

## Policy in Relation with Health of Citizens

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### Abstract

Policy is a key factor of development and demolition of a particular country, especially Kosovo as a new country in the region. Studies showed that there is a link between economic policy, inequality and health of the population. One of the biggest surprises in the literature and studies in Europe and America is that there are few studies on policy variables and their impact on health and income. Health is the main factor, affecting the social and the welfare, also lack of health come as a result of political factors (Vincent Navarro, 2008). Rudolf Virchow stated that "Medicine is a social science while politic is nothing except the high-level medicine". The biggest development in the political field, were done by avoiding affects, welfare and directly affects health of citizens (Navarro V., 2000). Recently there were too many changes in governments confusing population so we wanted to study the current policy and to clarify if policy is a factor that affects health. Participants in this research were 86 citizens (64% males) in five cities of Kosovo chosen systematically sample. We used four questionnaires: Self-created questionnaires to measure the current state of the political based on two other questionnaires, we used Ault Hope Scale (AHS) (Snyder C. R., et. Al., 1991) to measure hope, Centre for Epidemiological Studies Depression Scale (CES-DS) (Radloff,, 1977) to measure situation of current depression in general population and The Satisfaction with Life Scale (SwLS) (Diener et al., 1985) to measure satisfaction. (Data were analyzed using the statistical Package for social science (SPSS, 22). Results show that citizens are disappointed by the current political situation in Kosovo (72.5 %). Also 73.2% of the respondents accepted that they are too agitated to recent political events, which consequently follows that 47.2% of them have been depressed. These studies show that political situation is an indicator factor in health and wellbeing of citizens directly, or indirectly by increasing the scale of depression and anxiety. Policy is the main discussion topic in society and also in family so there is plenty of space to study the current policy and the effects on social wellbeing.

**Keywords:** Policy of Kosovo, Political emotional state, Political influence, Wellbeing

### Introduction

A policy is a deliberate system of principles to guide decisions and achieve rational outcomes. A policy is a statement of intent, and is implemented as a procedure or protocol. Policies are generally adopted by the board of directors or senior governance body within an organization, where procedures or protocols are developed and adopted by senior executive officers. Policies can assist in both subjective and objective decision making (University of Sidney 2016).

Health Policy is intended to be a vehicle for the exploration and discussion of health policy and health system issues and is aimed in particular at enhancing communication between health policy and system researchers, legislators, decision-makers and professionals concerned with developing, implementing, and analyzing health policy, health systems and health care reforms (University of Sidney 2016). Health is the main factor, affecting the social and the welfare, also lack of health come as a result of political factors (Vincent Navarro, 2008).

Wellbeing refer to being well in general rather than within any specific area of life. In keeping with this relatively common usage we define consummate wellbeing as on overall evaluation of an individual's life in all its aspects (Ed Diener et. al., 2009). Summer (1996) introduced an important distinction between objective and subjective definition of wellbeing.

Subjective wellbeing require a reference to the individual's own interests needs, preferences or desires. Objective wellbeing is focused in different component for ex. physical health, social health etc.

Summer (1996) also said that there is a connection between subjective wellbeing, policy, economy and others social realities. This means that subjective health is directly connected to the income (economy) and economy is directly connected to policy, so policy is a big indicator in general wellbeing, happiness and real life problems.

Health is the main factor, affecting the social and the welfare, also lack of health come as a result of political factors (Vincent Navarro, 2008). Rudolf Virchow stated that "Medicine is a social science while policy is nothing except the high-level medicine". The biggest development in the political field, were done by avoiding affects, welfare and directly affects health of citizens (Navarro V., 2000).

Richard Layard (2006) studied happiness and the causes of the happiness. When you ask people what makes you happy objectively, probably they will answer "money". So Richard study the happiness and the income. He came with some results that money and income status makes people happier. According to other studies this means that if the economic status of a country is greater probably people will be happier and have more income. Redistributive policies are accompanied by a continuous discussion on the question of how much income inequality is justified (Pen and Tinbergen, 1977; Sen, 1997).

As material wealth keeps cumulating, the necessity for additional growth becomes less obvious and this reflects in 'diminished happiness returns' (Easterlin, 1974).

Also Easterlin found no relationship between income inequality and average happiness. He did find a curvilinear relationship between the wealth of nations and average happiness and concluded that we can apparently live with relative income differences, but not with poverty in an absolute sense. Likewise, Fahey and Smith (2004) found no correlation in 33 European nations in 1999, while Bjørnskov et al. (2007) did not find any correlation for 60 nations in the years 1999-2004.

Berg, M.C et al (2010) studied 119 places compering wealth and happiness. His results showed that policy is an indicator of a wealthy life and indirectly affects happiness of a population. There are not significant differences between countries, this means that people are used to live with the income they already have, even though the economy of a country is different from other countries.

The objective of this study is to identify the causes that everyday policy creates. As we know policy is a key factor of development and demolition of a particular country, especially Kosovo as a new state in the region. So we tried to compare general depression of population with happiness and current policy state.

### **Hypothesis**

H1: Policy is an indicator of depression

H2: Current policy impact satisfaction

H3: Policy also impacts hope

### **Methodology**

#### **Sample**

Participants in this research were 86 citizens (64% males) systematically chosen, every third house in each cities in five cities of Kosovo. Average of citizens (40.7%) did finish high school and they reported their health state as good.

#### **Instruments**

We used four questionnaires: Self-created questionnaires to measure the current state of the political based on two other questionnaires, we used Ault Hope Scale (AHS) (Snyder C. R., et. Al., 1991) to measure hope, Centre for Epidemiological Studies Depression Scale (CES-DS) (Radloff., 1977) to measure situation of current depression in general population and The Satisfaction with Life Scale (SwLS) (Diener et al., 1985) to measure satisfaction.

#### **Procedure**

In the beginning the project was organized in that way to identify the objectives and phases in which this project will go through. Then we started collecting data in the field. We asked for permission from every person we chose to complete the questionnaires then to continue with the other procedures. Questioners were self-administrated and the time it took to complete all the questions was 15-20 minutes. We checked each questions to make sure that participant did not forget any of the questions, because every non-complete question would doubt the reliable of the study. This procedure was used in 5 cities of Kosovo with a systematic sample. All the data was analyzed and concluded in relevant results.

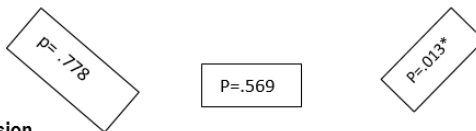
## Results

Results will present the main findings of the study by using the adequate concluding analyses to give an answer to the research hypothesis, and to give an explanation to the aim of the research.

Triangle results 1. Corelation of Satisfaction-Hope-Depression

### Satisfaction Hope

N	Minimum	Maximum	Mean	Std. Deviation
86	8.00	31.00	19.1047	5.25587
N	Minimum	Maximum	Mean	Std. Deviation
86	18.00	52.00	30.7326	7.49812



### Depression

N	Minimum	Maximum	Mean	Std. Deviation
86	19.00	46.00	30.3023	4.99428

Results presented in “triangle”1. shows the correlation all descriptive results about depression, hope and satisfaction. Also this “triangle” shows different correlation between those 3 measures. Depression correlates with Hope (p=.013), while there isn't any correlations between Depression – Satisfaction and Satisfaction – Hope.

### Fast facts and results about policy

14.0% are disappointed with the way actual government lead.

39.5% think that there is hope and the life in Kosovo will be better.

81.5% are frustrated about current political state in Kosovo.

73.2% are concerned about the recent political events.

58.1% think that political state is not getting any better.

57% think that compering the political state before 2008 right now we stand much better.

61.6% of people don't think that they have strength and power to change anything in the current political state.

54.6% are convinced that the future will be better that the present in Kosovo.

59.3% consider that corruption is one of the biggest lack in the current policy

44.2% are worried every day for the current political state.

	Debate about policy in family	Debate about policy in work place with colleague	Debate about policy during free time with friends
Pearson Correlation	1	.537**	.669**
Sig. (2-tailed)		.000	.000
N		86	86
Pearson Correlation		1	.737**
Sig. (2-tailed)			.000
N			86
Pearson Correlation			1
Sig. (2-tailed)			
N			

Table 1. Correlation of debate about policy in social life

Table 1. shows that there is a correlation between debate in family and debate in work place ( $p=.000^{**}$ ) and there is correlation between debate in family and debate with friends ( $p=.000^{**}$ ). Also there is correlation between debate in work place and debate with friends ( $p=.000^{**}$ ).

### Discussion

Based on this research we have come to some results that support the lecture about the indirect impact of policy and that political debated exist in our everyday life. During our analyses we did not find any direct impact of policy in social health also in mental health directly. But those findings prove that policy is an indirect problem for well-being. According to this our first hypothesis were accepted. In the results part you can find different questions that we created always basing on previous measure about depression, hope and satisfaction, according to the question based on depression we conclude that policy is an indirect indicator in depression.

The second hypothesis is also accepted. Same as the first one: According to the questions of policy based on satisfaction we conclude that also policy is not a direct indicator but impact satisfaction in another ways.

The third hypothesis is accepted too. Based on results of the questions about hope that we created we conclude that peoples hope for the future are much better but the results of hope about policy shows that people aren't hopeless yet. As we say, hope dies last.

The results also shows some different results about the direct impacts. There is a correlation about depression and hope ( $p=.013^*$ ) but not between hope-satisfaction neither depression- satisfaction. This means that depression has a direct impact on hope but is not the first factor about satisfaction. Previous studies showed that satisfaction depends in general health, income, economy, work, family; and all these factors are indicated by policy, so policy is a second indicator in satisfaction.

Results also showed the correlation of debate in different places with different people. There is a correlation ( $p=.000$ ) between three kind of debates; in family, in workplace and during free time.

### Conclusions and recommendations

Based on the results we conclude that policy is an indicator in many ways, but not directly in health and well-being. Also we conclude that policy is part of our everyday life also during free time. We debate about policy even though results showed that we aren't satisfied about the current political state.

We recommend further research about policy as first factor indicator. So different studies about policy and social life, economy, income then comparing the results with the findings we have got and complete the study we started.

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