Self-perceived health statistics

Statistics Explained

Data extracted in: July 2024.
Planned article update: December 2025.

Highlights

" More than two thirds (67.9%) of people in the EU perceived their health as very good or good in 2023. "

" Self-perceived gender health gap in the EU in 2023: males tended to rate their health better than females. "

" More than a third (35.0%) of people in the EU reported having a long-standing (chronic) health problem in 2023. "

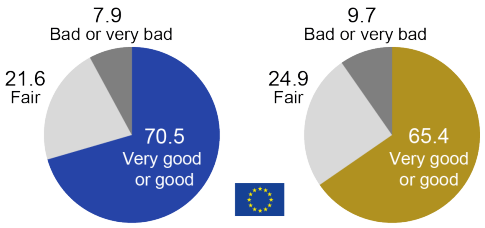
This article presents an overview of the self-reported health status of people in the European Union (EU). The data come from EU statistics on income and living conditions (EU-SILC) and relate to the 2023 reference year; they cover people aged 16 years or over. These data focus on 2 key indicators describing the levels and distribution of health status

- self-perceived health gives an overall assessment by respondents of their health in general
- chronic morbidity assesses the presence of a long-standing illness or health problem.

This article is 1 of a set of statistical articles on
health status which forms part of Chapter 1 in an online publication, Health in the European Union – facts and figures .

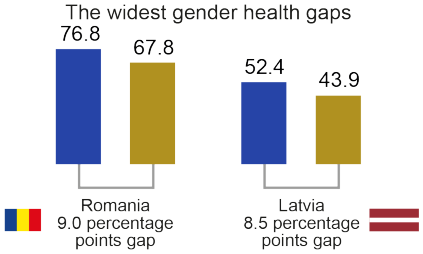
Self-perceived health among people aged 16 years or over, 2023
(%)

In the EU, males reported better health than females

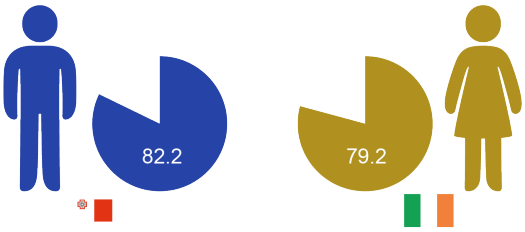


In all EU countries the share of people perceiving their health as good or very good was higher for males than for females

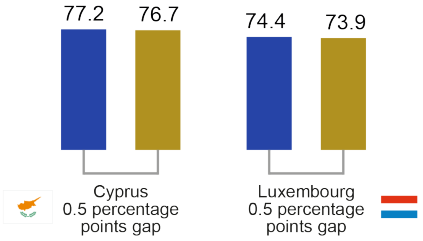
The widest gender health gaps



Malta and Ireland were the EU countries with the highest shares of males and females, respectively, perceiving their health as good or very good



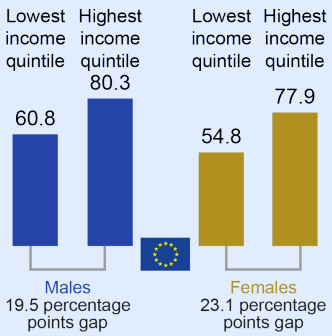
The narrowest gender health gaps



The share of people perceiving their health as good or very good was higher for people with higher levels of income or educational attainment

Income quintiles

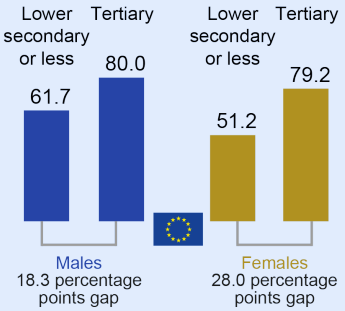
The lowest (1st) income quintile represents the 20% of the population with the lowest income
The highest (5th) income quintile represents the 20% of the population with the highest income



Educational attainment levels

Lower secondary or less covers ISCED levels 0 to 2

Tertiary covers ISCED levels 5 to 8

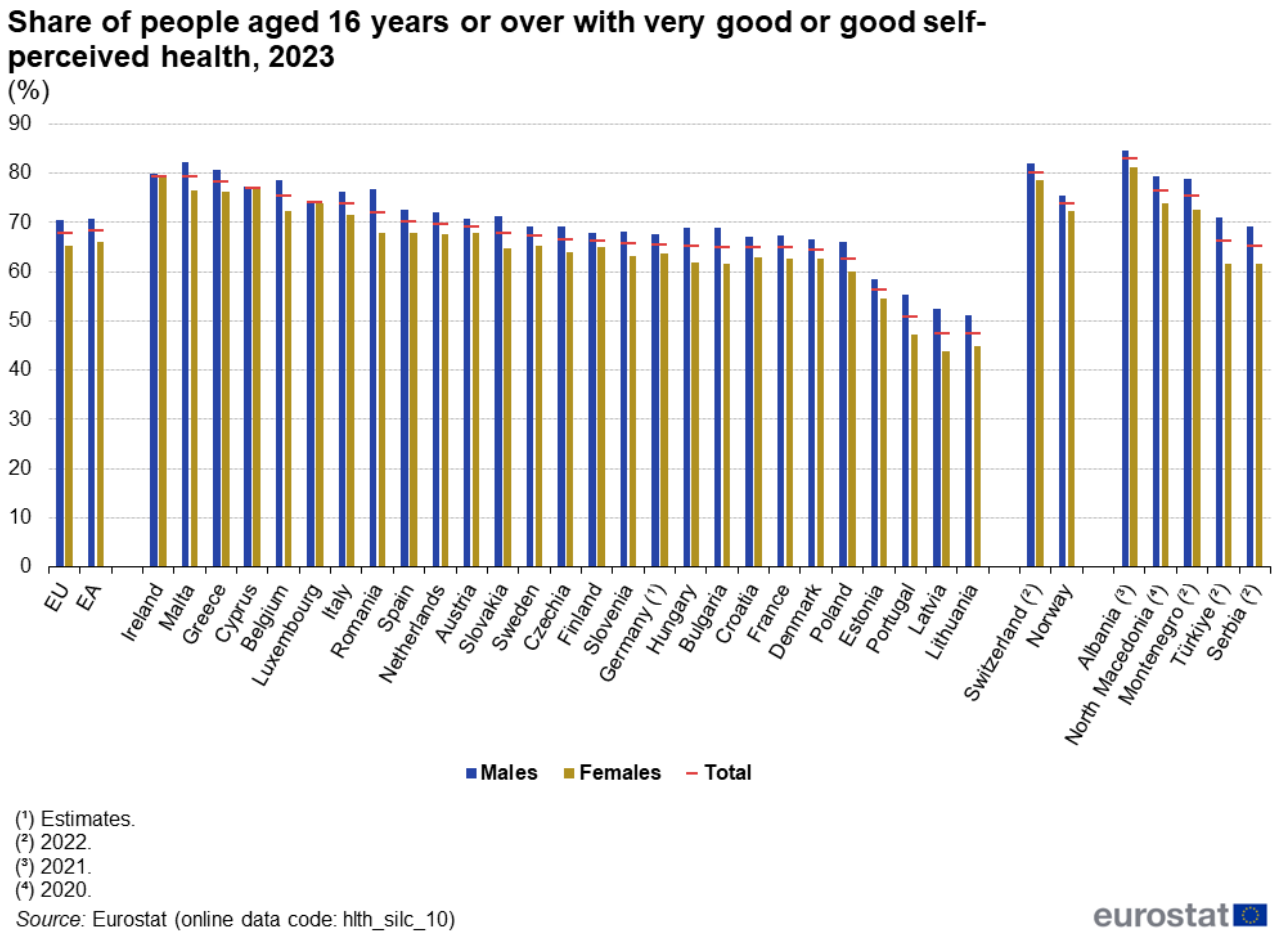


Source: Eurostat (online data codes: hlth_silc_10 and hlth_silc_02)

Self-perceived health among people aged 16 years or over, 2023 (%) Source: Eurostat (hlth_silc_10) and (hlth_silc_02)

Self-perceived health

More than two thirds of people in the EU perceive their health as very good or good in 2023



(1) Estimates.
(2) 2022.
(3) 2021.
(4) 2020.

Source: Eurostat (online data code: hlth_silc_10)

Figure 1: Share of people aged 16 years or over with very good or good self-perceived health, 2023 (%)
Source: Eurostat (hlth_silc_10)

In the EU, 67.9% of people aged 16 years or over perceived their health as very good or good in 2023 – see Figure 1. Across the EU countries, the share of people who perceived their health as very good or good ranged from less than half in Latvia and Lithuania (both 47.6%) to more than three quarters in Belgium (75.4%), Cyprus (77.0%), Greece (78.3%), Malta and Ireland (both 79.5%).

Self-perceived gender health gap: males tend to rate their health better than females

In 2023, the gender health gap in the EU was 5.1 percentage points (pp) , as 70.5% of males aged 16 years or over rated their health as very good or good compared with 65.4% of females of the same age. Across all of the EU countries, males were more likely than females to rate their health as very good or good – see Figure 1 and Table 1. The widest gender health gaps in percentage point terms were recorded in Romania (9.0 pp), Latvia (8.5 pp) and Portugal (8.3 pp). By contrast, the narrowest gaps between the sexes were in Cyprus, Luxembourg (both 0.5 pp) and Ireland (0.7 pp).

Distribution of people aged 16 years or over by self-perceived health status, 2023
(%)

	Males			Females		
	Very good or good	Fair	Bad or very bad	Very good or good	Fair	Bad or very bad
EU	70.5	21.6	7.9	65.4	24.9	9.7
EA	70.7	21.3	8.0	66.0	24.3	9.7
Belgium	78.5	14.0	7.5	72.4	18.2	9.4
Bulgaria	68.9	24.2	6.9	61.7	28.7	9.6
Czechia	69.2	22.7	8.1	64.0	25.8	10.2
Denmark	66.5	24.8	8.7	62.6	27.0	10.4
Germany	*67.7*	*22.6*	*9.7*	*63.6*	*25.1*	*11.2*
Estonia	58.4	30.2	11.5	54.5	30.5	15.0
Ireland	79.9	15.1	5.1	79.2	16.2	4.6
Greece	80.6	13.6	5.9	76.2	16.2	7.6
Spain	72.7	21.2	6.1	67.9	24.0	8.2
France	67.4	22.5	10.1	62.6	26.0	11.4
Croatia	67.2	21.1	11.7	62.9	22.6	14.4
Italy	76.3	18.5	5.2	71.5	21.5	7.0
Cyprus	77.2	16.7	6.1	76.7	17.0	6.2
Latvia	52.4	34.2	13.4	43.9	38.8	17.3
Lithuania	51.2	37.6	11.2	45.0	40.6	14.4
Luxembourg	74.4	20.5	5.1	73.9	20.2	5.9
Hungary	69.0	22.9	8.1	61.8	27.9	10.3
Malta	82.2	14.2	3.6	76.5	18.7	4.8
Netherlands	72.2	22.0	5.9	67.5	25.5	7.1
Austria	70.8	21.0	8.3	67.9	24.1	8.1
Poland	66.1	24.7	9.2	60.0	29.4	10.7
Portugal	55.4	33.3	11.3	47.1	37.4	15.5
Romania	76.8	18.2	5.1	67.8	24.0	8.2
Slovenia	68.2	23.1	8.7	63.2	27.2	9.6
Slovakia	71.3	18.1	10.6	64.8	22.9	12.4
Finland	67.8	26.4	5.8	64.9	28.5	6.6
Sweden	69.3	23.6	7.1	65.3	26.2	8.6
Norway	75.5	16.3	8.3	72.3	16.9	10.8
Switzerland (1)	82.0	14.1	3.9	78.5	17.5	4.0
Montenegro (1)	78.8	13.4	7.8	72.6	16.3	11.1
North Macedonia (2)	79.3	13.9	6.8	74.0	16.5	9.5
Albania (3)	84.7	11.0	4.3	81.3	13.9	4.8
Serbia (1)	69.1	21.4	9.4	61.6	25.3	13.1
Türkiye (1)	70.9	22.1	6.9	61.6	28.6	9.8

(1) 2022.
(2) 2020.
(3) 2021.
Source: Eurostat (online data code: hlth_silc_10)

eurostat

Table 1: Distribution of people aged 16 years or over by self-perceived health status, 2023 (%) Source: Eurostat (hlth_silc_10)

Conversely, when focusing on people who rated their health as bad or very bad, the shares for females were generally higher than those for males. In the EU, 9.7% of females and 7.9% of males regarded their health as bad or very bad in 2023.

Negative perception of health increases with age, as did the gender health gap

Self-perceived health also has a distinct age pattern as fewer people tended to rate their health as being very good or good in higher age groups than in lower age groups, while the share reporting bad or very bad health increased with age – see Figure 2. Similarly, the share of people reporting that their health was fair generally increased with age, although for females there was a small
decrease in the share reporting that their health was fair between the age groups 75 to 84 years and 85 years or over.

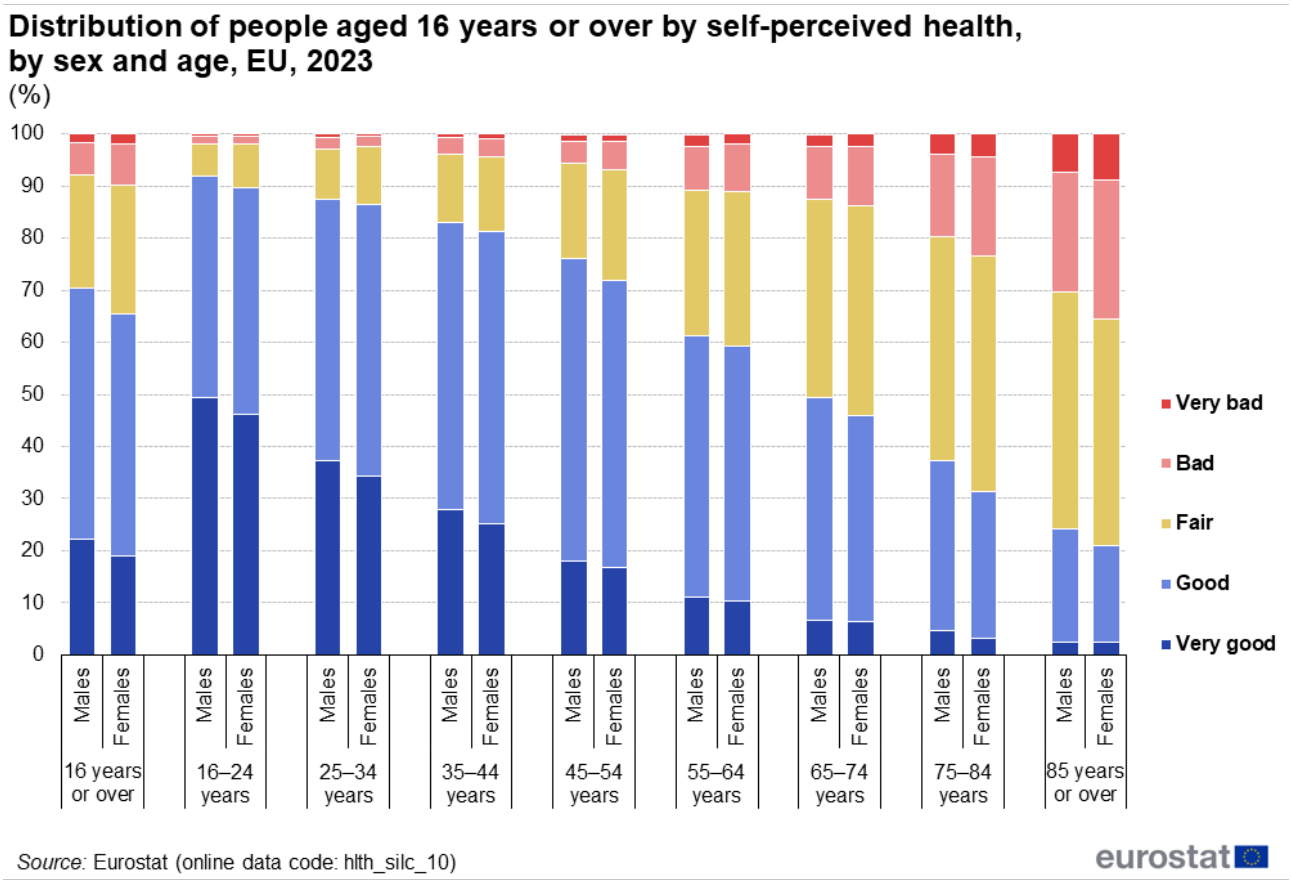


Figure 2: Distribution of people aged 16 years or over by self-perceived health, by sex and age, EU, 2023 (%)
Source: Eurostat (hlth_silc_10)

In the EU, a gender health gap concerning the share of people reporting very good or good health was observed for all age groups (with higher shares for males than females). In 2023, the gap was narrowest for the age group 25 to 34 years (1.1 pp). It ranged between 1.8 and 3.6 pp for most of the remaining 10-year age groups but was notably wider for people aged 75 to 84 years, at 6.0 pp.

People with a higher level of educational attainment perceive their health as better . . .

Clear differences appear when looking at the relationship between self-perceived health and educational attainment levels in 2023 – see Figure 3. In the EU, the shares of people aged 16 years or over perceiving their health as very good or good were

- 56.1% for people having completed, at most, lower secondary education
- 68.4% for people having completed upper secondary or post-secondary non-tertiary education
- 79.6% for people having completed tertiary education.

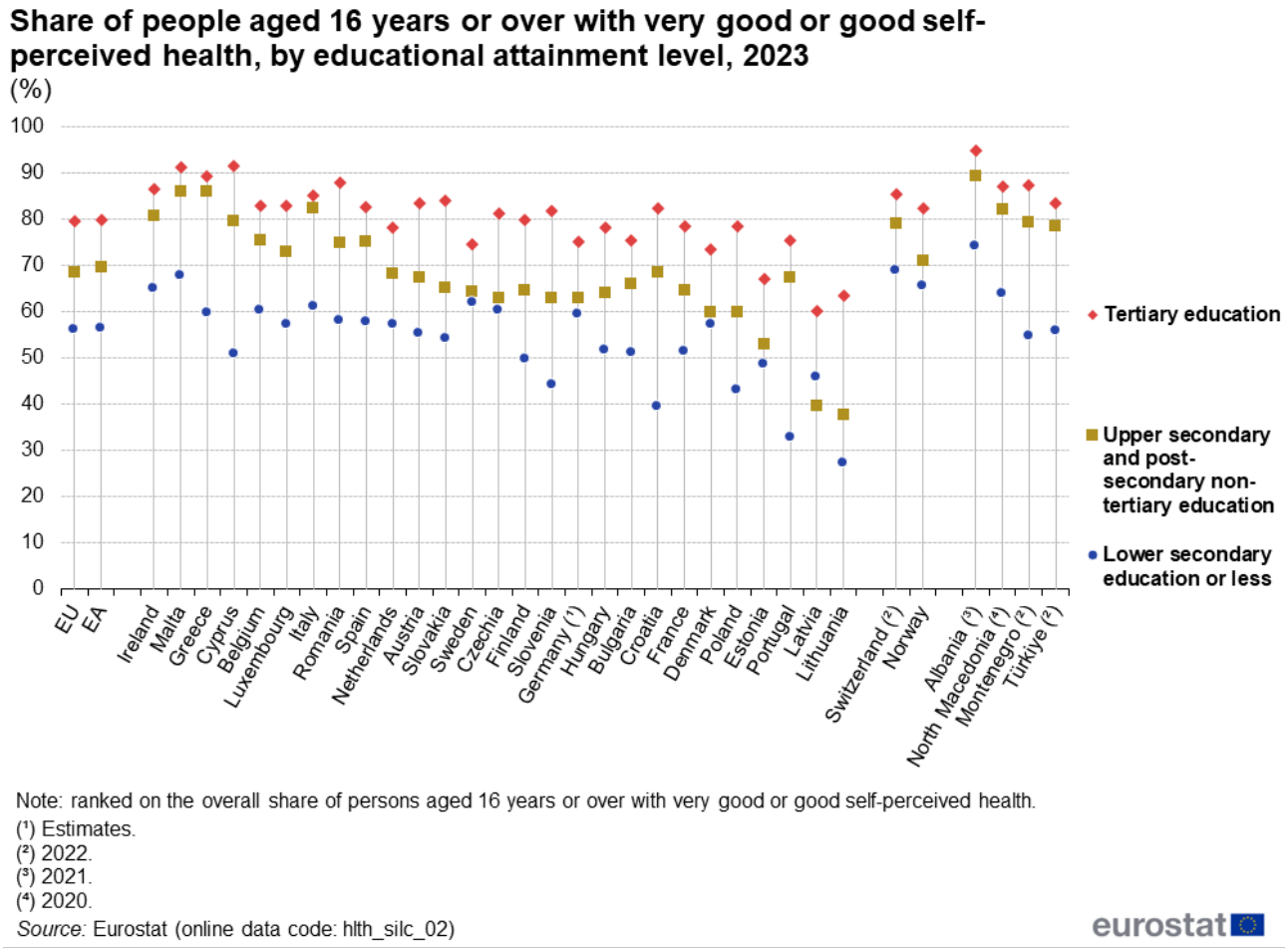


Figure 3: Share of people aged 16 years or over with very good or good self-perceived health, by educational attainment level, 2023 (%) Source: Eurostat (hlth_silc_02)

A health gap between educational attainment levels is apparent in most of the EU countries, nearly always with the same pattern as that observed for the EU as a whole. The only exception was Latvia, where the share of people reporting very good or good health in 2023 was lower for people having completed upper secondary and post-secondary non-tertiary education than for people having completed, at most, lower secondary education.

In 2023, the widest gaps in the share of people aged 16 years or over reporting very good or good health between people with the highest and the lowest educational attainment levels were observed in Croatia (43.0 pp), Portugal (42.6 pp) and Cyprus (40.7 pp). The narrowest gap was observed in Sweden, at 12.6 pp.

. . . as do people with a higher level of income

In the EU, 57.5% of people aged 16 years or over in the 1st income quintile (the 20% of people with the lowest income) perceived their health as very good or good in 2023. This can be compared with 61.5% for the 2nd quintile, 67.3% for the 3rd (middle) quintile, 73.2% for the 4th quintile and 79.1% for the 5th (highest) income quintile (the 20% of people with the high-
est income). For reasons of readability, Figure 4 presents the shares for the lowest, middle and highest quintiles only.

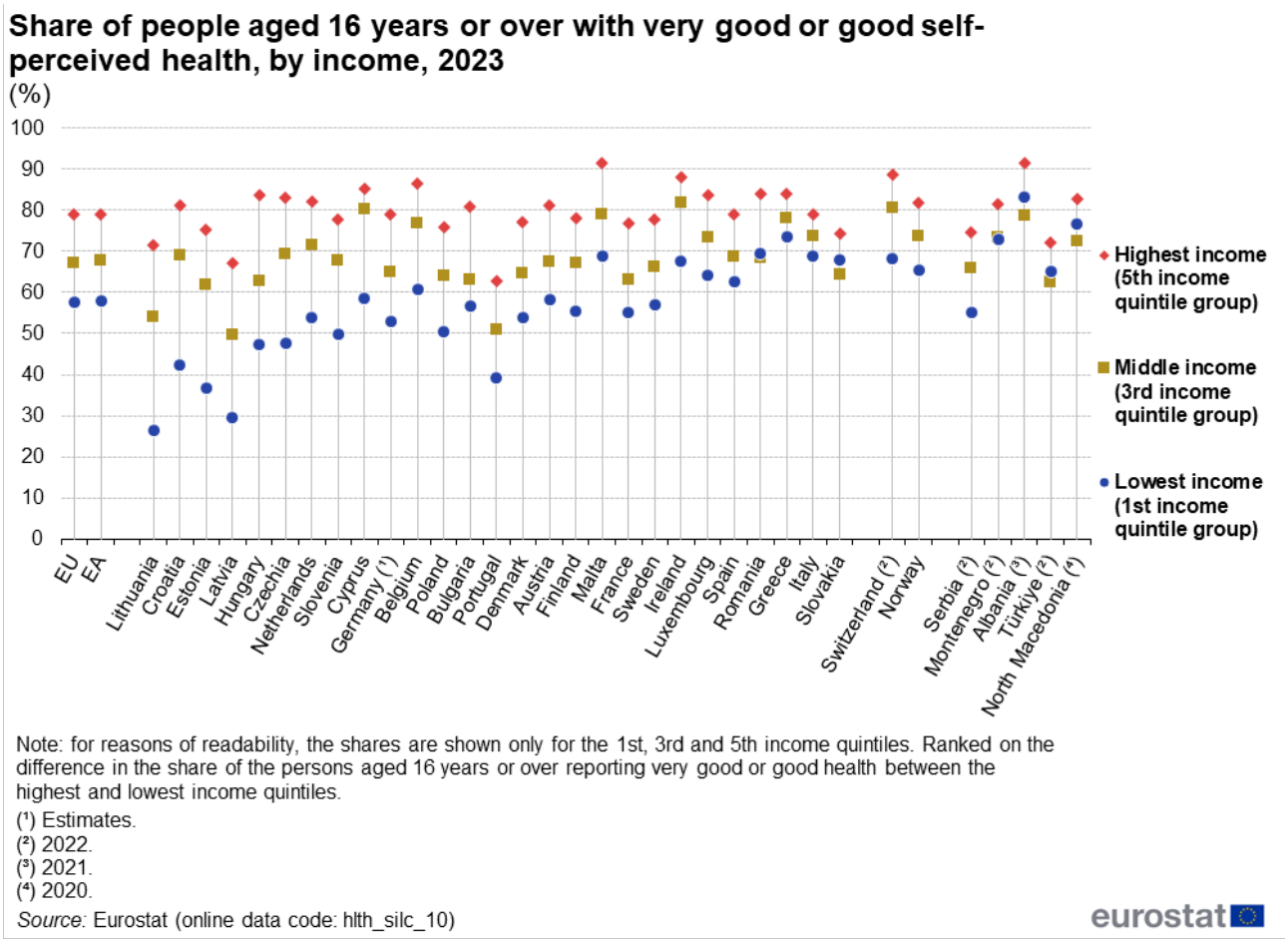


Figure 4: Share of people aged 16 years or over with very good or good self-perceived health, by income, 2023 (%) Source: Eurostat (hlth_silc_10)

In 2023, most of the EU countries showed a similar pattern to that observed for the EU as a whole: the smallest share of people aged 16 years or over who perceived their health as very good or good was recorded for the 1st income quintile; the share was larger across each higher income quintile; and the largest share was recorded for the 5th income quintile.

- Bulgaria was an exception, in that the lowest share of people aged 16 years or over who perceived their health as very good or good was recorded for the 2nd (rather than the 1st) income quintile.
- Romania and Slovakia were exceptions, in that the share of people aged 16 years or over who perceived their health as very good or good recorded for the 1st income quintile was higher than the shares recorded for both the 2nd and 3rd income quintiles.

Particularly large differences in the shares of people aged 16 years or over reporting very good or good health between the income quintiles with the highest and lowest shares in 2023 were observed in 6 EU countries: 45.2 pp in Lithuania, 39.1 pp in Croatia, 38.6 pp in Estonia, 37.7 ppin Latvia, 36.4 pp in Hungary and 35.2 pp in Czechia. By contrast, relatively little difference was observed between the income quintiles with the highest and lowest shares in Slovakia (6.3 pp), Italy (10.4 pp) and Greece (10.5 pp).

Chronic morbidity: long-standing illnesses or health problems

In 2023, more than a third of people in the EU report having a long-standing illness or health problem

In 2023 in the EU, 35.0% of people aged 16 years or over reported having a long-standing illness or health problem.

Share of people aged 16 years or over with or without a long-standing illness or health problem, 2023
(%)

	Total		Males		Females	
	With a long-standing illness or health problem	Without a long-standing illness or health problem	With a long-standing illness or health problem	Without a long-standing illness or health problem	With a long-standing illness or health problem	Without a long-standing illness or health problem
EU	35.0	65.0	32.8	67.2	37.2	62.8
EA	35.4	64.6	33.3	66.7	37.3	62.7
Finland	55.2	44.8	51.5	48.5	59.1	40.9
Estonia	46.5	53.5	42.9	57.1	49.5	50.5
Portugal	44.5	55.5	40.9	59.1	47.7	52.3
Latvia	42.9	57.1	37.6	62.4	46.9	53.1
Sweden	41.4	58.6	37.7	62.3	45.2	54.8
France	40.0	60.0	38.0	62.0	41.9	58.1
Denmark	38.2	61.8	35.1	64.9	41.2	58.8
Cyprus	37.3	62.7	37.6	62.4	37.0	63.0
Lithuania	37.3	62.7	32.9	67.1	40.9	59.1
Spain	36.9	63.1	34.8	65.2	38.9	61.1
Netherlands	36.3	63.7	33.8	66.2	38.8	61.2
Poland	35.9	64.1	32.2	67.8	39.1	60.9
Germany	*34.8*	*65.2*	*33.0*	*67.0*	*36.5*	*63.5*
Hungary	34.8	65.2	30.9	69.1	38.3	61.7
Austria	34.8	65.2	32.8	67.2	36.7	63.3
Slovenia	34.8	65.2	33.1	66.9	36.6	63.4
Czechia	34.4	65.6	31.8	68.2	36.7	63.3
Slovakia	33.3	66.7	30.0	70.0	36.5	63.5
Croatia	31.2	68.8	29.0	71.0	33.2	66.8
Malta	29.6	70.4	28.1	71.9	31.4	68.6
Ireland	28.4	71.6	28.5	71.5	28.3	71.7
Belgium	26.8	73.2	25.1	74.9	28.4	71.6
Greece	24.4	75.6	22.3	77.7	26.4	73.6
Luxembourg	22.7	77.3	21.2	78.8	24.3	75.7
Bulgaria	22.6	77.4	19.7	80.3	25.2	74.8
Romania	21.0	79.0	16.7	83.3	25.0	75.0
Italy	16.0	84.0	14.3	85.7	17.7	82.3
Norway	43.2	56.8	39.1	60.9	47.4	52.6
Switzerland (1)	39.2	60.8	36.4	63.6	41.9	58.1
Türkiye (1)	34.7	65.3	29.5	70.5	39.8	60.2
Serbia (1)	33.5	66.5	29.1	70.9	37.5	62.5
Albania (2)	20.0	80.0	17.8	82.2	22.1	77.9
Montenegro (1)	17.8	82.2	15.4	84.6	20.2	79.8
North Macedonia (3)	17.3	82.7	14.5	85.5	20.2	79.8

(1) 2022.
(2) 2021.
(3) 2020.
Source: Eurostat (online data code: hlth_silc_11)

eurostat

Table 2: Share of people aged 16 years or over with or without a long-standing illness or health problem, 2023 (%) Source: Eurostat (hlth_silc_11)

Among the EU countries, the lowest share of people aged 16 years or over with a long-standing illness or health problem was observed in Italy (16.0%). Most of the remaining EU countries reported shares ranging between 21.0% and 46.5%, with a higher share observed in Finland (55.2%) – see Table 2.

A long-standing illness or health problem is less common among males than females

Similar to self-perceived health, a lower share of males than females reported a long-standing illnesses or health problem: in 2023, the share
for males in the EU was 32.8%, while the corresponding share for females was 4.4 pp higher at 37.2% – see Figure 5.

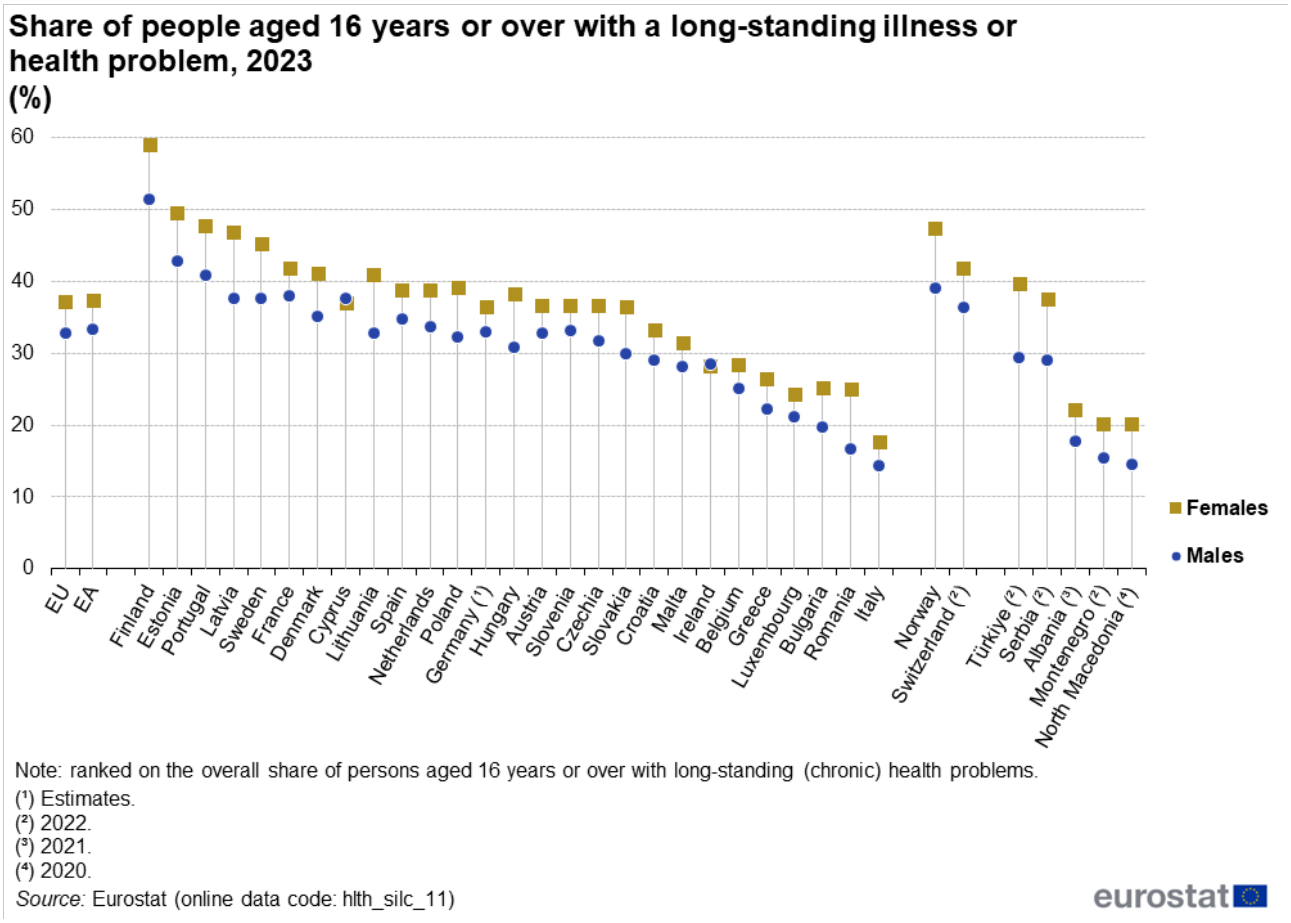


Figure 5: Share of people aged 16 years or over with a long-standing illness or health problem, 2023 (%)
Source: Eurostat (hlth_silc_11)

Across nearly all of the EU countries, a lower share of males than females reported a long-standing illness or health problem in 2023. The widest gender gaps for this indicator were observed in Latvia (9.3 pp), Romania (8.3 pp) and Lithuania (8.0 pp). The narrowest gaps among the EU countries were recorded in Cyprus (0.6 pp) and Ireland (0.2 pp), where a higher share of males than females re-
ported a long-standing illness or health problem; these were the only EU countries where this situation was observed.

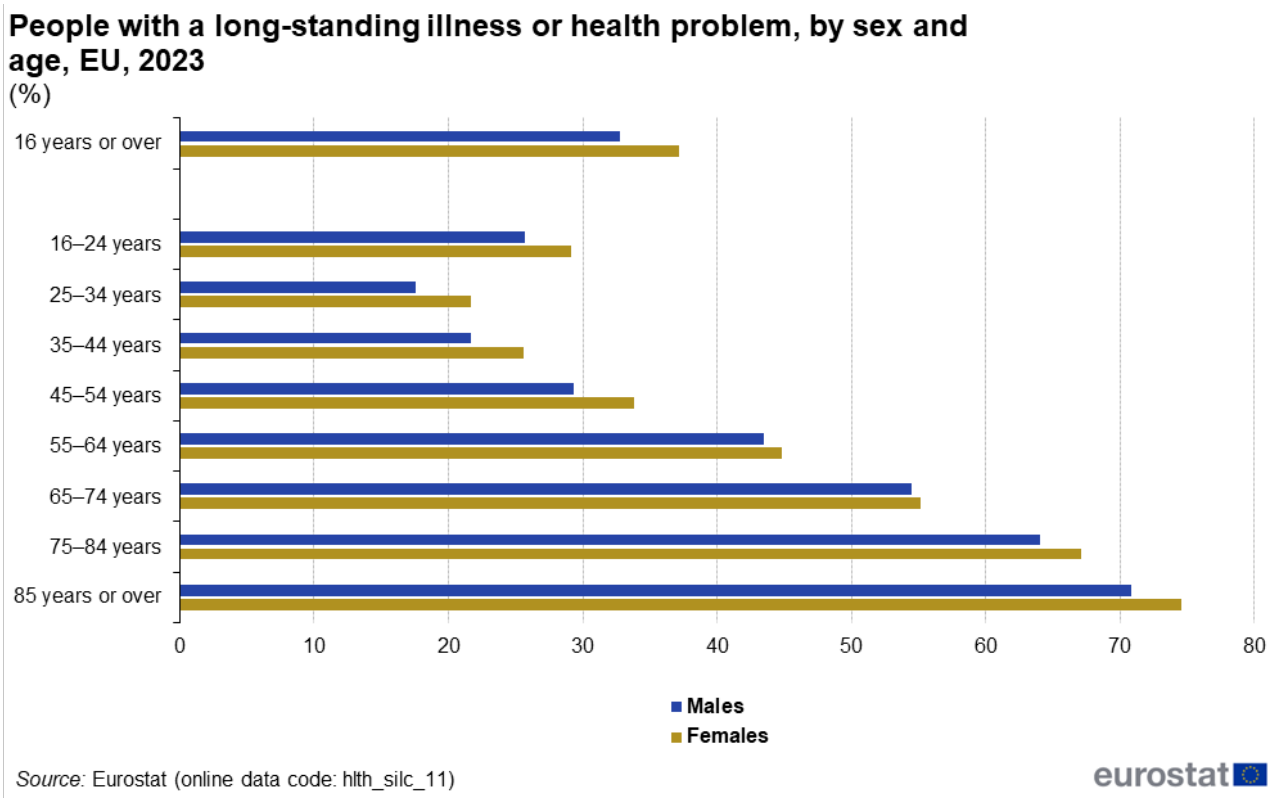


Figure 6: People with a long-standing illness or health problem, by sex and age, EU, 2023 (%) Source: Eurostat (hlth_silc_11)

A major factor in the prevalence of long-standing illnesses or health problems is age. More than a quarter (27.4%) of people in the EU aged 16 to 24 years reported a long-standing illness or health problem in 2023, with this share notably lower among people aged 25 to 34 years, at 19.6%. From this age group upwards, there was a fairly regular age gradient, with the prevalence of long-standing illnesses or health problems peaking at close to three quarters (73.1%) among people aged 85 years or over – see Figure 6.

A smaller share of employed people report a long-standing illness or health problem than unemployed people

There is also a relationship between working status and the share of people aged 16 years or over with a long-standing illness or health problem – see Figure 7. Whereas slightly more than a quarter (25.2%) of employed people in the EU reported such problems in 2023, the share was around two fifths (41.4%) for unemployed people.

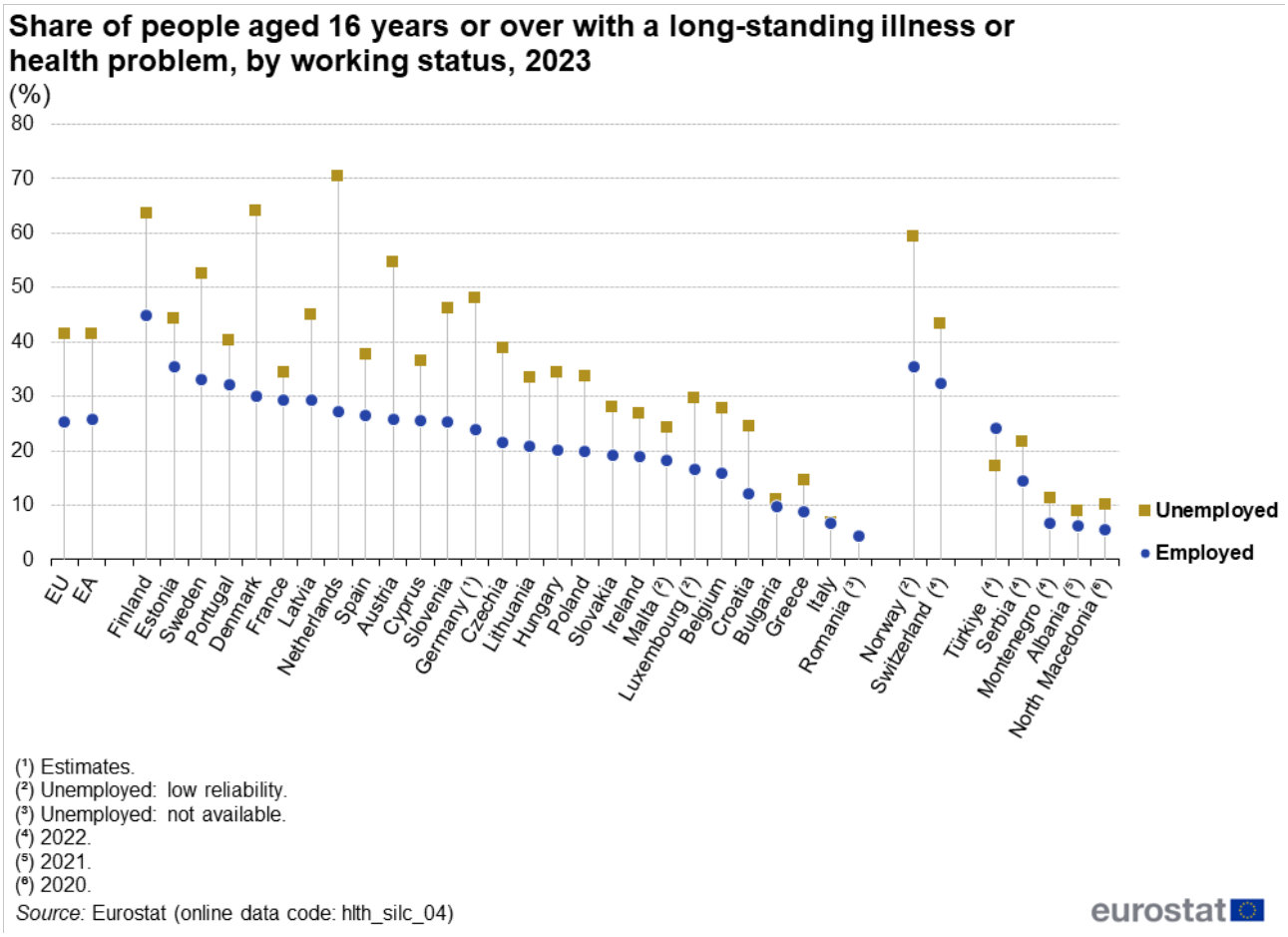


Figure 7: Share of people aged 16 years or over with a long-standing illness or health problem, by working status, 2023 (%) Source: Eurostat (hlth_silc_04)

All of the EU countries for which data are available (incomplete data for Romania) reported the same overall pattern as described for the EU, with a lower share of people aged 16 years or over reporting a long-standing illness or health problem in 2023 among employed people than among unemployed people. In percentage point terms, the largest difference was observed in the Netherlands, as the share for employed people was 27.3%, some 43.1 pp lower than the share for unemployed people (70.4%). The next largest differences were 33.9 pp in Denmark and 28.9 pp in Austria. At the other end of the range, the smallest differences were reported in Italy (0.3 pp) and Bulgaria (1.3 pp).

Source data for tables and graphs

- Self-perceived health: tables and figures

Data sources

EU-SILC is the source of comparative statistics on income distribution and social inclusion in the EU. It provides annual data for the EU countries as well as some EFTA and enlargement countries on income, poverty, social exclusion and other aspects of living conditions.

The reference population for EU-SILC is limited to private households and their current members residing in the territory of the surveying country at the time of data collection. People living in collective households and institutions are generally excluded from the reference population. All household members are surveyed, but only those aged 16 years or over are interviewed.

The source is documented in more detail in this background article , which provides information on the scope of the data, its legal basis, the methodology employed, as well as related concepts and definitions.

Limitations of the data

All of the indicators presented in this article are derived from self-reported data so they are, to a certain extent, affected by respondents' subjective perception as well as by their social and cultural background. Despite their subjective nature, the statistics that are presented are considered to be relevant and reliable estimators of the health status of populations as well as good predictors of health care needs; they are also valuable for trend analyses and for measuring socioeconomic disparities.

EU-SILC does not cover the institutionalised population, for example, people living in health and social care institutions whose health status is likely to be worse than that of people living in private households. It is therefore likely that, to some degree, this data source under-estimates the share of the population with health problems. Another factor that may influence the results shown is the different organisation of health care services, be that nationally or locally. Furthermore, the indicators presented are not age-standardised and thus reflect the current national age structures. Finally, despite substantial and continuous efforts for harmonisation, the implementation of EU-SILC is organised nationally, which may impact on the results presented, for example, due to differences in the formulation of questions or their precise coverage.

Context

The World Health Organization defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity', which alludes to its multidimensional nature and a range of different indicators for measuring it.

Good health is an asset in itself. It is not only of value to the individual as a major determinant of quality of life, well-being and social participation, but it also contributes to general social and economic growth. Many factors influence the health status of a population and these can be addressed by health and other policies regionally, nationally or across the EU.

Indicators on health status are given high importance in EU health policies. The monitoring of health status of populations was included in the overarching EU strategy *Together for Health: A Strategic Approach for the EU 2008–2013* (COM(2007) 630 final) and in the more recent *Investing in health* working document and the EU4Health programme 2021–2027 – a vision for a healthier European Union .

Health status monitoring is also important for more topical policies such as active and healthy living in the digital world , health inequalities , and social protection and social inclusion.

The minimum European health module (MEHM) comprises 3 general health questions on self-perceived health, chronic morbidity and disability (long-term activity limitation). Indicators based on these 3 questions are included in the health status chapter of the European core health indicators (ECHI).

The health status of individuals and of the population in general is determined by a complex set of factors: genetic dispositions, individual behaviour, environmental, cultural and socioeconomic conditions, as well as by the functioning of healthcare services. Eurostat provides data on different health determinants that can help to explain the different levels and distribution of health status among the population, such as

- health care

- accidents at work and work-related health problems
- Income and living conditions and welfare
- the labour market, in particular unemployment
- education and training .

Explore further

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- Health statistics introduced
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Database

- Health (hlth) , see

Health status (hlth_state)

Self-perceived health and well-being (hlth_sph)

Self-reported chronic morbidity (hlth_srcm)

Dedicated section

- Disability
- Health
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Publications

- Ageing Europe – 2021 interactive edition
- Ageing Europe – Looking at the lives of older people in the EU – 2020 edition
- Key figures on European living conditions – 2023 edition

Methodology

- Income and living conditions (ilc) (SIMS metadata file)
- Health variables of EU-SILC (ESMS metadata file – hlth_silc_01_esms)
- EU statistics on income and living conditions (EU-SILC) methodology
- Health variables in EU-SILC

External links

Health

- European Commission – Directorate-General for Health and Public Safety – Public health , see
  - European core health indicators (ECHI)
  - Social determinants
- Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union's action in the field of health ('EU4Health Programme') for the period 2021–2027
  - Summary of Regulation (EU) 2021/522

Disability

- European Commission – Persons with disabilities , see
  - European disability expertise
  - European disability strategy 2010–2020
  - Strategy for the rights of persons with disabilities 2021–2030
- United Nations – Convention on the Rights of Persons with Disabilities (CRPD)
- World Health Organization – International classification of functioning, disability and health (ICF)

Legislation

- Legal framework from 2021: EU statistics on income and living conditions