-date statistics on the number and living situation of prostitutes in Vienna and Austria. According to estimates there are some 5,000 prostitutes in Vienna – around 500 of them registered – and some 15,000 sexual contacts with prostitutes take place each day. Prostitutes in Vienna work in around 200 brothels and over 100 bars. Since the early of the 1990s a continuous decline in registered prostitutes and an increase in the number of illegal prostitutes has been reported, which is mainly associated with the opening up towards the east and the increased immigration. Between 60 and 80 percent of prostitutes are immigrant women. The situation of immigrant sex workers is particularly precarious: they have very limited or no access to the regular labour market and the public health system, and there is hardly any information available for these women in their native languages.

Violence against women – the role of the public health system

Male violence affects women of all ages, from all social strata and all cultures. In particular women living in relationships frequently become victims of physical violence. The available data suggest that one in three women has experienced physical violence at least once in her life (slaps, shoving, throwing objects, beating, strangling…), one in ten women has experienced sexual violence (rape or attempted rape, sexual coercion) and more than half of all women have experienced sexual harassment (explicit sexual groping, comments, gestures). The health consequences of violence are both physical and psychological (e.g. physical injuries, post-traumatic stress disorders, depression…). The Vienna Women's Health Programme has developed training measures for hospital staff for the ***sensitisation towards and early recognition of the consequences of vio-***

***lence**. Over the last decade the **Municipal Department 57 – Promotion and Coordination of Women's Issues** has initiated a number of research projects, publications, conferences and model projects on the issues sexual, physical and psychological violence against women and children (e.g. a model project against stalking) and subsidises several counselling centres which support women in these situations, e.g. the **24 hour women's emergency helpline** and **women's shelters**. The concepts and measures of the Municipal Department for Women's Issues aim at removing the taboo associated with these issues and try to show violence as a problem of society as a whole in order to achieve changes in the structural framework conditions.*

Women-specific health care

*Over the last decade the awareness for **women-oriented and gender-sensitive health care** has grown especially in Vienna but also in other European countries and worldwide. This can be characterised in particular as avoiding **too much, too little or wrong medical treatment** through need oriented, evidence based and quality assured treatment concepts that also take into account medical alternatives. Extensive **health information and education** is necessary as a basis for decision-making, taking into account the personal resources and coping strategies of women, in order to achieve the goals of "empowered patients" and "shared decision-making". The **areas of activity** of women-specific health care are not limited to the traditional field of gynaecology/obstetrics but rather include all sectors of the public health system that concern women. Concrete **examples** of **already implemented women-specific healthcare measures** are the women's health centres FEM and FEM Süd and women's counselling centres, and women-specific medical care in Vienna can be found for example in the areas of gynaecology, alcohol withdrawal, treatment of psychosomatic disorders, and psychiatry. **Self-help groups** also play a significant role in women's health care, since their members are mainly women. Particularly topical issues are **quality assurance in the public health care system**, in which the **gender-perspective** should also be incorporated. Areas of quality assurance relevant to women are e.g. breast cancer centres, disease management programmes for diabetes, and interface management between in-patient and out-patient treatment.*

Prevention and health promotion

*The **Vorsorgeuntersuchung neu** ("New Medical Check-up") programme is the most comprehensive programme in the area of secondary prevention in Vienna and Austria. This check-up offer has been taken up increasingly in the last years: In 2003 a total of 137,015 persons in Vienna (55 percent women, 45 percent men) had a check-up done, that is an increase of 8.3 from the previous year. The mother-child-booklet is also used very frequently: an estimated **92 to 94 percent of all pregnant women and mothers with infants** in Vienna and Austria participate in all the mother-child-booklet examinations.*

*Other examples of **women-oriented health promotion and prevention** are the recently initiated activities on mental health promotion, the gender-specific HIV/AIDS prevention programmes of the Aids Hilfe Wien, and projects for the health promotion of elderly women, immigrant women, and in the hospital/nursing care setting.*

Vienna Women's Health Programme

*The driving force of the Viennese and Austrian activities in the area of women's health is the **Vienna Women's Health Programme**. A 1998 decision of the Vienna City Council determined the areas of activity, among others early detection of breast cancer, improving care for pregnant women and mother and child, prevention of postnatal depression, improving the health of immigrant women, mental health promotion for women, addiction prevention, the struggle against physical and sexual violence against women and children, health promotion for elderly and very old women, and promoting and supporting women in the health care system and on the labour market. Currently the Vienna Women's Health Programme is working on implementing the breast cancer screening programme in Vienna. In 2005 a programme for the prevention of cardiovascular diseases in women was launched together with the women's health centre FEM Süd. An extensive project for the prevention of postnatal depression was completed in 2004. Recently a curriculum dealing with violence against women and children was developed for the training of staff of the Vienna Hospital Association and several courses have already been held.*

I.
EINLEITUNG: WAS KANN FRAUENGESUNDHEIT, WAS KÖNNEN FRAUEN-GESUNDHEITSBERICHTE LEISTEN?

INTRODUCTION: WHAT CAN WOMEN'S HEALTH PROMOTION AND WOMEN'S HEALTH REPORTING ACHIEVE?

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