



Health Services and Well-Being of Children in Estonia

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Estonia has a population of 1.3 million, which makes it one of the least populous member states of the European Union. The fertility rate was 1.65 in 2011, and the average age of women at first child birth was 4 years higher than in the early 1990s. Medical care is free for all children in Estonia. For the last 20 years, family doctors have been responsible for the primary care of children. Pediatric subspecialists work mainly in 2 children's hospitals: the Children's Clinic of Tartu University Hospital and Tallinn Children's Hospital. The average duration of hospital stay has decreased year by year. Pediatric subspecialists take care of children with long-term conditions and chronic diseases. In recent years, electronic case reports and digital receipts have been in use in Estonia. New diagnostic tests and expensive medications, which are available, make the cost of medical care very high. (*J Pediatr* 2016;177S:S63-7).

Estonia is the northernmost of the Baltic States, which lies on the east coast of the Baltic Sea, with Latvia to the south and Russia to the east. The territory of Estonia covers 45 227 km² and is affected by a humid continental climate.

After the Second World War, Estonia was incorporated into the Soviet Union and regained its independence in 1991 and during the same year, endorsed the United Nations Convention on the Rights of Child. Estonia is a democratic parliamentary republic divided into 15 counties. Its capital and largest city is Tallinn. The Estonians are Fenno-Ugric people; the official language is Estonian. Its population of 1.3 million makes it one of the least populous member states of the European Union (EU), with a density of 29 km². Estonians form 69.7% of the population, Russians form 25.2%, and a small proportion is comprised of other nationalities.

Estonia belongs to the North Atlantic Treaty Organization and has been a member of the EU since 2004. The gross domestic product per capita of the country was US \$ 21 714 in 2012 with a Gini coefficient of 32.5. Since regaining independence, the political environment has been stable and enabled implementation of various economic and social sector reforms, which aim to further ensure stability of health care services (Table).

Composition of the Child's Family and Living Conditions

According to the census of 2000,¹ the percentage of households with children under 18 years of age decreased from 34% to 25%. The fertility rate was 1.65 per woman; the average age of women at first child birth had increased from 22.5 years of age in 1990 to 26.5 years of age in 2011. The average family size was 2.3 in recent years. Thirty-six percent of families had 1 child, 43% had 2 children, 15% had 3 children, and 6% had 4 and more. Seventy-six percent of children lived in 2-parent families. The older the children, the more likely they were to live with 1 parent (17% of children under 3 years of age and 29% of children aged 12-17 years). Most of the children (94%) lived in 1-family households; the remainder lived in multifamily households (eg, grandparents living together with the family of a younger generation) or nonfamily households (eg, a grandparent and a grandchild). Sixty-one percent of the children who lived with both parents had married parents, and the remaining had unmarried parents. The percentage of households with unmarried couples increased from 10% to 14%, and the percentage of households with married couples decreased from 37% to 30% in 2000 and 2011, respectively. As a result, the percentage of children raised by unmarried parents had also increased considerably (from 16% to 28%), and the percentage of children raised by married parents decreased (from 54% to 45%). The younger the children, the more likely they had unmarried parents (42% of children under 3 years of age and 22% of children aged 12-17 years). About 9% of children lived with a step-parent.

Most children (61%) live in apartments and one-third in single-family homes. In 2012, 74% of households with children ranked the conditions of their dwellings as good or very good. Although the living conditions of children have improved slightly year by year, one-fifth of children still live in poor conditions (eg, in homes with leaking roof, with rot in window frames or floors).

Economic Situation and Financial Support for Families

Estonia continues to follow the pattern whereby men are the main breadwinners in families with small children. As the children get older, most women return to

From the Estonian Pediatric Association, Tartu, Estonia
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<http://dx.doi.org/10.1016/j.jpeds.2016.04.043>

EU European Union

Table. Population, economy, and health statistics of Estonia

	1990	1995	2000	2005	2010	2012
Mortality rate, infant (per 1000 live births)	16.6	13	8.9	5.7	3.5	2.9
Mortality rate, infant, female (per 1000 live births)	14.3	-	7.8	-	3.1	2.6
Mortality rate, infant, male (per 1000 live births)	18.8	-	10	-	3.9	3.2
Mortality rate, neonatal (per 1000 live births)	11.3	8.6	5.6	3.4	2	1.6
Mortality rate, under age 5 y (per 1000 live births)	20.3	16	11	7.1	4.4	3.6
Mortality rate, under age 5 y, female (per 1000)	17.5	-	9.6	-	3.9	3.2
Mortality rate, under age 5 y, male (per 1000)	22.9	-	12.3	-	4.8	4
Perinatal deaths per 1000 births	13.5	10.5	6.4	6.1	3.2	3.1
Postneonatal deaths per 1000 live births	4.3	4.6	2.6	2.2	1.5	-
Number of stillborn fetuses with a birth weight of 1000 g or more	172	71	53	69	36	33
Number of early neonatal deaths with a birth weight of 1000 g or more	131	69	30	18	14	10
Number of live births with a birth weight of 1000 g or more	22 304	13 318	12 978	14 259	15 733	13 969
Immunization, measles (% of children ages 12-23 mo)	-	81	93	96	95	94
Immunization, DPT (% of children ages 12-23 mo)	-	82	93	96	94	94
Hospital beds (per 1000 people)	11.7	8.4	7.2	-	5.3	-
Community health workers (per 1000 people)	-	-	0.03	-	-	-
Nurses and midwives (per 1000 people)	-	-	-	-	6.6	-
Physicians (per 1000 people)	3.5	3.2	4.5	-	3.3	-
Lifetime risk of maternal death (%)	0.09	0.06	0.03	0.03	0.01	-
Births attended by skilled health staff (% of total)	-	99.5	99.7	99.8	-	-
GDP (constant 2005 US \$) (in billion)	-	7.1	9.8	13.9	13.8	15.8
GDP growth (annual %)	-	4.5	9.7	8.9	2.6	3.9
GDP per capita (constant 2005 US \$)	-	4954.33	7134.03	10 288.73	10 392.91	11 902.29
Health expenditure per capita, PPP (constant 2005 international \$)	-	395.83	509.07	820.98	1268.84	1385.35
Health expenditure per capita (current US \$)	-	165.72	213.48	512.51	894.39	1010.15
Health expenditure, total (% of GDP)	-	6.3	5.3	5.0	6.3	5.9
Gini index	-	30.1	37	-	-	-
Employment to population ratio, ages 15-24 y, total (%)	-	41.3	27.8	29.6	25.7	32.2

DPT, diphtheria, pertussis, and tetanus; GDP, gross domestic product; PPP, purchasing power parity.

work. The economic crisis has seriously affected the living standard of families with children; most of them have not experienced any increase in wealth since 2007. In 2011, 17% of all children less than 8 years of age lived in relative poverty, 9.5% in absolute (extreme) poverty, and 9% in severe material deprivation. The situation was slightly better compared with the EU average values. The social security system is divided into several major domains: pension insurance, health and unemployment insurance, state family benefits, and parental benefits. State support for children means that their parents receive various benefits, allowances, and other financial incentives governed by the Health Insurance Act, the Employment Contracts Act, the Maintenance Allowance Act, the State Family Benefits Act, and the Parental Benefit Act. The state support for the child begins before birth. A pregnant woman is entitled to health insurance once the pregnancy has been verified by a physician or midwife. Over 80% of future mothers register their pregnancy before the 12th week. A woman can go on pregnancy and maternity leave at least 70 calendar days before the estimated date of birth; she is entitled to 140 days of pregnancy and maternity leave.

Maternity benefit is paid upon temporary incapacity to work. The amount of maternity benefit per calendar day is 100% of mother's average income per calendar day, and this is paid until the child becomes 18 months old. Mothers may stay home until the child becomes 3 years old, and she has the right to receive child care allowance. The child allowance is paid for all children until 16 years of age or, in case of students, until the end of the school year when the student turns 19 years of age.

Children are covered by health insurance until they reach 19 years of age. Dental care is free for insured persons under 19 years of age if the dentist has a contract with the Health Insurance Fund.

Health Services

Health Care Financing

Estonia spent 5.9% of its gross domestic product on health in 2011. Health care expenditure in purchasing power parity per capita increased from a low of US \$522 in 2000 to US \$1190 in 2011. Most health care resources are channeled through the Estonian Health Insurance Fund. In 2011, health insurance, state budgets, municipal budgets, and private sources of funding accounted for 68.6%, 9.3%, 1.4%, and 19.2% of total health care financing, respectively. The Ministry of Social Affairs is responsible for financing emergency care for uninsured people, as well as for ambulance services and public health programs. Private expenditure comprises approximately one-quarter of all health expenditure, mostly in the form of copayments for pharmaceuticals and dental care. This growing out-of-pocket expenditure may hinder access to health care for low-income population groups. As a consequence, health financing has regressed over recent years.

The Primary Health Care and Free Choice of Care Institution

Reforms that started in the early 1990s introduced the principles of a purchaser and provider split, strengthening

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