

HEALTH ASSESSMENT: BELARUS

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Health is generally known as the absence of disease, illness or sickness, or negative health status [1]. The World Health Organization (WHO) defined health positively as “a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity” [2, 3]. In health care, clinical

indicators have concentrated on “negative health” and present a “disease” model with pathological signs and symptoms [1]. In the last few decades, there is an increase in the use of wide health status and health-related quality of life, especially within patients with chronic conditions [4]. However, each individual can describe their current health according their own feeling of well being without a medical examination [1].

The assessment of self-reported health is an important indicator of people’s actual health [5]. “What matters in the twenty first century is how the patients feel rather than how professionals think they feel” [1]. Therefore, self assessment of health is acceptable. Perceived health and health-related behaviour might indicate health arising problems and the need for behaviour changes [5]. There is sufficient evidence to show that major chronic diseases such as cardiovascular disease, cancer, chronic obstructive pulmonary disease and diabetes result from a few lifestyle-related behaviours [6]. Different sources of information of perceived health status have been established by the WHO and conducted worldwide. One of them is the WHOQOL–100 questionnaires. This is a generic, patient-completed measure of health-related quality of life [7]. It is based on the definition of quality of life that includes the culture and context which influence an individual's perception of health - physical health, psychological health, level of independence, social relationships, environment, and spirituality/religion/personal beliefs. It has been reported that health outcomes might be affected by biological, socio-economic, cultural and behaviour factors [1]. Risky or unhealthy behaviour such as alcohol and tobacco use, unhealthy diet and the lack of physical activity are the factors that might negatively influence health [5].

There has been a growing recognition of the significant contribution of personal unhealthy behaviour choices to health. Equally important, illnesses attributable to lifestyle choices play a role in reducing health-related quality of life and in creating health risks within the population [8]. A public health perspective is concerned with individual behaviours as part of a larger community [9]. These perspectives are interrelated, as the behaviours of individuals determine many of the social conditions that affect everyone’s health [10]. Health-related behaviour is one of the most important elements in someone’s health and well-being [10]. This means that diseases can be prevented and health-related behaviour has become an important component of public health. Behavioural factors play a major role in causes of death, including chronic diseases such as heart disease, cancer, and stroke [10]. Health-related behaviour or lifestyle is based on the “choice” people make according to their life preference [11]. The major health risks factors in Belarus are [12]:

- Tobacco consumption: adult smoking prevalence is 27%: 53% for males and 7% for females (UK 24%: males 25%; females 23%).
- Alcohol consumption: alcohol consumption is 4.9 litres per person per year (EU 9.4; UK 11.6).
- Obesity causes 10% of the disease burden and physical inactivity, 5.5%. Obesity rates are 16% for men and 32% for women (UK males 17%; females 21%).

In Belarus alcohol and tobacco place the greatest burden of disease for men; high blood pressure and high cholesterol level place the greatest burden of disease for women [12]. While several country’s health indicators have improved during the past decade, some socio-economic and lifestyle factors such as income, education and employment still affect population health [12]. A survey undertaken in 2005 in Belarus showed a high prevalence of overweight and obesity [6].

Health indicators (such as life expectancy, quality of life, mortality) can be used to define differences in populational health [13]. Health outcomes [14] are often presented using health services data. It is predominantly data collected on “ill health” such as morbidity, mortality, disability, diseases and discharge from hospital which are available from medical practitioners. Life expectancy (LE) is a very good indicator of environmental and populational health [15, 16]. In Belarus, life expectancy is lower than the average across the Europe by about 13 years for males and 7 for females [17]. Also, it is important to know the expected length of life spent in good health. The WHO describes it as healthy life expectancy (HALE), subtracting estimated years of life spent with illness and disability from estimated life expectancy [12]. For Belarus, the WHO estimates that people can expect to be healthy for about 89% of their lives [18]. Cardiovascular diseases are the leading cause of death - 52% of all deaths [17]. Cancer is the second leading cause of death (13%) and 9% of the disease burden [17]. The number of new cases of cancer is 352 per 100 000 per year (EU 462) and diabetes prevalence is 1.5% [17]. The main non-communicable diseases account for about 72% of all deaths in Belarus [12].

Approved measures of subjective health are established in populational health and lifestyle surveys [1]. They present data on the self-reported health status (physical and mental) with association to the different lifestyle aspects according to socio-demographic factors. The most recent EU study was “The Liv-

ing Conditions, Lifestyle and Health Project (LLH) conducted in eight former Soviet countries (2001-2004)" which included Belarus [19, 20]. It reported of an association between health status, socio-economic factors and health-related behaviour [21] including heavy drinking, smoking, poor diet and a lower level of physical activity [22, 11]. According to the WHO, 49–53% of human health depends on the chosen lifestyles, 18-22% on genetic factors, 17-20% on the environmental status and only 8-10% on health care level. Lifestyle is the major factor influencing a nation's health [23] and the Government in Belarus has initiated health promotion programmes to establish a mechanism of Government support and the encouragement of healthy lifestyles [23].

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