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ECONOMIC CRISIS IMPLICATIONS ON PAEDIATRIC POPULATION'S HEALTH

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Abstract

Once the global economic crisis occurred, shortly after the collapse of Lehman Brothers, trillions of dollars were lost on the stock exchange, hundreds of banks and investment funds in the US went bankrupt and thousands of companies were forced to declare bankruptcy. Its effects were felt then, in very short time also in Romania, following that in 2009, Romania went officially in recession.

Beyond the financial implications the crisis has on the whole activity, regardless of the field, the economic and financial effects of the crisis on health and health policies can have very long term consequences.

According to the Romanian Academy, Institute "Iorgu Jordan" (2001), the economic crisis is defined as a critical time representing the sudden change of someone's physical and mental state (shown by reactions, etc. unusual gestures, time or dangerous phase (crucial) for passing trade, industry or finance of a state, tension period, of disorder (often decisive) in the life of a society.

Reported to difficult periods in the history of economic and financial issues, experts have concluded that the financial crisis in the US and other countries is by far the most serious shaking of international finance since the Great Depression of 1929-1933. However, CR CIUN (2012) opines that the current crisis is different from the Great Depression by the fact that the financial system was not allowed to collapse, thus being artificially fed. In the midst of the deepest financial crisis since the Great Depression, the instability of the global financial system is quite obvious.

The effects of the crisis were felt immediately in Romania. According to Mugur Isarescu, in Romania, the response to adverse effects of the crisis cannot be similar to that expressed by some European countries or the US. There are some differences between the Romanian economy and these economies, which do not allow for copying the package of measures developed there. In essence, it is about the fact that the Romanian economy has a large current account deficit, indicating its dependence on external financing. We have to choose between orderly reduction of the deficit or its reduction by the market under the current conditions of tension and distrust, with dramatic consequences for the exchange rate and economic growth (Isarescu, accessed April 2, 2015).

On the other hand, Marinas (2010) says that the effectiveness of fiscal policy is not only dependent on the influence of the recession on consumer behaviour / investment of businesses, but also on the amount / debt dynamic economies in recession. In countries characterized by high structural budget deficits accumulated during economic expansion and high public debt services payable during this period will have to promote rather restrictive fiscal measures designed to increase confidence in the ability of foreign creditors to consolidate sustainable public finances.

One of the extremely important areas where the economic crisis is being felt is in the labour market in Romania, the reason being the growth rate of underemployment, due to reduced demand for labour in the country and abroad, especially in countries where Romanian Diaspora is working.

In this respect, Brasoveanu and Obreja (2011) opinion that the labour market, although the Community market proved more resilient to the recession than expected (largely due to short-term policy measures, past reforms and labour hoarding

in some Member States) in all Member States of the EU-27 the unemployment rate increased in 2009 compared to that in 2008, unemployment being negatively associated with the economic and financial crisis.

The lack of a stable income of one or, in some cases, of both parents as a result of job loss (if massive layoffs that occurred at the beginning of the crisis) resulted:

- psychological and psychiatric problems - depression; anxiety; tend to manifestations of autolytic nature (suicide attempt).
- Increasing the rate of abandonment and institutionalization of children.
- impossibility of providing a healthy diet with the occurrence either of obesity (fast food products can be more affordable than a balanced diet, rich in fruits and vegetables) or protein-calorie malnutrition (anorexia, deficiencies of micronutrients).
- childhood obesity and juvenile - is a medical problem, social and cultural, reaching epidemic proportions worldwide.

Children with body mass index equal to or greater than the 95th percentile are defined as obese and those with body mass index between 85 and 95 percentiles are involved in overweight category.

The overall prevalence of overweight and obesity in children and adolescents has increased substantially from 4.2% in 1990 to 6.7% in 2010.

It is expected that the prevalence of childhood obesity in 2020 will reach 9.1% (approximately 60 million).

The prevalence of childhood obesity in Africa in 2010 was 8.5% and it is expected that 2020 will be 12.7%. In Asia, the prevalence is low, only 4.9% in 2010, but the number of affected children is higher (18 million). In America, between 16 and 33% of children are obese.

In Romania, according to the World Health Organization, a Romanian in four is obese. In terms of childhood obesity, Romania ranks third in Europe.

Childhood obesity has a major impact on all systems in the body and is associated with risk factors for cardiovascular disease and accelerated atherosclerotic processes, including hypertension, dyslipidemia, atherosclerosis, metabolic syndrome and cardiac structural and functional changes. Childhood obesity leads to atherosclerotic disease in vascular structures most affected being the aorta and coronary arteries.

In a survey conducted on 188 overweight and obese patients who were admitted to the Paediatric Clinic - Department of Cardiology Emergency Clinical Hospital for Children St. Mary Iasi, between 1 January 2006 and 1 January 2011, there was observed:

- that an increased incidence of overweight and obesity occurs especially in the age group 7-13 years.

- Obesity prevalence is higher in urban areas (58%) than in rural areas due to unhealthy eating fast food.

- Obesity prevalence is higher in women (59%) than males.

- A percentage of 37% of patients have hypertension, and among them 21% borderline type and 16% manifest:

- Changes in the eye fundus associated with hypertension were detected in 5% of patients.

- The presence of hypertrophic cardiomyopathy was objectified at a rate of 12% of the studied subjects.

- A percentage 8% of subjects associate to hypertension and elevated cholesterol, and 5% have hypercholesterolemia without presenting high blood pressure.

- Only 4% of the subjects associate elevated blood pressure values with hypercholesterolemia and hypertrophic cardiomyopathy.

Anorexia nervosa is according to Bloj GRECU (2009) defined as a psychopathological syndrome of varied aetiology, characterized by self-imposed limitation, elective and drastic diet, which leads to a marked loss of body weight, metabolic disorders, severe electrolyte imbalances that can be life danger. Positive diagnosis of anorexia nervosa is based on the symptomatic triad: anorexia, significant weight loss and amenorrhea (amenorrhea equivalents for men: reduced libido and erection) and the absence of organic aetiology of mental disorders (depressive disorders, schizophrenia, etc.) . Anorexia nervosa usually begins in puberty and adolescence, rarely before the age of 10 years and over the age of 30. The symptoms of anorexia nervosa are:

- significant decrease in weight
- obsession on body shape and weight
- hair loss, dry skin, brittle nails
- Tingling in extremities - hands and feet
- Dizziness, even fainting
- Palpitations - irregular heart beat
- Difficulty in memorizing
- constipation, stomach pain
- The disappearance of the menstrual cycle to women

- Termination of physical development in children and adolescents - growth in height is stopped

- low tension
- Anaemia, dyslipidemia.

Also, due to stress, food, a weak health system increased the number of abortions to births of babies with birth defects or malignopathy, or intrauterine growth retardation.

Job insecurity is also associated with drug addiction, with the increasing rate of suicide and heart disease, mental disorders especially to those from disadvantaged groups

In fact, it is described that job insecurity term acts as a stress factor which increases the disease the absence of the use of health care services.

Also the lack of an income or a job in the country resulted in the departure of a large number of people abroad, with devastating effects on families.

There were increases in cases of depression, of school abandonment, the unravelling of the family or even suicide among school children, but especially for teenagers.

The economic crisis in Romania has, among other things, insufficient funds allocated to the education system.

Due to the economic crisis, the number of poor children in Romania reached 350,000, and school dropout rate has tripled, according to representatives of World Vision Romania (http://www.worldvision.ro/_downloads/allgemein/Raport_anual_WorldVision_2013.pdf)

Thus, approximately 40,000 children, mostly from rural areas, have quit each year, from going to school.

According to GYÖNÖS (2011), the specialized language provides a difference between the terms "early school leaving" and "school dropout". The term "early school leaving" includes giving up all forms of education and training before completing upper secondary education or equivalent education and training (upper secondary education, grades XI - XII / XIII, preceded, if necessary, by year completing) until "dropout" is used with a narrower sense: it refers to the interruption of an ongoing course in general or vocational education and training.

The economic crisis has resulted indirectly increase of school absenteeism by 10% and according to UNICEF statistics, the numbers are growing. Besides shortages of material order that children who choose school dropout feel, family educational model, family disorganization and lack of jobs are among the factors leading to school drop.

Another area affected during the economic crisis was represented by health system.

Therefore, the lack of income has prevented:

- presentation to the family doctor for consultation,

- Failure to achieve correctly rickets prophylaxis in anaemia

- The impossibility of purchasing certain vaccines required for national vaccination scheme (in 2013 for a period of 4-5 months the BCG vaccine - need to vaccinate newborns against TB was absent in the country).

• The impossibility to perform a costly investigation, of surgery, treatments indispensable in terms of chronic diseases (chronic hepatitis, acute renal failure / chronic hypertension, pulmonary hypertension, neuropsychiatric disorders, malignopathy).

Also, the changes in the national economy have led to the closure of some hospitals with well known exodus of doctors abroad, but also unable to perform life saving interventions (e.g. MCC, for which there are no well-equipped vascular surgery centers in the country, reason for which the patients are required to call centers abroad, where operations are obviously from the state money, which has negative consequences on the economy).

Extensive research shows that people's health is definitely affected by the economic crisis and, therefore, the health sector will be charged to effectively meet the increasing needs.

At the same time, demographic changes (low fertility, aging) and the cause of disease (non-transferable and accidents), will have profound effects on the amount and type of healthcare services necessary.

The crisis could also have an impact on social inequalities in health, inequitable access and poor quality of healthcare through social determinants of health damage (loss of income, jobs, lack of health insurance, lack of information, the direct financial costs of care, etc.).

Restrictions regarding healthcare staff may affect the safety and quality of health care.

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