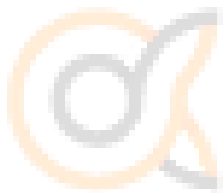


“The Effects of 2008 Financial Crisis on Health”

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1.0 Introduction

1.1 Background

In light of the growing interest in better understanding women's impact on economic crises, recession and recession, the main objective of this article is to analyse and compare

insurance channels. For example, it was found that the 1990 recession was linked to declining public health in Scandinavia and Russia (Vardakas et al., 2019). The GFC in 2008 had a particularly negative impact on public health. As a result, CFG has been reported to have a detrimental effect on physical activity and death, leading to increased mental health problems (Wang, Wang and Jiang, 2021). The crisis is also linked to a significant increase in stress, depression, anxiety and suicide. In addition, it is associated with an increase in smoking and obesity. It was also revealed that the global financial crisis was the reason for increased absenteeism and reduced use of medical services. There were indications that the global financial crisis had a strong negative impact on the Committee's findings on the social impact of health.

Despite this data, there is still no consensus on the possible effects of the economic crisis and the recession. Studies in Europe and the United States have shown positive effects of trauma, such as improved economic downturn deaths, the decline in alcohol consumption, alcohol-related deaths, road accidents and hospitals (Chu et al., 2019). The economic downturn is also linked to improved health with shorter working hours and more free time and lower smoking rates, and lower fats due to higher incomes. At the same time, the health and education of children in developed countries have improved during the economic downturn (Zainudin and Sok-Gee, 2018). On the other hand, other studies have shown that the economic crisis has little effect on health.

In this context, the contribution of this article to the debate is now twofold. First, much of the existing literature focuses on the impact of GCF on one aspect of the crisis, such as housing insecurity or unemployment. The impact of a crisis is usually measured by comprehensive health interventions rather than individual responses (Zainudin and Sok-Gee, 2018). In addition, previous research seldom goes beyond assessing one aspect of the impact of the global financial crisis and examining broader indicators. Given the lack of consensus in the current literature on

the health impact policy of the crisis, some indicators may highlight positive health effects. In contrast, others emphasise negative or negative effects (Chirico, 2018). Therefore, unlike previous studies, one focus on identifying and comparing several ways to infect GFCs and health.

As a result, one reflects on the subjective and objective means of communication that the crisis affects human health. The use of several subjective and objective variables enables the achievement of a more precise effect of GFC on health (Berliner and Kenworthy, 2017). To this end, one uses a unique global data package specially developed and implemented in 2010 (i.e. exactly two years after the onset of the global financial crisis) to reflect the direct effects of a crisis (Berliner and Kenworthy, 2017). Regarding the objective assessment of the effects of the global financial crisis, namely: healthcare use, traditional food consumption, housing stability, changes in wells, and changes in remittances and consistency in the labour market change (Clench-Aas et al., 2021).

For example, to assess the impact of GFC's on healthcare utilisation, the survey asked respondents or their family members whether they had delayed or discontinued medical treatment after becoming ill or stopped buying traditional medicines in the past two years (Ruckert and Labonté, 2017). "Because of the crisis." Therefore, one can compare the effects of different communication channels and determine the most important communication systems for health change. Second, as mentioned above, most of the previous research on the global financial crisis has been conducted in developed countries. Therefore, it is unclear whether their results apply to other countries (Mensi, Vo and Kang, 2021). Furthermore, the consequences of the crisis are particularly detrimental to post-communist countries; facts have shown that these countries are more vulnerable to the crisis than more developed countries.

The post-communist countries are simultaneously influencing the crisis in many ways. In these countries, foreign investment fell sharply, and the outflow of speculative capital. International export demand for communist goods has fallen sharply (Mensi, Vo and Kang, 2021). Falling productivity has led to a sharp decline in unemployment and benefits, and many post-communist countries are heavily dependent on it. In 2009, the annual output of many communist countries fell to double-digit negative numbers, but in the long run, output fell from 12% to 17% (Zografaki, Papamichail and Panagiotopoulos, 2018). As a result of this crisis, about 11 million people in post-communist countries are in poverty (Zografaki, Papamichail and Panagiotopoulos, 2018). In addition, most families in post-communist countries (about two-thirds) said the crisis directly negatively affected their families. After the GFC before the crisis, life satisfaction in these countries decreased. This study focuses on 28 post-communist countries in Eastern Europe and the former Soviet Union based on the above data.

1.2 Aim

The research aims to emphasise that the study will thoroughly review the empirical literature to test the relationship between the financial crisis of 2008 and the effects on physical and mental health in developed countries.

1.3 Research Question

- Were there any unique effects of the housing crisis on health?
- How did the impact of the financial crisis vary between and within various populations?
- Is there persistence of the differences between aggregate-vs individual-level findings?
- What were the results of the financial crisis on health?

1.4 Research Objective

- To study if there are any unique effects of the housing crisis on health.
- To determine the impact of the financial crisis, vary between and within various populations.

Furthermore, the consequences of the crisis are particularly detrimental to post-communist countries; facts have shown that these countries are more vulnerable to the crisis than more developed countries (Amies, Munford and Sutton, 2017). As a result of this crisis, about 11 million people in post-communist countries are in poverty. In addition, most homes in postcommunist countries (about two-thirds) reported that their homes directly negatively impacted the crisis (Kana et al., 2017). Compared to the pre-crisis, life satisfaction in these countries has fallen sharply since the global financial crisis. Based on the above data, this research focuses on

28 post-communist countries in Eastern Europe and the former Soviet Union. These studies have both theoretical and practical contributions. From a theoretical point of view, this study's results allow one to understand better how changes in economic conditions translate into changes in the health of the population (Kana et al., 2017). These studies provide a comprehensive overview of the multidimensional connections between different pathways and health interactions across the international design. The research results will enable policymakers, health managers and international donors to make better use of scarce resources in response to the most pressing changes of the economic crisis.

2.0 Literature Review

2.1 Housing crisis affecting health care

Even though a stock market crash occurred in early October 2008, the post-collapse index may reflect the consequences of other random events or related factors other than accidents. For example, it is particularly important to consider the downturn in the housing market, as the housing crisis itself could have caused mental health issues or those who were asked at the end of the 2008 HRS (Health Retirement Study) wave had something unusable that made them more likely to lose wealth than other respondents, no matter what happened on Wall Street (Whiteside, 2021). These respondents may, for example, opt for a more aggressive allocation of portfolios and experience greater fluctuations in wealth. Although one has evaluated the first-order difference model, one has explored these two options (Alvarez-Galvez et al., 2021).

First, one must consider whether the indicators reflect a decline in family happiness. This is possible because the extensive non-residential wealth indicator covers real estate other than houses. The researcher used data from the Federal Department of Housing HPI to examine the timing of the housing crisis compared to October 2008 (Gea-Sánchez et al., 2021). The development of HRS is obtained by comparing HRS respondents and information about their country of residence in the quarter of the interview. These two figures indicate that the HRS sample represents domestic developments and that the housing crisis began before the crisis in October 2008 (Li and Liu, 2021). Compared to the pre-crisis period, the price of social housing in the post-crisis period began to rise. As a result, respondents interviewed after the accident may report fewer property changes than before the accident. So in the context of the forced seizure and worsening crisis, any distortion of the judgment should lead to looking for the negative effects of the collapse.

2.2 Various populations suffering from the financial crisis

The crisis began in the major financial centres of developed countries. The severity of the impact on developing countries and countries with economies in transition was only gradually revealed. The situation is new; previous crises have spread from developing countries. This time, the developing countries were hit by the crisis, but not them (Zilidis, Stuckler and McKee, 2020). "The root of the global financial crisis lies in the fiscal and economic policies of the developed countries, the United States (Karpati and Renneboog, 2020). Developing countries are not responsible for this, but they have now suffered great losses," Martin Hall wrote, the new director of the South Geneva Centre.

The Third World-System (2008) reported that the United Nations Economic Commission for Asia and the Pacific had gone through a "period of increasing instability", but their growth forecasts remained at their lowest level at that time (Zilidis, Stuckler and McKee, 2020). The International Monetary Fund's report on financial stability in July 2008 showed that growth in threshold countries is lower and the risk of inflation higher. Borrowing abroad has become more expensive, investors have become more risk-averse. On the other hand, the International Monetary Fund describes "threshold countries" that have sufficient resistance to crises. In 2008, the global financial and economic crisis hit developing and developing countries hard (Mackenbach et al., 2018). Since then, organisations such as the International Monetary Fund and the World Bank have reduced their growth prospects in Asia, Latin America, and Africa. High growth rates disappeared, and many countries even suffered from a recession in economic production.

According to the World Economic Forecasts (IMF WEO), released by the International

Monetary Fund in April, the growth rate and decline in the growth rate of developing countries have been greater than that of the industrialised countries (Mackenbach et al., 2018). Due to its growth potential, the effects of the global economic and financial crisis on developing countries and countries with changing economies are greater than on the industrialised countries it causes. Slower economic growth has led to a decline in per capita income, at least in countries with rapid population growth (Karpati and Renneboog, 2020). Macro economically, the crisis manifested itself in a current account deficit and the expansion of the international balance of payments, a fall in foreign exchange reserves, a devaluation of the currency, a rise in inflation, an increase in debt and a sharp rise in the general government deficit.

2.3 Aggregate- vs individual-level findings

Despite much evidence, previous research has not yet reached a consensus on the nature of the relationship between economics and health. Although individual-level research generally supports the link between unemployment and mental and physical degeneration, cumulative (i.e., environmental) research is generally associated with increased unemployment with lower mortality and unhealthy behaviours (Godinic, Obrenovic and Khudaykulov, 2020). The latest literature can provide information on whether there is a difference between personal data and aggregate data in connection with a severe economic downturn. In addition, the proliferation of multi-level research on the link between macroeconomic contraction (such as unemployment) can provide information on indicators of personal health with the ability to examine macroeconomic indicators.

Previous explanations focused on factors related to unemployment (for example, fewer working hours and more time with the family) but are unlikely to consider the impact on older people. Research also pointed out that although researchers have studied how the effects of the

recession on mortality vary by age group, there is still work to determine how the effects of mortality vary by age (Akgün and Karataş, 2020). Some participants pointed out that the literature that found a positive correlation between economic contraction and health outcomes may resemble environmental nonsense, as the cause of individual outcomes is attributed to the characteristics of groups related to regions; people use census data instead of survey data. Environmental errors were especially common in the early days of the country. When aggregate data are used for forecasts and results, an environmental error is a problem. When the analysis involves unique human characteristics and special risks, environmental error decreases (Banks, Karjalainen and Propper, 2020).

Participants also suggested that when looking at general health indicators (rather than diagnosing effects), such as cortisol levels, blood pressure, and signs of inflammation, it may be helpful to measure the biological effects of drugs. Due to the economic downturn, men between the ages of 55 and 65 may be more susceptible to heart disease. Studies have shown that self-evident financial pressures are associated with changes in cortisol levels over time. Studies such as HRS can be useful in collecting data to enable these relationships to be studied, especially to facilitate data development (Hauser et al., 2020). Integrating different data sources can also improve efficiency. For example, unlike other datasets, HRS does not provide detailed information on diet or exercise.

2.4 Results of the financial crisis on health

Research has shown that the economic downturn and the economic downturn continue to harm physical health. One study found that as unemployment rises, the health of middle-aged people declines; another mentioned reliability as the main predictor of health in a sample of active adults and mentioned those who believe that their work is not good enough. Stable and

secure, have low self-awareness and have an increased incidence of chronic diagnoses (Theodore, 2020). Prospective research has shown that, measured at income levels well below the federal poverty line, participants facing continued economic hardship have a worse movement for ten years or later than those who have not. These authors emphasised the results of this study and pointed out that the results showed little evidence of the opposite effect of impaired physical activity in samples with financial difficulties.

A recent study found that when people living in low-income areas continue to struggle with economic hardship, they are at greater risk of chronic diseases than those living in high-income areas and have similar effects (Notteboom, Pallis and Rodrigue, 2021). Interestingly, some studies have shown that objective evidence of physical health and mortality improves with the economic downturn, which may be due to a healthier lifestyle. However, there is recent evidence to the contrary in the elderly population, as one study found that in times of high unemployment, the mortality rate of the elderly increases (Li, 2021). In the context of economic problems, future health problems are best predicted by the perception that long-term financial pressures or resources are insufficient to meet demand.

PS is the stress level that an individual experiences has been shown in the literature to have a strong and consistent relationship with physical health. Higher levels of perceived stress are associated with poorer physical health in the short and long term, including higher cardiovascular disease, lower immune function, higher risk of chronic diseases and higher overall mortality (Brem, Nylund and Viardot, 2020). These organisations are generally considered an intermediate physiological stress response activity and are generally associated with psychological stress. In particular, the literature on gastric bypass training shows that prolonged physiological stress responses caused by high PS can cause the body to "digest", gradually impair the cardiovascular system, metabolic and immune functions, and significantly increase the risk of

disease (Whitehead, Taylor-Robinson and Barr, 2021). Such as diabetes, high blood pressure and heart disease. Since financial and economic problems are one of the most common sources for PS, and these types of problems are usually not resolved quickly and are therefore chronic stress, it can be assumed that there is a connection between the problems. Increased pressure due to the long-term above financial problems (Jacob et al., 2020). This pressure, in turn, weakens the physiological system and ultimately leads to a decline in general health. This influence has been confirmed in literature; for example, one study found that higher levels of psychosocial stress mediate a link between poverty in the neighbourhood and overall stress. In the context of ageing, recent work has shown that the impact of physical health on successful self-esteem of ageing is due in part to the PS level, which demonstrates the effectiveness of stress responses on the health and well-being of the elderly.

Short-term stress, although it can be detrimental for a time if financial hardship is accompanied by a period of less stress, it is unlikely to have long-term consequences. The extensive nature of the GFC, coupled with an unknown recovery process, makes it a potential source of chronic financial stress that can affect the physical health of the sample (Kakade, Roongta and Haribalaraman, 2020). Since the effects of objective economic conditions on health depend in part on whether an individual experiences personal effects from FS (financial situation) and experiences stress simultaneously, they are not expected to see these harmful effects anywhere on health.

3.0 Methodology

The methodology section describes the relevant methods and methods used in the study (Pandey and Pandey, 2021). In addition, methods and techniques used by researchers to collect databases from reliable sources, analyse and interpret databases have also been developed.

3.1 Research Philosophy

The research philosophy chosen for research is interpretivism. Therefore, researchers also report that only "social structure" achieves the results or reality of outcomes, such as common meaning, tools, consciousness, and language. In addition, interpretivism is also related to natural methods of data collection such as observation and interviews (Dodds and Hess, 2020).

Therefore, the following studies use the term "active" research, collecting, researching, and analysing user data. In addition, it enables philosophers to gain in-depth knowledge, insight, and understanding of data collected from additional sources, such as journal articles, books, research reports, online resources, and research-related articles.

3.2 Research Approach

The research approach that has been selected for the research is inductive. In addition, "inductive design" is also based on inductive arguments, but in this design, researchers study the real-life experiences of society and different people. It also provides research and review processes based on previous research (Babii, 2020). In addition, researchers included their previous research on the subject in an implementation study and looked at the personal experiences of different people. Likewise, leading thinking focuses on learning what people have seen or experienced in real life. In addition, the following studies will use "inductive reasoning" in the collection and analysis of qualitative data. Another reason for using inductive design in research is that it creates a general meaning based on the information collected.

3.3 Research Design

According to these studies, research projects fall into two categories: "quantitative" and "qualitative" research projects. In addition, the research design is divided into different subtypes, such as experimental, descriptive, relevant, analytical and explanatory. In addition, the design of

qualitative research allows researchers to analyse why researchers include specific theories to attract participants' understanding of current theories (Fidahic et al., 2020). Likewise, the qualitative research design is particularly flexible in other test methods, but qualitative research involves a variety of approved structures and methods.

Therefore, the following qualitative research structure is used to collect, research, and interpret information and data from used sources. In addition, good research design helps researchers ensure that research is open and biased. In addition, if researchers want to use a smaller sample and have a smaller budget, the qualitative research design is more efficient and practical (Säfsten and Gustavsson, 2020). This is another reason why the researcher uses a qualitative research design. It allows him to study the general development and structure of results obtained from reviews of literature collected from previous research.

3.4 Data Collection Method

In addition, the following research uses additional data collection methods, where data is collected from various sources online, such as publications, unpublished information, business magazines, newsletters, books and articles. It also contains available information that other scientists have reported (Ryder et al., 2020). In addition, researchers may collect additional materials, including publications, unpublished information, professional journals, newsletters, books, and articles. Used data are usually found in government publications, business and technical publications report from various banks and companies, historical or statistical documents, scientific articles and business articles. But before collecting data, it is also important for researchers to check the reliability of the data, such as the location where the data was collected, the source of information collected, the method used, business opportunities, accuracy and timeliness (Nayak and Singh, 2021). In addition, they should ensure the usefulness and

adequacy of data, such as the number, nature and purpose of actual audit requests for selected data.

3.5 Data Analysis

The data analysis process is an effective process of verifying, cleaning, transforming and shaping data to find useful information, data and return results, decision-making process and collect results according to research objectives. Researchers need to choose a qualitative approach as it helps them understand the research objectives in detail and include open-ended questions to find a broader perspective of research (Bell et al., 2021). However, researchers primarily use quantitative methods, especially when presenting data in digital form, including questionnaires or surveys. In addition, "quantitative data" allows scientists to use statistical analysis to find statistical information. In addition, "qualitative analysis" is used when researching and developing many subjects to present research results. In the next research, researchers will use qualitative research.

3.6 Inclusion and exclusion criteria

The "Inclusion criteria" has different characteristics that researchers may have when potential individuals are included in the study, while "exclusion criteria" are symptoms that exclude or disqualify individuals. It should be noted that the exclusion and adaptation criteria help researchers to include relevant information and sources, thereby excluding irrelevant information and data from the study (Bell et al., 2021). In addition, scientific research and journals published after 2017 should adhere to the conditions set by scientists to ensure that all information and data contained in the research is up-to-date and up-to-date. Although all research and scientific articles published for 2017 are excluded. In addition, all studies published in English are included, and all studies except English are excluded.

In addition, many studies were excluded from abstracts and titles because many studies in the UK focused on different audiences, so all of these studies were excluded from studies in different audiences. In addition, based on the exclusion and participation criteria, 101 articles and reviews were considered valid (Ullah and Rafiq, 2021). As a result, searchers limit themselves to one full-text search keyword, which is a pdf tag; As a result, the researchers' findings have led to the publication of numerous articles and reviews that are relevant and accurate in line with their research objectives.

3.7 Ethical consideration

Ethical considerations in research are very important, as research ethics is the norm for distinguishing right from wrong. Ethical considerations also help to determine the overall difference between acceptable and unacceptable research behaviour. Ethical considerations play an important and unique role in ensuring the credibility, reliability and credibility of research (Bell et al., 2021). Therefore, researchers need to follow ethical and scientific perspectives throughout the research process. These studies are also considered ethical to ensure that the data collected and analysed should be theoretically important and reliable. In addition, no data or personal information of the researcher or participant was published during the study period. In addition, data collected from used sources were used to review and analyse the research data, and the researchers did not change or alter the references (Bell et al., 2021). In addition, the researchers did not make any changes to ensure the accuracy, accuracy and reliability of the data collected during the study. It also aims to ensure scientists' anonymity and confidentiality and protect data collected solely for scientific purposes.

4.0 Gantt Chart

	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Determine research area								
Creation of research questions								
Seeking advisor and project title.								
Starting the research proposal								
Literature Review								
Data collection								
Data analysis								
Conclusion								
Final draft								
Final meeting with a tutor								
Dissertation due								

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