

Health and mortality during transition in Latvia

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Research issue.

Over the last fifteen years Latvia like other former communist countries has faced tremendous socio-economical, political and demographic changes. Transition period, which culminated on May 1, 2004 when Latvia became a member state of the European Union, has not been homogenous neither in direction of socio-economic and demographic trends, nor in their length and speed of changes. The period of transition has had different phases marked by certain dominant features. The first or “awakening” phase, according to point of view (Dreifelds), has started in the autumn of 1986.

Fast political changes, marked by election of the Latvian Supreme Soviet in May 1990 and its declaration of total independence on August 1991, were accompanied by a severe economic recession over the first half of 1990s. Continuous decline in total fertility rate started in 1988, but in life expectancy – from 1989. Life expectancy at birth during the first half of 1990s declined from pre-transition level by four years and male-female gap exceeded twelve years.

Socio-economic situation started to improve during the second half of 1990s and accelerated in the beginning of 21st century. GDP per capita in average prices of 2000 in Latvia in 2004 reached the level of 1990. Male life expectancy in that year exceeded pre-transitional level, but female life expectancy from 1996 with minor fluctuations continues to keep the highest values over the post-war period, reaching 77.2 years in 2004.

The purpose of this study is to clarify main determinants behind the health and mortality changes and differentials over the period from 1989 to 2004.

Methodology and data.

The methodology applied to mortality trends is based on an analysis of territorial differences in changes over time in age-standardized death rates and their relation with the changes in a number of explanatory variables by means of multiple regression analysis. Two periods are studied and compared: the period of mortality increase (1989-1995) and mortality decline (1995-2004).

Survey data are analysed to clarify different aspects of health status and the main determinants affecting peoples' health. Two NORBALT living conditions surveys conducted in 1994 and 1999 provide a data, which are comparable over time and between countries around the Baltic sea. Among surveys focused on specific age categories or issues should be mentioned Family, health and job (1992), Family and fertility survey (1995), Reproductive health and behaviour (1997), Food in the Baltic countries (1997), FINBALT health monitoring (1998), Environmental factors of health (1999), Health and habits of pupils in secondary schools (2000), Teachers about

health education (2000), Time use skills for one's health (2000), Health survey (2003), Regional human development survey (2005) and other.

Preliminary outcomes.

Due to sudden and unexpected changes in society, growing unemployment and uncertainty together with the epidemiological pattern of such crisis the hypothesis that the psycho social stress during a transition period was chosen as the most plausible explanation for the widening of health crisis, and was successfully tested. The psychosocial stress was a mortality increase-generating factor at the beginning of transition. Its role diminished and disappeared during subsequent years.

Reform in the health care system (1993-1997), according to some results in public health research (Karaskevica, 2005), has caused differences in accessibility of health care services by regions and socio-economic subgroups of population. Among determinants of health status, according to results from our analysis based on different survey data, the most explicit are levels of education and income. They both have an impact on regional differences in health status and mortality. Urban-rural difference in life expectancy at birth has increased from 1.4 to 2.4 years over the period 1995-2004.

Stagnation in people's health over several decennials during the Soviet period does not give a big optimism for the fast rise of life expectancy in future. Increase in the life expectancy could be similar to the trajectory for the Central and Eastern European countries which started transition earlier and are showing success in health transition.