

Deteriorating Health

Health is determined by three factors: social conditions (the political system, the state of the economy and education); environmental conditions (uncontaminated water, air, soil, and food); and the effectiveness of the health care system. The influence of the first two factors on human health is 75–80%, while that of the third is 20–25%. In order to assess the state of public health and suggest policy alternatives, it is necessary to investigate the interplay of all three factors and their impact on basic health indicators.

The World Health Organization (WHO) has adopted the following indicators for evaluating human health: birth and death rates per 1000 inhabitants, the rate of natural increase of the population, the infant mortality rate per 1000 live births and life expectancy at birth. In Latvia current data for all of these indicators and recent trends have been unfavourable: the birth rate is low and continues to fall (see the Chapter on the Development of a Multi-Ethnic Society), the death rate is high and continues to rise, infant mortality is high, and life expectancy at birth remains one of the shortest in Europe.

The 50 years that Latvia spent under conditions of totalitarianism have resulted in poor living conditions, unstable family ties and the neglect of health. Economic underdevelopment and social regress have generated processes

that are difficult to control: ignorance about health norms and hygiene, the degradation of moral and ethical principles, a lack of responsibility towards others and oneself, but especially towards the environment. A malformed social system has deprived life of meaning: long life and good health are no longer deemed basic values. Changes during the post-totalitarian era of the last few years have not yet remedied the problems accumulated over many years.

It should be noted that all the official and other data cited below on causes of death and health care are insufficiently reliable. Problems persist in obtaining and compiling statistics at various stages. Inadequate medical training results in diagnostic errors, occasional falsification of data still takes place, and very little information on domestic violence and its consequences is available.

Mortality and Morbidity

Infant mortality (through the first year of life) has reached alarming proportions in Latvia. Though changes in the methodology of data collection make precise comparisons impossible, according to official data, mortality has risen from 11.1 per 1000 live births in 1989 to 15.9 in 1993. As demonstrated by Table 8.1, the infant

Table 8.1

Infant Mortality in Latvia, 1989, 1991, 1993

Year	Ratio	Total number	Cities	including Riga	Rural areas
1989	absolute numbers	438	278	126	160
	per 1000 live births	11.1	10.7	10.9	12.0
1991	absolute numbers	545	347	151	198
	per 1000 live births	15.6	15.3	15.5	15.9
1993	absolute numbers	434	253	94	181
	per 1000 live births	15.9	15.7	13.9	16.2

Table 8.2

Causes of Death Per 100,000 Inhabitants of Latvia,
1989, 1991, 1993

	1989	1991	1993
Total number of deaths	1214.6 men 1260.2 women 1175.0	1305.2 men 1383.0 women 1237.3	1515.7 men 1703.7 women 1352.7
Circulatory diseases	731.3 men 643.5 women 807.7	738.2 men 665.3 women 801.7	851.5 men 838.2 women 862.9
Malignant tumors	207.7 men 242.3 women 177.1	209.3 men 250.0 women 173.8	211.8 men 253.5 women 175.7
Traffic accidents	39.4 men 65.8 women 16.4	45.6 men 76.6 women 18.5	31.2 men 59.6 women 23.0
Respiratory diseases	37.5 men 49.7 women 27.0	38.0 men 53.2 women 24.7	41.5 men 62.9 women 23.0
Suicides	25.5 men 37.9 women 14.8	28.5 men 46.9 women 24.7	42.5 men 72.2 women 16.8
Chronic alcoholism	3.0 men 4.8 women 1.4	4.8 men 8.3 women 1.8	8.9 men 14.0 women 4.5
Alcohol poisoning	3.6 men 6.3 women 1.2	5.3 men 8.8 women 2.2	10.1 men 17.1 women 4.1

mortality rate in cities (including Rīga) and in rural areas is very similar.

Compared to neighboring countries and Denmark, Latvia ranked second to last (before Russia) in both male and female life expectancy at birth in 1993. Compared to other European states, Latvia has one of the shortest life expectancies at birth. In 1993 the figure was 62 years for males and 74 years for females.

The prospects for a higher birth rate and longer life expectancy at birth for the near future are not very promising. This negative trend is compounded by a high abortion rate: there were 68.1 abortions per 100 women aged 15–49, but 1392.9 per 1000 live births in 1993 (see also the Chapter on Women in Transition).

As opposed to the situation in European Union countries, infertility in Latvia is almost equally common among men and women (40%). In the remaining 20% of all cases, both partners are infertile. While infertility is to a large extent socially determined, another cause may be exposure to high levels of radiation by a large number of fertile-age men during clean-up of the Chernobyl disaster.

The most common causes of death in Latvia are diseases of the circulatory system, malignant tumors, traffic accidents, diseases of the respiratory system, and suicides. This pattern has remained constant over the last five years. As demonstrated by Table 8.2, the frequency of death by all five causes has steadily risen, with

the exception of deaths from traffic accidents, the number of which fell in 1993.

The share of deaths accounted for by circulatory diseases in the Baltic states is approximately 60%, while in other European states the figure is between 35% and 40%. The primary cause of death among those with such diseases is heart disease (various types of cardio ischaemia diseases, including myocardial heart attacks). Since 1986 the mortality rate has steadily risen, reaching 150.8 deaths per 100,000 inhabitants in 1993. The mortality rate among working-age men is 7 times higher than for working-age women. As can be seen in Table 8.3, the difference levels off among people of retirement age.

esophagus and stomach (20.8), and of the respiratory system (12.5).

Smoking is one of the primary causes for the rising death rate from malignant tumors, especially lung cancer. Air pollution has also contributed to the rising rate of lung cancer: atmospheric pollution in 1993 included 9.5 thousand tons of solid hazardous substances and 77.7 thousand tons of gaseous and liquid substances. Among the most common toxic air pollutants were sulfur anhydride, carbon monoxide and nitrogen anhydride.

Environmental pollution is a key cause of malignant tumors of the digestive tract, the intestines and of other diseases of the digestive

Table 8.3

Mortality from Diseases of the Circulatory System, 1993
(Per 100,000 Inhabitants)

	Mortality rate	Mortality rate among the working- age population	Mortality rate among pensioners
Men	838	379	4375
Women	863	54	3073

In this case, high and rising mortality rates are largely caused by unhealthy life styles, a poor diet, smoking, and indifference towards one's health (e.g. high blood pressure, blood lipid composition, lack of physical activity and improper weight). Unfortunately, it is not always possible to monitor the population's composition of blood lipids: laboratories are not always accessible and costs are high. Even a regular check of arterial blood-pressure is becoming a problem.

The incidence of malignant tumors in Latvia is rising (see Table 8.2). Of the total incidence of malignant tumors, those of the respiratory system are most common in the male population (70.1 per 100,000). Next in order of frequency are tumors of the esophagus and stomach (36.3), tumors of the rectum (23.3), tumors of the urinary tract (19.6), and genital tumors (16.4). Among women, most common are genital tumors (36.0), followed by those of the lacteal glands (29.3), of the rectum (22.1), of the

tract. While the air is polluted, drinking water is insufficiently purified and food product quality has been harmed by contamination of the soil. Quality control of food products in Latvia remains poor.

Traffic accidents occupy third place among the major causes of death in Latvia. Compared to the other Baltic states and Denmark, Latvia ranks second in the number of persons injured in traffic accidents, but first in the number of traffic fatalities per 100,000 inhabitants. The number of traffic fatalities fell in 1993, yet the relative death rate among women continued to rise. Driving while intoxicated is the primary cause of all traffic accidents in Latvia (approximately 75% of all cases).

Chronic alcoholism and suicide are linked, and both phenomena have been on the rise in Latvia. From 1989 to 1993 the number of suicides per 100,000 inhabitants increased by more than 1.5 times. Among males, the rate doubled. In conjunction with chronic alcoholism, inability

ty to adjust to the changing circumstances in the labour market, private and family problems, and poverty (especially among vulnerable groups such as the disabled, pensioners, etc.) have contributed to the rising suicide rate. The incidence of mental illness, especially depressions, is also rising. In 1993, there were 19.1 registered patients with mental illnesses per 100,000 inhabitants and 1.6 first-time patients per 100,000 inhabitants. All doctors, especially general practitioners and specialists in internal medicine frequently encounter patients with mild depressions (non-psychotic). Alcoholism is not only an independent, but also an intervening variable causing suicide, as the chain of causality often runs thus: an unfavorable social situation – alcoholism – suicide.

The incidence of diphtheria increased five-fold in 1994 compared to the previous seven year period (see Table 8.5). The mortality rate from diphtheria remains high, reaching 9.6% of all cases in 1994. To a large extent, this can be explained by a decrease in anti-diphtheria immunisation in the first year of life. In 1994 only 89% of all infants were immunised.

The incidence of tuberculosis and mortality from the disease has reached dangerous proportions. A growing number of children with the disease and the spread of its bacterial (contagious) form demand special attention. The number of new tuberculosis patients per 100,000 inhabitants rose from 26.9 in 1989 to 28.7 in 1991. The incidence of bacterial lung tuberculosis rose from 14.9% in 1992 to 18% in 1993 (see Table 8.6). In 1993 there were 9.8 deaths from tuberculosis per 100,000 inhabitants – an increase of 44.1% from 1992. A weak health care system, bad hygiene, and other socially determined conditions have contributed to the spread of tuberculosis and a rising mortality rate from the disease.

A rise in the number of patients with sexually transmitted diseases can be attributed primarily to social causes: migration, growing trade, tourism, but especially the rapid growth of prostitution. The number of patients with sexually transmitted diseases, as well as cases of gonorrhoea grew 150 percent from 1990 to 1993. At the same time, the number of patients with primary syphilis increased almost fourfold during that period. The number of AIDS patients has

Table 8.4

Traffic Accidents
in Neighboring Countries
and Denmark, 1992
(Per 100,000 Inhabitants)

Country	Injuries	Fatalities
Denmark	276	14
Lithuania	122	24
Estonia	99	21
Latvia	144	26

Table 8.5

The Incidence of Diphtheria in Latvia,
1986–1994

	1986 – 1993	1994
Children under 14	17	46
Adults	34	204
Total	51	250

Table 8.6

New Cases of Tuberculosis Per 100,000
Inhabitants, 1992–1993

Year	All forms	Respiratory TB	Including BK+ *
1992	29.0	25.7	14.3
1993	33.3	29.8	18.0

* BK + or bacterial TB is the contagious form.

risen slowly but steadily. As of 1 March 1995, 29 people were HIV-positive and 9 people had developed AIDS. In 1995 the first HIV-positive woman was registered. Thus far, the incidence of HIV infection in proportion to the size of the population has been relatively low in Latvia compared to other countries.

A disease reflecting the state of hygiene in the country is viral hepatitis, especially hepatitis A.

Table 8.7
Patients with Sexually-Transmitted Diseases,
1985,1991,1993

	1985	1991	1993
Total number of patients	3120	2682	5053
syphilis	230	216	830
gonorrhoea	2890	2466	4223
Number of patients per 100,000 inhabitants	121	101	195

Table 8.8
Incidence of Viral Hepatitis Per 100,000
Inhabitants, 1991-1993

Year	Hepatitis A	Hepatitis B
1991	146.2	19.7
1992	120.4	18.1
1993	115.4	16.2

The highest rate of the disease was observed in the end of the 1980s. As demonstrated by Table 8.8, the incidence of hepatitis gradually decreased in the early 1990s.

The Health Care System and Popular Concern for Health

Under totalitarianism, the health care system was organised and financed (poorly) by the state. In that system, patients could not choose their doctor, there was no competition among medical personnel, and modern health education and technology were rarities. Currently, the latter are still problematic, but the health care system is being reorganised. Latvia is gradually moving towards a system of health insurance which resembles both Latvia's pre-war system and the current system in Germany. At present, this new system is only emerging and special difficulties are being encountered.

Two models of health insurance are currently competing in Latvia: the so-called "pure" German model, in which a physician receives a fee according to the work done, and the so-called Danish model, in which physicians receive payment according to the number of patients under their care. For the time being, neither of these models has been adopted fully as the basis for Latvia's future system.

Along with Turkey, Latvia is among the countries with the lowest health care expenditure rates in Europe. In 1994, state health care expenditures in Latvia constituted 4% of total GNP, compared to 4.87% in Lithuania and 5.3% in Estonia. According to 1991 data, state health expenditures in Norway totaled 7.6% of GNP, 8.4% in Austria, 9.1% in France, and 12.7% in the United States. Construction of new health care facilities has halted due to a lack of funding and several new construction projects remain unfinished. Repairs have stopped, equipment is run-down, and the fleet of ambulances needs maintenance. Shortages of medicine have been eliminated over the past few years, but prices have increased severalfold.

The former USSR and Latvia were renowned for the high ratio of physicians per inhabitant. However, this did not have a decisive impact on human health. In recent years, the number of doctors in Latvia has decreased from one per 202 inhabitants in 1990 to one per 362 inhabitants in 1993.

The collapse of the former health care system and the continuing absence of a new one to take its place have weakened disease prevention. On this score, the immunisation of children deserves special attention. As noted above, compared to the previous seven year period, the incidence of diphtheria in 1994 increased five-fold and the mortality rate from this disease is high. The near future may witness outbreaks of polio and other infectious diseases among children. The effectiveness of preventive measures and treatment depends in part on the people's own efforts on behalf of their health.

Breast-feeding of infants is the first step in health care. As demonstrated by Table 8.9, only one third of all mothers in Latvia breast-feed their children in the first three months and 15-

Table 8.9

Breast-Feeding in Latvia, 1992–1993

Year	No. of infants under 1 year of age	Breast-feed up to 3 months	Breast-feed up to 6 months
1992	32,464	33.8%	15.8%
1993	30,209	33.6%	15.9%

16% continue to do so through the first half year of a child's life.

Smoking, excessive consumption of alcohol, obesity, arterial hypertension (high blood pressure) are serious risk factors contributing to the incidence of various ailments. 67.3% of all adult males in Latvia have smoked for at least one year during their lives. In the age group 55–59, the number of smokers decreases, but even through the age of 75, 50% of all men still smoke. Only 12.1% of all women have smoked for more than a year. 20.1% of women between the ages of 35 and 39 smoke, about 36% of all women give up smoking after the age of 55, and only 5% smoke after attaining the age of 70.

Among men aged 29 to 35, 85.1% consume alcoholic beverages several times a week, but 92.8% of all adult males do so several times a month. Alcoholism is especially widespread among men, who are struck by the disease 3.5 to 4 times more often than women. In 1993 alcohol consumption per one adult inhabitant was 6.4 liters of pure alcohol. However, according to 1995 data, real alcohol consumption per inhabitant was 20 liters. Thus, consumption of legally acquired alcohol is considerably lower than alcohol consumption overall.

In 1993 there were 728 registered drug addicts in Latvia. Of those, 305 used opium derivatives, 200 used amphetamines and 102 used other substances. Latvia's Chief Narcologist Dr. Jānis Strazdiņš estimates that the true figure of drug addicts is at least ten times greater. Alongside alcoholism, drug addiction has become a serious social problem.

Epidemiological research and available data indicate that 43.8% of all men and only 33.1% of all women in Latvia had normal body weight in 1993 while the majority of the population was overweight. In recent years, approximately 76%

of all men have not changed weight and 13% have lost weight (especially those 25–34 years of age and over 70). 10.3% of all adult males have gained weight, particularly those between 25 and 39 years of age.

64% of all women have not changed weight, while 18.2% have lost weight (especially those aged 60–64). During the last few years, 18% have gained weight, a trend most evident among young women. A survey of both men and women showed that 6.9% of the former and 14.8% of the latter lost weight by voluntarily changing their diet. Only 5.5% of all men and 8.7% of all women did so through physical exercise. Generally speaking, men in Latvia try to lose weight more rarely than women.

Arterial hypertension is a rather widespread phenomenon: 21% of all men and 25% of all women have high blood pressure. 25.2% of all men and 22.1% of all women have so-called borderline hypertension (from 140/90 to 159/94 mmHg). Significantly, hypertension has been observed most frequently among people in the economically active age of 45 to 49 years.

An unofficial socio-epidemiological survey of popular concern about health in 1994 produced the following results: with a maximum of 10 points, people in Latvia received one point, while corresponding figures were 8.5 in the United States, 7 in the United Kingdom, 6 in Denmark, 5 in Germany, and 0.8 in Russia.

Policy Alternatives for Improving the State of Health

On the scale of priorities in any country, health care and education should rank near the top, as they are critical for the future of both the people and the state. The planned health care system must have three basic, clearly defined levels:

primary health care (general practitioners), secondary health care (district hospitals or outpatient clinics) and tertiary medical care (highly specialised medical centres). Primary health care should be considered a funding priority. Alongside the existing system of medical insurance, the state should permit the development of private health care within the boundaries of the law. This will ensure competition and could significantly raise the quality of medical care in general.

The Ministry of Welfare has adopted a basic programme on health care with a focus on primary health care for the entire population. This programme, to be fully state-financed, includes emergency care; treatment of all acute diseases and occupational illnesses; diagnosis and treatment of injuries; observation, visitation and treatment of patients confined to their homes; monitoring of women with problem pregnancies and the provision of adequate care during childbirth; diagnosis and treatment of infections, sexually transmitted and dermatological diseases; specific and general vaccinations; treatment of alcohol and chemical dependency in out-patient clinics and prevention of these diseases; treatment of children under 18; preventive screening in accordance with the plans of the Health Department of the Welfare Ministry; and procurement of free medication in accordance with decisions of the Council of Ministers. In accordance with special decisions, fee reimbursements for planned surgery, post-injury rehabilitation, and some dental care may also be available.

Modern medical education must be the foundation of health care, and this is unimaginable without the further development of Latvia's Academy of Medicine. Urgent measures are required, including the creation of Academy of Medicine clinics and highly specialised diagnostic and treatment centres within the Academy's clinic. Training and internships abroad for especially gifted young doctors should be planned. The attainment of a higher level of modern medical education should be linked to higher remuneration for specialists. This might prevent gifted doctors from remaining abroad, which often takes place now. It is widely accepted that the knowledge and professional skills of local practitioners do not lag significantly behind those of

their colleagues abroad. However, modern equipment and technology is in short supply, and the state cannot afford new purchases.

In line with European standards, a 100% rate of vaccinations must be assured and an intensive programme of vaccinations against infectious diseases such as diphtheria and polio must be renewed. The general morbidity rate could be decreased by improving the quality of air, water and food. Latvia still lacks a system ensuring the regular monitoring of food quality, and the purification and treatment of drinking water remains unsatisfactory, as evidenced by a hepatitis epidemic several years ago. Low food quality causes not only outbreaks of infectious diseases (salmonella, food poisoning, even dysentery), but also contributes to less visible damage – chronic disease of the internal organs.

Although a number of measures limit the rights of smokers, manufacturers and venders of tobacco products are actively resisting the implementation and fulfillment of these decisions. Even doctors and medical students do not set a good example, as many among their number continue to smoke. The poorly regulated sale of alcoholic beverages everywhere at any time of the day facilitates the spread of alcoholism, especially among children and teenagers.

It is extremely important to inform the population about the serious state of public health in Latvia. The importance of diagnosis and treatment should not overshadow the necessity of education and preventive health measures. The need for investments to improve secondary and tertiary disease prevention is urgent. Health and popular concern about health cannot be imposed on the population, but the state must create an educational system that promotes people's general awareness about health and ways to maintain it. The Latvian Red Cross should be the chief proponent and organiser of a health promotion campaign. The revival of the Health Promotion Society, which was very successful during its existence prior to 1940, would be a huge step forward. A network of special institutions should be developed to inform the population about the most widespread diseases (e.g. diseases of the circulatory system, malignant tumors) as well as the most serious risk factors (smoking, alcoholism, high blood pres-

sure, increased blood cholesterol, etc.) that contribute to diseases. A special priority should be the renewal of health care services, especially dentistry, for schoolchildren.

Research on overall public health should focus on specific groups in the population. Priorities must be defined, public health specialists should be trained, sociological surveys need to be conducted and a long-term monitoring system has to be created. A special work group under the guidance of the Ministry of Welfare should be created to conduct collabora-

tive research projects with the Department of Health, the Ministry of Economics, the Environmental Protection Committee, the Academy of Medicine and the Science Council. The group could focus on the following: 1) selecting the most important issues in public health research; 2) locating the appropriate specialists and promoting the training of additional public health specialists; 3) drafting an action plan and seeking funding for research; and 4) involving in research interested physicians, researchers, groups and institutions.