Tendencies In Health Self-Evaluation In Latvia

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Abstract: Health conditions of inhabitants are very important for all countries world - wide, also for Republic of Latvia. Each government contributes more or less for population health and make several steps to monitor it, analyse the attitude of the population to take possible the best available decisions. In European Union there are collected data on several aspects on health conditions as the analysis of those aspects are important for country development and for decision making by the respective country government and decision - making and best solutions preparation. Important there are self-evaluations by inhabitants on their health. Aim of the paper is to analyse use of health self-evaluation for decision making and how it is reflected in scientific research results and find the tendencies on health self-evaluations by inhabitants in Latvia and analyse those tendencies by gender, by territories (urban and rural), by income quintiles. Research results indicate that there are several aspects that have to be taken in consideration for decision – making and there is a lot of space for information for the inhabitants as only a small share of inhabitants use the opportunity to check their health offered by state financing.

Key Words: Health Self-Evaluation; EU-SILC; Health Self-Evaluation Levels

1. INTRODUCTION

Health conditions of inhabitants are considered as very important for all countries as those issues are very important for decision making for government, also in Latvia as healthy population is a very important resource from one side as employers and employees from one side and people who need support from other side. Each government contributes more or less for population health. In the European Union there are collected data on several aspects on health conditions as it is important for country development and for the best possible decision making by the respective country government. Important there are self-evaluations by inhabitants on their health. Aim of the paper is to analyse use of health self-evaluation for decision making and how it is reflected in scientific research results and find the tendencies on health self-evaluations by inhabitants in Latvia and analyse those tendencies by gender, by territories (urban and rural), by income quintiles. Research methods applied: scientific publications and previous conducted research result analysis, analysis of statistical data on self-evaluations on their by Latvian inhabitants in different aspects – how changes share on inhabitants in Latvia who evaluate their health conditions as very good, as very bad and fair.

2. MATERIAL AND METHODS

There are research findings on equality on access to health where there are found inequalities in many countries (Artnik, Premik, 2001; Zhou, Cui, Zhang, 2020) with several recent innovative analysis o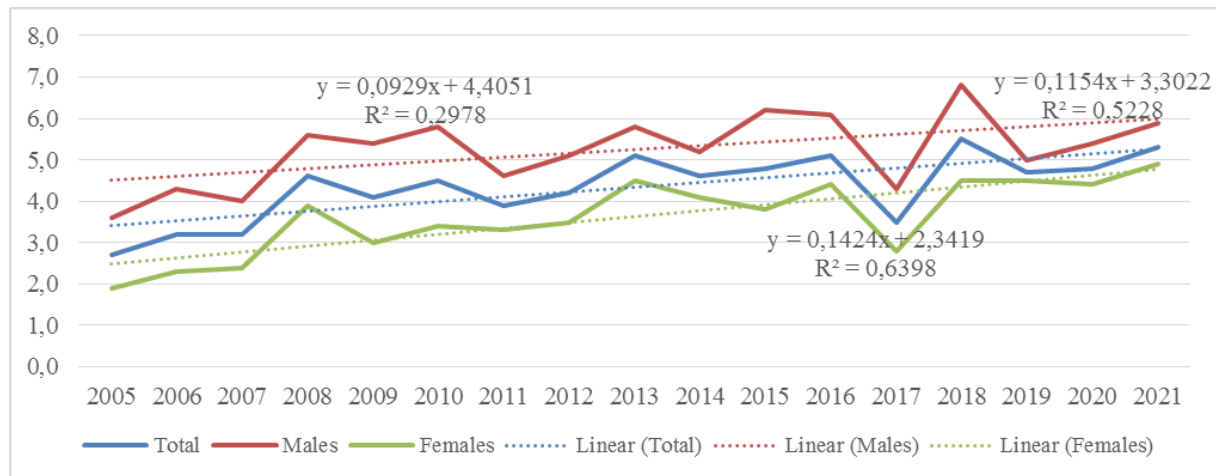ptions (Fu, et al, 2022; Gao, et al, 2008). Aspects of health are on research agenda for many researchers world-wide and by different prospects: researchers have found that there are subjective and objective health evaluations and in many cases the self-evaluation is extremely important (Perrig-Chiello, Perrig, Stähelin, 1999) as in many cases it influences the population attitude to many aspects of their life and their initiated and performed activities (Xu, et al, 2019; Zhang, Bai, Wang, 2017) as well as their well-being. Research has confirmed that there are differences in self-evaluations of health by gender (Prager, et al., 1999) those differences are noticed in many countries. Age groups have several attitudes towards their health self-evaluation (Zhang, et al, 2018; Rodrigues, et al, 2014; Serafica, Lekhak, Bhatta, 2019) as well the field of work and studies (Sigmund, et al, 2014; Indukaeva, et al, 2018; Marcinowicz, et al, 2022) with very big influence on employees and students during the COVID-19 pandemia (Almhdawi, et al, 2022; Almhdawi, et al, 2021a; Almhdawi, et al, 2021b) where new challenges are discovered and solved as well as initiated for further discussions and suggestions.

3. RESULTS AND DISCUSSION

For empirical research there are used data on health self-evaluation in Latvia. Data are collected annually where the information on self-perceived health status is acquired with the help of "EU Statistics on Income and Living Conditions" (EU-SILC) survey. Within the framework of it population aged 16 or over are asked to assess their health status – as very good, good, fair, bad or very bad (Official Statistics Portal, 2022). Data on share of inhabitants by self-

evaluation of the health status as very good by gender are indicated in figure 1.

Figure 1: Tendency of share of inhabitants in Latvia by gender on health self-evaluation as very good in 2005-2021
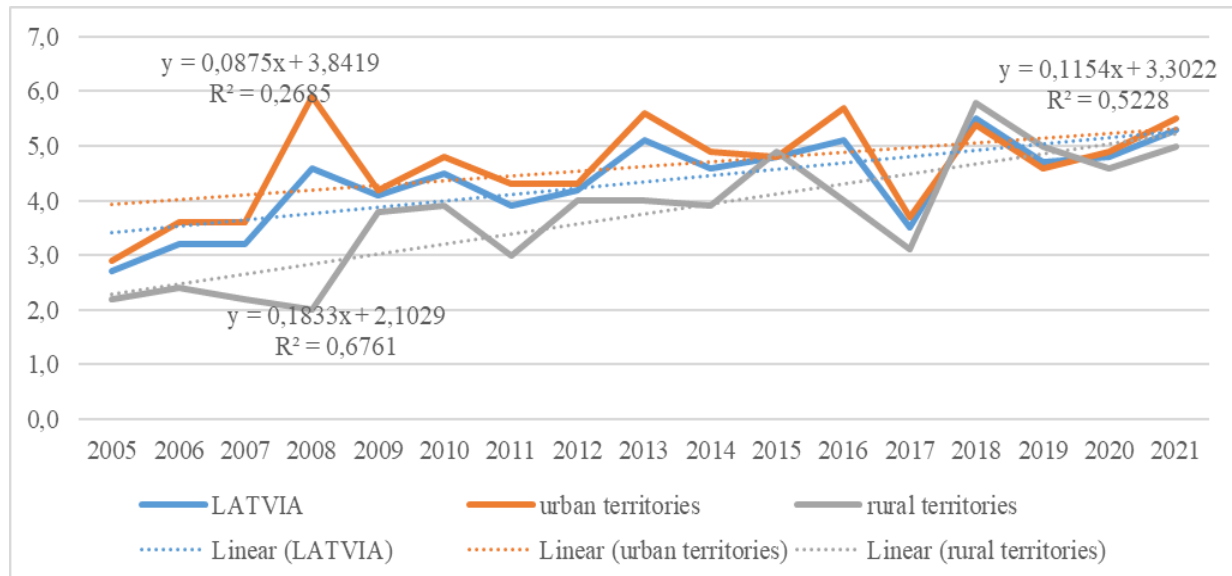

Source: Author's construction and calculations based on Official Statistics Portal data.

Male persons in Latvia are more positive about health self-evaluation and the share of male persons who are indicating that their health is very good has tendency of increase in average by 0,09 percent points annually; share of female persons who are indicating that their health is very good has tendency of increase in average by 0,14 percent points annually. Data on share of inhabitants by self-evaluation of the health status as very good by territories (urban and rural) are indicated in figure 2.

Figure 2. Tendency of share of inhabitants in Latvia by territories on health self-evaluation as very good in 2005-2021
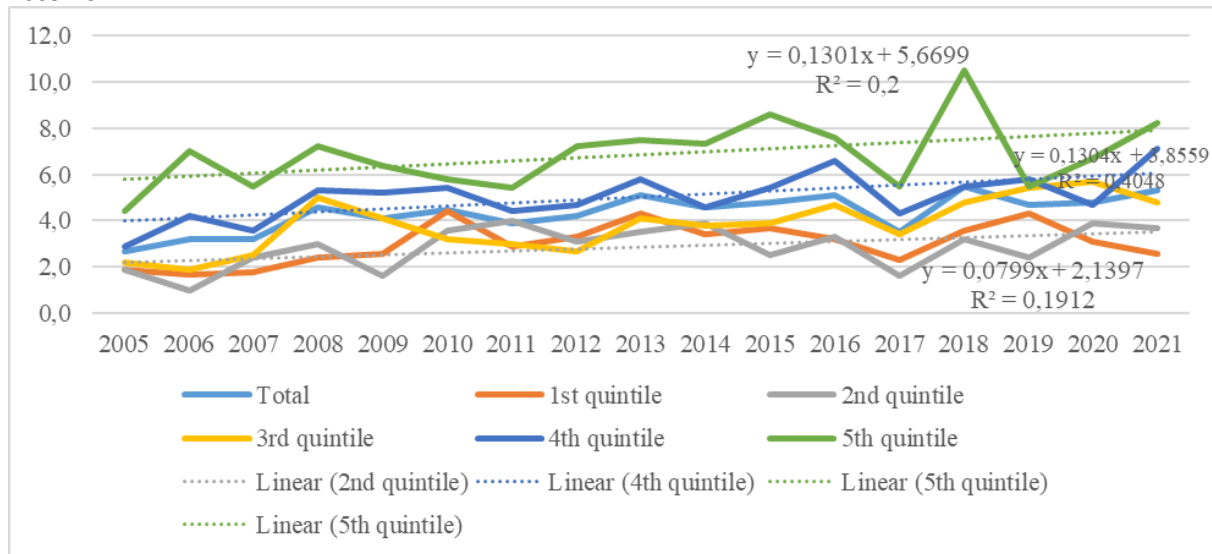

Source: Author's construction and calculations based on Official Statistics Portal data.

Persons in rural areas in Latvia are more positive about health self-evaluation and the share of persons in rural territories who are indicating that their health is *very good* has tendency of increase more than for share of persons in urban territories – it increase in average by 0,18 percent points annually; share of persons in urban territories who are indicating that their health is *very good* has tendency of increase in average by 0,09 percent points annually. Data on share of inhabitants by self-evaluation of the health status as *very good* by quintiles are indicated in figure 3.

Figure 3. Tendency of share of inhabitants in Latvia by income quintiles on health self-evaluation as very good in 2005-2021
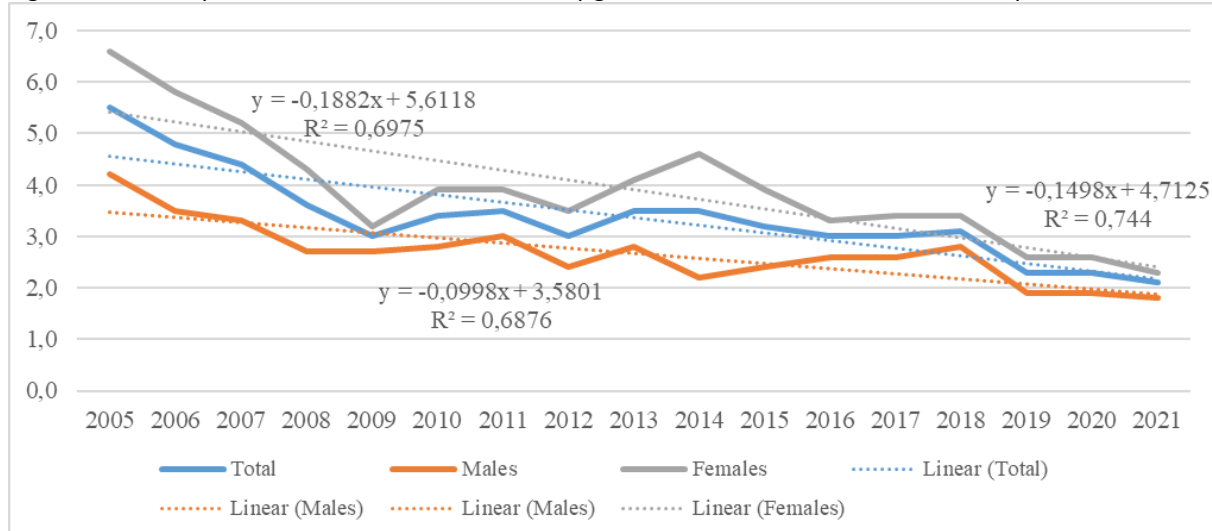

Source: Author's construction and calculations based on Official Statistics Portal data.

Persons in the income fifth quintile in Latvia are more positive about health self-evaluation and the share of persons in the income fifth quintile who are indicating that their health is very good has tendency of increase in average by 0,13 percent points annually; share of persons in the income second quintile who are indicating that their health is very good has tendency of lower increase in average by 0,08 percent points annually. Data on share of inhabitants by self-evaluation of the health status as very bad by gender are indicated in figure 4.

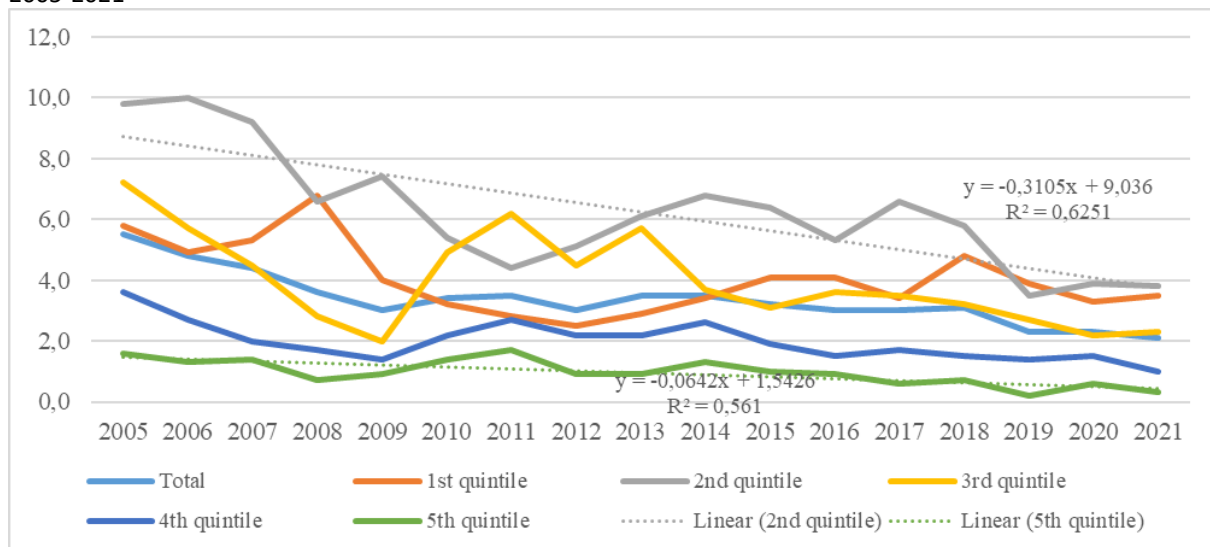Figure 4. Tendency of share of inhabitants in Latvia by gender on health self-evaluation as very bad in 2005-2021

Source: Author's construction and calculations based on Official Statistics Portal data.

Male persons in Latvia are more positive about health self-evaluation and the share of male persons who are indicating that their health is very bad has tendency of decrease in average by 0,1 percent points annually; share of female persons who are indicating that their health is very bad has tendency of decrease in average by 0,19 percent points annually. Data on share of inhabitants by self-evaluation of the health status as very bad by income quintiles are indicated in figure 5.

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Figure 5. Tendency of share of inhabitants in Latvia by income quintiles on health self-evaluation as very bad in 2005-2021
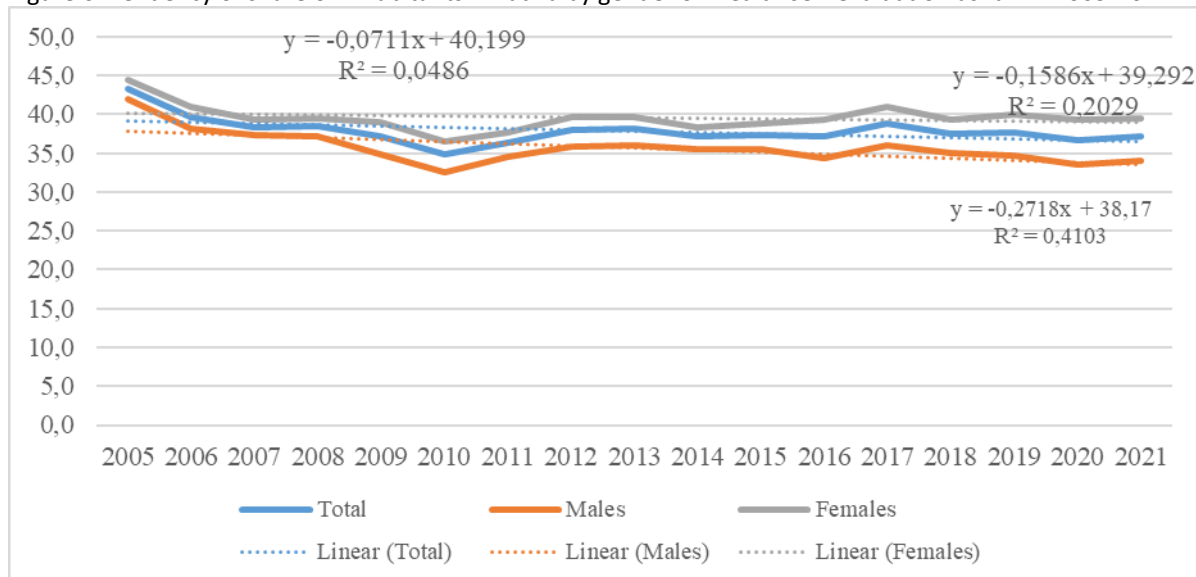

Source: Author's construction and calculations based on Official Statistics Portal data.

In Latvia persons in second quintile of income are more negative about health self-evaluation and the share is decreasing for all persons in all income quintiles who are indicating that their health is very bad has tendency of decrease – for second quintile it is the biggest decrease in average by 0,31 percent points annually; share of persons in fifth income quintile was the smallest share who were indicating that their health is very bad and it has tendency of decrease in average by 0,06 percent points annually. Data on share of inhabitants by self-evaluation of the health status as fair by gender are indicated in figure 6.

Figure 6. Tendency of share of inhabitants in Latvia by gender on health self-evaluation as fair in 2005-2021

Source: Author's construction and calculations based on Official Statistics Portal data.

As data included in figure 6 indicate, all persons in Latvia by gender have around the same self-evaluation as fair and the share of male and female persons who are indicating that their health is fair has tendency of small decrease and this share of such persons is around 40% in all analysed years (2005-2012) with a little bit smaller share for male persons.

CONCLUSIONS

- Health self-evaluation is important aspect for population well-being as subjective feeling is important for person's life quality.

- Academic researchers world-wide have devoted many researches to find important aspects of objective and subjective self-

evaluations of health and in many cases there are statistically significant differences by gender and by income level.

- In Latvia health self-evaluations are higher for male persons in comparison with female persons and they are getting better for all, also by income groups (by quintiles) and by territories (urban and rural).

- Future research is needed to evaluate the reasons why only a small share of inhabitants use the opportunity to check their health offered by state financing from inhabitants self - perceived health status and evaluation from general practitioners point of view.

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