LUXEMBOURG INSTITUTE OF HEALTH

Policy Brief
Mai 2025
Department of Precision Health

Gender Matters in Health:

Describing gender health gaps in Luxembourg

Babul Hossain and Maria Ruiz-Castell,
Socio-economic, environmental health and health services (CARES) research group
Luxembourg Institute of Health, Luxembourg

Luxembourg leads in gender equality across several domains, ranking first in financial, third in education and forth in employment equality in the EU (2023) [1]. Despite this progress, the country ranks seventh in gender equality in health, highlighting ongoing disparities in health outcomes and access to care between genders.

Addressing gender based health gaps is essential for achieving equity in healthcare but also for fostering social cohesion, encouraging innovation, and contributing to a more prosperous and equitable society.

While gender differences in health have traditionally been linked to biological factors, growing evidence highlights the key role of intersecting socioeconomic and demographic influences. Thus, this report analyses the gender health gap in Luxembourg through an intersectional lens, using information from the European Health Interview Survey (EHIS) for 2014 and 2019 [2]. The analysis focuses on how gender interacts with age, education, immigration, marital status, social support, and living conditions to contribute to differences in health outcomes and access to care.

The report analyses gender-based health gaps in three health domains: i) Physical health: multimorbidity (two or more coexisting chronic health conditions [3]), accidents and injuries [4], and severe pain. ii) Mental health: depressive symptoms [5] and iii) Healthcare use: unmet healthcare needs due to financial barriers, long waiting lists, or transportation problems within the past twelve months [4].

Box 1: Gender as terminology

This report limited its analysis to men and women due to data constraints while acknowledging the importance of health issues and healthcare needs for non-binary, transgender, and gender-fluid communities. The authors recognized that not all individuals identifying as men or women were assigned male and female, respectively, at birth and emphasized the necessity for future research to address the health gaps and requirements of gender minority populations, thus fostering a more inclusive and comprehensive healthcare assessment.

[1] Luxembourg | 2023 | Gender Equality Index | European Institute for Gender Equality
[2] https://ec.europa.eu/eurostat/web/microdata/european-health-interview-survey
[3] Multimorbidity- PMC
[4] European health interview survey- methodology- Statistics Explained- Eurostat
[5] The PHQ-8 as a measure of current depression in the general population- PubMed

Box 2: The European Health Interview Survey (EHIS)

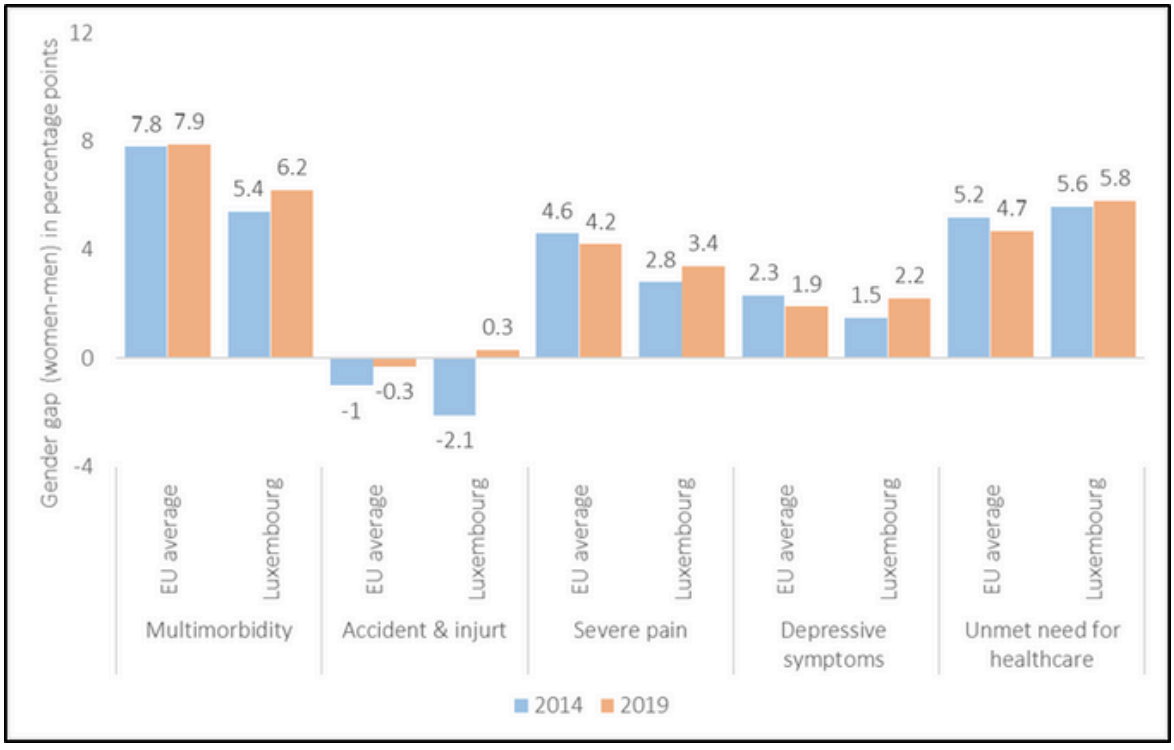
This report used the 2014 and 2019 waves of the European Health Interview Survey (EHIS), a cross-sectional population-based survey coordinated by EUROSTAT and conducted every five years in all EU member states. In Luxembourg, EHIS collects information on health status, health determinants, and healthcare use among residents living in private households aged 15 years and over. The survey used a one-stage random sampling method, with 16,000 individuals invited in 2014 and 18,000 in 2019. Participation rates were 25% in both years.

Major findings

Gender gap in health in Luxembourg and the EU in 2014 and 2019 (Figure 1) [6]

- Women consistently reported worse outcomes than men across all domains.
- The gender gap in multimorbidity and severe pain in Luxembourg increased between 2014 and 2019, though it remained below the EU average.
- For accidents and injuries, men had higher rates in 2014, but the gap nearly disappeared by 2019 due to an increase among women.
- The gender gap in depressive symptoms and unmet healthcare needs in Luxembourg increased between 2014 and 2019 and exceeded the EU average by 2019, contrasting with a declining trend at the EU level.

Figure 1: Gender gap in health in Luxembourg and EU, EHIS 2 (2014) and EHIS 3 (2019)



[6] The gender gap only provided insight into the gender perspective; higher or lower gender gap values did not necessarily reflect the overall prevalence of a health outcome. A country may have a smaller gap in health outcomes between men and women compared to other countries, yet exhibit a higher overall prevalence of those health outcomes. The EU average was based on the information available for the participating countries in the specific survey year. Source was European Health Interview Survey (EHIS).

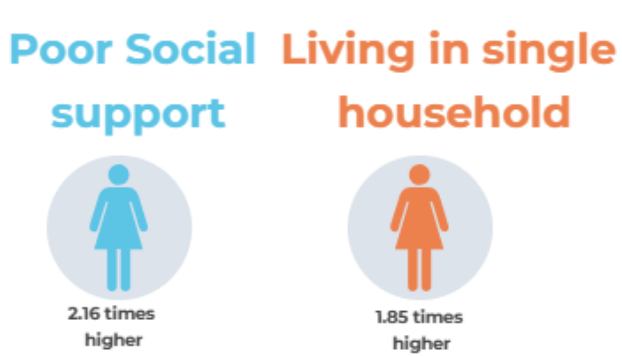
Gender gap in health across socioeconomic and demographic factors in Luxembourg, 2019

- The gender gap in multimorbidity was largest among those aged 45–64 and 65+, highly educated, EU born residents, and those who were married/in a registered partnership or never married.
- The gender gap in accidents and injuries was largest among older age groups (65+), with women having a higher prevalence than men. A similar pattern was observed among widowed individuals aged 15 years and above; however, the difference was not statistically significant.
- The widest gender gap in severe pain was reported among those aged 45–64, low-educated individuals, native-born residents and divorced.
- The gender gap in depressive symptoms were significant among those aged 15–44, with low education, non-EU-born residents, married, and with low social support.
- For unmet healthcare needs, the gap was significant among residents aged 15–44, with low education, non-EU-born, never married, and those with poor social support.

Intersection of gender with age and socioeconomic factors in Luxembourg, 2019

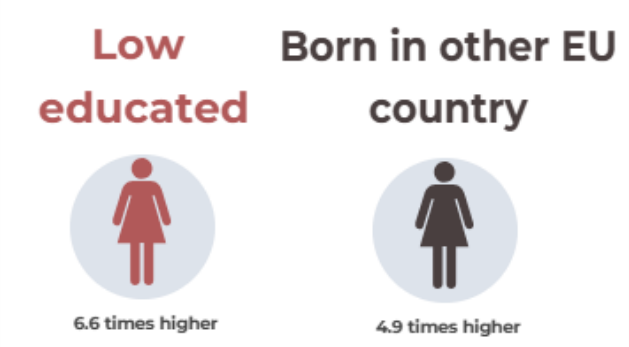
- Multimorbidity: Among older adults (65+), women with poor social support and women living alone were nearly twice as likely to experience multimorbidity than older men with the same education and living situations (Figure 2) [7] .

Figure 2: Likelihood of multimorbidity among women aged 65+ years compared to men aged 65+ years in Luxembourg, 2019



- Depressive Symptoms: Among individuals aged 15 to 44, women with low education were almost four times more likely to experience depressive symptoms than men with similar education. The gender disparity was most pronounced in the youngest age group (15–24 years), where women with low education were over six times more likely to report a mental health condition than men of the same age and education level. Additionally, women aged 15–24 who were born in another EU country were nearly five times more likely to experience depressive symptoms compared to their men counterparts from the same age group and migration background (Figure 3) [8].

Figure 3: Likelihood of depressive symptoms among women aged 15 to 24 years than men aged 15 to 24 years in Luxembourg, 2019



[7] Compared to men 65+ years with poor social support and men 65+ years living in a single household. Source was European Health Interview Survey (EHIS), 2019
[8] Compared to men 15-24 years with low education and born in other EU country. Source was European Health Interview Survey (EHIS), 2019

- Unmet Healthcare Needs: Women aged 15–44 years were at a higher risk of unmet healthcare needs compared to men in the same age group. Among them, women with low educational levels were 1.8 times more likely to report unmet healthcare needs due to long waiting times than their men counterparts. This was even higher—more than twice as high—among women living alone [9]. Additionally, women aged 15–44 with low education were 1.7 times more likely, and those with poor social support were 1.8 times more likely, to experience unmet healthcare needs due to distance, compared to men with similar characteristics (Figure 4) [10].

Figure 4: Likelihood of unmet need for healthcare use among women aged 15 to 44 years than men aged 15 to 44 years in Luxembourg, 2019

Policy implications and final thoughts

In summary, the analysis reveals a persistent and multidimensional gender health gap in Luxembourg, with women generally experiencing worse health outcomes than men. These disparities were consistent over time and were amplified when intersecting with socioeconomic and demographic factors. Despite advances in gender equality in employment and income, health outcomes and access remain unequal, particularly for women in disadvantaged socioeconomic positions.

This report highlights the need to:

- Incorporate an intersectional approach to health policy design that considers the effects of gender, age, education, migration status and living conditions.
- Expand health data collection to include non-binary and gender-diverse populations, currently excluded from binary gender metrics.
- Prioritise gender-transformative research to address how unequal power dynamics and social roles influence health inequities.
- Improve access to care for vulnerable groups by addressing financial, geographic, and systemic barriers

[9] Compared to men 65+ years with poor social support and men 65+ years living in a single household respectively. Source was European Health Interview Survey (EHIS), 2019
[10] Compared men *15-44 years with low education and men 15-44 years with poor social support respectively. Source was European Health Interview Survey (EHIS), 2019*

The present study was commissioned by the Ministry of Gender Equality and Diversity. The authors wish to thank the European Statistical Office (Eurostat) for providing the data.

Maria.Ruiz@lih.lu.
Babul.hossain@lih.lu

www.lih.com

1 A-B Rue Thomas Edison