ISSN: 0871-1623

CADERNOS DE GEOGRAFIA

INSTITUTO DE ESTUDOS GEOGRÁFICOS
FACULDADE DE LETRAS · UNIVERSIDADE DE COIMBRA
COIMBRA 1997 N.º 16

A FEW CONSIDERATIONS ABOUT HEALTH AND HEALTH DIFFERENCES IN PORTUGAL*

Paula Santana**

1. It is possible to say that the health of the Portuguese has improved considerably in the last twenty years. The economic and social transformations (which contributed to a progressive amelioration of food administration, sanitation, hygiene, dwelling and to life condition in general), as well as health services, have had a crescent and decisive contribution to this phenomenon.

2. The spectacular regression of the indicators related to transmitted diseases, infant, perinatal (more than 50% between 1985 and 1994) and maternal mortality and the mortality in children with 1 to 4 years old, reflect the impact of the socio-economic factors. In 1994 there was almost a consonance with other countries of the European Union (EU), though Portugal occupied one of the worst positions in these indicators.

3. The positive changes that took place in health indicators were reflected in the growth of life expectation at birth (2.2 years for the group of men and 2.3 for women between 1985 and 1994) in spite of the fact that the difference of life expectation in relation to EU countries has grown.

4. Side by side with the rectraction of the numbers of deaths caused by infectious and parasitic diseases (40% of deaths until the 1960s) and liver diseases, the other causes of death reappear or worsen. Cerebrovascular diseases, malignant tumours, heart diseases and diabetes are the main causes of death in adults. These causes have been growing generically in the last years.

5. Road accidents and accidents at work, alcohol and tobacco consumption are decisive factors for the health of the Portuguese and constitute thus problems associated with morbility states (respiratory diseases, diseases of the osteomuscular system, of conjunctive tissue and of circulatory and digestive system). They can also be seen as causes of mortality. For example, 77.5% of the deaths registered in young adults are accident related. It is therefore important to consider the growth of relative importance of mortality between the ages of 25 and 44 given the above mentioned causes.

6. The estimation of premature mortality rates between 1976 and 1985 translates the propitious health conditions of the Portuguese population in this period. However, between 1985 and 1992, the relative importance of adult mortality raises, resulting in a relative decrease of life expectancy at the age of 30. Road accidents with motor vehicles constitute the main reason for the loss of living years in men. This phenomenon was significantly aggravated between 1960 and 1980 but stopped by then (1448 per 100.000 inhabitants in 1980 and 1175 in 1993). The number of malignant tumours is also significant (1020 lost living years per 100.000 inhabitants in 1980 and 1043 in 1993). Tuberculosis in women with less than 65 years old has also decreased. Malignant tumours and road accidents constitute the main causes for the loss of living years. Between 1980 and 1993, the first decreases (from 860 to 827 lost living years per 100.000 inhabitants) and the second raises (from 265 to 272 lost living years per 100.000 inhabitants). Differences are not only seen between sexes but also between socioprofessional classes: for example, in 1991, there was a percentage of 16.4% probability of dying at an age between 45 and 65 in non-manual workers and 22.5% in manual workers.

7. There is a differential mortality rate according to socioprofessional and sex structures. The highest global mortality rates are revealed in manual workers in spite of their demographic structures. Standard mortality rate (SMR) in the period between 1980 and 1982 in a group of male farmers and labourers shows values 3 times superior to the higher staff of public and private administration.

8. Between 1980-82 and 1990-92, the situation worsened for the group of male labourers. In 1990-92 this group showed a SMR about seven times higher than that for the group of senior staff in public and private administration. On the other hand, farmes' health showed an improvement of about 40%. The health condition of employees, tradesmen and service staff also declined in this period, especially within the incidences of malignant

---

* Intervenção apresentada no Workshop on Social Variations in Health Expectancy in Europe, na Universidade de Dusseldorf, 17 e 18 de Outubro de 1997, organizado pela European Science Foundation.

** Instituto de Estudos Geográficos. Faculdade de Letras. Universidade de Coimbra

tumours and cerebrovascular diseases. Within the female population the situation was different: between 1980-82 and 1990-92, the worst situation suffers a significant change from the group of laborers to the group of administrative staff and to science professionals. The SMR worsened in the cases of malignat tumours and road accidents. Within the group of senior staff in public and private administration, women's health showed the best relative improvement in this decade.

The occurrence of accidents at work in older manual workers is very high. Since 1959, it is possible to record the fact that manual workers have the highest mortality rates caused by respiratory, infectious and parasitic diseases, a situation that reflects the adverse conditions of their life and work. In the group of non-manual workers the importance of mortality by ischemia heart diseases and some types of malignant tumours (trachea, bronchia, lungs and breast) has been stressed, contrary to the European standard. Between 1985 and 1992, mortality by badly defined symptoms raised 50% in the age group above 34 years and doubled in the age group between 15-34, mainly in manual workers.

9. Morbility is also frequent in manual workers, a group which normally shows the lowest learning levels. According to the National Health Enquiry (1995/96), the changes in health in the two weeks before this enquiry took place, reveal the highest percentage in the population with less than 4 school years (42.6% in 1995) in comparison to the ones with 13 or more years (3.6% in 1995).

10. The social structure is a relevant factor for the comprehension of mortality and morbility phenomena but the individual experiences or paths in terms of nutrition and tobacco habits, life and work conditions, life styles and cultural insertion are also reflected in the different ways of dying.

11. It is necessary to reduce mortality and the disabilities caused by accidents, cerebral and cardio-vascular diseases, malignant tumours and diabetes, since the high social and economic costs in terms of lost living years by premature death or by incapacity affects those who are more vulnerable, given their work conditions, life styles or economic, ethnic or cultural factors. The decrease of the differences concerning the access to health passes through the reduction of the iniquities of income, learning, health education, harmful consumption habits such as alcohol and tobacco, living, work and school conditions, and the access to health care differentiated by the consequent relation of the family doctor to the hospital, etc.

12. Bearing in mind the influence of political, socio-economic, demographic, cultural ethnic, environmental and other factors in the populations' health, comparative studies (cross-national comparisons) can only be carried out when source information (census, demographic statistics, health enquiries, death certificates, registers of health services, etc) are in consonance, i.e., when the method (enquiry sample and design) as well as the classification criteria (e.g. socio-professional groups) are similar.

BIBLIOGRAPHY:

GIRALDES, M. R. (1996) - Desigualdades socioeconómicas e seu impacto na saúde, Ed. Estampa, Lisboa.

SANTOS LUCAS, J. (1987) - "Inequidade social perante a doença e a morte em Portugal", in: Sociedade, Saúde e Economia, Actas das V jornadas de Economia da Saúde, Coord. António Correia de Campos e João Pereira, ENSP, Lisboa, pp. 283-294.

SIMÕES, J. M. (1989) - Saúde: O Território e as Desigualdades, Tese de Doutoramento, policopiado.

VAZ, A. SIMÕES, J. SANTANA, P. JANEIRO DA COSTA, R. (1993) - "Measuring population health status", in: Fiffth European Health Services Research Conference, Netherlands Institute of Primary Health Care and Netherlands School of Public Health, Mastrich, pp.116-118