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Lithuania: Cervical Cancer

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Lithuania: Cervical Cancer

Country	<p>Lithuania</p> <p>Figure 1. <i>Country Report, n.d.</i></p> 
Population	<ul style="list-style-type: none"> ● 2.8 million – 50/50 men and women (As of 2017) ● Majority ethnic Lithuanian and the rest are European influences, Asian and African
Major Religion	<ul style="list-style-type: none"> ● Christianity – Catholicism ● Home to about 1,000 refugees [2]
Government Type	<ul style="list-style-type: none"> ● Unitary Semi-Presidential Representative Democratic Republic*[7]
President	<ul style="list-style-type: none"> ● Elected; Executes the law; Can serve two five-year terms [7] and appoints the Prime Minister & Cabinet

*The government has a president that works alongside a prime minister and a cabinet

Lithuania’s Background, Government, and History

Lithuania is in Northeastern Europe near the Baltic Sea and shares its borders with Poland, Latvia, Belarus, and Russia. The cabinet consists of the Legislative, Executive and Judicial branches, like a democratic system, and has multiple parties within their government. In the 1990s, Lithuania has gone through some power struggles. From 1918-1940, Lithuania went to war to achieve independence for themselves and from 1944-1990, Soviets were occupying Lithuania until nationalists declared independence on March 11th, 1990 – the first Soviet republic to do so [8].

Health Concerns in the Nation

Some health problems this country has been facing include poor healthcare and healthcare corruption, lack of education, and high mortality rates that are attributed to suicide rates, motor vehicle traffic crashes, and cervical cancer in women. Cervical cancer is when the cells of the cervix start to mutate and eventually create a tumor [6]. Cervical cancer has an unclear cause but the Human Papillomavirus (HPV) is a sexually transmitted infection that causes genital warts and cancers [3]. Women between the ages of 15 to 64 years old, those with inadequate health services, and sexually active young adults who have multiple partners are the groups most at risk of developing this disease.



Figure 2. Mayo Clinic, n.d.

Studies Show

According to a study done on the burden caused by cervical cancer and prevention methods, the highest overall incidence rates occur in Central/Eastern Europe; around 14.9 new cases per 100,000 people in the region. Figure 3., from the same study, shows out of every 100,000 people

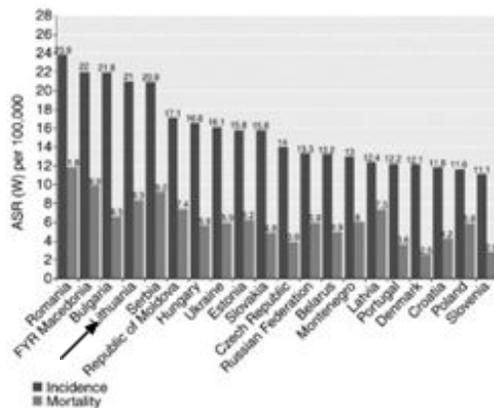


Figure 3. Kesic, et al, 2012

the highest incidence and mortality rates (based off age range). If you look closely, Lithuania has the 4th highest Incidence rate at 21/100,000 and mortality rate at 8.3/100,000. When the EU corrected the age-standardized mortality rates for cervical cancer, Lithuania was one of the handful of countries that have an increasing mortality rate [5]. The high rates we see in both incidence and mortality rates are reflective of the coverage range, as well as quality, of the current screenings [9].

Intervention

Evidence suggests that women with higher education experience higher survival rates that women who have less than or equivalent to a secondary education [10]. Efforts to combat cervical cancer were to start screening women between the age of 20 to 30 years old and continue to screen in 3- or 5-year intervals until they are 60 to 65 years old [5]. The absence of screening programs in the past few decades influenced the increased incidence rates [1]. In a study of HPV and cervical cancer in Central and Eastern Europe with its current screening and vaccine practices, Lithuania is one of the handful of countries that do not currently have the HPV vaccine administered by school health services [7].

Possible Solution

Lithuania can reduce their incidence and mortality rates of cervical cancer by legally requiring vaccines to prevent diseases such as this. The HPV vaccine should be required by law to start school or to start a job. By doing this, the country can improve their preventive efforts to put an end to the disease before it starts. The country should also encourage schools to educate their students on sexual health and safety through programs and curriculum that can be incorporated into their classes. Screenings should be required for women 15 years or older to allow for faster, more effective treatment of the disease.

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