



KLAIPEDA UNIVERSITY

A horizontal banner with a white background on the left and a red background on the right. A white silhouette of a person's head in profile is positioned on the left side, facing right. The text "APPEARANCE MATTERS" is centered across the banner, with "APPEARANCE" in black and "MATTERS" in white.

APPEARANCE MATTERS

"Optimizing the outcomes for vocational guidance counselling and vocational training"

OPTIMISING THE OUTCOMES FOR VOCATIONAL GUIDANCE COUNSELLING AND VOCATIONAL TRAINING

NATIONAL REPORT

LITHUANIA

Klaipeda 2013

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Abbreviations

BMI	Body Mass Index
BSR	Baltic Sea Region
EU	European Union
FM	Family Medicine
GDP	Gross Domestic Product
GP	General Practice
MoH	Ministry of Health
NHIF	National Health Insurance Fund
PHC	Primary Health Care
RL	Republic of Lithuania
VET	Vocational Education and Training

1. COUNTRY SPECIFIC BACKGROUND

1.1. Demographic characteristics of Lithuania

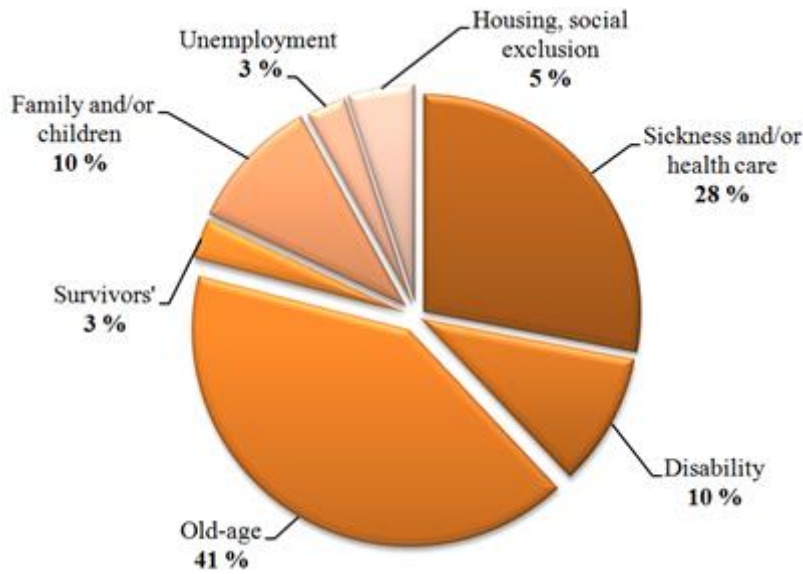
Lithuania is the largest of three Baltic countries covering the area of 65.300 square km. The territory is divided into 10 counties and 60 municipalities. According to the data of the state enterprise Centre of Registers, on 1st of March 2011, there were 103 cities/towns and 21.4 thousand of rural settlements.

Lithuania has about 3.043 million inhabitants: 46 % (1.402 mill.) of them are males and 54 % (1.640 mill.) – females. The biggest part of the population, 67 %, lives in urban areas, while the rest 33.2 % – in rural areas. Over recent decade population size has markedly decreased by 12.6 % (440.6 thousand) mainly due to migration. Decrease of population size is the highest when compare with Latvia and Estonia. Comparing population by age groups, working age population makes the biggest part – 62.5 %, while the population aged under 15 decreased from 21.1 % in 2001 to 16.1 % in 2011. The part of retirement-age population increased from 20.2 to 21.4 % during the same years. Life expectancy for female at birth is 79.13 years, and 68.47 years for male (2011) .

1.2. Socioeconomic status

Lithuania is an upper middle income country which, according to 2011 data, had Gross Domestic Product (GDP) of 30.870 mill. EUR and 10.167 EUR per capita. In year 2010 household disposable income was 634 EUR per month.

The percent of people in certain functions who received social protection benefits in year 2011 are shown in graph 1 below. The biggest part of social protection benefits are provided for people at old age (41 percent) and for health care (28 percent); unemployed gets the lowest social protection benefits (3 percent for each) .



Graph 1 Structure of social protection benefits in Lithuania, 2011 (per cent) (Source: Lithuania Department of Statistics, 2012)

In addition to being as a biggest country of three Baltic countries, Lithuania has a decrease of population size. Lithuania as an upper middle income country assign the biggest social protection part of benefits to old age, while lowest protection goes to unemployed and survivors.

1.3. Demographic data of the project region: Klaipeda, Taurage and Telsiai counties

Three counties are in the catchment area of Klaipeda University: Klaipeda, Taurage and Telsiai counties. All three counties are located in the western part of Lithuania. Klaipeda country covers the area of 5209 square km, Taurage covers the area of 4411 square km, and Telsiai – 4350 square km.¹ According to 2011 data, Klaipeda Country has about 364 thousand inhabitants; Taurage country has about 120 thousand, and Telsiai country – 165 thousand inhabitants. In all three countries about 47 % of all inhabitants are males and about 53 % – females. Comparing countries inhabitants by age group, the situation remains similar to the whole countries situation: the majority of the population in all counties is of working age – about 63 %, and the population aged under 15 is considerably lower comparing it with the part of the population which is of retirement-age (respectively 16 % and 23 %). In Klaipeda country largest part – 72 % of all inhabitants live in the city and rest part of the population – 28 percent live in the country. Meantime in Taurage and Telsiai there is not such an outstanding difference between city and country. The morbidity rate in Klaipeda and Telsiai country accounts for 11 percent, and in Taurage – for 10 percent, still mortality in Taurage country is slightly larger (14 percent), comparing it with Klaipeda and Telsiai counties (12 percent). Life expectancy does not distinctly differ from country's data: in Klaipeda

country for males it is 69.98, for females – 79.26; in Taurage for males it is 67.3, for females – 78.33; and in Telsiai – 68.22 for males and 79.51 for females².

2. EDUCATION SYSTEM IN LITHUANIA

2.1. Education system and its objectives in Lithuania

Lithuania has twelve years of comprehensive education and three cycles of higher education, including the programs of Bachelor, Master and the Doctorate. The system is designed for pupils and students to be able to freely choose their field of studies enabling them to concentrate on specific subjects. The National Examination Centre to the Ministry of Education and Science Ministry is in charge of school graduation examinations. This ensures that pupils' achievements are objectively evaluated by independent evaluators. Centrally arranged mature examinations facilitate university admissions effected on the basis of the average grade of mature examinations.

Pre-school education

Pre-schooling is offered for children from birth to six years of age. It is optional and is only available upon parents' request. Pre-school education is provided both by public and private day nurseries, kindergartens, and schools-kindergartens.

Pre-primary education

Pre-primary education is provided for six-year olds, or earlier (but not earlier than five years), if parents request and if the child is mature enough for education. Education lasts one year and is intended to better prepare for school. It is free and universal, but is not mandatory. Pre-primary groups are set up in kindergartens or schools.

Primary education

Primary education is provided from seven years of age or earlier, if parents so wish, and if the child has reached certain level of maturity. The completion of the programme that takes four years provides pupils with primary education. Primary schools have no grade assessment, instead focusing on child's individual progress. Pupils get oral information or brief written description on their achievements. Trimester, semester or academic year end in round- up evaluation specifying the achieved level: satisfactory, basic or advanced. Ethnic minority schools begin teaching the state official language in the first year. The first foreign language is introduced in the second year.

Basic education

Basic education takes six years to complete. It is provided by basic, secondary, youth, vocational schools and gymnasiums. Compulsory education is until 16 years of age. It normally lasts until the tenth grade. Basic education may be followed by further studies in secondary or vocational schools. It is also possible to follow secondary education programme in conjunction with the vocational training program aimed at acquisition of the first qualification.

Secondary education

Higher education in Lithuania is optional. Usually it takes two years (11-12th grades in secondary schools and 3-4th grades in gymnasiums). Students follow individual education plans. The programme may include vocational training modules. The secondary education programme may be followed in secondary, vocational schools and gymnasiums. Secondary education completes in mature examinations.

Professional (Vocational) training

Vocational training is designed to develop or acquire skills. Vocational training is provided by vocational schools. Apart from vocational training, vocational schools can provide basic and secondary education. Duration of the programmes may be from two to three years depending on whether the programme is designed to acquire basic or secondary education or if it is adapted for people with special needs. The duration of training for secondary school graduates is from 1 to 2 years. Completion of a training programme followed by examinations leads to acquisition of a certain qualification. Acquisition of secondary education may be followed by further studies at colleges or universities. Higher education schools offer on admission additional points to best achievers and those with practical experience in the field of the acquired qualification.

The education system of Lithuania comprise by the following types:

- 1) Formal education (primary, basic, secondary education, formal vocational education and training and higher education studies);
- 2) Non-formal education (pre-school, pre-primary, other non-formal education of children (as well as the teaching supplementing the formal education) and of adults);
- 3) Informal education;

4) Educational assistance (vocational guidance, informational, psychological, socio-pedagogical, special pedagogical and special assistance of education, healthcare at school, consultation, in-service training of teachers and other assistance).³

The aim of the network of education institutions is to ensure accessibility of compulsory and universally available education, its variety, and the possibility of life-long learning to all citizens of the Republic of Lithuania and aliens having the right of permanent or temporary residence in the Republic of Lithuania. The network of education providers encompass state, municipal and non-state general education, vocational, higher education schools, non-formal education schools, freelance teachers and other education providers. The Minister of Education and Science, together with municipalities and the Government, ensure the sufficient network of state and municipal vocational training schools and general education schools designated for country's (region's) learners with special educational needs: The Government establish the network of state colleges, and Lithuanian Parliament (Seimas) - establish the network of state universities. If the community requests so, in areas where a national minority traditionally constitutes a substantial part of the population, the municipality guarantees the teaching in the national minority language or the learning of the national minority language. The State and municipalities creates conditions for establishment and operation of non-state schools. The network of providers of non-formal education are established by the State, municipalities, natural and legal persons, legal persons or other organizations established in a member state or any other foreign state, or their branches.

Formal education schools are divided into the following groups: (1) general education schools; (2) vocational schools; (3) higher education institutions. The types of general education schools are as follows: (1) a primary school, a pre-gymnasium; (2) a basic school; (3) a secondary school; (4) a gymnasium. Vocational training schools may carry out primary, basic, secondary education curricula. Non-formal education schools are divided into the following groups: pre-school education schools; children's non-formal education schools and schools providing the teaching supplementing the formal education; non-formal adult education schools.⁴

Vocational education and training (VET): international cooperation. Cooperation with other countries has encouraged and initiated a number of VET developments. For example, a VET standards concept was designed following the experience of Germany, and a methodology for sectorial studies was developed in cooperation with Irish experts. Participation in international networks ensures the relevant implementation in Lithuania of European Union initiatives, such as the creation of a qualifications framework for lifelong learning, the establishment of the European

Credit System for Vocational Education and Training, VET quality assurance, and others. This is an opportunity to compare VET in different countries, and to share good practice in specific areas.

Table 1. Participation in lifelong learning

<i>Indicator</i>	<i>Year</i>	<i>LT, %</i>	<i>EU-27 %</i>
Pupils in upper secondary education enrolled in vocational education and training stream ¹	2012	26.4	51.5
Students in tertiary education (ISCED 5–6) ²	2012	23.6	17.6
Adult participation in education and training ³	2012	4.9	9.5
Training enterprises as % of all enterprises	2010	46	60
Youth educational attainment level – percentage of population having completed at least upper secondary education	2012	89.1	78.5
Early school leavers – population aged 18–24 with at most lower secondary education and not in further education and training	2012	7.4	14.9

¹ Students in upper secondary vocational education and training compared to all students at upper secondary level

² Students in tertiary education compared to all pupils and students

³ Percentage of the population aged 25–64 participating in education and training over the four weeks prior to the survey.

2.2. Population by the level of education

Lithuania Department of Statistics data (table 2) shows that in year 2011 Lithuania population consisted of 25.0 percent of people with higher education, 17.4 percent of people with special upper secondary, including vocational upper secondary education, 33.5 percent of people with vocational

upper secondary, general upper secondary education, 13.4 percent with general lower secondary education, and 10.7 percent with primary education.

Table 2. 15 years and over population by the level of education (percent)⁵ :

Year/ Education	2011	2012
Higher, professional colleges	25.0	25.8
Special upper secondary, including vocational upper secondary education	17.4	17.5
Vocational upper secondary, general upper secondary	33.5	33.6
General lower secondary	13.4	12.8
Primary	10.7	10.3

According to the data of year 2012 it might be concluded, that the growth has been noticed in the level of people with higher education (25.8 percent) and vocational upper secondary, general upper secondary education (33.6 percent). The decrease has been noticed in the level of people with general lower secondary education (12.8 percent) and primary education (10.3 percent). The level of people with special upper secondary, including vocational upper secondary education nearly has not changed – 17.5 percent.

2.3. The funding of education in Lithuania

Education sector in Lithuania is mainly funded from the the state budget and municipal budgets appropriations and from other funds. The principle of setting an amount of fund for one student is applied when allocating funds from state and municipal budgets for the corresponding year for the financing of formal education programmes at state, municipal and non-state schools (except higher education institutions) and for children's non-formal education programmes. Teaching funds allocated from state budget funds are calculated and distributed pursuant to the methodologies approved by the Government. School maintenance funds are allocated to state and municipal schools (except schools specified in subparagraph 1 of paragraph 4 of this Article) by the institution exercising the rights and duties of the owner (the meeting of the participants) in its own prescribed manner. To non-state schools carrying out general education curricula (except schools referred to in paragraph 10 of this Article) – from the funds of the owner (the meeting of the participants) and other funds specified in the statutes of the school. In schools whose legal form - a budgetary institution, children's non-formal education programmes (except pre-primary education curricula) are funded in accordance with the procedure laid down by legal acts of the institution exercising the rights and duties of the owner of the school, learners (their parents (guardians, curators) and sponsors; in other schools programmes are funded in accordance with the procedure laid down by

the statutes of the school. Funds from state and municipal budgets may be appropriated to state and municipal schools whose legal form – a budgetary institution, for the carrying-out of children's non-formal education programmes (except pre-primary education curricula). Non-formal adult education schools, assistance institutions whose legal form - a budgetary institution is financed in accordance with the procedure laid down by the institution exercising the rights and duties of the owner, another non-formal adult education school; assistance institutions are financed in accordance with the procedure laid down in their statutes. Funds from state and municipal budgets may be appropriated to state and municipal non-formal adult education schools, assistance institutions whose legal form – a public establishment. Pre-school education and children's non-formal education schools, non-formal education programmes are allocated funds from state and municipal budgets.⁶

Teaching funds for formal vocational education are appropriated from the state budget, special targeted state budget appropriations for municipal budgets and (or) the Employment Fund, by applying the methodology of computation of teaching funds for one student as approved by the Government. Non-formal¹ vocational education, in the manner prescribed by legal acts, is financed by a natural or legal person who commissions training; it may be supported from the state, municipal budgets and the Employment Fund. Teaching funds for budgetary and public vocational training establishments as well as for providers of vocational education who implement state-financed vocational training programmes are appropriated from the state budget, special targeted state budget appropriations for municipal budgets, municipal budgets or the Employment Fund.⁷

Higher education institutions financing is based on the Law on Higher Education and Research. The funds of the basic funding of the state budget is allocated to state higher education and research institutions for research, experimental (social, cultural) development and the expansion of artistic activities, administration and economy, or other needs. State budget funds for studies are appropriated to cover the cost of studies in student places which are funded by the state, to compensate, in the manner prescribed by Article 71 of this Law, a tuition fee paid by the students who achieved the best results of studies in the student places which are not funded by the state, for targeted funding of studies, state loans or state-supported loans, social scholarships and other support.⁸

2.4. Education in Klaipeda, Taurage and Telsiai counties

In the Klaipeda district 42 838 children attended compulsory education programme, in Taurage district – 15 916 children, and in Telsiai district – 22 138 children in 2011-2012 years. Data about level of education and children non-participating in compulsory education is presented in table 3 and table 4.

Table 3. Population 25-64 years of age of Klaipeda, Taurage and Telsiai districts by the level of education (2011, thousand)⁹

Level of education	Klaipeda county	Taurage county	Telsiai county
University degree (or high education)	63,4	10,8	16,4
Secondary education	104,0	38,5	50,9
Primary education	9,7	6,4	8,9

Table 4. Percentage of 7-16 years children non-participating in compulsory education programme (2011-2012)¹⁰

District	Klaipeda	Taurage	Telsiai
Total percentage of non-participating children	5,2	4,1	4,0

3. UNEMPLOYMENT

In year 2011 Lithuania had about 226.1 thousand unemployed persons and unemployment rate was 15.3 percents. Since year 2005 it has increased almost double (from 8,3 percents to 15,3 percents). Comparing unemployment by age group, the highest unemployment rate – 32.9 percents was in 15–24 years age group, and the lowest rate – 12.1 percents was in 55–74 years age group. Turning attention to gender differences, unemployment rate is higher in males (17.8 percents) then in females (13 percents. Additionally, most of the unemployed persons have vocational or general upper secondary education (57 percents), and those who have higher or post–secondary tertiary education accounts for 37.1 percents of all unemployed persons¹¹ .

According to the household survey data, in Klaipeda and Taurage Countries unemployment rates are lower than the overall countries rate (respectively 12.8 percent and 11.1 percent). However, in Telsiai country the rate is markedly higher – even 19.4 percent.¹² Lithuania Department of Statistics data indicates, that unemployment rate in 2010 has reached 17.8 percent (291.1 thousands), and in year 2011 – 15.3 percent (226.1 thousands). In year 2012 the rate has dropped to 13.2 percent (195.2 thousands).

Table 5. Dynamics of employment and unemployment rate in year 2010-2012

	2010	2011	2012
Activity level (%)	58.1	57.4	57.8
Unemployed (thousand)	291.1	226.1	195.2
Work force (thousand)	1 634.8	1 482.5	1 473.7
Unemployment rate (%)	17.8	15.3	13.2
Employed (thousand)	1 343.7	1 256.5	1 278.5
Employment rate (%)	47.8	48.7	50.1

Given the data of Lithuania Department of Statistics, it might be noted that in year 2012 Lithuania had 2550.2 thousand people aged 15 years and over, out of which 1278.5 thousand were employed. 261.9 thousand of them had primary education, 5.2 thousand had vocational primary education, 321.5 thousand had general lower secondary education, and 60.0 thousand had vocational general lower secondary education. Large part of the population, 553.8 thousand, had general lower secondary education, special upper secondary education had 292.5 thousand people, 243.5 thousand had vocational upper secondary education, and 72.4 thousand had post-secondary tertiary education. The biggest part of all population, 585.8 thousand, had higher education. The dynamic of employed and unemployed Lithuania population aged 15 and over by the education level is presented in the table 6.

Table 6. 15 years and over, employed and unemployed part of the population by the education and year (thousand)¹²

	2005	2006	2007	2008	2009	2010	2011	2012
Male and female								
Total by the education								
Unemployed	132,9	89,3	69,0	94,3	225,1	291,1	226,1	195,2
15 years and over	2 840,2	2 842,9	2 846,8	2 849,4	2 844,9	2 814,0	2 581,7	2 550,2
Employed	1 473,9	1 499,0	1 534,2	1 520,0	1 415,9	1 343,7	1 256,5	1 278,5
Primary education								
Unemployed	2,2	1,3	0,7	1,3	1,8	2,4	2,1	1,4
15 years and over	401,4	389,7	366,6	347,1	329,7	308,4	276,0	261,9

Employed	12,8	12,6	12,8	6,1	5,4	3,3	2,4	2,6
Vocational primary education								
Unemployed	1,8	0,2	0,3	0,7	1,4	1,3	0,8	0,5
15 years and over	15,5	16,7	12,5	15,2	11,8	8,6	6,2	5,2
Employed	5,1	7,2	5,7	4,1	4,0	1,9	0,9	0,6
General lower secondary								
Unemployed	17,8	12,1	8,7	12,2	29,7	34,9	27,6	23,4
15 years and over	432,7	413,3	414,9	397,6	394,7	374,9	338,5	321,5
Employed	110,5	102,6	106,5	85,5	69,9	54,8	47,7	49,1
Vocational general lower secondary								
Unemployed	6,3	4,7	3,9	5,1	9,9	15,8	11,6	7,2
15 years and over	77,5	90,4	81,9	73,5	73,3	80,4	69,5	60,0
Employed	50,8	60,6	54,2	43,7	37,0	34,6	33,2	28,9
General upper secondary								
Unemployed	33,2	24,0	19,7	24,5	64,0	79,1	67,0	57,6
15 years and over	602,4	609,6	599,0	568,6	576,4	592,2	556,7	553,8
Employed	309,6	316,2	306,1	293,4	262,0	245,0	236,7	250,6
Special upper secondary								
Unemployed	19,7	12,4	9,2	11,3	21,2	29,9	20,5	19,1
15 years and over	394,9	394,8	366,4	351,8	338,8	317,7	293,9	292,5
Employed	266,9	264,4	246,3	230,9	209,1	184,4	166,9	164,2
Vocational after upper secondary								
Unemployed	13,1	8,5	5,0	8,5	23,6	31,2	20,9	16,0
15 years and over	154,3	153,0	160,1	171,6	181,8	177,5	156,5	153,6
Employed	114,0	113,3	124,2	128,8	123,0	111,4	105,9	106,6
Vocational upper secondary								
Unemployed	20,0	14,0	10,8	14,5	40,7	51,5	42,3	39,7
15 years and over	200,1	204,0	225,1	268,3	280,3	270,5	237,9	243,5
Employed	154,8	157,8	175,2	200,1	187,5	172,7	154,0	159,2
Post-secondary tertiary								
Unemployed	6,4	2,6	2,7	3,0	8,5	9,3	5,7	3,7
15 years and over	119,6	110,4	117,0	116,7	110,2	88,4	76,1	72,4
Employed	100,4	94,1	96,9	92,4	83,1	64,4	57,1	53,7
Higher								
Unemployed	12,4	9,6	7,9	13,3	24,4	35,5	27,5	26,4
15 years and over	441,8	461,1	503,1	538,9	547,9	595,6	570,2	585,8
Employed	349,0	370,2	406,4	435,1	434,9	471,2	451,6	463,0

In addition, the Country has twelve years of comprehensive education and three cycles of higher education. Assessment is graded from 1 to 10 and applied for 5-12 grades in secondary schools and in higher education establishments. According to a percentage of 15 years and over population education, higher education growth is noticed, while general lower secondary is decreasing. Analysing the same population, half of them are employed and the minimum difference between working and non-working people is in higher education group.

4. HEALTH CARE IN LITHUANIA

Lithuanian health system is a mixed system, predominantly funded from the Compulsory Health Insurance Fund through a compulsory health insurance scheme, supplemented by substantial state contributions to about half of its budget for the economically inactive population amounting. Total health expenditure as a percentage of GDP increased from 5.4 percent in 1995 to 6.6 percent in 2011.¹³

Basic medical services are paid from compulsory health insurance, such as primary health care, specialized outpatient services, emergency services, day health care and surgery services, inpatient care and others. Compulsory health insurance is managed by a public institution – National Sickness Fund, which is a subordinate of Ministry of Health (MoH). However, most of dental and spa services are not covered by the public scheme and almost no co-payments are applied to general health services. 60 municipalities of Lithuania, varying in size from less than 5000 people to over 500 000 are responsible for organizing the provision of primary and social care, as well as public health activities at the local level.

Lithuania is one of the previous Semashko system countries which until the 1990th had centralised, highly regulated and hospital oriented health care system. Since restitution of independence, just as most of East European countries, Lithuania has started a reform aiming to introduce stronger, based on family medicine/general practice (FM/GP) primary health care. The development of the GP gatekeeping function has been an important goal of the primary health care reforms and since 1997 family doctors formally has served as gatekeepers. There is an option to access a specialist doctor directly for a fee and this may have an impact on equity of access to specialist care (HIT). The municipalities administer the entire network of primary health care institutions through one of two models. In the centralized model, one primary health care centre manages a pyramid of smaller institutions. In the decentralized model, GP practices or primary care teams are legal entities holding contracts with the NHIF. In 2010 there were 40.7 physicians and 5.7 general practitioners per 10 000 inhabitants, 6.5 visits to physicians in general and 2.8 visits to primary health care physicians per one inhabitant per year. The number of family physicians has notably increased in the recent ten years: from 2.77 in 2001 to 5.7 in 2010 per 10 000 inhabitants.

At the end of 2009 primary health care was provided by 1951 family doctors (68% out of all primary health care physicians), 479 district internists (17%) and 447 district paediatricians (15% out of all PHC physicians). To guarantee wider range of medical services, district internists and paediatricians are working in teams with 342 gynaecologists and 218 surgeons.

Implementation of the health care system with private independent contractors was started in 1999, when an EU funded project for the support of the PHC reform process enabled family doctors to establish private practices. After the reform, the number of PHC institutions has changed markedly: the amount of PHC centres increased by 2.4 times and the private sector increased by 34 times. Recently half of primary health care institutions are private and they have listed 27 percent of the total population in the country. Various organisational forms of PHC institutions are present in Lithuania: (1) Primary health care centres; (2) Family doctor (general practitioner) offices; (3) Ambulatories; (4) Medical stations (aid posts); (4) Policlinics (PHC and specialists' care).

The predominant payment model in Lithuania is capitation fee (seven age groups) which account for about 80 to 85% of all payment models. The remaining part of payment models is composed of incentive payments (fee for service) and bonus payments for good results. The family physician also has a gatekeeper's role which was introduced in 1997 and the accessibility to specialists has been limited. While family doctors formally serve as gatekeepers, there is an option to access a specialist doctor directly for a fee. This, in turn, may have an impact on equity of access to specialist care. Simultaneously the workload of family physicians increased and has now become one of the most debated issues. Also there are unequal quality and comprehensiveness of services, comparing different PHC providers.

At the local level, municipal public health bureaus are responsible for a number of public health functions, including health promotion and disease prevention, population health monitoring, and planning and implementing local public health programmes⁹. Currently, there are 33 public health bureaus serving 57 municipalities out of 60.¹⁴

4.1. Gaps in quality and comprehensiveness of primary care services and challenges for proper responds to the appearance matters and other psychosocial needs of patients and community

Gaps in the quality of primary health care services, particularly regarding comprehensiveness of the services provided, amount of preventive activities in the community and quality of preventive check-ups is a common problem in all Baltic Countries and to some extent also in all Baltic Sea

Region Countries. EU BSR project Imprim (Improvement of primary health care through more equitable distribution of PHC) implemented in year 2009-2012 party have addressed existing gaps in PHC quality.

Patients currently are more informed due to increased accessibility of information regarding health and health care. Thus, when visiting doctors, patients usually may have strong ideas on what is wrong and have different expectations from the doctor. In patient's agenda often there are strong social and psychological dimension of the problem, while attitudes and skills of doctors' in evaluation and solving of patients problems is limited to the biomedical approach¹⁵. As one of debating issues emphasised in the EU BSR project Imprim „Strategy for Continuous Professional Development of Primary Health Care professionals in order to better respond to changing needs of the society“ is growing market of medical technologies and marketing strategies to expand use of pharmaceuticals and new medical technologies. Alternative approaches – emphasising the self-limiting or relatively benign natural history of a problem, or the importance of person coping strategies are ignored.

Therefore it is very important for family doctors to develop patient-centred communication skills. Social aspects (i.e. unemployment, family situation, loneliness) and psychological problems (i.e. dissatisfaction with appearance, existential problems) to high extend could influence medical problem. Therefore doctor also should be an expert in application holistic (bio, psyho, social, existential) model in evaluation of patients problem.

More comprehensive evaluation of patients' problem is actual for better consideration of possible appearance problems, which have evident connection with risky health behaviour¹⁶ and are important risk factor for the development of disordered eating and diagnosable eating disorders.¹⁷

Dissatisfaction with body image also increasingly lead to seeking appearance altering interventions and all around the world, young people and adults progressively see cosmetic surgery as the intervention of choice to address poor self-esteem and poor body image.¹⁸ In Lithuania register of plastic surgeries still are not available, because most of them are performed in private sector. Unofficial data from private sector indicate that during last ten years number of plastic surgeries increased three-times and number of esthetical procedures up to five times. Dissatisfaction of the body image could the main course of this growing demand on appearance altering interventions.

How ewer there are very limited investigations in Lithuania on appearance matters. More than ten year ago there have been made a research study on school age children attitudes towards their

appearance¹⁵. Research results revealed that attitudes towards his/her appearance is one of the leading personal identity factors which influence psychosocial development and is particular actual for adolescents.¹⁹ Research study done in 1999 – 2000 performed in Lithuanian cities revealed that among factors influencing appearance matters among adolescents mass media is most important: 60%-80% of adolescent girls reported that TV or press influenced their opinion about their appearance problems. Higher differences between real and desired weight influenza more negative control of the weight and more anxiety.²⁰

Results of above mentioned studies indicate that dissatisfaction with body image could be actual problem in Lithuania. Evidently it is not properly addressed through health care sector. Low recognition of this problem could be due to inherited traditions from Soviet time to neglect psychological aspects of medical problems. In Lithuania is evident under-diagnosis of psychological and mental disorders. As an example statistics collected from health care institutions indicate relatively low prevalence of depression and anxiety disorders. Nevertheless Lithuania is leading country in EU for the suicide rate - in year 2010 was 30,1 suicides per 100 thous inhabitants in Lithuania and EU average was 10,2 thous.

5. TEACHERS' AND STUDENTS' ATTITUDES TOWARDS APPEARANCE

5.1. Introduction to the survey and methodology

The appearance project strategic working group of Klaipeda University have initiated discussions among teaching staff and students of Faculty of Health Sciences and Institute of Continuous studies of Klaipeda University on how appearance matters and dissatisfaction of the body image could be actual in Lithuania. There were prevailing opinions that *how much appearance matter* is not known in Lithuania, but this could be growing problem which influence health, learning abilities, employment carrier etc.

In order to find out how much appearance matters we did an investigation with staff and students of Institute of Continuous Studies and Faculty of Health Sciences Klaipeda University. Two questionnaires (one for teaching staff and one for students) developed by the project team have been translated into Lithuanian language.

The survey collected information regarding the following topics:

1. **General personal information** – In the first part of the questionnaire participants listed their age, origin, ethnic group, marital status, education, social situation and health relevant data (height, weight, diet and smoking habits). To improve readability we have split this part in the following areas: 1) respondent profile (age, origin, education and etc.), and 2) health relevant information.
2. **Appearance and employment** – response on how appearance aspects influence their perspectives for employment.
3. **Appearance and self-definition** – shows the importance of appearance in the self-awareness.
4. **Satisfaction with one-self** – the statements to be rated in this part of the query serve to evaluate how respondents are satisfied with their body and appearance.
5. **Appearance ideals** –to collect their opinions about how their body ideals are influenced from media and society.

5.2. Profile of the respondents

In this survey we collected data from 127 people in total. 17 respondents were members of teaching staff and 110 were students of Klaipeda's university. There was no information retrieved about the gender of the participants. The participants were between 19 and 62 years old. The average age of the staff was 49.3 and therefore approximately 19 years higher than the average age of the students (30.4 years) that took part in the survey.

Most of respondents were born in Lithuania as far as 94 percent of respondents asserted Lithuanian nationality, while the rest (4 percent) were Russians. 2 respondents did not provide ethnic group. 40.9 percent claimed to be married, 17.3 percent were single, 23.6 percent lived together with their partners and 15.7 percent were in a relationship but not lived with their partner.

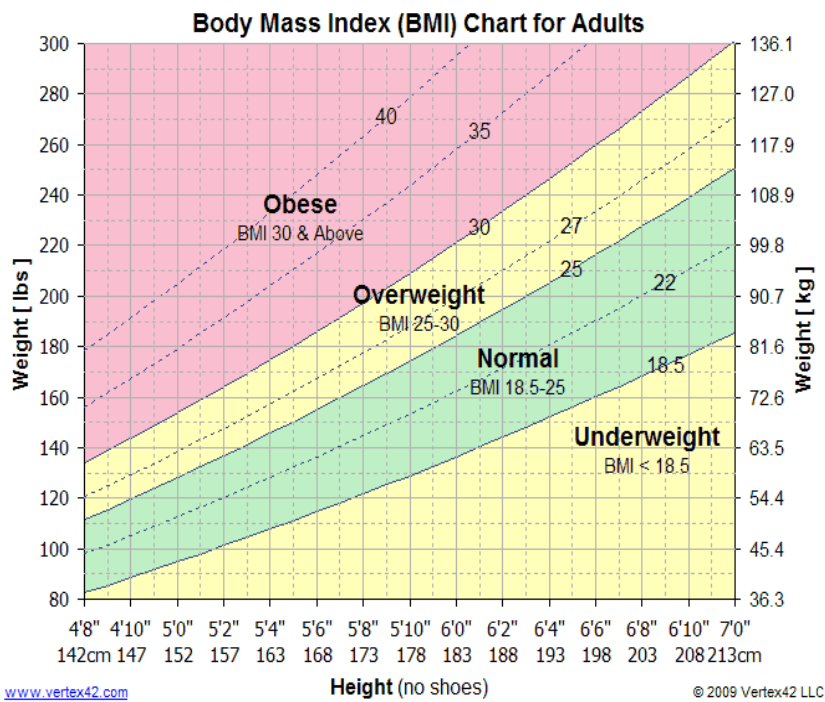
Half of the respondents stated to be employed (58.3%). While 22.8 percent are presently involved in some kind of training, only 11 percent state that they are unemployed. The remaining 6.3 percent of the people stated as employed student and 1.6 percent were apprentice or intern. Looking at the two participant groups (staff members and learners) we find that most of all staff members are "employed", only one state to be involved in some kind of trainings. Even 53 percent of young participants were employed the rest was either "unemployed" (13 percent), "training/school/education" (25 percent), "employed/student" (7 percent) or "intern/apprentice" (2 percent).

5.3. Results of the survey

Overweight and obese. BMI variations

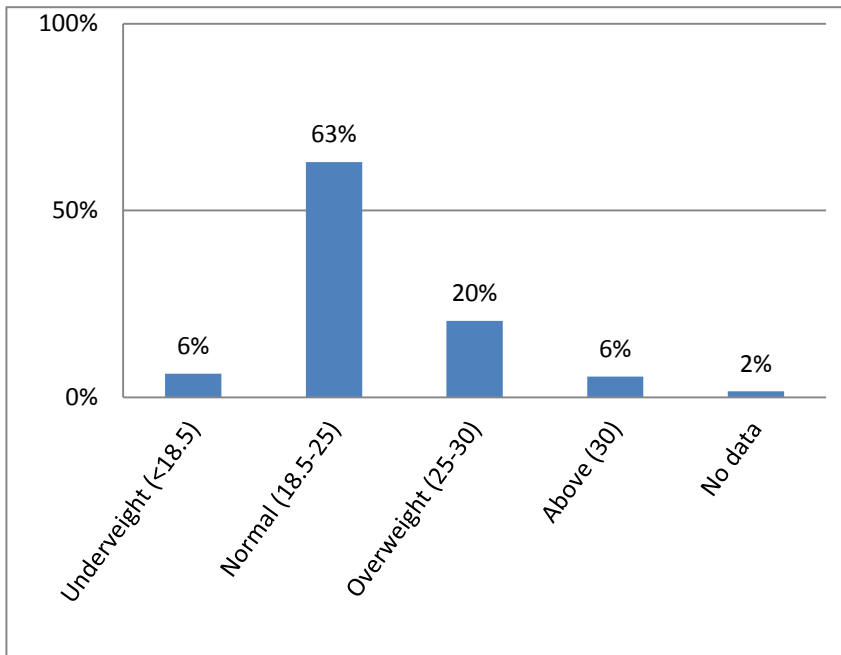
Participants of the study were asked to provide information about their height and weight as well as their maximum and minimum weight since the age of 16. Out of 127 persons two people did not enter their weight. Provided mass and height helped to calculate Body Mass Index (BMI) by using formula:

$$\text{BMI} = \frac{\text{mass}(\text{kg})}{(\text{height}(\text{m}))^2}$$



Graph 2. Body-Mass-Index chart; source: www.wikipedia.org

Graph 2 shows how we interpreted the results of the BMI figures. 63 percent of respondents had normal weight, 20 percent had overweight and/or underweight and 6 percent were obese (graph 3). The average BMI amongst staff is 23.4 and therefore higher than the average BMI of the students who reach 22.8 as their overall average. Almost half of people (59 percent) have undergone a diet or modified their eating habits at some point in their life. The age at which people started to follow a weight loss diet was from 13 to 55.

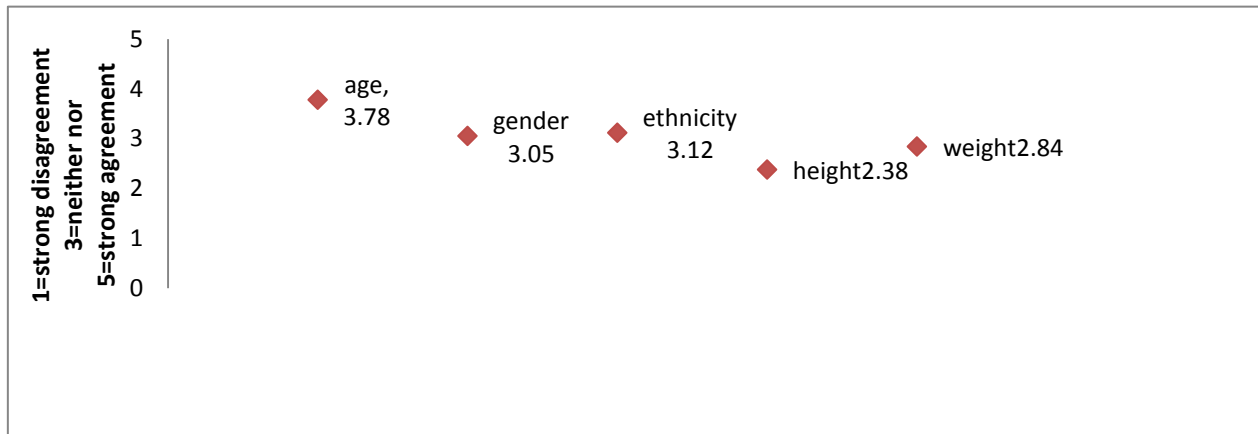


Graph 3. BMI of respondents of the survey (teachers and students of Klaipeda University (n=127))

29 percent of respondents were smokers. Among teaching staff only 18 percent were smokers. They started smoking at between age 12 and 32. More than a half of the smokers (57 percent) report to smoke or chew tobacco every day.

Appearance and employment

The participants of the study had to rate whether they agreed (by rating on a scale from 1=strong disagreement up to 5 =strong agreement) that any of the following five factors had an impact on getting employment: age, gender, ethnicity, height and weight (graph 4).



Graph 4. **Opinion of respondents (n=127) on how important are their age, gender, ethnicity, height and weight for getting job**

Age criterion is the most influencing criteria in employment perspectives. Height and weight were evaluated as by far the least relevant factors. The rating regarding the impact of gender and ethnicity indicates that it would matter according to the respondents.

It has to be pointed out that the results were generally rather similar, because ratings by the two groups of surveys (staff and students) were very alike.

Participants were able to add comments if they thought that any other factors related to their appearance would have an impact on the employment prospects. There was indicated *good dressing, posture, colour of hair, elegance of manners* and *moral ethics*.

Satisfaction with own appearance

Participants had to indicate how much they agree or disagree with different statements regarding their body image and appearance. The following data displays the overall average results. The survey demonstrated that the participants feel themselves rather attractive and like the way they look to themselves, though 44% slightly agree that they often aware of the way they look to other people (table 7)

Table 7. Importance of their own appearance by the respondents (n=127)

Column1	Strongly agree	Agree	Slightly agree	Slightly disagree	Disagree	Strongly disagree
1. I am satisfied with my physical appearance	18%	28%	44%	6%	2%	2%
2. I don't like the way I look	6%	6%	15%	18%	36%	5%
3. The way I look makes me feel good about myself	25%	36%	2%	3%	3%	1%
4. My body and face look pretty much the way appearance	12%	28%	46%	8%	3%	2%
5. I feel bad about my body and my appearance	0%	6%	15%	11%	45%	24%
6. For me my appearance is an important part of who I am	18%	35%	35%	6%	3%	3%
7. I am often aware of the way I look to other people	6%	24%	44%	10%	11%	3%
8. In most situations, I find myself aware of the way my face and body look	10%	37%	39%	8%	5%	2%
9. I often think about the impression that the appearance of my face and body make	8%	30%	28%	14%	14%	7%
10. I am usually conscious of my appearance	10%	48%	29%	5%	3%	2%
11. The way I look makes me unattractive	4%	8%	20%	15%	30%	23%
12. I like the way I look	24%	33%	33%	7%	3%	1%
13. My appearance makes me feel attractive	14%	35%	36%	10%	4%	1%

As in the question before the participants had to rank certain 47 statements, however this time the ranking should indicate how often they agreed with certain statements on a scale from 0 (= never) to 4 (=always). The obtained data shows that most often respondents chose answer *sometimes* (graph 5). Nevertheless 46 percent of respondents indicated that often (25 percent) or always (21 percent) they wish to look better. 28 percent of respondents consider that appearance would help them to get the job (table 8).

Table 8. Perception of their own appearance by respondents (n=127)

Column1	Never	Seldom	Some-times	Often	Always
1. I like what I look like in pictures	2%	17%	48%	32%	2%
2. Other people consider me good looking	0%	2%	38%	54%	6%
3. I'm proud of my body	5%	10%	50%	27%	8%
4. I am preoccupied with trying to change my body weight	16%	24%	37%	16%	7%
5. I think my appearance would help me get a job	14%	15%	44%	19%	9%
6. I like what I see when I look in the mirror	2%	7%	54%	31%	6%
7. There are lots of things I'd change about my looks if I could	10%	21%	48%	13%	7%
8. I am satisfied with my weight	5%	11%	32%	34%	18%
9. I wish I looked better	1%	12%	40%	25%	21%
10. I really like what I weight	3%	20%	35%	29%	13%
11. I wish I looked like someone else	36%	23%	25%	12%	3%
12. People my own age like my looks	1%	5%	38%	50%	6%
13. My looks upset me	37%	33%	24%	4%	2%
14. I'm as nice looking as most people	2%	8%	33%	41%	16%
15. I'm pretty happy about the way I look	0%	4%	29%	50%	17%
16. I feel weight the right amount for my height	10%	11%	24%	33%	23%
17. I feel ashamed of how I look	57%	24%	13%	5%	1%
18. Weighing myself depress me	28%	30%	25%	11%	6%
19. My weight makes me happy	39%	28%	19%	8%	6%
20. My looks help me to get dates	10%	13%	45%	22%	10%
21. I worry about the way I look	28%	34%	27%	7%	3%
22. I think I have a good body	6%	15%	33%	33%	13%
23. I'm looking as nice as I'd like to	3%	9%	37%	38%	14%

Finally the participants of this survey were asked to rate how much they agreed or disagreed with statements regarding appearance ideals. The opinions of the students were much more ambivalent than the ratings by the staff members (table 9).

Table 9. Appearance ideals

Column1	Definitely Disagree	Mostly Disagree	Neither Agree Nor Disagree	Mostly Agree	Definitely Agree
1. I don't care if my body looks like the body of people who are on TV	10%	15%	37%	15%	23%
2. I compare my body to the bodies of people who are on TV	44%	25%	19%	11%	2%
3. I would like my body to look like the models who appear in magazines	42%	17%	23%	14%	4%
4. I compare my appearance to the appearance of TV and movie stars	44%	21%	15%	18%	2%
5. I would like my body to look like the people who are in movies	39%	24%	20%	13%	4%
6. I don't compare my body to the bodies of people who appear in magazines	16%	23%	18%	11%	32%
7. I wish I looked like the models in music videos	40%	22%	19%	13%	5%
8. I compare my appearance to the appearance of people in magazines	44%	21%	15%	17%	4%
9. I don't try to look like the people on TV	13%	18%	17%	18%	32%
10. I don't wish to look as athletic as the people in magazines	20%	24%	27%	13%	17%
11. I compare my body to that of people in "good shape"	18%	19%	26%	25%	10%
12. I wish I looked as athletic as sports stars	5%	16%	34%	22%	7%
13. I compare my body to that of people who are athletic	32%	18%	28%	18%	4%
14. I try to look like sports athletes	39%	25%	24%	6%	6%

In addition, staff and student's survey showed that age and ethnicity is very important factors for employment. Most of surveys has normal BMI (body mass index) and the majority of the questions showing that they neither satisfied nor unsatisfied with themselves.

6. SUMMARY CONCLUSIONS

Even being the biggest country of three Baltic countries, Lithuania during the last decade experience a highest decrease of population size, mostly for age group under 15. Lithuania is an

upper middle income country and according to 2011 data had Gross Domestic Product (GDP) of 30.870 mill.EUR, or 10.167 EUR per capita. Lithuania has twelve years of comprehensive education and three cycles of higher education: bachelor, master and the doctorate studies. Higher education growth is noticed and higher education ensures bigger chance to get a job. Lithuanian health system is a mixed system, predominantly funded from the National Health Insurance Fund through a compulsory health insurance scheme, supplemented by substantial state contributions. Basic medical services are paid from compulsory health insurance, such as primary health care, specialized outpatient services, emergency services, day health care and surgery services, inpatient care and other. However, most of dental and spa services are not covered by the public scheme and almost no co-payments are applied to general health services. There are expressed gaps in the quality of primary health care services, particularly regarding comprehensiveness of the services provided, amount of preventive activities in the community and quality of preventive check-ups. Also due to inherited tradition from Soviet biomedical health care model there is low recognition of psychosocial dimensions of health problems and Results of above mentioned studies indicate that dissatisfaction with body image could be actual problem in Lithuania. Evidently it is not properly addressed through health care sector. Low recognition of this problem could be due to inherited traditions from Semaschko system to neglect psychological aspects of medical problems and under-diagnosis of psychological and mental disorders. As an example, statistics collected from health care institutions indicate relatively low prevalence of depression and anxiety disorders, but Lithuania is leading country in EU for the suicide rate. There are very limited studies on appearance matters in Lithuania. Nevertheless it is proved that attitudes towards his/her appearance are one of the leading personal identity factors which influence psychosocial development of adolescents. Study results also revealed that mass media mostly influence the opinion of adolescent girls about their body image. Results of recent survey of teaching staff and students of Klaipeda University indicated that 46 percent of respondents often or always wish to look better. There were prevailing opinions of main stakeholders met by project strategy working group that *how much appearance matter* is not known in Lithuania, but this could be growing problem which could influence health, learning abilities and employment carrier. Unofficial data from private sector indicate that during last ten years number of plastic surgeries increased about three-times and number of esthetical procedures up to about five times.

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