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## Original Research Article

# Health profile of the urban community members in Lithuania: Do socio-demographic factors matter?

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## ARTICLE INFO

## Article history:

Received 26 June 2014

Accepted 18 November 2014

Available online 26 November 2014

## Keywords:

Urban community

Self-perceived health status

Socio-demographic factors

Health determinants

## ABSTRACT

**Background and objective:** Objective of the study was to explore self-perceived health status, health determinants and its associations with socio-demographic factors among urban community members in Lithuania.

**Materials and methods:** Data were obtained from a European survey on urban health, conducted as part of the EURO-URHIS 2 project. The postal questionnaire survey of 3200 adults from Kaunas and Šiauliai (Lithuania) was conducted in 2010. A total of 1407 valid questionnaires were analyzed. Statistical analysis was carried out by using SPSS 17.0 inside Complex Sample module that takes design effects into account.

**Results:** Younger respondents (aged 19–64 years) perceived most of the health status indicators better than the older ones (65+ years), while they were less likely to report healthy lifestyle and less often perceived their neighborhood as being socially cohesive than the older ones. Men less frequently experienced psychological problems, indicated regular contacts with friends and/or family and had a greater tendency to be overweighted and obese, daily smokers and drinkers compared to women. Those having secondary or lower educational level perceived most of the health status indicators worse than those with university educational level. Respondents living with a partner less often experienced psychological problems than those living alone. Respondents who indicated having enough money for daily expenses more often perceived their health and health determinants better.

**Conclusions:** The results of this study demonstrate associations between socio-demographic factors and self-perceived health status, lifestyle and factors of living environment among urban community members in Lithuania.

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Peer review under responsibility of Lithuanian University of Health Sciences.



<http://dx.doi.org/10.1016/j.medic.2014.11.003>

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## 1. Introduction

Urbanization is likely the single most important demographic shift worldwide, and it represents a sentinel change from how most of the world's population has lived for the past several thousand years [1]. A recent data about the growth of urban populations from the World Health Organization (WHO) notes that more than half of the world's population now lives in urban areas, and within next 20 years, 6 out of every 10 people will live in a city [2]. The United Nations (2001) estimated that the level of urbanization in more developed regions of the world will increase to 80% by 2015, compared to 76% in 2000. Urban growth, by altering cities and the surrounding countryside, presents numerous challenges for the maintenance of urban green space, and consequently also for human health and well-being [3]. In Lithuania, 66.9% of the total population lived in urban areas in 2011 [4]. The understanding of the role of the urban environment in shaping the health of populations requires consideration of different features of the urban environment that may influence population health. Urbanization has been traditionally linked to development and development with health, but in the face of development is the growth of slums, which are linked to poor health [5]. Typical large city problems such as segregation, neighborhood degradation, increased road traffic, socio-economic deprivation and inequalities in health, well-being and health care accessibility, have become central political issues in most European Union countries [6]. While WHO is committed to improving health through the Millennium Development Goals, the first three of which are specifically focused on reduction of inequalities vis-à-vis poverty, education, and gender, all of which are important social determinants of health [7]. Likewise, one of the strategic objectives of the Health 2020 policy is improving health for all and reducing health inequalities [8].

Self-perceived health, as an indicator of the health status of populations, is widely used in comprehensive health measurements, and is recommended for broader implementation by the WHO [9]. However, no analysis has been done to evaluate self-perceived health and health determinants in association to socio-demographic factors in urban community in Lithuania.

The objective of this study was to explore self-perceived health status, health determinants and its associations with socio-demographic factors among urban community members in Lithuania.

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## 2. Materials and methods

The study is based on the results of the EURO-URHIS 2 (European Urban Health Indicators System Part Two: Urban Health Monitoring and Analysis System to Inform policy) international research project. EURO-URHIS 2 aimed to develop methodology and validated tools useful to policy makers at all levels to make health gains via evidence-based policy decisions for urban populations. EURO-URHIS 2 gathered information by collecting data from routinely available registration data, and by conducting youth (14–16 years old) and adult (19–64 and 65+ years old) surveys at the end of 2010

in 26 urban areas in Europe. Ethics committees' approvals for the surveys were obtained by all partners of the project, according to their national regulations. In Lithuania, approval was obtained from the Kaunas Regional Ethics Committee for Biomedical Research (No. BE-2-14; May 5, 2010).

This paper is based on the adult postal questionnaire survey, which was carried out in Kaunas and Šiauliai cities (Lithuania) involving representative sample of adults who had permanent residence in these previously defined cities. A stratified representative random sample of 1600 adults (800 aged 19–64 and 800 aged 65+) in each city (3200 in total) was composed from the population register. In Kaunas, 372 aged 19–64 years and 340 aged 65+ years, while in Šiauliai, 385 aged 19–64 years and 310 aged 65+ years completed valid questionnaires. The response rate was 44.5% for Kaunas and 43.4% for Šiauliai. Thereby, 1407 valid questionnaires were analyzed in this study. The questionnaire was developed and approved by international experts in the EURO-URHIS 2 team. Firstly, the questionnaire was developed in English, then translated into Lithuanian language and back translated into English. The questionnaire included questions on socio-demographic characteristics, self-rated health, relationship with other people and neighborhood, lifestyles, living environment, usage of health care services (67 questions in total). Data was entered to an on-line database, situated in Manchester University (UK). Data cleaning was performed in 2011.

In this paper, the health profile of the adult urban populations was described while analyzing 9 health status indicators based on self-rated health: (1) (very) good self-perceived health, % of adults who perceive their health to be good or very good; (2) psychological problems, % of adults with a score of four or more on the General Health Questionnaire (GHQ); (3) depression/anxiety, % of adults who reported to be diagnosed with or treated for anxiety or depression during the past year; (4) cardiovascular disease (age 65+), % of adults aged 65 years and older who were diagnosed with or treated for heart attack, angina, or heart failure during the past year; (5) rheumatoid arthritis or osteoarthritis, % of adults who reported to be diagnosed with or treated for rheumatoid arthritis or osteoarthritis during the past year; (6) cancer, % of adults who reported to be diagnosed with or treated for cancer (any kind of malignant) during the past year; (7) asthma or bronchitis, % of adults who reported to be diagnosed with or treated for bronchial asthma or chronic bronchitis during the past year; (8) long-standing illness with restrictions, % of adults who suffer from any long-standing illness, long-standing effect from injury, disability, or other long-standing condition; and (9) low back pain, % of adults who had low back pain longer than one day in the past month; 9 lifestyle factors (1) regular consumption of fruits/vegetables, % of adults who eat, on average, four or more portions of fruits and/or vegetables per day; (2) regular breakfast, % of adults who have breakfast at least four times a week; (3) Being physically active  $\geq$  twice a week, % of adults who are physically active for at least 30 min twice a week or more; (4) overweight and obesity, % of adults overweight or obese, defined as a BMI of  $\geq 25$  kg/m<sup>2</sup>; (5) daily smoking, % of adults who smoke everyday; (6) passive smoking by nonsmokers, % of nonsmokers who are exposed to second-hand smoking inside their home; (7) drinking alcohol, % of adults who drink spirits and/or wine

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