

## THE PRIORITIES OF BUDGET PLANNING DURING CRISIS PERIOD IN UNIVERSITY STUDENTS IN TURKEY\*

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### Abstract:

This descriptive and cross-sectional research was performed to determine The Priorities of Budget Planning During Crisis Period in University Students in Turkey. 345 nursing students attending to Aydin Health College comprised the universe of research and 248 students who could be reached comprised the sample. When we look at the top three distributions of student expenses, it is seen that; accommodation costs are 52.36%, food-alimentation costs are 18.18% and education costs are 15.67%. Health priority of students is in the 6th place (8.67%). National economy especially affects the budget of undergraduates living away from their families and they go for budget cutback by reducing health expenses and this situation may influence their health status adversely.

**Key-words:** *Health promotion, economic crisis, nursing*

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### Introduction

As well as its positive effects, globalizations have also negative effects on countries. Economic crisis is one of these negative effects. Economic crisis refers to entrance of a country or economy into a regression period along with financial crisis. Economic crises are defined as “macroeconomic depressions emerging unexpectedly or in a period characterized with wrong or insufficient administrative choices” [9].

The fundamental socioeconomic effects of crises experienced in economy on communities are decreases in income, unemployment and as a result, negative changes in living conditions and increase in income inequality and poverty between social classes. Due to the crisis started from the end of 2008 and affected almost the entire world in 2009, most of the countries experienced the most serious fluctuation in their economies since the 1930s till now. These situations have become a threat for health and health of people is affected with their current conditions. Economic crises made it necessary to take urgent measures for individuals, groups and countries in poor socioeconomic condition.

Especially; social and economic conditions effect poverty, social exclusion, unemployment, adverse accommodation conditions, malnutrition, health and life quality very

strongly [3, 5, 6, 8, 15].

Stuckler et al. (2009) noted that every 1% increase in unemployment was associated with a 0.79% rise in suicides at ages younger than 65, although the effect size was non-significant at all ages, and with a 0.79% rise in homicides. A more than 3% increase in unemployment had a greater effect on suicides at ages younger than 65 years and deaths from alcohol abuse. They noted no consistent evidence across the EU that all-cause mortality rates increased when unemployment rose; although populations varied substantially in how sensitive mortality was to economic crises, depending partly on differences in social protection. Every US\$10 per person increased investment in active labour market programmes reduced the effect of unemployment on suicides by 0.038% [11].

The crisis is expected to lead to a sharp and sustained rise in unemployment, and observational studies indicate that unemployed people are at 2-3 times more risk of suicide. Although this high risk is partly because people with psychiatric illness are at greater risk of losing their jobs, even in people with no record of serious mental illness unemployment is still associated with about a 70% greater suicide risk. Also, prospective studies with repeat measures of employment and mental health

show that unemployment has a causal influence on depression and suicidal thinking [4].

A repercussion of economic crisis in Turkey naturally has become very versatile. However, there are no field surveys that examine effects of crisis on health due to the difficulty of monitoring. Also, there are no data reflecting real situation in Turkey as informality is common in economy. This situation makes it difficult to examine relations in the context of secondary data sources. In addition to this, in such studies it poses a serious limitation that demographic records and health records are not records that provide data continuously and are not systematic and reliable records [14].

In Turkey, the number of people falling below the poverty line increases every passing year. According to Turkish Statistical Institute, in 2008, 18.56% of Turkish population; and according to report of Ankara Chamber of Commerce 74% of Turkish population is trying to live their lives under poverty line [14].

Economic crises affect all individuals living in the community negatively in all areas of their lives. Health, nutrition, accommodation and education are the main ones of these areas. Recognizing and defining them are one of the important tasks of health workers. For this reason, this research was conducted to determine "The Priorities of Budget Planning During Crisis Period in University Students in Turkey".

### Materials and Methods

This research is a descriptive and cross-sectional study and was conducted in Aydin Health College, Adnan Menderes University to determine The Priorities of Budget Planning During Crisis Period in University Students in Turkey. 345 nursing students attending to Aydin Health College comprised the universe of research. It was aimed to reach all the students without a sample selection, but 248 students could be reached. In the research, a questionnaire developed by researchers was used. The students were informed about the participation would be voluntarily, they would be able to leave the study if they want and it was not necessary to write their names to the questionnaire, also it was guaranteed that their information will be stored securely and will be

used only for research purposes. After obtaining the approval of the participants, the questionnaires were conducted. The questionnaires were filled with face to face interview method. Filling each questionnaire took about 10 minutes.

### Statistical Analyses

In descriptive statistics; percentage, mean,  $\pm$  standard deviation were used. Statistical analyses were performed with SPSS 15.0.

### Findings

The mean age of the students participated in research was  $20.45 \pm 2.49$  years, 72.2% (179) were females, 23.8% (59) were males (10 did not specify). Of the students, 98.0% (243) were singles, 36.7% (91) had spent most of their lives in Aegean Region, 46.0% (114) had lived in town, 66.5% (165) had income equal to expenses and 89.5% (222) had a social security.

11.7% (29) of students constantly had a health problem (diagnosed or requiring constantly medication use) and 5.6% (14) experienced difficulty in obtaining medications.

When we look at the top three distributions of student expenses, it is seen that; residence-accommodation costs are 52.36%, food-alimentation costs are 18.18% and education costs are 15.67%. Health priority of students is in the 6th place (8.67%). 21.8% (54) of the students stated that the budget they allotted to health was insufficient, 96.8% (240) stated that they do not refer to hospital unless they have a health problem (health improvement and control) and 53.6% (133) complained about the increased health expenses during university education. Students indicated that legal regulations made for health field increased the rates of utilizing health system (69.3%). They stated also these regulations include mostly therapeutic services (36.7%). Students (21.0%, 52) mentioned that they could not buy medications even during acute health problems because of increased drug prices due to economical changes/fluctuations.

Even limited budget of students, it was asked to them if they joined to any activity about their health promotion or not, and all of them gave positive answer to this question. When we asked what they did, they answered

that firstly they were eating naturally (79.8%, n=198), secondly they were going on a walk (48%, n=119) and thirdly they were following publications on this issue (39.1%, n=95).

### **Discussion**

Economic crises effect all individuals living in the community negatively in all areas of their lives. Studies conducted showed that women, children, adolescents and the elderly are generally the groups mostly affected by crises. Therefore, planning effective and flexible interventions considering such vulnerable groups, reaching effective communication, ensuring rapid assessments and sharing experience are necessary in crises [3, 5, 6, 8, 15].

One of the recent reports in Turkey is the one issued by Turkish Health Syndicate about effects of economic crisis encountered and price rises on human health. In the report it was pointed out that people imposed restrictions to their basic needs such as eating, drinking and warming as a result of economic crisis encountered and price rises. On the one hand it was expressed that these restrictions could lead to illnesses, on the other hand it was stated that there was decrease in applications to hospitals because of the received patient shares in the last month in which economic crisis became clear. In the report also it was emphasized that individuals turned to inexpensive food and this would be risky for health. It was reported that unemployment increased rapidly because almost 50 thousand workplaces had shut down and the firms in many sectors had decided to shrink or suspend their production and the economical constraints had deeply influenced individuals' mental health [13].

Ankara Chamber of Physicians (ACP) released a report on November 2008 in which the effects of global crisis on health were evaluated. In this report the predicted effects of crisis on public and community health were given as follows: "Inequality in utilization of health services will increase. Along with increased medication costs, difficulties in accessing medications will be experienced; disturbances in health indications and increases in both physical and mental problems will be observed. The prolonged and worsened working hours will lead to new health problems" [2].

In vaccination program which comprises

the important part of protective health services, hitches will be experienced due to the dependence to foreign states in vaccine, the increase in exchange rates and similar reasons and especially tuberculosis and other contagious diseases will become widespread. Applications such as premium, contribution margin, difference etc. will reduce application rates to health service. According to report, as a result of all these, expected life span will be shortened in the long run. When it is looked through resources window, along with crisis a shortage in the share allocated to health from central budget can be expected. Due to the financial difficulty will be experienced by private and public organizations, Social Security Institution's premium inputs will decrease. Another factor related to decrease in premium will be unemployment caused by crisis. Public sections increasingly getting impoverished will experience difficulty in making payments such as contribution margin and difference. On the other hand, patients will have to pay out of their own pockets and "medical poverty" will be experienced. Along with increases in exchange rates, the costs of drugs and medical materials and their reflections on public will increase. Because of crisis 3.7 million people will become impoverished and these people will need social help [2].

The evidence, most recently reviewed in detail by Michael Marmot in his report to the British government on health inequalities has highlighted how investments in a variety of social policies benefit health. Thus, children who receive better education, have safe environments in which to play, and who live in good quality housing are more likely to grow up healthy than those who do not. Adults in secure and safe employment, receiving wages above the level needed merely to survive, are less likely to adopt hazardous lifestyles (such as smoking, drinking, or unhealthy diets) and can expect to live longer [10].

Lusordi and his colleagues found strong evidence that the economic crisis -manifested in job and wealth losses- has led to reductions in the use of routine medical care. Moreover, reductions in routine care are strongly related to wealth and job losses, showing that households in economic distress were more likely to reduce medical care usage. In contrast, he found that

relatively few households reported increasing medical care and that there was no significant relationship between unemployment and increased use of medical care [8].

When we look at the top three distributions of student expenses, it is seen that; accommodation costs are 52.36%, food-alimentation costs are 18.18% and education costs are 15.67%. Even 11.7% of the students have a health problem; health priority of students is in the 6th place with a rate of 8.67%. 21.8% (54) of the students stated that the budget they allotted to health was insufficient, 96.8% (240) stated that they do not refer to hospital unless they have a health problem (health improvement and control) and 53.6% (133) complained about the increased health expenses during university education. Students (21.0%, 52) mentioned that they could not buy medications even during acute health problems because of increased drug prices due to economical changes/fluctuations.

Akçakanat et al. (2010) discovered in their study, where they researched undergraduates' economic contributions and tendency to expense in the town they live in, that among the expenses made by students the "nourishment" had the greatest share in 2003, 2005 and 2007; however, the factor that caused the heaviest burden in 2009 was "dwelling". When compared with 2007, a significant change was not experienced in other four expense items in terms of percentage and amount of expense in 2009. Students mostly spent for "transportation", "clothing", "social activities" and "communication", respectively [1].

In economical and social perspectives, one of the areas influenced by crises directly and indirect is health. While crises affect health indirectly by influencing the elements of health such as nourishment, dwelling and cleaning; crises may also affect health directly by the decrease in expenses allocated to health or investments. The effects of crisis on health sometimes might be influential on mortality rates and infant and child diseases and sometimes on the share allocated to health and health expenses. On the other hand, these two situations are not independent from each other [9].

In a study by Tugay and Başgöl (2005), where they investigated the contributions of undergraduates to local economy in Burdur, the

leading expense item was nourishment (52.2%) followed by dwelling (31.4%) and clothing (5.9%), whereas the total rate of entertainment, paperwork and communication expenses was only 9%. The rate of unrespondents was 1.5%. When a general assessment is made it can be seen that among the total monthly expenses students' rate of nourishment and dwelling expenses was 83.6% [12].

Even limited budget of students, it was asked to them if they joined to any activity about their health promotion or not, and all of them gave positive answer to this question. When we asked what they did, they answered that firstly they were eating naturally (79.8%), secondly they were going on a walk (48%) and thirdly they were following publications on this issue (39.1%). However, since questions were not detailed in studies carried out, insufficient information was obtained related to how natural nourishment was performed and the frequency and length of going on walking.

According to Kaşlı and Serel's (2008) study findings the students allocate 34% of their monthly budgets to entertainment, 23% to dwelling, utilities and communication, 18% to refreshments, 11% to clothing, 10% to transportation and 4% to paperwork. Another important finding is that undergraduates spend a significant amount of money to movie rentals and internet cafes and therefore there is considerable increase in number of such enterprises [7].

### Conclusion

All the studies demonstrate that undergraduates' health expenses drop behind the dwelling and nourishment expenses. National economy especially affects the budget of undergraduates living away from their families and they go for budget cutback by reducing health expenses and this situation may influence their health status adversely.

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