
CHANGES IN QUALITY OF LIFE AMONG HEALTHY POPULATION DURING THE PERIOD OF LAST TEN YEARS IN FR YUGOSLAVIA

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Behavior is determined by the interplay among a person's environment, life experiences and biological endowment. Culture is the matrix within which these psychological, sociological and biological forces operate and become meaningful to humans. Culture's function is the preservation of a society by providing an over- all consistency to a society's patterns and components. Because no society is static, culture provides the potentials for adaptation to change. Since cultural components change at varying speed, that may outpace a society's capacity to deal with new ethical issues, cultural systems attempt to minimize stress between the forces of conformity and stability and those of new ideas and actions.

Changes in society include such changes as natural disasters, social disorganization, cultural destruction, colonization or occupation of a nation, innovation and modernization, and the development of technicways, and its influence on changing people's lives.

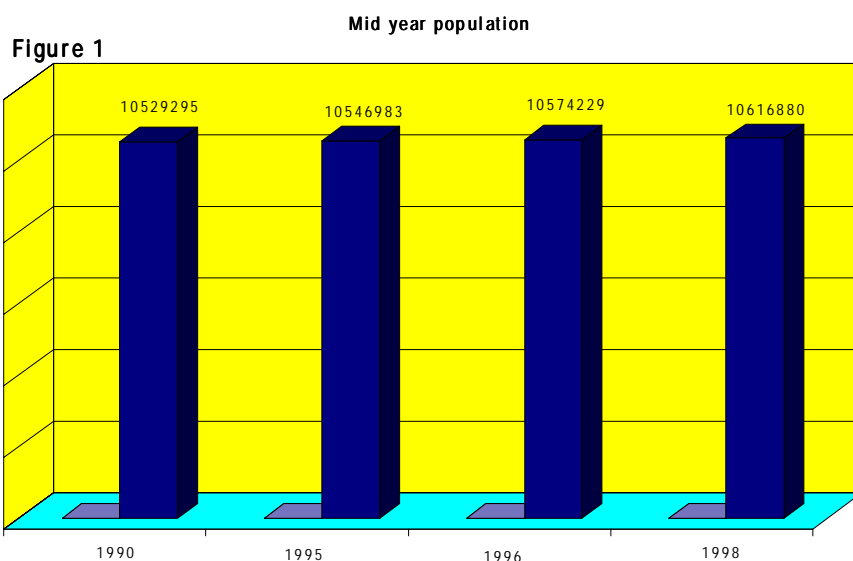
Last ten years have been a period of great changes and significant and serious social movement, in which people from FRY experienced the consequences of civil war, economic blockade, NATO bombing and society changes (changes in governmental authority) . All public attention was paid to the victims of the civil war and the refugees. There are very few investigations about the psychic health and the quality of life among healthy population, who lived under the circumstances of economic blockade, bombing and limited democracy, but who were not directly involved in civil war, nor were refugees. Those people (including the authors of this paper) lived and still do, under the state of prolonged stress which became their reality, and part of everyday life. In this context, stress is emotional and financial, psychological and physical in nature. People survive and live their lives. How do they live? What is the quality of their emotional life, of somatic and mental health? We tried to find some answer on this questions.

Present study is just a pilot research.

We followed and compared indicators of quality of life (income, education, divorces, culture activity and other) and psychic health during the period from 1990 (before the civil war) to 2000 year.

Data were taken from Statistical Yearbook of Yugoslavia, and some of them are the results of ten year following study and practice of psychiatrists, psychologists and social workers who are working at the Clinical Centre of Serbia, at Psychiatric clinic.

When we talk about the quality of life of people, on the first place, we should know how many people we are talking about. Mid year population in Yugoslavia in last ten years is shown on the figure 1.



Relatively stable mid year population with, true decreased, but still positive natural increase, probably is the result of the increased rate of immigration during this period.

Figure 2 shows the rate of migration in FRY during the period of six years (from 1994 to 1998). Beginning and the end of this period is characterized by the increased number of people who immigrate in Yugoslavia. This finding can be explained by the fact that in 1994 a lot of people came in FRY from former republics of Yugoslavia because of war which was on their territories, and in 1998 people came from Kosovo because of peace instability and ethnic conflicts in it. Trend of displacement from FRY shows pick in 1990 and 1991 when civil war on the territory of previous Yugoslavia begun, and when economic blockade started and in last two years of this period which is the result of lasting the economic blockade and the war clouds which were over the Yugoslavia in 1998.

Decreased value of natural increase is expected and understandable finding in the country under the circumstances of war surroundings and economic blockade. Not only natural increase decreased, but deaths increased so figure of population changes in period of time we are looking at has the form of funnel (fig. 3).

Important and significant factor of quality of life is providing the place, residence, people can live in. Curve of housing construction – dwellings completed over the period 1990 to 1998 shows dramatic fall (fig. 4).

Changes in the structure of employed shows increased number of employed in private sector (Table 1).

TABLE 1 Changes in number and structure of employed

	<i>EMPLOYED</i>			<i>UNEMPLOYED</i>
	total	private sector	social sector	
1991	2707000	66000	2641000	663474
1996	2367000	288000	2079000	819368
1999	2298833	410342	1794770	

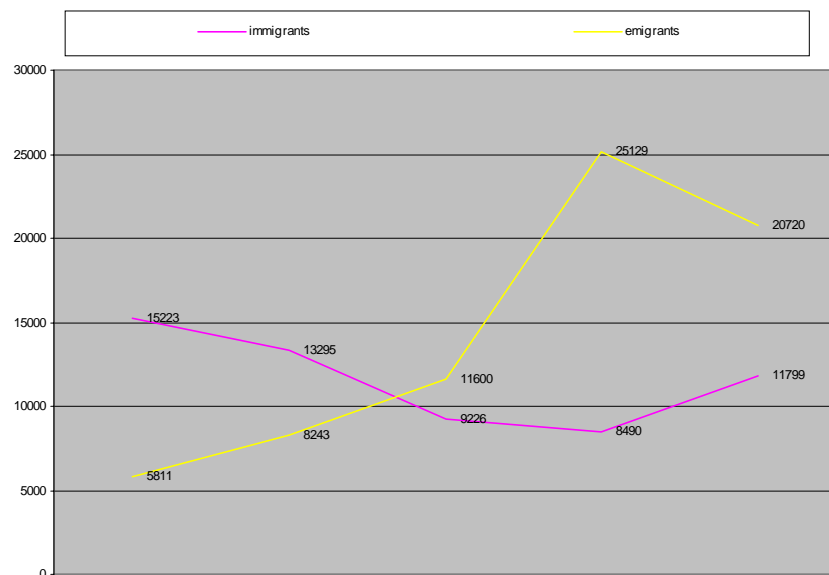


Figure 2: Migration per 1000 population I the period 1994.-1998.

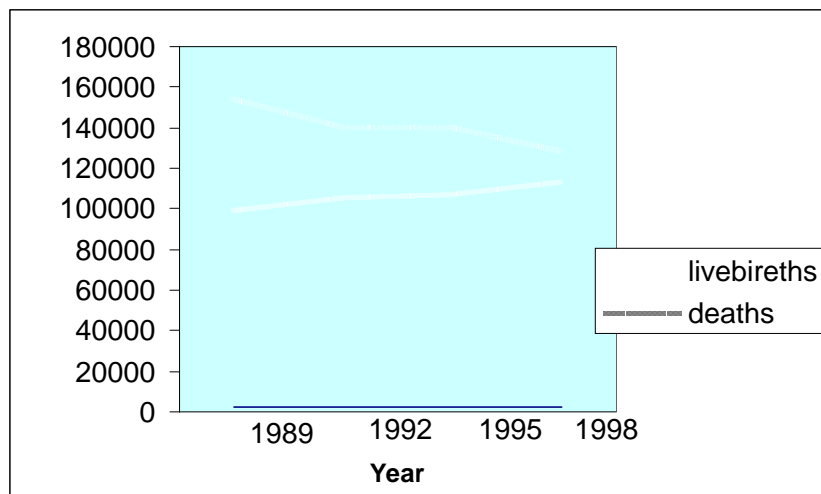


Figure 3 Population changes 1989-1998

Low wages and financial difficulties caused appearance of new category of employed-persons who perform additional jobs , parallel with their regular job (fig.5)

Interesting phenomenon, which occurred in last ten years (caused by financial difficulties in economy of FRY), make group of employed who are on unpaid leave and on forced leave (fig.6). Some of those people during the period of leave, in the situation of being in suspense whether they would loose their job definitely, begun to work in private sector.

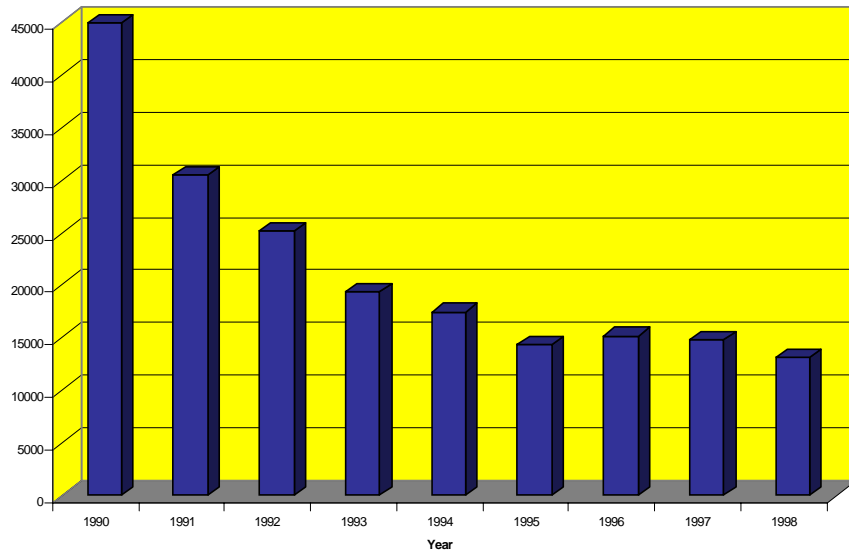


Fig.4 Housing construction – dwellings completed over the period 1990-1998

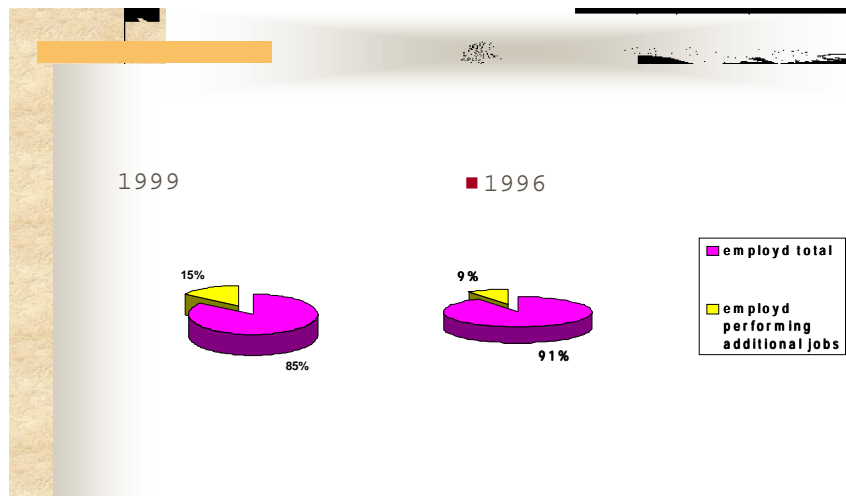


Fig 5. Persons performing additional jobs

Last year brings Yugoslavia changes (FRY became one of the countries in transition), which require restructuration of great economy systems; and the unwanted and unwilling but necessary consequence is dismissal of workers. There are not jet data of number of dismiss ions and statistical analysis of public reactions and consequences on public mental and somatic health, but still, media informed that three men committed suicide in last three weeks, after they have been dismissed.

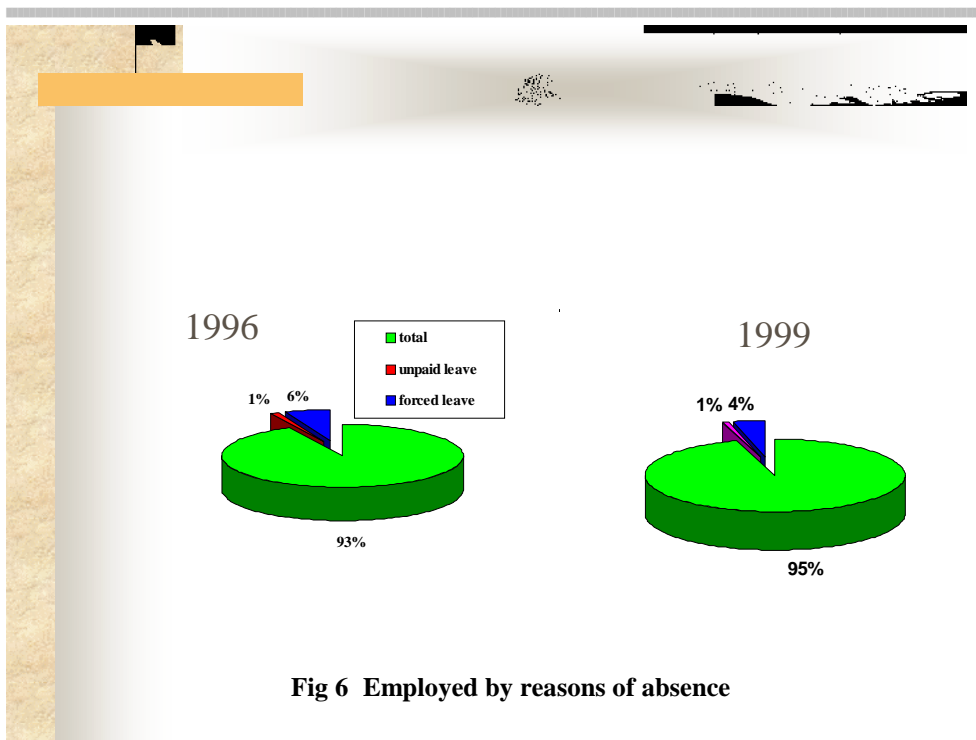


Fig 6 Employed by reasons of absence

Analysis of chain indices of nominal average net salaries and consumer prices shows the lowest value of real salaries in 1992 year, year just before the year of great inflation in FRY (1993, when it was not possible to determine real values of consumer prices and real salaries) (fig 7), which means that people spent more money than they earned. After 1993 year there is a trend of increase of real salaries till 1999.

Decrease of nominal average net earnings caused changing in structure of average annual spent resources, with magnified setting money aside for existential needs (food and health care) while clothing, education, culture and other resources have been taken aside through all period of ten years.

During the period of last ten years decreased number of young people who were enough brave to say “yes” in front of registrar and their best men (fig 8). Young men went, and still go steady with girls, they grow up, finish their schools, look for and sometimes get a job, but still, both boys and girls, hardly decide to get married and live together, separately from their parents. All that, because of the impossibility to be financial independent.

It has been registered decreased number of divorces in last past years (fig 8). That fact might probably be the consequence of financial impossibility of marriage couples to live separately (they continue to live one next to another, not with another, in the same flat, share costs of rent and other housing expenses, and go on with their own lives).

In last ten years increased number of suicide has been registried (fig 9), and many factors may contribute to that (psychological, socio- economic, politic). Modes and means of committed suicides differ; beginning of this period is characterized by poisoning as the most frequent way, and the end of the period by firearms as the usual mean of committing suicide. This observation can be explained by the fact that people in FRY lived under the

circumstances of war surroundings, and not small number of them got (legal or illegal) firearms.

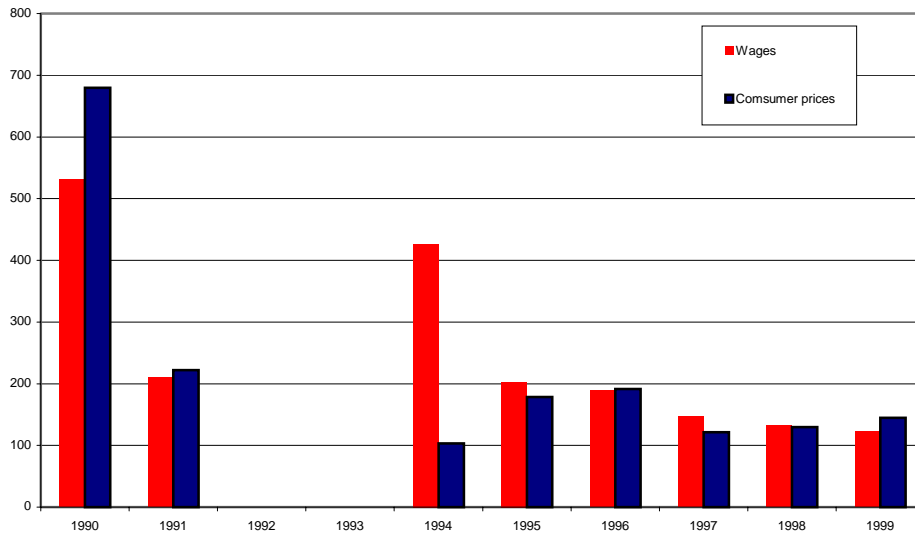


Fig 7 Indices of nominal net wages and consumer prices

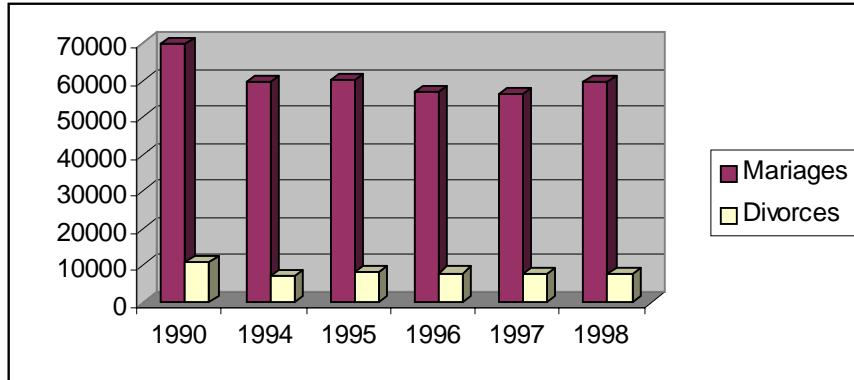


Fig 8 Mariages and divorces

Long lasting economic and social uncertainty and instability, poverty and permanent ,nine year, war threat, caused decreasing and exhausting of adaptive mechanism of people in FRY. NATO aggression and bombs, as severe stressors, felled on exhausted people and the consequences were that a lot of people had and still do, some psychiatric trouble, and some of them experienced symptoms of posttraumatic stress syndrome. Stress is defined as anything (real, symbolic or imagined) that threatens an individual's survival. A stressor disrupts an organism's equilibrium, and the stress response consists of the initiation of

psychological systems that seek to react to the stressor, bring about an adaptive response, and restore homeostasis. Much is known about the psychological response to acute stress, but considerably less is known about the response to chronic stress. Stress can cause various mental disorders, such as psychotic reaction (as the most serious and dramatic one), mood disorders, anxiety disorders and psychosomatic disorders.

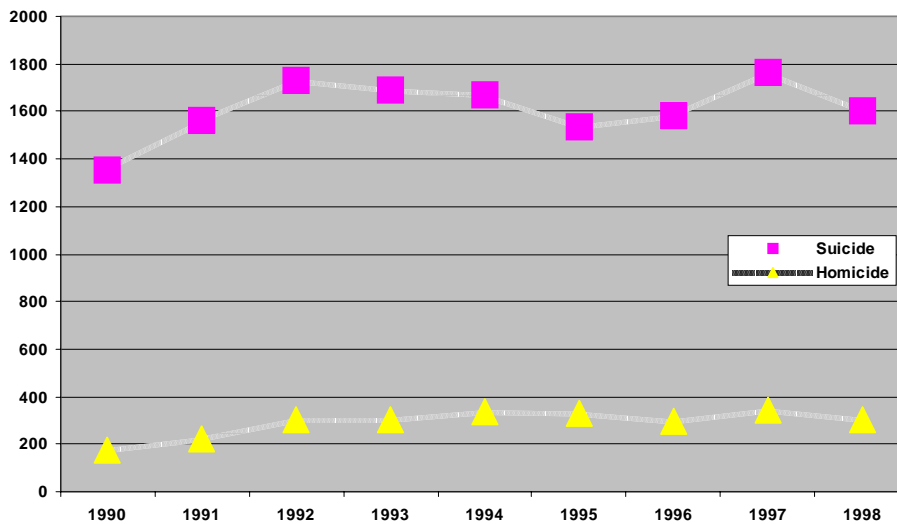


Fig 9 Deaths due to suicides and homicides

A group of disorders that are, by definition, stress related, is posttraumatic stress disorder (PTSD). Few years ago psychiatrists and their colleagues, psychologists and social workers, from Psychiatric clinic start to deal with new kind of mental disorder and in now days still work with patients diagnosed as PTSD. Posttraumatic stress disorder is defined as development of characteristic symptoms after experiencing of a psychologically traumatic event or events outside the range of human experience usually considered to be normal. PTSD is caused by a stressor so severe (as bombing of Yugoslavia was) that it is likely to produce psychological trauma in most normal individuals. The role of the stressor in posttraumatic stress disorder may be compared to the role of force in producing a broken leg. It is normal for a leg to break if enough force is applied, although a broken leg is a pathological condition. Individuals legs vary, however, in the amount of the force that is required for healing, and the degree of residual pathology that may remain. In most individuals experiencing posttraumatic stress disorder, the stressor is necessary but not sufficient cause, because even the most severe stressors do not produce PTSD in all individuals experiencing the stressor. The variety of psychological, physical, genetic and social factors may contribute to the pathogenesis of this disorder.

Many different kinds of stressors have been described as producing the PTSD. By definition, the stressor must be severe enough to be outside of the range of human experience usually considered to be normal; that is, it does not include such stressors as business losses, marital conflict or divorce, death of a loved one, or chronic illness. These stressors include natural disasters (as earthquakes), accidental man-made disasters (industrial accidents, fire), or deliberate man-made disasters (bombing etc).

The traumatic events that produce the posttraumatic syndrome may vary in both duration and severity. Some stressors, such as military combat are experienced in daily life by such large number of people that they may be considered by some to be within the limits of normal experience. Military combat usually leads to a series of relatively small stresses that occur over relatively long periods of time. Most persons can tolerate the stress of military combat for days or weeks, but many cannot tolerate such stress if it lasts for months or years. In this instance, many small stressors build up over time to produce stress that is relatively intense for some persons because of its chronicity.

Nearly all patients with PSD we met in our practice experience symptoms of excessive autonomic arousal at some time, such as hyperalertness, an exaggerated startle response, or difficulty in falling asleep. Other patients complain of middle or terminal sleep disturbance, often precipitated by their recurrent nightmares, during which the traumatic event is relived. Some patients complain of impaired memory, difficulty concentrating, or difficulty completing tasks. These cognitive symptoms are particularly prominent in patients who have experienced severe physical trauma in addition to psychological trauma. Patients who have experienced their life-threatening trauma in the company of other people, or members of family, often complain of survivor guilt. Some patients report phobic avoidance of activities or situations that may arouse recollections of the traumatic event. Symptoms of anxiety are also common and may include restlessness, nervousness and tremor. Some patients complain of increased irritability, which may be accompanied by sporadic and unpredictable explosions of aggressive behaviour, even on minimal or no provocation. Some patients begun to abuse alcohol or drugs. Posttraumatic stress disorder may lead to a variety of complications. By our experience, psychic numbing may diminish or destroy interpersonal relationships, such as marriage or family life. Phobic avoidance of situations or activities resembling or symbolising the original trauma may handicap the patient occupationally or recreationally. The emotional liability, depressive symptoms, and guilt feelings may result in self-defeating behaviour, suicide attempts or completed suicide.

Posttraumatic stress disorder may begin any time after the occurrence of an extreme or catastrophic stressor. In many persons, the disorder begins hours or days after experiencing the stressor, but in some persons, the reaction may be delayed by months, or even years. Psychiatrists and their team, have a great responsibility and obligation to recognize the symptoms of posttraumatic stress disorder and to help individuals with such problems.

The latest months of the last year of the twenty century gave the people from Yugoslavia the hope. First year of a new century brings us possibility and chance for better life. We have more than a strong faith that they will bring back smiles on the faces of people from this region.