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WOMEN'S HEALTH

Characteristics and services in the Italian regions

**"Synthesis of the White Handbook on
Women's Health"**

First Edition

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Preface

In July 2007, the National Observatory for Women's Health (O.N.Da) published the first edition of the **White Handbook on Women's Health**, thanks to the financial support of Ina Assitalia and of Wyeth, and under the guidelines of the National Observatory on the Italian regional health. This publication has been edited by Franco Angeli et al, and was presented at a Press Conference in Rome in July 3, 2007. The publication is available in bookstores. The present document is a synthesis of the White Handbook that has part of the O.N.Da Information Booklet Series and it is also available on the O.N.Da's Web site www.ondaosservatorio.it.

Woman's health has changed due to the developments in women's roles in society. Women have become more active in the work environment, but they receive less support in their role at home. The large amount of activities and responsibilities assumed by women today, cause stress and as a consequence, it has negative effects on their health.

In Italy, women live longer than men, but worse. Women become sicker because some of their pathologies are typically associated just with the ageing, and paradoxically, they are cured with medicines that have not been tested specifically on women. In fact, some pathologies that have been considered exclusively of men (i.e. cardiovascular sickness), are also affecting women in first place, however, the perception about how these pathologies affect women is undervalued, so often women do not make a proper use of the diagnosis's time for their sicknesses.

The promotion of women's health is an economic and social investment for the future. Women are a valuable resource for society, so they should arrive to an old age with a good health and with reduced levels of disability. Proper life styles and the awareness about women's health issues are very important factors to ensure the life's quality during the old age of the female population.

INTRODUCTION

The Parliament of the European Commission through its communication of 8 march 2007 stresses how equal opportunities among men and women is an important factor in reducing or increase poverty levels and also a key factor to achieve the Millennium Goals.

Equal opportunities have not been achieved; there are many elements that still show the unequal opportunities between women and men particularly in terms of health services: unequal opportunities for women to have access to the National health System, scarce economic and social power of to afford health services, low female participation on health research studies, etc.

The main purpose of publishing the first edition of **White Handbook on Women's Health (2006)** was to go into more depth about the health's needs and services requirements of the Italian women population. The publication is divided in two parts: The first section characterizes the women's population in Italy, showing demographic data, mortality and birth rates, education and labor levels, free time, and so on. The second part focuses on the characteristics of the Italian health service system offered at the regional level and also an analysis is presented on the main pathologies, addressing their differences among women and men, among regions, and when possible, among ages.

The big picture shows that the health of Italian women is overall good, but there are many socio economic factors that contribute to create inequalities among regions in terms of the required health activities.

Therefore, the main goal of the **White Handbook on Women's Health** is to illustrate the situation of the Italian women's health and the health services at a regional level. We hope this publication can be particularly useful to women, so that they can be aware and advocate for their Constitutional health rights.

Demographic aspects

According to the National Institute of Statistics (ISTAT), there are more than 30 millions of women in Italy. However, their level of fertility is very low; in fact, the Italian fertility rate is the lowest on average in Europe (1.33%), women usually have only one baby. The 23.5% of the women are over 65 years, which is higher to the percentage of women between 0-14 years (14.15). Women live longer than men; in 2006, the life expectancy for women was 84 years of age and for men 78.3 years. While Liguria has the higher percentage of senior women, the Campania region has the higher percentage of young women.

Table 1 – *Life expectancy by sex and region - Years 1997, 2002-2004*

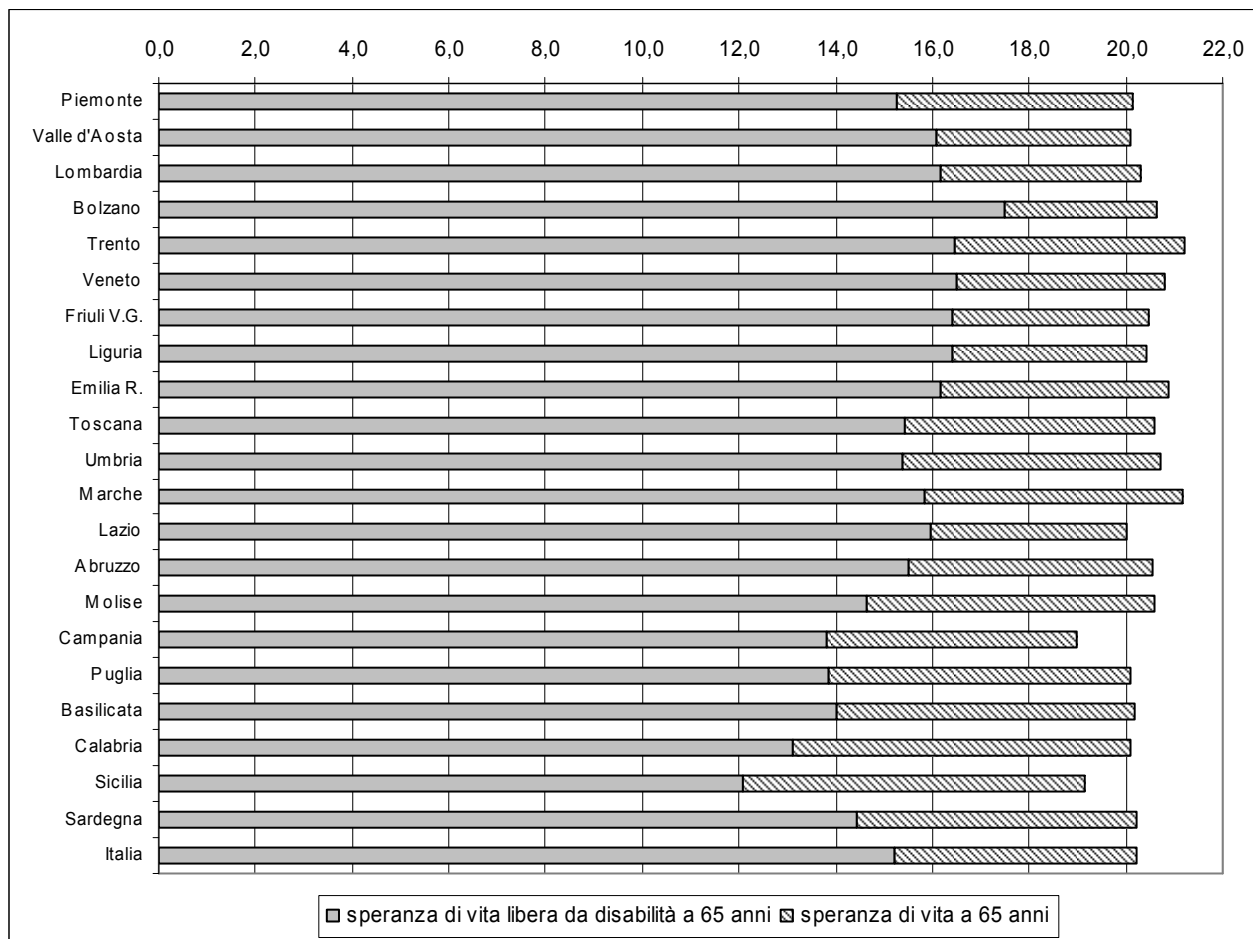
Regions	Men				Women			
	1997	2002	2003*	2004*	1997	2002	2003*	2004*
Piedmont	75,0	76,7	76,3	77,4	81,4	82,6	82,2	83,6
Lombardy	74,9	76,9	76,6	77,6	81,7	83,2	82,7	83,9
Trentino-Alto Adige	75,8	77,7	77,0	77,6	82,6	84,4	83,4	84,2
<i>Bolzano-Bozen</i>	<i>76,0</i>	<i>77,7</i>	<i>77,0</i>	<i>77,6</i>	<i>82,6</i>	<i>84,1</i>	<i>83,0</i>	<i>83,9</i>
<i>Trento</i>	<i>75,6</i>	<i>77,6</i>	<i>77,1</i>	<i>77,6</i>	<i>82,7</i>	<i>84,7</i>	<i>83,7</i>	<i>84,5</i>
Veneto	75,3	77,3	77,2	77,9	82,3	83,8	83,4	84,3
Friuli-Venezia Giulia	74,8	76,6	76,3	77,4	81,4	82,9	82,7	83,3
Liguria	74,8	77,0	76,6	77,6	81,5	82,8	81,9	83,6
Emilia-Romagna	75,8	77,5	77,1	78,0	82,1	83,7	82,9	83,9
Tuscany	76,3	78,0	77,8	78,6	82,0	83,6	83,2	84,4
Umbria	76,4	78,0	78,0	78,8	82,2	83,6	83,9	84,6
Marche	76,5	78,5	78,0	78,8	82,7	84,1	83,7	84,7
Lazio	75,2	76,9	76,8	77,3	81,1	82,5	82,0	82,7
Abruzzo e Molise	76,1	77,4	77,4	77,7	81,9	83,2	83,2	84,2
Campania	74,1	75,8	75,5	76,4	80,0	81,4	81,3	82,4
Apulia	76,1	77,8	77,6	78,7	81,4	82,9	82,8	84,0
Basilicata	75,9	77,0	77,3	77,9	81,0	82,8	82,9	83,2
Calabria	75,6	77,7	77,4	78,1	81,1	82,9	82,3	83,5
Sicily	75,3	76,7	76,7	77,8	80,1	81,7	81,6	82,8
Sardinia	75,3	76,8	76,5	77,7	81,9	83,3	82,8	84,1
Italy	75,3	77,1	76,9	77,7	81,5	83,0	82,6	83,7

Source: Osservasalute Report 2006 – Egidi, Spizzichino, Frova, Pappagallo, Di Fraia - Istat data accessed at: www.demo.istat.it.

As Table 2 shows, regarding the women's levels of disability, the percentage of women with disability in terms of loss of psychological, physical, and social autonomy, is higher for than men. In fact, the life expectancy for men of 65 years of age, who are not affected by any disability arrives at 17.4 years, while

that of women arrives at 21.4 years. Overall, even though women live longer than men, their health conditions are poorer and their medicine consumption levels are higher than men. Women live 21.4 years of their lives experiencing conditions of disability.

Table 2 – Life expectancy at 65 years old and life expectancy free of disabilities at 65 years old by sex and region Years 1999-2000



Source: Istat. Health for All-Italia. December 2006.

Regarding mortality rates in women, the main cause is associated to pathologies of the circulatory system. (The Campania region has the higher mortality rate because of these pathologies, aprox. 34%). The second cause of mortality in women is tumors (Valle d'Aosta is the region with the highest rate of tumors, aprox. 20%)

Table 3 – Mortality rate in women over one year by death cause, sex, and region (rates standardized by 10,000). Years 2001-2004

Regions	Tumors	Circulatory System pathologies	Respiratory system pathologies	Digestive System pathologies

	2001	2002	2003*	2004*	2001	2002	2003*	2004*	2001	2002	2003*	2004*	2001	2002	2003*	2004*	2001
Piedmont	18,75	18,38	17,72	17,91	26,05	25,64	26,05	22,20	3,25	3,54	3,98	3,10	2,93	2,92	2,86	2,24	2,96
Aosta Valley	20,04	20,06	12,72	21,20	25,02	24,37	25,09	17,79	2,67	3,49	3,08	2,54	3,52	4,41	4,38	2,41	4,17
Lombardy	20,10	19,65	19,31	19,18	23,84	23,24	23,14	19,64	2,84	3,23	3,48	2,78	2,47	2,62	2,39	2,25	2,34
Trentino-Alto Adige	17,55	17,14	17,98	16,87	24,09	24,66	23,76	22,25	3,35	2,97	3,43	3,00	2,34	1,84	1,97	1,85	1,84
<i>Bolzano-Bozen</i>	<i>18,49</i>	<i>17,43</i>	<i>18,40</i>	<i>16,78</i>	<i>23,93</i>	<i>26,25</i>	<i>24,39</i>	<i>23,75</i>	<i>3,72</i>	<i>3,30</i>	<i>3,91</i>	<i>3,49</i>	<i>1,98</i>	<i>1,49</i>	<i>1,79</i>	<i>1,76</i>	<i>1,96</i>
<i>Trento</i>	<i>16,78</i>	<i>17,05</i>	<i>17,63</i>	<i>16,91</i>	<i>24,20</i>	<i>23,36</i>	<i>23,16</i>	<i>21,01</i>	<i>3,03</i>	<i>2,69</i>	<i>3,02</i>	<i>2,53</i>	<i>2,62</i>	<i>2,13</i>	<i>2,11</i>	<i>1,93</i>	<i>1,73</i>
Veneto	17,71	17,59	16,65	16,60	22,42	22,29	21,94	19,42	2,99	3,11	3,02	2,85	2,64	2,67	2,56	2,29	2,54
Friuli-Venezia Giulia	19,74	20,08	18,72	18,34	23,56	23,76	22,16	21,10	2,90	3,51	3,20	3,16	3,25	2,91	2,69	2,59	2,61
Liguria	18,69	17,44	18,07	17,02	24,39	23,90	24,55	19,97	2,45	2,81	2,96	2,16	2,82	2,67	2,81	2,53	2,16
Emilia-Romagna	19,11	18,12	17,98	18,07	23,34	23,02	23,06	20,58	2,71	2,89	3,22	2,63	2,33	2,35	2,13	1,99	2,76
Tuscany	17,08	17,09	16,57	17,10	24,35	23,85	23,98	20,25	2,53	2,61	3,33	2,29	2,23	2,49	2,21	1,98	2,36
Umbria	16,60	16,93	15,49	16,19	24,86	24,53	23,32	22,00	2,56	2,45	2,77	2,62	2,21	2,07	2,08	1,98	2,36
Marche	16,30	15,55	15,70	15,94	22,51	23,09	23,76	19,64	2,47	2,45	2,70	1,89	2,01	1,67	1,95	1,68	2,70
Lazio	18,15	18,41	16,74	17,67	27,90	27,14	24,77	23,51	2,76	3,08	3,10	2,35	2,72	2,85	2,49	2,44	3,21
Abruzzo	14,16	14,68	13,39	11,75	24,40	24,74	24,01	22,10	2,25	2,72	2,65	2,43	2,39	2,72	2,38	2,44	2,43
Molise	13,47	11,95	12,59	16,50	26,70	27,53	29,00	22,78	2,32	2,40	2,62	2,30	2,41	2,81	2,20	2,44	2,57
Campania	16,87	16,25	16,00	16,04	33,96	33,92	33,30	28,13	2,80	3,08	3,23	2,55	4,22	3,93	3,85	3,35	2,16
Apulia	15,87	15,27	14,43	14,37	26,31	26,38	26,07	22,37	2,70	2,98	3,43	2,11	3,11	2,88	2,57	2,59	2,40
Basilicata	12,96	13,04	11,49	14,20	27,49	27,85	27,32	24,59	2,47	2,37	3,30	2,30	2,64	2,33	2,53	3,08	2,10
Calabria	13,33	12,32	11,38	12,37	31,99	30,25	30,44	25,90	2,42	2,48	3,34	2,04	2,64	2,43	1,99	2,89	2,40
Sicily	15,75	15,34	15,03	15,23	32,64	31,53	32,99	28,38	2,85	2,72	3,33	2,34	2,75	2,57	2,71	2,42	2,51
Sardinia	16,29	15,84	14,69	15,26	23,83	23,61	23,73	19,76	2,97	3,50	4,12	2,96	2,91	2,82	2,75	2,83	3,06
Italy	17,67	17,30	16,69	16,84	26,07	25,69	25,50	22,16	2,79	3,01	3,31	2,57	2,74	2,72	2,57	2,39	2,50

* Provisional data.

The standardization has been made taking as the reference population, the population living in Italy during the 1991 Census.

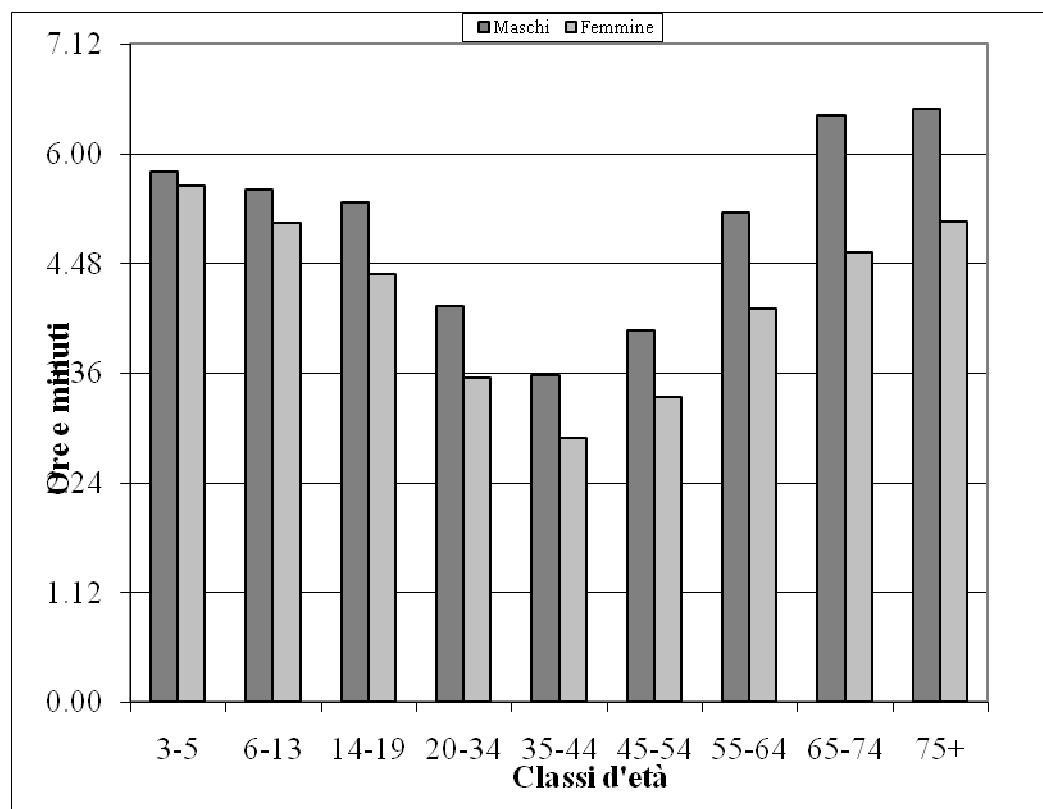
Source: Osservasalute Report 2006 - Egidi, Spizzichino, Frova, Pappagallo, Di Fraia – Made using Istat data, mortality rate by cause in the Italian regions, several years.

Another interesting health indicator is the free time that women can use for taking care of themselves and of their own interests. In Italy, women in all ages have less free time than men; the majority of their free time is used in cultural and volunteering activities.

Table 4 – Free time activities implemented during an average weekend day by women with age 20-64 years (by activity and sex Years 2002-2003)

Free time activity	Men			Women			Total		
	Generic average time	Specific average time	%	Generic average time	Specific average time	%	Generic average time	Specific average time	%
Television and video	1:42	2:08	79,7	1:21	1:47	75,4	1:32	1:58	77,5
Social activities	0:59	1:41	58,1	0:49	1:25	57,2	0:54	1:33	57,7
Sports and open activities	0:35	1:56	30,2	0:23	1:34	24,9	0:29	1:46	27,6
Reading	0:19	1:02	30,4	0:16	0:57	27,7	0:17	0:59	29,0
Hobbies and games	0:16	1:39	15,7	0:11	1:27	13,0	0:13	1:34	14,3
Volunteering	0:07	1:54	6,5	0:13	1:46	12,1	0:10	1:49	9,3
Cultural activity	0:06	2:07	4,7	0:05	2:06	3,9	0:05	2:06	4,3
Other free time	0:05	1:18	5,8	0:02	1:19	3,0	0:03	1:18	4,3
Religious activities	0:04	1:13	5,1	0:06	1:04	9,4	0:05	1:07	7,3
Listening music/radio	0:04	0:42	9,2	0:03	0:34	7,6	0:03	0:38	8,4
Total	4:16	4:24	97,0	3:28	3:37	96,0	3:52	3:52	96,5

Graphic 1 –Average of free time during a day by se and age group Years 2002-2003



Source: Istat - "Gender differences in free time activities". Year 2006.

Concerning the level of education amongst the Italian women's population, 71% of the women has obtained a high school diploma. However, finding a job, and overall keeping it, is more difficult for a woman, particularly in the south of Italy. The job challenge is even bigger for mothers.

RISK HEALTH FACTORS

Two factors that put in high risk women's health have been identified: smoking and overweight. Smoking is one of the main causes in the developing of chronic pathologies, in particular, lung's tumor. Stop-smoking should become one of the main goals for health policies. Even though the 2006 data confirms the reduction of smokers and the reduction of tobacco consumption in the last 3 years, smoking is still a common habit. In particular this habit is relevant in young population, particularly feminine.

By 2005, the 16.40% of the women's population smoked cigarettes compared to 28.8% of men.

Table 5 – Prevalence of smokers over 15 years old by region and sex (in %) –Year 2005

Region	Men	Woman	Total
Piedmont	28,14	14,56	21,08
Valle d'Aosta	25,38	14,84	20,01
Lombardy	29,30	18,33	23,66
Trentino-Alto Adige	22,17	16,64	19,34
Veneto	24,80	15,02	19,79
Friuli-Venezia Giulia	19,21	15,60	17,33
Liguria	26,42	15,92	20,83
Emilia-Romagna	26,16	19,18	22,55
Tuscany	27,15	17,58	22,16
Umbria	29,20	20,68	24,76
Marche	24,81	16,45	20,49
Lazio	30,51	20,35	25,17
Abruzzo	30,53	17,43	23,73
Molise	30,19	11,27	20,39
Campania	34,24	17,40	25,51
Apulia	30,75	8,89	19,36
Basilicata	26,99	13,21	19,90

Calabria	27,83	11,40	19,31
Sicily	30,50	14,78	22,28
Sardinia	28,36	16,93	22,50
Italy	28,66	16,38	22,29

Source: Istat. Health For All-Italia. December 2006.

Obesity is another risk factor for women's health because it is the cause of several pathologies as diabetes and cardiovascular disorders. Obesity represents the 3% of the health global costs. This is why the OMS has launched a campaign in 2004 "Global strategy on diet and physical activity" that engages and commits all the OMS state members to develop awareness campaigns about this topic.

Only a little more than half of the Italian population has a normal weight; 42, 6% of the population is overweight. In reference with the previous year, the number of obese people increased from 8, 5% to 9% of the population. Women, particularly from some southern regions, present the main increases in this risk factor. Valle d'Aosta is the regions with the lowest percentage of obese women (6, 51%).

Table 6 – Prevalence of people over 18 by region and sex (% value) – year 2005

Region	Men	Women	Total
Piedmont	8,24	8,33	8,29
Valle d'Aosta	6,64	6,51	6,57
Lombardy	9,08	8,04	8,54
Trentino-Alto Adige	8,95	8,56	8,75
Veneto	10,55	9,19	9,85
Friuli-Venezia Giulia	11,16	9,63	10,36
Liguria	8,49	8,56	8,53
Emilia-Romagna	10,94	9,67	10,28
Tuscany	8,60	9,10	8,86
Umbria	7,57	7,50	7,53
Marche	10,33	9,33	9,82
Lazio	8,76	9,89	9,35
Abruzzo	12,97	10,76	11,81
Molise	10,95	9,95	10,43
Campania	10,85	10,38	10,61
Apulia	12,23	13,53	12,91

Basilicata	13,04	11,06	12,03
Calabria	11,59	11,05	11,31
Sicily	12,33	10,94	11,60
Sardinia	10,22	10,68	10,46
Italy	10,15	9,70	9,91

Source: Health For All-Italia. December 2006.

Alcohol is another important health risk factor and also a main determinant of disability, mortality and mobility in people. Alcohol do not affect only the drinker, but also their families, and the whole community. Almost 60% of the Italian women's population over 11 years old consumes alcoholic beverages while for men the rate is higher, 85%. Friuli Venezia Giulia is the region with the highest rate of drinkers while women in Sicily show the lowest rates.

Likewise, illegal substances consumption is also a health risk factor in the short and long term. The 23, 3% of the women between 15 and 19 years old consume marihuana (33, 5% of men in this group of age consume marihuana), Tuscany and Lombardy are the regions with the highest rates; although the rates are lower for heroine and hallucinogen substances consumption.

Table 7 – Prevalence of consumers of illegal substances with ages between 15-19years by sex and regions (% values) – Year 2004

Regions	Marihuana		Cocaine		Heroine		Hallucinogen		Stimulants	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Piedmont	33,5	26,8	6,5	3,1	3,9	2,8	5,3	3,5	5,1	3,2
Lombardy	39,1	29,1	6,0	4,3	3,5	2,3	7,5	3,2	5,7	2,6
Trentino-Alto Adige	39,0	21,3	6,1	3,5	4,2	3,0	9,6	3,8	6,3	2,9
Veneto	31,7	24,7	4,7	3,8	2,0	2,5	4,1	2,5	3,4	2,5
Friuli-Venezia Giulia	32,6	22,5	5,5	3,0	3,1	3,0	5,7	2,3	4,5	2,4
Liguria	34,5	26,4	6,0	5,1	3,6	3,2	7,2	4,0	4,5	4,5
Emilia-Romagna	38,0	26,1	9,7	4,2	4,0	2,1	6,4	2,9	6,0	2,1
Tuscany	40,1	33,2	6,0	4,2	4,4	2,1	7,5	4,5	6,0	3,5
Umbria	31,9	25,9	7,6	4,0	4,5	3,3	5,8	3,7	5,1	3,5
Marche	30,7	27,5	7,1	3,5	3,2	3,4	4,1	2,6	6,2	2,5
Lazio	35,5	29,0	9,1	5,5	3,0	3,5	4,0	3,1	6,6	2,2
Abruzzo	29,1	20,0	7,9	3,4	4,1	3,5	4,5	1,1	4,5	1,6

Molise	25,8	15,6	6,5	1,7	4,7	2,2	4,1	1,5	5,3	1,5
Campania	27,2	14,5	7,3	3,1	5,5	2,4	4,0	2,4	4,9	2,3
Apulia	30,5	18,3	5,3	2,3	3,5	1,6	2,2	2,0	3,6	1,1
Basilicata	32,5	26,1	9,4	1,9	4,8	6,5	8,3	3,3	7,8	3,7
Calabria	27,4	13,1	8,1	2,5	7,7	2,8	7,5	2,1	6,1	2,5
Sicily	31,2	14,8	6,9	1,6	5,1	1,9	5,9	1,2	5,5	1,2
Sardinia	36,1	21,7	7,2	3,9	5,3	2,1	5,0	3,7	5,1	2,0
Italy	33,1	23,3	6,3	3,5	4,2	2,7	5,5	2,6	5,5	2,8

Source: Osservasalute Report 2005 – Siliquini, Chiadò Piat, Zeppugno – Based on ESPAD data (European School Survey Project on Alcohol and other Drugs) coordinated for Italy by the National Research Counsel. Year 2004.

MORTALITY: INCIDENCE AND SCREENING OF TUMORS

The White Handbook on Women's Health shows a progressive increment of tumors pathologies in the southern regions, which, traditionally, have been less affected than the north regions. Two main factors could explain this situation: inadequate fight against smoking and substitution of the Mediterranean diet with a northern diet that is associated to a higher oncological risk.

In general, there is a reduction of the mortality rate caused by tumors. There is the same trend in some types of tumors (mamma, uterus, colon). In contrast, there is an increase in the number of deaths for trachea, bronchus, and lung tumors because of the high levels of smoking consumption.

The mortality rates for mamma carcinoma have constantly decreased during the last years. This is mainly due a better understanding and knowledge of screening exams and other methods recommended by doctors to cure and manage this pathology. However, Lombardy (3.37%) and Friuli-Venezia Giulia (3,13%) present the highest mortality rates with this pathology. The regions with the lowest mortality rates (x 10.000) are Abruzzo (1.77%), Molise (1.69%), Basilicata (1.59%) and Calabria (2.02%). As Table 8 shows, Liguria and Molise are the regions with the most significant decrease in the mortality rate between 2001 and 2004.

Table 8 – Mortality rates because of mamma carcinoma (*standardized rates x 10.000*) - Years 2001-2004

Regions	2001	2002	2003*	2004*
Piedmont	3,49	3,20	3,32	3,09
Valle d'Aosta	3,87	3,85	2,35	3,09
Lombardy	3,59	3,53	3,52	3,37
Trentino-Alto Adige	3,26	3,15	3,09	2,66
<i>Bolzano-Bozen</i>	<i>3,76</i>	<i>2,95</i>	<i>3,06</i>	<i>3,04</i>
<i>Trento</i>	<i>2,81</i>	<i>3,34</i>	<i>3,13</i>	<i>2,32</i>
Veneto	3,16	2,99	2,97	2,71
Friuli-Venezia Giulia	3,69	3,72	3,22	3,13
Liguria	3,55	3,13	3,12	2,53
Emilia-Romagna	3,23	3,07	3,06	3,01
Tuscany	2,77	2,71	2,69	2,53
Umbria	2,49	2,94	2,68	2,25
Marche	2,65	2,56	2,38	2,33
Lazio	3,03	3,18	2,64	3,02
Abruzzo	2,29	2,21	2,27	1,77
Molise	2,54	1,63	2,15	1,69
Campania	2,81	2,79	3,01	2,75
Apulia	2,89	2,79	2,84	2,22

Basilicata	1,60	2,33	2,00	1,59
Calabria	2,31	2,28	2,03	2,02
Sicily	2,79	2,67	2,79	2,40
Sardinia	3,37	2,99	2,81	2,59
Italy	3,09	3,01	2,96	2,76

* Provisional data

The standardization has been made taking as the reference population, the population living in Italy during the 1991 Census.

Source: Osservasalute Report 2006 – Egidi, Spizzichino, Frova, Pappagallo, Di Fraia - Istat data accessed at: www.demo.istat.it.

On cervical cancer, the national mortality rate does not show any major fluctuations between the years 2000-2002. However, at a regional level, particularly in the Aosta Valley, the rate has increased from 0.3 (per 10,000) in FY 2000 to 1.04 in FY2002. Although tumor mortality rates have decreased, the incidence rate (the number of cases by pathology) of breast cancer, cervical cancer, colon and lung cancer has increased. In other words, there are less cancer deaths, but more people are affected by it. One of the factors that have contributed to this decrease is the implementation of the “Screening Programs”.

PREVENTION

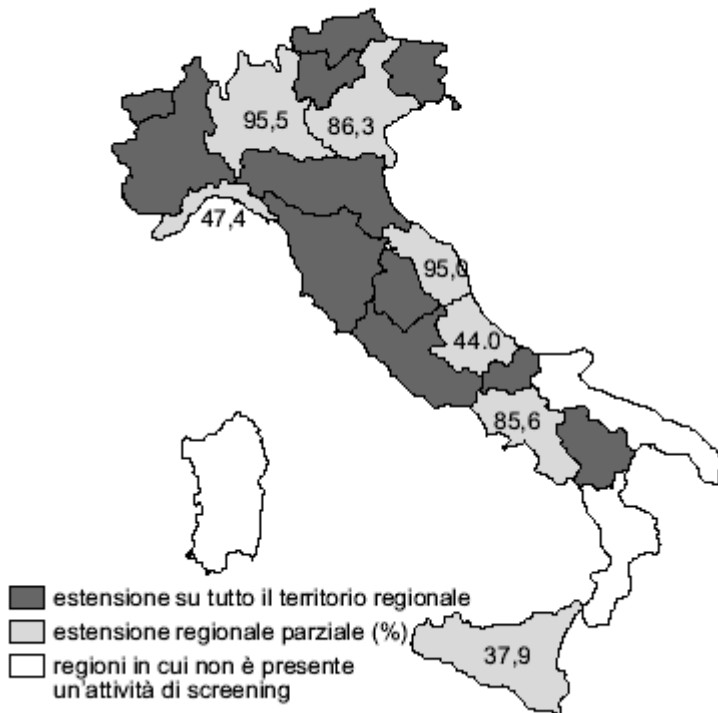
The White Handbook on Women’s Health dedicates a whole chapter for useful information on oncological screening. The Handbook shows the significant difference of both the diffusion and implementation of screening programs as an instrument for prevention, amongst regions. Screening programs are, in fact, essential for the prevention of cervical, breast and colon cancers. Some screening programs have not been yet implemented in some regions of the south of Italy.

Mammographic screening

Breast cancer is the most frequent disease amongst women in the European countries, and the most frequent death cause brought about by tumor amongst Italian women. Mammographic screening consists of systematic and regular radiologic exams that healthy women should carry out to prevent possible breast tumors and to reduce the chance of being affected by cancer. In 2005, 76.4% of women between 50 and 69 years old were inserted in a screening program. However, only the 50% of them actually received the whole program. Strong differences exist among women’s coverage by the screening programs. While the coverage rate in the North and Central regions is more than 90% in the south regions is only 39%.

Geographical distribution of the mammographic screening programs – Year 2005

NORD 92,4% CENTRO 98,6% SUD 39,3% ITALIA 76,4%



Uterus

Cytological screening helps to increase the early diagnosis of cervical cancer and to development a timely therapeutic treatment, which would reduce the mortality rates and increasing the quality of life of many women. The populations targeted for the screening programs in Italy are women between 25-64 years old. In 2004, twelve regions included women between 25 and 64 years, as a target for their screening programs: Piedmont, Aosta Valley, Veneto, Trentino, Alto Adige, Friuli-Venezia Giulia, Emilia-Romagna, Tuscany, Umbria, Abruzzo Molise e Basilicata. In contrast, almost all the regions from the south offered only a partial activated program, with the exception of Molise.

In 2005, only the 25% of the population has been invited to the screening programs. While the level of participation of women to these programs was 21% in the southern regions and 36% and 47% for the central and north regions, respectively.

CARDIOVASCULAR DISEASES

There is a small reduction in the mortality rate for cardiovascular diseases amongst both men and women during the years 2003-2004. However, men have a higher rate than women for these pathologies. The highest mortality rates caused by heart attack, in both women and men, were registered in the Aosta Valley and PA di Bolzano. In contrast, the lowest values for men were in Puglia (5.58%) and Calabria (6.1%), and for women in Puglia (2.72%) and Sardinia (2.52%).

On the other hand, regarding the encephalo's circulatory disorders rate, Basilicata and Sicily have the highest values for men, 11.2% and 11.8% respectively, while the highest rates for women were in Campania

(9.33%) and Sicily (9.96%). In contrast, the lowest values for men are in Trento (5.65%) and Bolzano (5,89%), and for women in Valle d'Aosta (3.73%) and PA di Trento (4.53%).

TRANSMITED DESEASES

Aids

The immune system of people suffering AIDS is attacked by a virus called HIV (Human Immunodeficiency Virus) and is no longer able to counteract the onset of infections and diseases more or less serious. The syndrome is treatable through the use of drugs, which do not allow, however, the complete healing. The mortality rate of AIDS presents values more or less stable over the period 2002-2004 for men and women. In 2004, 5 of 100,000 men and 1.45 of 100,000 women were affected by AIDS. Some regions have values significantly higher than the Italian average. Lombardy is the region where there are more AIDS patients of both sexes.

Tuberculosis

Tuberculosis an infectious disease that is transmitted by air; the infection can occur via transmission through saliva, sneeze or cough coup. Despite being a preventable and curable disease, tuberculosis is one of the most dramatic public health emergencies, especially in developing countries (WHO). The current epidemiological situation of tuberculosis in Italy is characterized by a low incidence in the general population and the concentration of most cases in certain risk groups: immigrants, people with illnesses, the elderly and immune depressed. The disease is more typically male both in terms of mortality and incidence. Tuberculosis rates are higher in the Center North regions.

MORTALITY FOR SUICIDE

Table 9 – Mortality Rate for suicide (standardized for 10.000 inhabitants) for region, sex, and age group - Year 2002

Regione	15-24		55-64		65-74		75+		Totale	
	Men	Woman	Men	Woman	Men	Woman	Men	Woman	Men	Woman
Piedmont	0,50	0,05	1,97	0,83	2,38	0,92	3,79	0,87	1,46	0,42
Aosta Valley	0,00	0,00	5,26	0,00	3,47	0,00	2,77	4,36	2,60	0,54
Lombardy	0,57	0,14	1,45	0,45	1,97	0,44	3,04	0,33	1,20	0,27
Trentino-Alto Adige	1,16	0,00	2,80	1,07	1,56	0,43	3,50	0,20	1,81	0,31
Veneto	1,04	0,09	1,85	0,45	1,88	0,64	2,84	0,27	1,35	0,28
Friuli-Venezia Giulia	0,37	0,00	1,11	0,83	2,08	0,84	3,13	0,35	1,26	0,45
Liguria	0,48	0,00	0,76	0,17	1,17	0,09	3,39	0,79	0,93	0,16
Emilia-Romagna	0,51	0,30	1,44	0,45	2,59	0,72	4,88	1,34	1,51	0,42

Tuscany	0,55	0,13	1,12	0,33	1,99	0,68	3,74	0,41	1,19	0,26
Umbria	1,18	0,50	2,96	0,56	3,35	0,75	5,40	0,70	1,67	0,49
Marche	1,03	0,00	1,51	0,22	1,68	0,66	3,23	0,21	1,32	0,21
Lazio	0,36	0,07	0,81	0,39	1,34	0,31	2,20	0,71	0,83	0,25
Abruzzo	0,94	0,00	1,43	0,55	1,57	0,13	3,40	0,93	1,32	0,24
Molise	1,02	0,00	1,81	0,58	3,64	0,00	2,44	0,00	1,22	0,13
Campania	0,34	0,18	0,87	0,41	0,70	0,23	2,13	0,46	0,66	0,24
Apulia	0,58	0,07	1,06	0,27	1,27	0,55	2,20	0,58	0,85	0,25
Basilicata	0,50	0,53	1,38	0,65	1,36	0,29	1,51	0,00	1,00	0,34
Calabria	0,28	0,07	0,81	0,29	1,23	0,57	2,34	0,22	0,78	0,20
Sicily	0,72	0,22	0,89	0,44	1,96	0,42	2,64	0,44	1,04	0,27
Sardinia	1,69	0,20	1,75	0,21	3,39	0,12	4,44	0,56	2,09	0,27
Italy	0,62	0,13	1,35	0,45	1,84	0,50	3,16	0,57	1,17	0,29

As it can be read in the table, mortality rates for suicide increase with age, the values are higher for men.

DEPRESSION AND CHRONIC ANXIETY

Depression is a syndrome characterized by a set of psychological and physical symptoms that are persistent over time and consists mainly of a decrease from mild to severe tone on the mood. It is sometimes associated with suicidal ideation type. This disease may be accompanied by symptoms of attention deficit and concentration, insomnia, eating disorders, extreme and unjustified physical prostration.

On the other hand, anxiety is a complex combination of negative emotions that include fear, apprehension and worry often accompanied by physical sensations such as palpitations, chest pain and / or shortness of breath. It can exist as a primary brain disorder or may be associated with other medical problems including other psychiatric disorders.

Table 10 – Population with depression and chronic anxiety by age group and sex - Year 2005

Age	Men	Woman	Total
0-14	0,2	0,1	0,1
15-24	0,7	1,6	1,1
25-34	1,8	2,7	2,3
35-44	2,5	5,0	3,7
45-54	3,5	8,4	6,0
55-64	4,8	11,7	8,4
65-69	5,0	14,4	10,0

70-74	7,1	16,3	12,1
75-79	8,7	16,2	13,1
80+	10,5	16,9	16,1
Total	3,1	7,4	5,3

Depression is a disease typically of women. In fact there are much more women that suffer of this disease than men, in all age groups.

MATERNAL AND CHILD HEALTH

The White Handbook on Women's Health considers three aspects of maternal and child health: The spontaneous abortion, the voluntary abortion, and the C-section.

Regarding spontaneous abortion (or the interruption of pregnancy before 25 weeks + 5 days) the rate increases with increasing age and is higher in the North of Italy than in the South, it is nevertheless remained almost constant over years.

On the other hand, the rate of the voluntary abortion (Italian Law 194 of 1978 allows the interruption of pregnancy within the first 90 days), increased a lot after the liberalization, but it has remained almost constant over the years. Liguria, Emilia Romagna and Lazio are the regions with the highest rates.

Table 11 – *Voluntary abortion rate by region (calculated with rebuilt data from censused population; standardized rates per 1,000) Years 1994-2003*

Regions	1994	2003
Piedmont	10,81	10,54
Aosta Valley	9,10	10,78
Lombardy	8,96	10,10
Trentino-Alto Adige	6,05	6,33
<i>Bolzano-Bozen</i>	<i>4,80</i>	<i>5,40</i>
<i>Trento</i>	<i>7,34</i>	<i>7,26</i>
Veneto	5,36	6,47
Friuli-Venezia Giulia	7,80	7,94
Liguria	11,50	12,29
Emilia-Romagna	9,94	10,96
Tuscany	11,06	9,21
Umbria	12,08	11,21

Marche	6,77	7,86
Lazio	10,92	10,94
Abruzzo	10,26	9,02
Molise	12,99	8,17
Campania	9,05	n. d.*
Apulia	16,43	12,07
Basilicata	11,40	7,52
Calabria	7,29	6,64
Sicily	6,92	7,44
Sardinia	7,51	5,72
Italy	9,48	9,29

During the last years it has been a constant increase on the C-section rates in Western countries. Originally the use of the C-section was motivated by medical complications in the pregnancy while, at present, the C-section is more mother's choice.

In Italy, the C-section rates in many hospitals represent more than 20% of the total delivery cases. This rate is also higher than the one recommended by the World Organization Health, that suggests rates between 10 and 15%.

Table 12 – C-section percentages and variations by region Year 1998, 2003-2004

Regions	1998	2003	2004	Variations 1998-2004	Variations 2003-2004
Piemonte	26,9	30,2	32,2	5,3	2,0
Valle d'Aosta	21,5	27,2	29,5	8,0	2,3
Lombardia	23,3	26,6	27,5	4,2	0,9
<i>Bolzano-Bozen</i>	<i>17,3</i>	<i>19,5</i>	<i>23,1</i>	<i>5,8</i>	<i>3,6</i>
<i>Trento</i>	<i>22,4</i>	<i>27,0</i>	<i>28,0</i>	<i>5,6</i>	<i>1,0</i>
Veneto	24,5	27,9	28,8	4,3	0,9
Friuli-Venezia Giulia	19,9	22,4	23,3	3,4	0,9
Liguria	28,5	32,3	32,7	4,2	0,4
Emilia-Romagna	29,3	30,4	31,2	1,9	0,8
Toscana	22,5	25,3	26,8	4,3	1,5

Umbria	25,4	30,6	31,9	6,5	1,3
Marche	33,2	35,4	35,5	2,3	0,1
Lazio	35,5	37,5	39,4	3,9	1,9
Abruzzo	33,5	39,6	40,7	7,2	1,1
Molise	33,5	42,2	49,0	15,5	6,8
Campania	48,0	57,9	59,0	11,0	1,1
Puglia	35,0	43,5	45,8	10,8	2,3
Basilicata	41,8	51,2	50,5	8,7	-0,7
Calabria	34,2	39,7	43,7	9,5	4,0
Sicilia	36,6	47,9	50,4	13,8	2,5
Sardegna	26,0	36,7	39,4	13,4	2,7
Italia	31,4	36,6	38,0	6,6	1,4

Source: Osservasalute Report 2006 – Fantini, Dallolio, Frammartino - Ministero della Salute – Direzione Generale Programmazione Sanitaria. Years 1998, 2003 e 2004. Year 2006.

Un altro aspetto interessante osservato nel Libro bianco è **l'accesso ai servizi sanitari** ovvero l'assistenza agli anziani, il consumo di farmaci e i ricoveri ospedalieri.

ASSISTENZA AGLI ANZIANI

The Italian elderly population is growing, therefore the demand for housing and care for old people has increased considerably, particularly during the nineties, after policy restrictions on the levels of hospitalizations for elderly, and because of changes in the family networks support. There are more women than men using nursing homes especially in northern Italy. A Trento is the largest number of elderly patients, while in Campania there are the lower values.

Table 13 – Number of elderly patients in nursing homes by sex and regions (by 10,000 inhabitants) – Year 2001

Regions	Men	Women
Piedmont	221,9	491,3
Aosta Valley	252,5	561,3
Lombardy	159,0	388,8
Trentino-Alto Adige	293,3	580,8
<i>Bolzano-Bozen</i>	<i>273,5</i>	<i>552,4</i>
<i>Trento</i>	<i>310,3</i>	<i>604,2</i>
Veneto	181,8	458,1
Friuli-Venezia Giulia	199,1	485,0
Liguria	154,3	349,5

Emilia-Romagna	158,0	346,9
Tuscany	107,0	246,4
Umbria	75,3	160,6
Marche	105,4	238,2
Lazio	63,9	139,9
Abruzzo	75,3	161,3
Molise	106,0	208,5
Campania	36,8	57,0
Apulia	57,5	116,3
Basilicata	48,0	67,6
Calabria	37,3	71,5
Sicily	58,8	103,2
Sardinia	113,4	196,6
Italy	120,5	276,0

MEDICINE CONSUMPTION

Women are living longer but are sicker and consume more medicines, especially in northern Italy. Paradoxically, however, medical drugs are studied in reality only on men. Women in fact, because of their complex hormonal system, are not included in the trials of many medicines. There are entire classes of drugs such as antihistamines, antibiotics and antipsychotics that may alter and create heart rhythm disturbances in women because of the lack of medicine research studies that include women.

Table 14 – Medical drugs consumption rates (by 100 individuals) by region and sex - Year 2002-2003

Regions	2002			2003		
	Men	Women	Total	Men	Women	Total
Piedmont	31,65	43,18	37,56	33,14	40,97	37,15
Valle d'Aosta	29,65	38,97	34,38	29,04	42,70	35,97
Lombardy	30,44	42,08	36,40	32,89	42,81	37,97
Trentino-Alto Adige	24,32	33,36	28,92	25,75	34,91	30,41
Veneto	33,74	44,87	39,42	31,48	44,63	38,18
Friuli-Venezia Giulia	32,31	42,20	37,43	32,24	42,77	37,69
Liguria	37,58	46,00	42,00	32,02	47,65	40,22
Emilia-Romagna	37,37	48,60	43,14	35,66	47,40	41,70

Tuscany	34,37	42,72	38,69	30,39	42,36	36,58
Umbria	31,92	42,61	37,41	33,15	41,44	37,41
Marche	28,40	38,36	33,50	32,99	41,16	37,17
Lazio	26,55	38,63	32,80	30,09	39,08	34,74
Abruzzo	30,68	39,25	35,07	29,13	37,73	33,54
Molise	25,66	37,83	31,89	26,26	39,54	33,06
Campania	23,51	31,02	27,36	24,02	29,92	27,04
Apulia	24,89	33,73	29,43	24,46	32,69	28,69
Basilicata	26,96	35,17	31,12	24,92	35,00	30,04
Calabria	29,20	39,12	34,25	28,76	39,49	34,23
Sicily	26,95	33,67	30,41	26,08	33,96	30,13
Sardinia	28,84	43,15	36,12	28,26	42,27	35,38
Italy	29,71	39,76	34,87	29,86	39,58	34,85

Source: Istat. Health For All-Italia. December 2006.

Regarding the Italian hospitalization and day-hospital rates, there is a decrease in hospital admissions and an increase in day hospital rates. Women have higher rates than men in any case.

VIOLENCE

A final chapter of the White Handbook on Women's Health presents an interesting analysis about the violence suffered by women (physical and sexual). The phenomenon of violence against women is in constantly growing in Italy. The Istat findings, in fact, evidence alarming data: 6.743 million women (31.9%), between 16 to 70 years old, have been victims of physical or sexual violence during their lives; 5 million women (23.7%) have suffered sexual violence; 3.961 million women (18.8%) who have suffered physical violence and about 1 million women (4.8%) who have suffered rapes or attempted rapes. Considering the violence rates by age, the group more affected are women between 25-34 years.

Table 15 – Women between 16-70 years who have suffered physical or sexual violence by age group and geographic region. Year 2006 (rate by 100 women with the same characteristics)

Age	Physical or sexual violence		Physical violence		Sexual violence		Rape or attempted rate
	During their lives*	Last 12 months	During their lives*	Last 12 months	During their lives*	Last 12 months	During their lives*
16-24	33,2	16,3	19,0	7,0	25,4	12,0	4,5
25-34	37,9	7,9	23,9	4,0	27,4	4,9	5,0
35-44	35,3	4,2	21,4	2,5	26,3	2,2	5,8

45-54	32,3	2,8	19,1	1,3	23,3	1,6	4,8
55-64	26,1	1,8	14,0	1,1	20,3	0,9	4,4
65-70	20,0	0,8	9,6	0,3	15,1	0,5	2,7
Geographic regions							
North-West	34,5	5,2	19,7	2,5	25,9	3,1	5,0
North-Est.	35,5	6,1	20,9	2,2	27,1	4,5	6,0
Centre	35,9	6,0	20,7	3,4	27,5	3,6	5,1
South	26,8	5,2	16,6	3,0	18,6	3,1	3,7
Islands	24,3	4,7	14,5	2,0	17,5	3,3	3,6
Totale	31,9	5,4	18,8	2,7	23,7	3,5	4,8

Source: Istat - "Violence a mistreatment of women in and out of their families" – Year 2006

OSTEOPOROSI

Osteoporosis is a predominantly female disease, its incidence is 4 times greater in women than men. It affects 23% of women over 40 years. Today in Italy, approximately 3.5 million women live with osteoporosis. Women are most affected because they have a "peak" of lower bone mass than men and because of menopause that deprived them of hormonal protection. Osteoporosis, in both sex, leads to a different complications, which are essentially fractures. In the women's case, 40% of women over 50 years will have the remaining part of their lives with a fracture caused by a bone fragility.

Osteoporosis is a disease that causes heavy financial burdens. Approximately 2,600 billion euro are the osteoporosis costs in Italy, including direct costs (charged to the National Health System) and indirect costs (loss of working days, dependence on family, etc.).

Osteoporosis is a women's disease with the importance to be presented and analyzed by the White Handbook on Women's Health. However, it could not be done in the way wanted because there is not hospital discharge for "osteoporosis". So, a patient with severe osteoporosis who fractures his/her femur because of that, will be discharged with a diagnosis of just "fracture of the femur", without performing a bone densitometry (MOC) which is useful to diagnose cause of fracture. Even more serious is that the patient will be discharged without any necessary therapeutic prescription.

RHEUMATOID ARTHRITIS

It is a chronic inflammatory disease that affects about 0.4% of the population, in particular women with a ratio of 4:1 compared with men and with a peak incidence between 35 and 60 years. It affects the synovial membrane of joints, tendons, and the serous membrane.

In Italy, about 300,000 people are affected with rheumatoid arthritis, especially women. For this disease is particularly important the early diagnosis to prevent joint damage. Therapy should begin within 6 months after the diagnosis of the first symptoms.

ALZHEIMER DISEASE

Alzheimer is the most common cause of dementia. Between 50 and 70% of people with dementia suffer from Alzheimer's disease, which is a degenerative process that slowly and gradually destroys the brain cells. It takes its name from Alois Alzheimer, the German neurologist who in 1907 first described the symptoms and neuropathology aspects of Alzheimer's disease. This is a disease that affects memory and mental functions (eg. Thinking, speaking, etc..), and can cause other problems such as confusion, mood changes and disorientation space-time. It is a disease typically of women in terms of incidence (it is estimated that 7.5% of women have Alzheimer while 5.2% of men have it) and also of responsibility; women assume the tiring role of care giver for their relatives with Alzheimer. In 80% of cases, patients that sufferer of Alzheimer are being cared by women.

CONCLUSIONS

The picture presented by the White Handbook on Women's Health shows that Italian women are in good health and that the quality of services provided by the Health System, even in comparison to other European countries, is in average good. In Italy, the supply of health services is a responsibility of the regions; in general, the Italian regions are developing their role with efficacy and efficiency. However, there are still regions in the South, where for diverse reasons, it is difficult to provide good health services and where the quality is very low compared with other Italian dynamic regions. Health services inequalities is a typical phenomenon of the health systems with high levels of devolution on services delivery. Although devolution assures close interactions between citizens and decision-making levels, it increases strong inequalities, especially on the detriment of women and for socio-economically less advantaged geographical areas.