

Greece

It appears that there has been no tradition of systematic data collection in Greece. Comparable data on health is available primarily from outside sources such as that collected by the WHO, the World Bank and Eurostat. Similarly to Belgium and Bulgaria methods of governing, a lack of local data sharing, language, and transcription differences may be hindering international access to data.

Nevertheless, available data show that Greece has a rising number of women in the labour force (1980 - 30%; 2004 - 41%); and that live births are predominantly in the 25-34 year age groups, with relatively low numbers of deliveries in under 15s, and a slightly below average number of deliveries in the 15-19 age group. There are no figures available for the incidence of breast or cervical cancers. The one area where data seem to be freely available for comparison is smoking statistics.

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Women's health

It appears that there is no evidence in Greece of discrimination against women and young girls in the health sector, but because there is little relevant research, this cannot be stated with confidence.

According to the WHO Core Health Indicators (2006), Greek women have a high life expectancy (82 years); a relatively low maternal mortality (10 in 2000) and low adolescent fertility (4.4 in 1999); in fact, one of the lowest total fertility rates in Europe and the world (1.2 in 2004). Although there are no detailed data on the use of contraception, the existing evidence shows that, despite its illegality, abortion, a relatively safe, medicalised procedure widely practiced by doctors, is estimated to have been responsible for almost half of the sharp postwar decline in the Greek birth rate. Even after contraception was legalised in 1980, women rejected female contraceptive methods and abortion, and male methods of birth control remain the principal means of controlling fertility (Georges, 1996). These trends are further confirmed by the very low level of knowledge of basic contraceptive issues: only 30.6% of women were able to answer correctly 50% or more of the questions on knowledge of basic contraceptive issues (Tountas, et al., 2004).

Despite Greek women's high life expectancy their morbidity rates are rather high, mainly because of the high rates of smoking and low take-up of existing tests (to measure bone density, and the Papanikolaou test) and not following the recommended preventive measures against osteoporosis and cancer of the cervix. For women under 20 a notable cause of death is road-traffic accidents (RTAs), since 5 women per 100,000 women under 20 die on the road (in contrast to the average of 3.8 women in EU); for women 20-44 years old, suicides are the least frequent in EU with 1.2 per 100,000 while the average for EU is 4.9; for women in the 45-64 age group, cancer is the most important cause of death although (at least up to 2003) this is lower than the EU average (17 per 100,000: the EU average was 29.1). Furthermore, the rate of mortality from breast cancer is also smaller for Greek women (37.6) than the EU average of 48.2 per 100,000. Finally, for women in the 65-84 year age group, heart disease and strokes are the most important causes of death and again the annual average of 316.1 women per 100,000 is lower than the EU average of 450.5 women (health.in.gr/news, 2006). While this picture tends to portray a relatively good picture of health for Greek women, it is quite possible that their health state may deteriorate as the number of cars and RTAs, as well as the numbers of young and middle-aged women who smoke, have significantly increased since 2003.

Specific health policies for women

I have not been able to find any women-specific health policies, except policies referring to pregnancy leaves and women's rights to employment after childbirth which, at least officially, are the ones adopted by the EU.

Gender-sensitive health policy design

Gender in health policy is only addressed to the extent that where certain diseases are more frequent for women than for men, programmes and health services are more intensely directed towards women. This, of course, is not very equitable to men who, for example, suffer less often than women from osteoporosis, but who after the age of 50, have a higher risk of osteoporosis than of prostate cancer (health.on.gr/news 2005). On the other hand, younger women with heart problems may not be receiving timely diagnosis and treatment because it is still believed that women are less vulnerable than men to such diseases before they reach 60. There has been no data collected that allows us to map the existence of such trends.

Three primary issues and how they apply to women

- *Cancer*

Epidemiological evidence from many countries has shown that smoking causes morbidity and deaths not only from different types of cancer but also from vascular and respiratory diseases

(Vineis, et al., 2004). The very high rate of Greek women who smoke, as well as the negative impact of passive smoking when partners smoke, is responsible for high rates of different types of cancer (lung cancer, bladder cancer, hepatocellular carcinoma) as well as of chronic obstructive pulmonary disease (Rebelakos, et al., 1985; Kuper, et al., 2000; Kalandidi, et al., 2004 and 2005; and Dockery and Trichopoulos, 2004). There is no enforced formal policy to limit smoking in any public, work or entertainment space. In addition to their partners and friend smoking, practically all women are exposed to a smoking environment all day long: at work, when they take a taxi, when they go to the bank and when they go to a restaurant or a night spot. However, there are no studies of the impact of women's exposure to these additional sources of passive smoking.

- *Smoking*

Although 44.9% of the Greek population are smokers (that is two out of three Greeks are smokers), there is considerable evidence that more women than men smoke, especially in the younger generations. A European study found for example that in the south of the country more women than men smoke daily at the age of 15 as well as among all adults (Currie et al., 2000). A study of 657 students from three secondary schools in Athens city centre (with an almost equal number of boys and girls) found that girls had a significantly greater intention of smoking than boys possibly because girls more than boys consider smoking as risky, self-assertive behavior (Koumi and Tsiantis, 2001 Also *Crisp et al.* suggest a link between smoking and fears of gaining weight among adolescent girls (Crisp et al., 1999). According to data presented in the Greek journal *Apogevmatini* many more women than boys smoked continuously during all types of entertainment (summer movie theatres and concerts as well as closed jazz clubs and other types of clubs). Three out of four 15-18 year old girls and two out of three 15-18 year old boys smoke, as do four out of five 18-25 year old women and three out of four 18-25 year old men (*Apogevmatini*, 2000). In addition, data presented at the 9th Greek Conference of Chest Diseases, showed recent statistics indicating that lung cancer will soon become the most common cause of death for women, surpassing breast cancer (*Apogevmatini*, 1997).

- *Osteoporosis*

In Greece, more than half a million women are estimated to suffer from osteoporosis, with women representing 80% of all sufferers. One-third of women under 50, one in five women in the 50-59 age group, and more than half of women 70-79 years of age suffer from osteoporosis, according to the president of the Greek Society for the Study of the Metabolism of Bones. Hip fracture is the most dramatic complication of osteoporosis: About 15,000 persons over 70 fracture their hip every year in Greece, 75% of whom are women. All of them must be operated on and about half of them die within two years because of complications after the operation (*Iatronet*, 2006). There is an average annual increase of 7.6% of hip fractures (Paspati, Galanos and Lyritis,

2004) and the predictions for the future are very pessimistic because of the increased rate of ageing, inappropriate diet and lack of physical exercise. Despite the many risks of fractures due to osteoporosis, Greek women seem to be indifferent to these risks and do not follow the recommended treatments as directed. About 60% of the women stop the treatment early, thus aggravating the condition because of decreasing bone density. It appears that women are willing to follow the treatment more faithfully if it can be taken once a month or once a year. In a recent study presented at the congress of Greek Society for the Study of the Metabolism of Bones 93.6% of women suffering from osteoporosis said that they would prefer a monthly treatment to the weekly treatment they are currently following. Other Greek studies presented at the same congress showed that the greater part of the Greek population has a very low level of vitamin B despite the many sunny days in Greece. It is possible that women, afraid of contracting cancer, avoid exposure to sun; it is possible also that there is insufficient intake of vitamin B with the food, or that the digestive system does not absorb it. One in three older women suffering from osteoporosis lack vitamin B and this lack can lead to softening of bones and weakening of muscles (Pathfinder News, 2006).

Specific healthcare policies for young girls

In Greece, regardless of the existence or not of specific healthcare policies, NGO's fill important needs. The NGO 'Friends of Adolescents - Centre for the prevention and Healthcare of Adolescents (KEPYE)' functions within the University of Athens. It is staffed by academics with training and expertise in adolescent medicine and healthcare in cooperation with other specialists. It includes paediatrics, endocrinology, psychological support, obesity advice, gynaecological, child surgery and infectious diseases services. This Centre offers advice, diagnosis, preventative and curative treatment to adolescent girls for such problems as anorexia, obesity, menstruation difficulties, the condyloma virus, cervical inflammations, pregnancy and abortion, as well as information on contraception and sexually transmitted diseases. The Centre shows considerable sensitivity and tries to adjust the hours, the interviews and the services in a such a way that they can be better attended by adolescent girls.

An example of 'best practice' in women's health

In 2005 the prominent female mayor of Athens organised a pilot programme (to be more widely rolled-out at a later date) in an Athens department aimed at informing and sensitising women to timely diagnosis and treatment of breast cancer. In cooperation with the newly established 'Centre for the Prevention of Breast Cancer', women 45-69 years of age were invited to come for a free mammography and preventive breast examination (www.cityofathens.gr. 2006). There have on occasion been additional campaigns regarding breast cancer but it is difficult to assess

the extent to which such programmes covered the entire Athenian or Greek population of women. It is, of course, quite controversial stopping the programme at 69 years, since there is considerable evidence that breast cancer can also occur after this age.

Within the context of INTERREG programme, the ministry of Health and Welfare undertook a study in Serres, a city in Macedonia concerning women's sexual life, frequency of abortions, and their experience of violence. The women did not report any significant problem with their sexual life or with violence against them; instead, they mentioned that their most important health problems were breast cancer and cancer of the cervix, depression and psychological problems. Death statistics in the area showed that these two types of cancer were the two most important causes of women's deaths. The women also mentioned the lack of information regarding different contraceptive methods and their efficacy (National School of Public Health, 2000).

There have also been many lectures and public campaigns aimed at women concerning osteoporosis and the needed prevention and treatment.

Further gender influences on patterns of health

It does not appear that gender significantly influences the patterns of health in Greece, except as indicated above.

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