

EFFECTS OF POLITICAL CRISIS AND INFLATION ON PHYSICAL AND MENTAL WELL-BEING OF GENERAL POPULATION

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Abstract

Background: Political crises and high inflation pose significant threats to public health, yet there is limited empirical data quantifying their combined impact on the general population in Pakistan. This study was conducted to bridge this gap by systematically investigating the human cost of the prevailing political and economic turmoil. **Aim:** The primary aim of this research was to assess the multifaceted effects of political instability and high inflation on the physical and mental well-being of the general population, and to identify the key pathways through which these crises inflict harm. **Methods:** A cross-sectional, community-based survey was conducted in Faisalabad, Pakistan. A sample of 400 adult residents was selected using a convenient sampling technique. Data were collected via a structured, self-administered questionnaire assessing demographic characteristics, perceptions of the crises, and self-reported physical and mental health outcomes. The data were analyzed using descriptive statistics and chi-square tests to identify significant associations. **Results:** The findings reveal a profound and pervasive impact. A significant majority of respondents perceived that political instability had worsened economic conditions (69.3%) and made them feel unsafe (87.5%). Inflation was experienced as a severe burden, forcing 84.8% of the population to cut down on basic necessities like food and healthcare. This widespread hardship translated directly into a public health crisis: 84.8% of respondents reported increased stress and anxiety, 69.3% experienced symptoms of depression, and 84.8% reported physical health complaints such as headaches and fatigue. Inferential analysis confirmed a strong statistical association between forgoing basic needs and experiencing psychological distress ($p < .001$). Furthermore, lower-income households were disproportionately affected, facing significantly greater barriers to healthcare access ($p < .001$). The act of relocating due to instability was also significantly linked to worse mental health outcomes ($p < .001$).

Conclusion: This study concludes that political instability and inflation are not merely economic issues but are direct and interconnected drivers of a widespread public health crisis in Pakistan. The research empirically demonstrates a clear pathway where perceived political failure and economic strain lead to material hardship, which in turn causes severe psychological distress and physical health deterioration. The disproportionate impact on low-income groups exacerbates existing social inequalities. These findings underscore the urgent need for integrated, evidence-based policy responses that address both the socioeconomic roots and the health consequences of the crises, with targeted support for the most vulnerable populations.

Keywords: Political Crisis, Inflation, Mental Health, Physical Well-being, Public Health, Socioeconomic Stress, Healthcare Access, Pakistan.

INTRODUCTION

Political crises and inflation are major global stressors that pointedly affect physical and mental well-being. Political instability, conflict, and displacement generate chronic stress, weaken health systems, and restrict access to basic services, leading to long-term health consequences [1][6]. Inflation further increases these effects by reducing purchasing power, increasing financial insecurity, and limiting access to healthcare and nutritious food, mainly among low-income populations [3][9].

Evidence from diverse regions demonstrates that economic and political crises are consistently linked with higher levels of depression, anxiety, and post-traumatic stress disorder (PTSD). In conflict-affected areas such as Kashmir and parts of South-East Asia, prolonged exposure to ferocity has resulted in widespread psychological trauma [7]. Similarly, economic crises in Europe and the United Kingdom have been associated to deteriorating mental health, especially among economically vulnerable groups [10][11]. In Bangladesh and Pakistan, rising inflation has increased stress, anxiety, and depressive symptoms, mostly among women and low-income households [7][9].

The interaction between political instability and inflation disproportionately affects vulnerable populations, including women, children, the unemployed, and downgraded communities. These groups often face limited access to healthcare, education, and social safety, increasing their exposure to both physical illness and psychological distress [4][6]. Unemployment and income insecurity further intensify mental health risks, contributing to long-term social and economic instability [10].

Recent global challenges, including the COVID-19 pandemic and growing geopolitical tensions, have amplified these pressures, producing compounded effects on population mental health [8][2]. These interconnected crises highlight the necessity for integrated economic and health policies that prioritize mental health services, social protection, and community-based involvements.

This study examines how political crises and inflation influence physical and mental well-being across diverse socio-economic contexts. By focusing on vulnerable populations and comparative regional evidence, it aims to inform policy interventions that cause reduce health inequalities, and strengthen public health systems during periods of instability.

Need of the Project:

A critical gap exists between widespread reporting of political and economic instability in Pakistan and a systematic understanding of its measurable impact on population health. Although these crises are well recognized, their direct effects on mental and physical well-being remain insufficiently quantified.

This study therefore aims to assess public perceptions of political instability and inflation, determine the prevalence of associated health symptoms, and examine key pathways—particularly material hardship leading to psychological distress. By doing so, it seeks to identify vulnerable groups and frame ongoing national crises as urgent public health concerns requiring evidence-based policy and healthcare responses.

Aims of the Study

- 1) To quantify the perceived impact of political crisis and inflation and determine the prevalence of associated mental and physical health symptoms among the general population.
- 2) To examine the pathway linking economic hardship particularly the inability to meet basic needs to psychological distress, including stress, anxiety, and depression.
- 3) To assess the role of socioeconomic status, especially household income, in influencing vulnerability to adverse health outcomes and access to healthcare services.

Research Questions

Research Question 1:

To what extent does the general population perceive that the ongoing political instability and high inflation are a direct threat to their security and well-being, and what is the prevalence of the resulting health symptoms?

Research Question 2:

What is the primary mechanism through which economic hardship, driven by inflation, translates into psychological distress for the general population?

Research Question 3:

How does socioeconomic status, specifically household income, influence an individual's vulnerability to the negative health impacts of the crises, particularly concerning access to healthcare?

METHODOLOGY

This cross-sectional, community-based study was conducted in Faisalabad District, Punjab, Pakistan, to measure the effects of political crisis and inflation on the physical and mental well-being of the general population. Faisalabad is one of the major urban city

of Pakistan with a various socio-economic and occupational population. The study was completed over a period of six months.

The target population included adult residents (≥ 18 years) of Faisalabad from both genders and various educational and employment backgrounds. A convenient (non-probability) sampling technique was used due to time and resource limitations. Participants were selected based on availability and willingness to participate. A total of 400 respondents were included, with sample size determined.

Inclusion criteria comprised adults aged 18 years and above, permanent residents of Faisalabad, individuals aware of or affected by recent political or economic events, and those willing to provide informed consent.

Individuals below 18 years, temporary residents, participants unwilling to consent, and those with previously diagnosed mental health disorders unrelated to political or economic factors were excluded.

Independent variables included exposure to political crisis (e.g., political instability, media exposure), exposure to inflation (e.g., increased living costs, income instability), and socio-demographic characteristics (age, gender, marital status, education, income, and occupation).

Dependent variables consisted of indicators of physical well-being (fatigue, sleep disturbances, headaches, body pain) and mental well-being (stress, anxiety, depression, mood changes). Data were collected using a structured, self-administered questionnaire developed by the researcher.

Data were analyzed using SPSS software. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize participant characteristics and responses.

The Chi-square test was applied to determine associations between exposure variables (political crisis and inflation) and health outcomes (physical and mental well-being). Statistical significance was set at $p < 0.05$.

Ethical approval was obtained from the Institutional Review Board (IRB) prior to data collection. Participants were informed about the study objectives, and written informed consent was obtained. Confidentiality and privacy were strictly maintained, and participation was voluntary, with the right to withdraw at any stage without consequences.

RESULTS

A total of 400 participants were included, with the majority aged 36–45 years (33.8%), followed by 26–35 years (31.3%). Participants aged 46–60 years comprised 17.0%, 18–25 years 15.3%, and ≥ 60 years 2.8%, indicating that the sample was predominantly middle-aged adults as shown in figure 1.

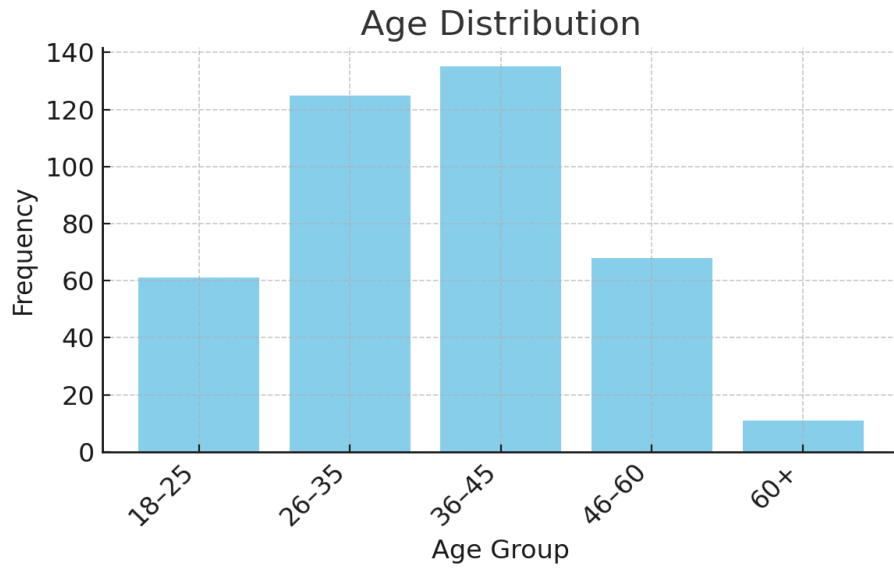


Figure 1: Age Distribution

Of the 400 participants, 52.0% were male and 48.0% were female, reflecting almost balanced gender distribution and allowing reliable gender-based comparisons as shown in figure 2.

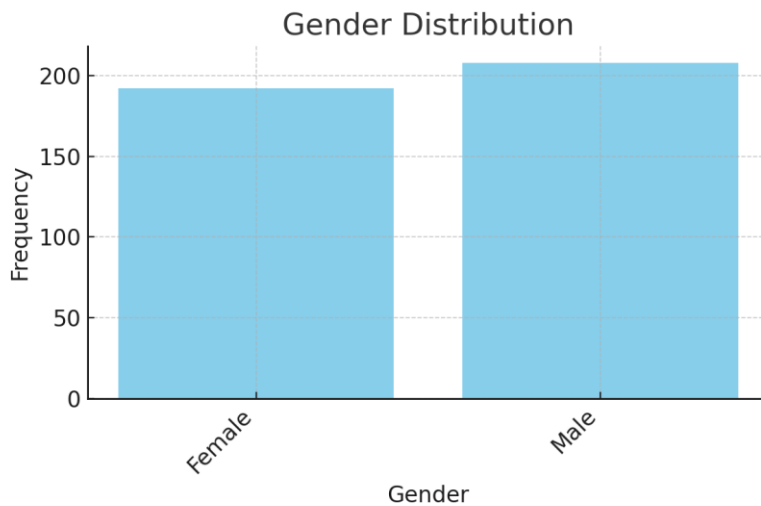


Figure 2: Gender Distribution

Among the 400 respondents, 39.8% were employed, 23.5% unemployed, 22.5% students, 10.5% self-employed, and 3.8% retired. The notable proportion of unemployed individuals and students recommends potential vulnerability to economic instability and related mental health impacts as shown in figure 3.

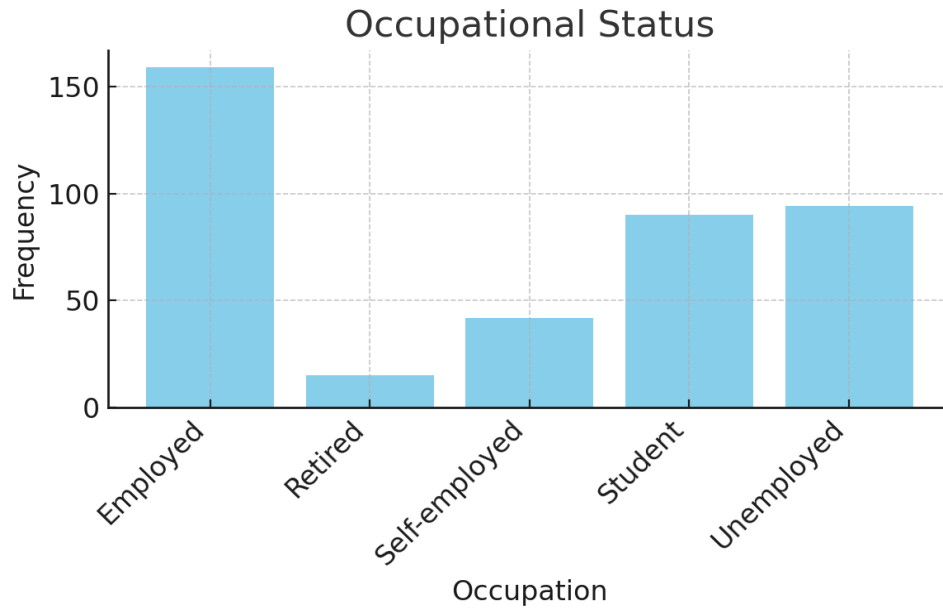


Figure 3: Occupational Status

Most participants were in lower-income groups: 36.8% earned PKR 25,000–30,000, 32.3% earned below PKR 25,000, 17.3% earned PKR 30,000–45,000, and 13.8% earned above PKR 50,000. This shows that a large proportion of the sample had limited financial resources and may be more vulnerable to inflation and political instability as shown in figure 3.

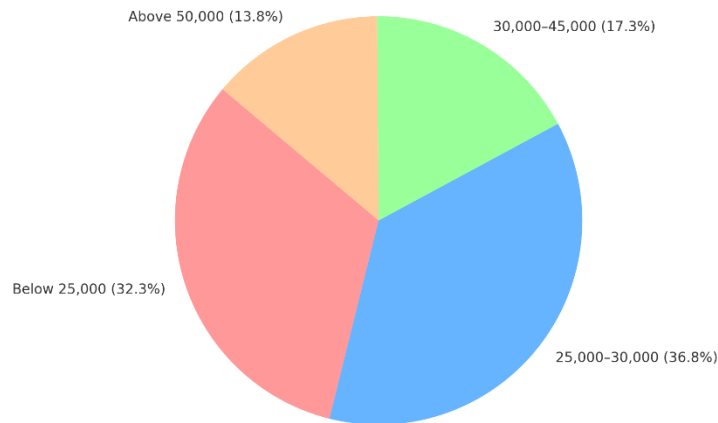


Figure 4: Monthly Household Income

Table 1 shows the results which indicate a strong perception that political instability negatively affects life in Pakistan. Most respondents (69.3%) believed it worsened economic conditions, while 87.5% felt unsafe during political events.

Table 1: Perceptions and Effects of Political Instability

Question / Area	Response Options	Frequency (n)	Percentage (%)
Frequency of Following Political News	Daily	43	10.8
	Weekly	141	35.3
	Rarely	143	35.8
	Never	73	18.3
Belief: Has Political Instability Worsened Economy?	Yes	277	69.3
	No	123	30.8
Effect of Political Instability on Mental Health	Extremely	41	10.3
	Significantly	73	18.3
	Moderately	139	34.8
	Slightly	104	26.0
	Not at all	43	10.8
Feeling Unsafe Due to Political Events	Yes	350	87.5
	No	50	12.5
Job Security/Income Affected by Political Uncertainty	Yes	328	82.0
	No	72	18.0
Feelings About Future Due to Political Crisis	Extremely worried	59	14.8
	Pessimistic	90	22.5
	Neutral	214	53.5
	Optimistic	37	9.3
Perception of Government's Response to Crises	Effective	82	20.5
	Neutral	259	64.8
	Ineffective	59	14.8

Additionally, 82% reported impacts on job security or income, and nearly two-thirds specified that instability moderately to severely affected their mental health. Regarding future outlook, 53.5% were neutral, 37.3% pessimistic, and only 9.3% optimistic. Notably, only 20.5% considered the government's response effective. Overall, political instability is widely perceived as a serious risk to economic security and psychological well-being.

Table 2 describes the following table summarizes the respondents' experiences and perceptions regarding the impact of inflation on their daily lives, particularly in terms of expenses, nutrition, healthcare access, and financial stress.

Table 2: Inflation Experience

Area of Impact	Response Options	Frequency (n)	Percentage (%)
Impact of Inflation on Daily Expenses	Extremely	76	19.0%
	Significantly	73	18.3%
	Moderately	114	28.5%
	Slightly	94	23.5%
	Not at all	43	10.8%
Cutting Down on Basic Needs (Food, Healthcare, etc.)	Yes	339	84.8%
	No	61	15.3%
Access to Healthcare or Medications	Yes	273	68.3%
	Maybe	67	16.8%
	No	60	15.0%

Effect on Dietary Habits	Eating less nutritious food	169	42.3%
	Skipping meals	100	25.0%
	Relying on processed/ cheaper food	51	12.8%
	No change	80	20.0%
Perception of Financial Situation	Yes, worsened	298	74.5%
	Maybe	62	15.5%
	No	40	10.0%
Ability to Afford Basic Needs	Severe impact	87	21.8%
	Moderate impact	131	32.8%
	Slight impact	144	36.0%
	No impact	38	9.5%
Frequency of Financial Worry	Always	182	45.5%
	Often	122	30.5%
	Sometimes	52	13.0%
	Rarely	24	6.0%
	Never	20	5.0%

Inflation has significantly affected the population, with most respondents reporting moderate to severe impacts on daily expenses. The majority have cut back on basic needs, including food and healthcare, and many face reduced access to medical services. Nutritional quality has declined, with some skipping meals. Overall, financial stress is widespread, as most feel their financial situation has worsened and worry about meeting basic household needs.

Table 3 shows the following table presents the results related to mental health indicators, as influenced by inflation and supported by items from Coping Mechanisms. These insights reflect the psychological burden felt by individuals in response to financial and political instability.

Table 3: Mental Health Indicators

Issue	Response	Frequency	Percent
Stress/Anxiety from Financial Instability	No	61	15.3%
	Yes	339	84.8%
Depression/Irritability/Lack of Motivation	Maybe	68	17.0%
	No	55	13.8%
Impact of Political/Economic Situation	Yes	277	69.3%
	No	115	28.7%
Considered Seeking Professional Help	Yes	285	71.3%
	No	130	32.5%
	Yes	270	67.5%

Inflation and political instability have strongly affected mental health, with most respondents reporting increased stress, anxiety, and reduced daily functioning. Many are also open to seeking professional mental health support, highlighting the need for accessible services.

The chart shows that financial and political stress has a strong impact on physical health and nutrition. Most respondents reported stress-related physical issues, while a majority

also experienced worsening dietary quality due to rising food prices. as shown in figure 4.

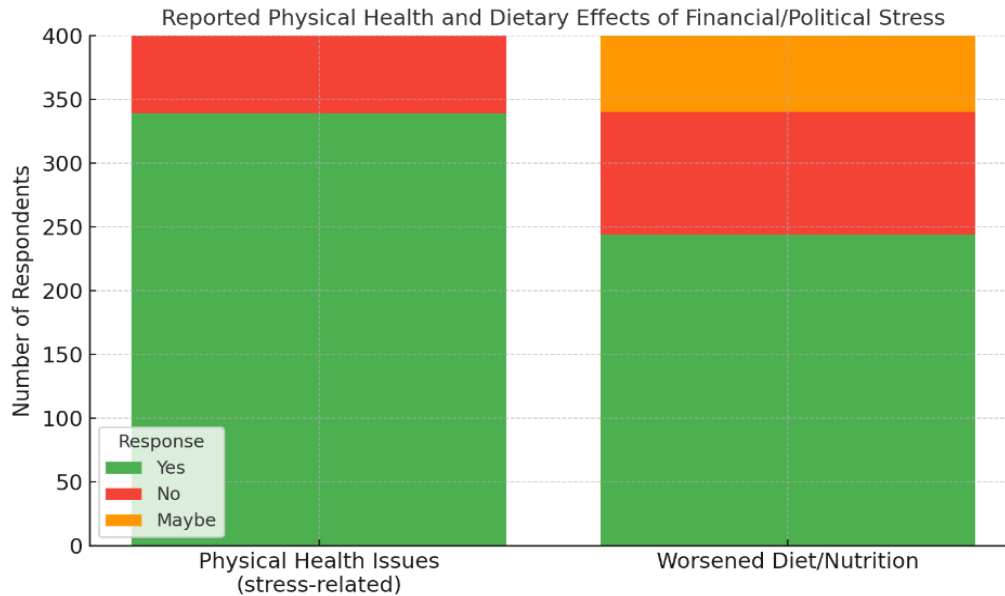


Figure 4: Physical Health Complaints

These findings highlight that economic pressure leads to clear physical health problems and lifestyle disruptions, emphasizing the need for health-focused interventions during economic instability.

In table 4 which show that political and economic instability has significantly affected daily life, particularly sleep and emotional well-being. Many respondents reported sleep disturbances and frequent feelings of being overwhelmed due to ongoing stress. While people used varied coping strategies including professional help, physical activity, and spiritual practices perceptions of available government or community support were generally positive, despite widespread stress.

Table 4: Sleep and Lifestyle Disruptions

Variable	Category	Frequency (n)	Percentage (%)
Sleep pattern changes due to financial crisis	Frequent insomnia	94	23.5
	No change	74	18.5
	Severe sleep disturbances	50	12.5
	Slight difficulty sleeping	182	45.5
Feeling overwhelmed by financial burdens	Always	39	9.8
	Often	83	20.8
	Rarely	54	13.5
	Sometimes	224	56.0
	Engaging in religious/spiritual activities	64	16.0

Coping strategies (multiple responses allowed)	Exercising or engaging in physical activity	68	17.0
	Ignoring the situation/avoiding discussions	40	10.0
	Other (unspecified)	110	27.5
	Seeking professional mental health support	88	22.0
	Talking to friends/family	30	7.5
Perception of support	Yes (sufficient govt/community support)	329	82.3
	No (insufficient support)	71	17.8

Inferential Statistics (Hypothesis Testing Results)

The analysis shows a strong and statistically significant link between economic hardship and psychological stress. Respondents who cut down on basic needs were far more likely to experience stress or anxiety. The chi-square results confirm this relationship is highly significant, supporting the conclusion that inflation and political crisis directly harm mental well-being in table 5.

Table 5: Chi-Square Test Summary between Cutting Down on Basic Needs and Experiencing Stress/Anxiety

Test	Value	df	p-value (2-sided)
Pearson Chi-Square	36.470	1	.000 (significant)
Continuity Correction	34.285	1	.000
Likelihood Ratio	29.861	1	.000
Fisher's Exact Test	—	—	.000
N of Valid Cases	400		

Table 6 shows that the chi-square analysis shows a significant association between household income and the impact of inflation on healthcare access ($\chi^2 = 37.946$, $df = 9$, $p < .001$). Lower-income groups especially those earning below PKR 30,000 reported the greatest difficulty accessing healthcare, while higher-income households were far less affected. This indicates that inflation disproportionately restricts healthcare access for low-income families.

Table 6: Chi-Square Test Summary between Inflation's Effect on Healthcare Access and Monthly Household Income

Test	Value	Df	p-value (2-sided)	Significance
Pearson Chi-Square	37.946	9	.000	Significant
Likelihood Ratio	36.094	9	.000	Significant
Valid Cases	400			
Cells with Expected Count < 5	4 (25%)		Min = 0.83	Slight caution needed

Although a few expected counts were low, the results remain reliable. Overall, the findings reinforce that inflation intensifies healthcare inequalities, with lower-income groups facing the greatest barriers, supporting the conclusion that economic and political crises directly harm health access and well-being.

DISCUSSION

Respondent Age Distribution

The sample was predominantly middle-aged, with 65.1% of respondents aged 26–45, positioning this study within a demographic often underrepresented in crisis research. Unlike studies focusing on youth (McGorry et al., 2023; Sultana et al., 2022), this age group represents individuals at peak economic and familial responsibility.

Gender Distribution

The near-equal gender distribution (52% male, 48% female) strengthens the analytical reliability of the study and aligns with similar designs (Sultana et al., 2022). This balance is critical given evidence that financial crises exacerbate gender-specific vulnerabilities, with men facing employment-related risks and women experiencing higher rates of anxiety and depression (Talamonti et al., 2024). The sample therefore allows meaningful exploration of gendered crisis impacts.

Occupational Background of Respondents

The high proportion of unemployed respondents (23.5%) highlights significant economic vulnerability within the sample. This finding is consistent with prior research identifying unemployment as a major risk factor for poor health outcomes during economic crises (Talamonti et al., 2024). The occupational profile suggests a population predisposed to experiencing intensified health and psychological consequences of instability.

Predominance of Low-Income Households and Its Implications

With 69.1% of respondents belonging to low-income households, financial precarity emerged as a central determinant of vulnerability. This aligns with evidence linking low income to increased depression, stress, and anxiety during inflationary periods (Sultana et al., 2024). Globally, inflation-related health harms disproportionately affect disadvantaged groups (Movsisyan et al., 2024), positioning income as the key mechanism through which crises translate into adverse well-being.

Perceived Political Instability as a Primary Driver of Poor Well-being

Respondents identified political instability as a major threat affecting economic security, safety, employment, and mental health. These perceptions support the concept of “political determinants of mental health,” where governance failures exacerbate stressors such as insecurity and poverty (Bhugra & Ventriglio, 2023). Low confidence in government response mirrors findings that negative perceptions of political action are associated with higher depressive symptoms and helplessness (Niephaus, 2022).

Inflation as a Direct Threat to Health and Livelihood

The widespread reduction in spending on food and healthcare demonstrates that inflation functions as a direct public health stressor. Financial anxiety and deteriorating nutrition observed in this study align with regional findings linking inflation to psychological distress

(Sultana et al., 2024). Inflation thus compromises both mental and physical health simultaneously.

The Manifestation of Crisis as a Public Health Concern

High levels of stress, depression, and impaired functioning confirm that the crisis constitutes a population-level mental health emergency, consistent with global evidence (Talamonti et al., 2024). Importantly, the strong willingness to seek professional help contrasts with a healthcare system already strained by economic instability (Saqlain, 2023), indicating a growing mismatch between mental health needs and service capacity.

The Physical Manifestation of Socio-Economic Stress

Findings further confirm that chronic stress from economic and political crises produces both somatic symptoms and nutritional compromise. This dual impact aligns with evidence from past financial crises showing stress-driven health deterioration and declining diet quality among vulnerable populations (Brinkman et al., 2010), underscoring an urgent need for integrated health responses.

The Direct Pathway from Material Hardship to Psychological Distress

Chi-square analysis confirms a strong and significant link between cutting basic necessities and psychological stress, validating material and psychosocial pathways proposed by Broadbent et al. (2023). This association mirrors regional findings connecting financial hardship to anxiety and stress (Sultana et al., 2024), demonstrating that inflation translates into mental distress through everyday deprivation.

Income as a Determinant of Healthcare Access during Crisis

The significant association between low income and reduced healthcare access highlights inflation as a regressive force on health equity. Most affected respondents belonged to the lowest income groups, reflecting both individual financial barriers and systemic healthcare strain (Saqlain, 2023), reinforcing income as a key determinant of health access during instability.

CONCLUSION

This study concludes that political instability and severe inflation have combined into a crisis that directly threatens public health and personal security. Political turmoil drives economic hardship and psychological distress, while inflation forces many to cut essential needs like food and healthcare, linking material deprivation to rising anxiety, depression, and other mental health issues. The crisis also amplifies inequality, with low-income groups disproportionately losing access to medical services. Overall, macroeconomic and political instability has translated into a tangible, widespread public health emergency, highlighting the inseparable connection between national stability and population well-being.

Limitations of the Study

This study has several limitations that should be considered when interpreting the findings. Its cross-sectional design captures data at a single point in time, allowing for identification of associations but not causal relationships. The reliance on self-reported data, while valuable for capturing subjective experiences, may be influenced by recall or social desirability biases, and does not equate to clinical diagnoses. Although the sample of 400 is substantial, it may not fully represent the national population, potentially over-representing urban or survey-accessible groups and limiting generalizability to rural or isolated communities. Additionally, other factors such as lingering COVID-19 effects, regional security issues, or local governance challenges could confound the observed impacts of political instability and inflation on health.

Conflict of Interest

The authors declare no conflict of interest.

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