

УДК 316.485.26:323.1(497.115)

316.728(=163.41)(497.115)

614(=163.41)(497.115)

DOI: <https://doi.org/10.5937/bastina33-39944>

Оригинални научни рад

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THE IMPACT OF ETHNIC CONFLICTS ON THE QUALITY OF LIFE AND HUMAN HEALTH: A CASE STUDY OF SERBIAN PEOPLE IN KOSOVO AND METOHİJA

Abstract: The subject of this research is the assessment of the influence of ethnic conflicts on the quality of life and health of people. The aim of the research is to identify and highlight the influence of conflicts on human health in the environments which were exposed to those conflicts at the end of the 20th and the beginning of the 21st century. The research was conducted in Kosovo and Metohija. Participants in inter-ethnic conflicts are Serbs and Albanians. Only Serbs were included in the research, while the language barrier was an obstacle for the inclusion of Albanians in the research. The ways in which trauma, gender, age, marriage and household size affect the fear of violence were investigated. The differences between types of fear were stated, i.e. it was investigated whether respondents were more concerned about their property or their personal safety.

Key words: Ethnic conflicts, Quality of life, Consequences, Human health, Kosovo and Metohija.

INTRODUCTION

Ethnic diversity is the main factor that can cause large differences in human well-being in each country. The effects of ethnic diversity may be different between democratic and dictatorial regimes due to their different policy-making processes (Williams et al. 2018). With the emergence of ethnic conflicts, there are consequences that directly affect the civilians. Terror tends to cause fear and not only on the victim, but with the general group of people to which the victim belongs (Baljak, Erkić 2022). Human casualties, physical injuries, interruptions in daily life and routine mobility, as well as the appearance of infectious diseases, malnutrition and mental health disorders (post-traumatic stress disorder and depression) are the consequences faced by the civilian population (Bolton, Betancourt 2004; Garfield 2007; Ghobarah et al. 2003; Krug et al. 2002; Levy, Sidel 2000; Mack 2005; Murray et al. 2002; Pedersen 2002; Sonis et al. 2009; Thapa, Hauff 2005). Such living conditions lead to insecurity and unpredictability in everyday life. Fear of violence manifests itself in people as a direct threat, in the case of armed conflicts that can

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last a long time, fear of violence manifests itself as a chronic feeling of insecurity (Williams et al. 2018), and affects people's quality of life and health during and after conflict, i.e. movement within the community, development of social support relationships, use of health services, marriage, childbirth and migration (Agadjanian, Prata 2002, 2001; Caldwell 2004; Cullen, Levitt 1999; Das-Gupta, Li 1999; De Smedt 1998; Lester 1993; Lindstrom, Berhanu 1999; Rountree, Land 1996a; Saxena et al. 2004). Traumatized refugees are in most cases severely affected mentally by the traumas they have been subjected to, physically by injuries suffered during torture and war, psycho-somatically with pain, and socially by cultural uprooting, as well as by social difficulties in the exile community.

Medical, public health, and other systems of surveillance and rapid assessment of mass violence can accelerate public awareness and facilitate structured, consistent political decision making to prevent mass violence and to provide international humanitarian assistance (Gellert 1995).

Some of the impacts of war on public health are obvious, while others are not. The direct impact of war on mortality and morbidity is apparent, but there are many indirect impacts (Levy, Sidel 1997).

Armed conflicts affect more than one in 10 children globally. While there is a large literature on mental health, the effects of armed conflict on children's physical health and development are not well understood (Kadir et al. 2019).

The process of changing the ethnic structure of the population, in Kosovo and Metohija it went so that the Serbs as a people have become the absolute minority from the absolute majority, which is evidenced by the following data: a) according to the Turkish census dated 1455 (Maŋypa, 2001) in the area of Kosovo, there were 98% of the Serbs and 1% of the Albanians; b) according to the Austrian data, there were 64% of the Serbs and 32% of the Albanians; c) according to the census in the Kingdom of Serbs, Croats, and Slovenes in 1921, there were 26% of the Serbs and 66% of the Albanians and, according to the 1931 census, there were 32.6% of the Serbs, and 60.1% of the Albanians. Turkish occupation and genocidal policy against the Serbian people up to the Balkan wars brought demographic changes in the direction of the decrease in the number of the Serb population, which continued through the first half of the 21st century (Tančić, Elezović 2020). By the 1974 Constitution, Kosovo gained the factual status of a federal unit of SFR Yugoslavia, although it was formally still part of SR Serbia. Kosovo lost the status of de facto federal unit by the Constitution of Serbia of 1990, and since then, it has been called the Autonomous Province of Kosovo and Metohija within Serbia. Part of Albanians unilaterally declared independence in 1990, but it was not recognized by any state except for Albania. In 1996, the Albanian terrorist organization, KLA, began attacks state authorities of Serbia. This turned into a serious conflict in 1998, when terrorist attacks on the regular security forces expanded to the entire Province. After diplomatic pressures the against Yugoslavia to withdraw military and police forces from the Province and enable the Albanians a greater level of autonomy, NATO openly threatened to bomb, the KLA continued their terrorist attacks (Elezović 2009:352-357). After the Račak case in January 1999, there were new threats of bombing by the United States, NATO and other countries. After three weeks of negotiations, no agreement was reached. For the USA and the EU, this was the last attempt to resolve the Kosovo crisis peacefully.

NATO bombing ensued on 24th March, in contravention of international law (without the consent of the UN Security Council). The bombing ended after 78 days with the Kumanovo Agreement and the Resolution 1244 of the Security Council. After the implementation of this agreement, more than 200,000 Serbs and other non-Albanians were exiled from Kosovo and Metohija (Medojević, Pavlović, Milosavljević 2011). After the conflict ended, the KLA continued to commit atrocities against Serbian civilians (Анчев 2016: 20-24; Atlagić 2019). Despite the deployment of NATO forces in Kosovo and the direct involvement of the UN in the administration of the province, terror such as murders, disappearances, bombings and arson have become a routine occurrence (William G. O' Neill 2002). Massive ethnic cleansing of Serbs in the territory of Kosovo and Metohija, known as the *March Pogrom*, happened under the control of UNMIK on 17th and 18th March 2004 (Денда и други 2018; Tančić, Elezović 2020).

Inter-ethnic conflicts in Kosovo and Metohija contributed to the low standard of living of the population. Low living standards and poverty directly affect people's health. The geographical displacement of the population caused by the conflicts also leads to the loss of jobs, property and long-term unemployment, which is reflected in the overall health status of the inhabitants with the conflict in the affected areas. In this paper, we investigate and analyze the consequences of armed conflicts on human health that have arisen between ethnic Serbs and ethnic Albanian communities in Kosovo and Metohija.

The aim of this research arises from the task of the research, and it refers to the perception of the consequences on the population that has been exposed to fears for a long period of time (physical danger, financial problem, property damage and extortion).

STUDY AREA

Differences between ethnic communities have widened, especially since 2008 when the Kosovo Assembly declared unilateral independence. The Republic of Serbia has not recognized Kosovo and Metohija as an independent state. The status of Kosovo is uncertain (Bhaumik et al. 2006), and Serbia is trying to protect the remaining Serbs in Kosovo and Metohija through numerous agreements with Albanians. The first agreement on the principles governing the normalization of relations was the Brussels Agreement from 2013. Youth unemployment is also a big problem in Kosovo. The unemployment rate in Kosovo in 2019 was 25.7%, while it was 49.4% among young people. In 2021, the GDP per capita is 4,560 USD, while the poverty rate is 20.9% (World Bank Group 2021). From an economic viewpoint, the main problem is that the post-conflict reconstruction did not generate significant employment opportunities (Jakšić, Vuković 2021).

The population of Kosovo and Metohija has been growing steadily in the second half of the 20th century. We attribute the increase in total population to the demographic boom of the Albanian population above all. The total population of Kosovo and Metohija grew from 727.820 in 1948 to 1.954.747 in the 1991 census, an increase of 168%. Despite all the expectations and forecasts of the last twenty years, the total population of Kosovo and Metohija has been in a slight decline and according to the last census from 2011 the population is 1.739.825, which is a decrease of 12% compared to 1991 (Medojević, Pavlović, Milosavljević 2011).

Not all ethnic communities have participated equally in increasing Kosovo's population. While the Albanian population had all the characteristics of a population progression, the Serb and other non-Albanian populations were in regression (Radovanović 2004).

Table 1. Ethnical structure of population of the Autonomous Province Kosovo and Metohija by Censuses 1948-1991 (Statistical Office of the Republic of Serbia)

	1948.	1953.	1961.	1971.	1981.	1991.
Albanians	498,242	524,559	646,805	916,168	1,226,736	1,607,690*
Serbs	171,911	189,869	227,016	228,264	209,498	195,301
Montenegrins	28,050	31,343	37,588	31,555	27,028	20,045
Muslims	9,679	6,241	8,026	26,357	58,562	57,408
Roma	11,230	11,904	3,202	14,593	34,126	42,806
Turks	1,315	34,583	25,784	12,244	12,513	10,838
Croats	5,290	6,201	7,251	8,264	8,717	8,161
Others	2,103	3,541	8,316	6,248	7,260	12,498
TOTAL	727,820	808,141	963,988	1,243,693	1,584,441	1,954,747

*estimated population

When looking at the censuses after the Second World War, we notice that the number of Serbs in the territory of Kosovo and Metohija increased from 1948 to 1971, when it reached its maximum. The Serb population increased by 56,353 during this period. For the next twenty years there has been a continuous decline in the total number of Serbs in Kosovo and Metohija, so the 1981 census recorded 209,498 Serbs, while according to the 1991 census there were 195,301. Thus, the participation of the Serbian population in the total population from 23.6% in 1948 dropped to 9.9% in the 1991 census (Medojević, Milosavljević 2019).

After Second World War, the Albanian population increased. From 1948 to 1991, their number increased threefold, from 498,242 to 1,607,690. Albanian participation in the ethnic structure of the population of Kosovo and Metohija increased from 68.4% in 1948 to 82.2% in 1991. During the 1960s and 1980s, the increase in the number of Albanians in Kosovo and Metohija had the characteristics of a population boom. The census period 1961-1971, determined the increase in the number of Albanians from 646,605 to 916,168 (a total increase of 269,563 or 42%); in the period 1971-1981. the number of Albanians increased from 916,168 to 1,226,736 (a total increase of 310,568 or 34%), and in the period 1981-1991. their number increased from 1,226,736 to 1,607,690 (a total increase of 380,954 or 31%). The causes of the population boom of the Albanian population in the second half of the twentieth century, in Kosovo and Metohija, can be found in the prolongation of life expectancy, falling mortality rates of adults and infants with stagnant birth rates.

Today, twenty years after the end of the aggression and the entry of international forces into the territory of Kosovo and Metohija, there is still speculation about the total number of population as well as the ethnic structure of the population.

Table 2. Ethnical structure of population of the Autonomous Province Kosovo and Metohija by Census 2011 (Statistical Office of Kosovo)

Ethnicity	Number	%
Albanians	1,616,869	92.9
Serbs	25,532	1.5
Turks	18,738	1.1
Bosniaks	27,533	1.6
Roma	8,824	0.5
Ashkali	15,436	0.9
Egyptians	11,524	0.7
Gorans	10,265	0.6
Others	2,352	0.1
Does not want to declare	912	0.1
Does not know	1,840	0.1
TOTAL	1,739,825	100

Based on the results of the census, the most numerous ethnic communities in Kosovo and Metohija were Albanians with 1,616,869 inhabitants, which participate with 92.9% of total population of Kosovo and Metohija. The majority of the population was Albanian in all municipalities, except eight municipalities (four in northern Kosovo and Metohija: Leposavić, Zubin Potok, Zvečan and northern Kosovska Mitrovica and four newly formed municipalities: Mamuša, Gračanica, Ranilug and Parteš). An equal number of Albanians and Serbs were in the municipalities of Novo Brdo, Štrpce and Klokot.

The number of Serbs in this census was only 25,532 with participation of 1.5% in the total population. However, the Serbian population in the area of Kosovo and Metohija is much larger and therefore its participation in the total population is larger. The estimated number of Serbs in the four municipalities in the north of the Province is 60,000, while in the interior of Kosovo and Metohija there are more than 50 ethnically purely Serb or mixed settlements in which Serbs are represented in significant numbers (Milosavljević, Medojević 2020).

Ethnically motivated attacks by Albanians on Serbs during the 1990s were frequent. We will mention the kidnapping and killing of 43 Serb civilians in Orahovac in July 1998, the killing of 22 Serbs in the village of Klečka in August, and the killing of six young Serbs in a restaurant in Peć in December of the same year. With the arrival of international peacekeeping forces in June 1999, the ethnic attacks on the Serbian population were further intensified. During the first two decades of the 21st century, hundreds of ethnic attacks were carried out on the territory of Kosovo and Metohija, mainly against the Serbian population. Most of the attackers are never found, much less punished. Chronologically, we will mention the most brutal individual or mass suffering of Serbs since the arrival of the International Peace Mission in Kosovo and Metohija. It all started with the brutal murders of the monks of the Monastery of the Holy Archangels near Prizren in June 1999, and continued with the massacre of fourteen farmers in the village of Staro Gracko near Lipljan in July of the same year. In the municipality of Gnjilane, in the village of Cernica (May 2000 and September 2003) and the village of Parteš (August 2003),

the Serbian population, including children, was killed on several occasions. In February 2001, near the village of Livadice in the municipality of Podujevo, there was a terrorist attack on a bus, when twelve Serbs were killed and 40 Serbs were seriously and lightly injured. In the village of Gorazdevac near Peć, in August 2003, Albanian terrorists killed two and wounded four Serbian children. The „March pogrom“, as we call the most extensive ethnic cleansing of the Serbian population after 1999, took place from March 17th to 19th, 2004. The immediate cause of the pogrom was the publication of news about the drowning of three Albanian boys in the river Ibar, for whose death the Albanian and world media blamed the Serbs. In the pogrom, about 4,000 Serbs and other non-Albanian population were expelled, 28 people were killed, more than 900 inhabitants were beaten or wounded. About 935 Serbian, Roma and Ashkali houses were burned and destroyed, as well as 35 Orthodox religious buildings (*Government of the Republic of Serbia, March pogrom of 2004, Destroyed shrine and cultural property*). Six cities and nine villages were ethnically cleansed of Serbs. These events were attended by the International Mission, which was not ready or did not want to prevent the pogrom. Ethnically motivated violence against the Serbian population continued even after this event. It can be said that today, 23 years after the armed conflicts in Kosovo and Metohija, there is no security for the Serbian population, which is exposed to obvious ethnic violence.

There was almost no organized return of Serbs to settlements south of the Ibar, and there were also numerous attacks on the few returnees of Kosovo Albanians in Dečani (2016), but also on pilgrim visits in the municipalities: Istok, Đakovica, Suva Reka (2018). Serbs characterized this as a way to scare potential returnees, but also Serbs who continued to live in Metohija and central Kosovo after the conflict. The daily fear for security among Serbs is a limiting factor that affects people's health and the economic survival of families.

The situation in Kosovo and Metohija at this time can be characterized as a „frozen conflict“ and as such poses a serious threat to peace and security, both in the region and in Europe. The European Security Strategy foresaw a perspective similar to the problems in Kashmir, the Great Lakes Region, as well as direct and indirect impact on European interests, such as the Middle East, emphasizing that violent or frozen conflicts „near“ the borders threaten regional stability.

METHODS

About the influence of armed conflicts on the quality of life and health have received little attention in the literature (Miller, Rasmussen 2010; Panter, Brick 2010; Pedersen 2002; Tol et al. 2010). In this paper we seek to improve our understanding of one of the indirect, but possibly influential, mechanisms that might connect the experience of armed conflict to health and well-being outcomes—stress and insecurity. Given that this is a broad concept, in this study we operationalize stress and insecurity more specifically as fear of violence. We examine how individual-level characteristics, particularly related to social roles and responsibilities, influence variance in levels of fear of violence during armed conflict. The data in this study are based on a survey conducted according to the methodology used by Williams et al. (2018). The research was conducted in Kosovo

and Metohija, on a selected sample of 202 respondents (persons with health problems), whereby the principle of voluntariness was respected. All survey participants were informed orally and in writing about their rights and research objectives, as well as the method of participation. The researchers (authors) in this study are committed to the privacy and anonymity of the participants. The interviewees were chosen from different settlements, those that were in the center of the conflict, on the borders of the conflict and settlements that were not directly exposed to the conflicts. Interviewing was conducted face-to-face, in the Serbian language, which resulted in a 100 percent response rate. No persons of Albanian nationality participated in the survey, and the reason is the language barrier. Data processing was created in the IBM SPSS Statistics 21 software.

The survey consisted of a group of demographic questions and a group of questions related to measuring fear of violence, traumatic experiences, and mental health outcomes. The research was conducted 20 years after the great ethnic conflicts in Kosovo and Metohija and six years since the signing of the Brussels Agreement between the representatives of Serbs and Albanians. However, although much time has passed since the great conflicts and the peace agreements are still in force, there have been political and violent instabilities in the area.

The first part of the questionnaire refers to a set of demographic questions (gender, age, marital status, number of household members, ethnicity and education).

The second part of the research deals with measuring fear of violence, traumatic experiences and mental health outcomes (Williams et al. 2018). Citing conflicts from previous decades, respondents were first asked: „What problem were you most worried about during the conflict?” Answer choices included: physical danger (such as getting killed, injured, beaten, abducted, or tortured), problems making a living (such as lose your job, can't go to work, or can't do farming), extortion, forceful destruction of property (such as burning your house or other possessions), and other. Next, respondents were asked, „During the conflict, in general how worried were you about physical danger (such as getting killed or injured) to you or your family members? Would you say that you worried about it every day, once or twice a week, once or twice a month, or less than once a month?”

The survey questionnaire showed ten different traumatic experiences, the total value of which ranged from 0 to 9. With zero value, the respondents stated that there were no traumatic experiences, and the claim that there were traumatic experiences could be expressed through the following nine events: direct participation in conflict as a soldier or peacemaker, unarmed civilian at the center of the conflict, forcibly mobilized, victim of extortion, sexual harassment, torture, kidnapping, cause of serious injury or death/intentional or accidental and direct presence in mass destruction of people and goods/bombing, mass murders, kidnappings, rapes.

RESULTS

As stated in the methodology, the survey consists of the demographic part, where 38.6% of the total number of respondents are from the north of Kosovo and Metohija, and the remaining 61.4% are from the enclaves from the central part. Individually by places, the largest number of respondents are from Gračanica (14.9%),

Kosovska Mitrovica (13.9%), Zubin Potok (9.4%), Leposavić (8.4%), Štrpce (7.4%), Zvečan (6.9%), Laplje Selo (5.9%).

Among the respondents, 52.0% are men and 48.0% are women. By age, most are those aged 40 to 59 (52%), over 60 is 33.2%, and 19 to 39 is 14.8% (Table 3).

Table 3. Demographic structure of respondents in the study area

	Total (N=202) N	Total (100%) Percentage (%)
Sex		
Male	105	52.0
Female	97	48.0
Age		
19-39 years old	30	14.8
40-59 years old	105	52
over 60 years old	67	33.2
Range	27-84	100.0
Marriage status		
Not married	16	7.9
Married	143	70.8
Divorced, separated, widow/widower	43	21.3
Number of household members		
1	6	3.0
2	24	11.9
3	36	17.8
4	44	21.8
5	55	27.2
6	23	11.4
7	12	5.9
8	2	1.0
Ethnicity		
Serbs	179	88.6
Roma people	15	7.4
Gorans people	7	4
Education		
Primary ed. (8 years)	40	19.8
High school (3 years)	58	28.7
High school (4 years)	49	24.3
High education (2 years)	26	12.9
High education (3 years)	6	3.0
High education (4 years)	22	10.9
High education (5 years)	1	0.5

The largest percentage of respondents were married (70.8%), 21.3% were divorced, separated or widowed, while 7.9% were not married. In the results and discussion, an analysis of these parameters will be performed together with the analysis

of the parameters for measuring fear of violence. Among those who started their own family, most have five members (27.2%), slightly fewer have four members (21.8%), and a significant number of respondents belong to three-member families (17.8%). As the survey was conducted in Serb-majority areas, 88.6% were Serbs, while Roma and Gorans accounted for 11.4%. More than half of the respondents have secondary education (53%), 19.8% have primary education, 15.9% have secondary education (2 and 3 years), and 11.4% have a university degree (4 and 5 years).

Among the parameters describing the frequency of fear, 99% of the total number of respondents stated that they were exposed to physical danger, 96% struggled with the problems of earning a living, 89.6% were worried about their property, and 11.9% of respondents were exposed to extortion. On average, the largest number of respondents (34.7%) were exposed to physical danger less than once a month, while the number of those who were exposed every day (11.4%) was not negligible. The largest number of respondents, 44.6%, had problems related to earning a living on a daily basis, while an average of 9.4% of respondents had the same problem less than once a month. Property damage was a daily problem in 31.7% of the total number of respondents, while 6.4% experienced extortion on a daily basis (Table 4).

In the selected sample, the smallest number of respondents recognized extortion as a type of danger, while the problem of existence and the fear of property damage being inflicted on them are the most prevalent. After the results obtained from the survey, we conducted field research on the topic of the presence of fear using the interview method. As in the previous form of research, ethical rules were respected. In this way, the previously obtained results were confirmed, and the conclusions are: in recent years, the fear of physical danger has decreased in Kosovo and Metohija; the fear of economic insecurity is growing and this is the most common motive for the departure of the young population from Kosovo and Metohija; the fear of causing property damage is on the rise, which further weakens the economic power of households and encourages emigration; The fear of extortion is much less common.

Table 4. Descriptive statistics for fear of violence (%)

Frequency of fear	Exposure to fear				Total	Non-exposure to fear
	≤ once a month	1-2 times a month	1-2 times a week	Every day		
Physical danger (such as killing, wounding, beating, kidnapping or torture)	34.7%	33.2%	19.8%	11.4%	99%	1.0%
Problems earning a living (such as losing a job, not being able to go to work, or not being able to work in agriculture)	9.4%	19.35%	22.8%	44.6%	96%	4%
Property damage is the biggest concern (such as burning your house or other things)	10.9%	19.3%	27.7%	31.7%	89.6%	10.4%
Extortion is the biggest concern	1.0%	1.5%	3.0%	6.4%	11.9%	88.1%

Research in social-psychology has shown that men and women can cognitively process risk and fear of victimization differently (Das, Gupta, Li 1999; Rountree, Land 1996b; Smith, Torstensson 1997; Warr 1984). There is a significant relationship between gender and exposure to physical danger ($\chi^2=39.464$, $DF=13$, $p<0.001$). In particular, the evidence in Table 3 shows that women had a higher level of fear than men. Women are usually exposed to physical danger monthly, weekly and even 20.6% of participants are exposed every day (Table 5).

Table 5. Influence of gender on physical danger exposure (n=200)

Physical danger	Gender		Total N (%)	χ^2 , DF, p - value
	Male n (%)	Female n (%)		
On average less than once a month	54 (52.4%)	16 (16.5%)	70 (35%)	$\chi^2=39.464$; DF=3; p=0,000*
Once or twice a month	34 (33%)	33 (34%)	67 (33.5%)	
Once or twice a week	12 (11.7%)	28 (28.9%)	40 (20%)	
Daily	3 (2.9%)	20 (20.6%)	23 (11.5%)	

There is a significant relationship education and exposure to physical danger ($\chi^2=31.951$, $DF=6$, $p<0.001$). Most of the participants exposed to physical danger are with high school education (Table 6).

Table 6. Impact of education on physical danger exposure (n=200)

Physical danger	Education level			Total N (%)	χ^2 , DF, p - value
	Elementary school n (%)	High school n (%)	High education n (%)		
On average less than once a month	7 (17.5%)	34 (32.4%)	29 (52.7%)	70 (35%)	$\chi^2=31.951$; DF=6; p=0,000*
Once or twice a month	9 (22.5%)	40 (38.1%)	18 (32.7%)	67 (33.5%)	
Once or twice a week	12 (30%)	20 (19%)	8 (14.5%)	40 (20%)	
Daily	12 (30%)	11 (10.5%)	0 (0%)	23 (11.5%)	

* $p<0,001$

There is a significant relationship between the place where the person lives and exposure to physical danger ($\chi^2=130.26$, $DF=3$, $p<0.01$). The most of the participants which are exposed to physical danger are living in a village (Table 7).

Table 7. Influence of place of residence on exposure to physical danger (n=200)

Physical danger	Place of residence		Total N (%)	χ^2 , DF, p - value
	Town n (%)	Village n (%)		
On average less than once a month	35 (43.8%)	35 (29.2%)	70 (35%)	$\chi^2=13.026$; DF=3; p=0,005*
Once or twice a month	29 (36.3%)	38 (31.7%)	67 (33.5%)	
Once or twice a week	14 (17.5%)	26 (21.7%)	40 (20%)	
Daily	2 (2.5%)	21 (17.5%)	23 (11.5%)	

* $p<0,001$

Psychological research confirms that fear of violence increases in individuals who went through traumatic events (Frijda 1993; Terheggen et al. 2001). This confirms that the experience of traumatic events will increase the fear of violence during armed conflicts. Table 6 shows the results of research from the area affected by armed conflict, so 97.5% of respondents had some traumatic experience, while 2.5% had no such experience. The largest percentage of respondents (96.5%) had traumatic experiences when they were directly present during the mass destruction of people and goods. 57.4% of respondents found themselves at the center of the conflict as unarmed civilian, while a significantly smaller percentage (34.7%) had direct participation in the conflict as a soldier or peacemaker (Table 8).

Table 8. Descriptive statistics for fear traumatic experiences

TRAUMATIC EXPERIENCES (0-9)	Positive answer in %	No answer in %
There were no traumatic experiences	2.5	97.5
Direct participation in the conflict as a soldier or peacemaker	34.7	65.3
An unarmed civilian at the center of the conflict	57.4	42.6
Forced mobilization	12.4	87.6
A victim of extortion	17.8	82.2
Sexual harassment	2.5	97.5
Torture	5.0	95.0
Kidnappings	3.0	97.0
Cause of serious injury or death of people/intentionally or accidentally/	5.4	94.6
Immediate presence in the mass destruction of people and goods/ bombing, mass murder, kidnapping, rape	96.5	3.5

22.9% of men and 1% of women had a traumatic experience during forced mobilization. Men were more often victims of extortion, torture and serious injury, while women were victims of sexual harassment and kidnapping.

Overall, it is concluded that the consequences of the armed conflict on the civilian population have left traumatic experiences, which need to be recognized and adequately treated. Such living conditions left permanent changes in mental health of most of the respondents.

DISCUSSION

The results of this study show that chronic fear of violence prevailed in Kosovo and Metohija during the armed conflicts. However, although the fear of violence was significant, violence and physical danger were not the most important concerns of a significant number of people during the conflict. Armed conflicts prevented families from earning a living due to job loss, inability to go to work, farming and working on the property, which was the biggest concern of the population. Research has also shown that not all people experience fear of violence in the same way during armed conflict.

Those who had greater responsibility to others, for the safety of their family members, were more at risk. Women and the elderly were particularly at risk.

Social prescribing emerged from recognizing the vital contribution that communities can make to health and well-being. The reaction to stress is individual and depends on many factors. It has been proven that it is influenced by genetics, early childhood experience, trauma and model learning, i.e. imitation of how parents behaved in stressful situations, which is especially true for our respondents who have been living in low-intensity conflict for 20 years, and some of them were born a couple of years before or during the armed conflict. Negative emotional states such as anger, low mood, sadness, excessive worry and anger, especially if they last a long time, pave a safe path to illness.

In addition to statistical analysis, in this research we make a significant contribution to interviews from the field, where we are faced with the quality of life of the respondents in a special way. By analyzing the quality of life by geographical area, large differences were observed. Post-traumatic stress is more present in respondents in central Kosovo and Metohija (in enclaves). In the post-war period, the quality of life is affected by unemployment and concern for existence. For respondents in the north of Kosovo and Metohija, the quality of life is often linked to refugee status (forced emigration from settlements south of the Ibar River, from Vučitrn, Svinjare and other settlements).

Mirković et al. (2015) dealt with the problems of adults living in a security-threatening area. The results in this study showed that problems with depression are significantly associated with female gender, older people, lower level of education, unemployment, poor financial situation and abuse. Mirković et al. (2012) investigated the mental health assessment of adult residents of northern Kosovska Mitrovica, and the results showed that almost half of the respondents (49.2%) had mental health problems. 55.4% of respondents had psychosomatic problems, 49.2% had anxiety and insomnia, 63.1% had social dysfunction, and 28.5% had depression. The results of these two surveys in the area of the northern part of Kosovo and Metohija statistically showed the same claims. Civilians exposed to trauma and life disruptions as a result of civil war confront severe challenges in attempts to manage unpleasant emotions, thoughts, and memories. In addition to feared external stimuli, people may fear and avoid unwanted private events such as feeling anxious, thoughts and increased heart rate. This topic was dealt with by Kashdan et al. (2009). Drawing on a community sample of Albanian civilian survivors of the Kosovo War, examined whether post-traumatic stress disorder, social anxiety disorder, major depressive disorder, and experiential avoidance were associated with mental health and quality of life outcomes. Each of these conditions was associated with greater experiential avoidance, global distress, and compromised quality of life (Kashdan et al., 2009). Young people in Kosovo and Metohija show a high degree of anxiety, a tendency to experience negative emotions and to experience new situations as potentially threatening. This can be explained by the general security, political and economic instability in the area of Kosovo and Metohija (Павићевић, Стошевски 2019: 2015-233). Research confirms that fear is not equally prevalent among the population in Kosovo and Metohija „Mental and Physical

Health of Students Who Study in Post-Conflict North Kosovo“ (Milić et al., 2021). The conclusion of the study is that health-related quality of life among Serbian students in the northern Kosovo province does not differ based on their region of origin. The use of depleted uranium ammunition during the NATO bombing also affects the health and quality of life of people in the post-war period in Kosovo and Metohija (Gurešić et al., 2011).

CONCLUSION

Ethnic conflicts have become one of the main research issues, around which researchers from different disciplines gather, initiating a multidisciplinary discussion on a whole range of issues, such as defining the concept, causes and consequences of ethnic conflicts. Overall, the consequences of armed conflict on the civilian population, their health and well-being, including permanent mental health impacts, are long-term. In that sense, this study provides an insight into those consequences and is the first of its kind in Kosovo and Metohija. The results showed that there is a chronic fear of violence in this area, because armed conflicts disrupt the daily lives of individuals and families. Fear is not present to the same extent among genders, age groups and families. Fear of physical violence and worries about earnings mostly accompany women, the working population and families with a larger number of members, while the elderly population is less exposed to violence because they spend less time outside the home and have fewer family responsibilities. The results showed the presence of crime and extortion in the researched area, which is a daily concern and danger for the survival of the Serbian population in Kosovo and Metohija.

This is one of the first articles of which we are aware that includes a theoretical discussion and quantitative empirical examination of the determinants of who is more affected by fear during armed conflict. The study is of great importance for further social development in Kosovo and Metohija, especially since it is an area that has been affected by ethnic conflicts for decades. The significance of the study is also in the detailed research of fear of violence, which contributes to the academic literature for future research. The results of such a study can serve as a basis for serious academic and political concern. These include physical and mental health, marriage, childbirth and migration. The study could be relevant to policy makers, e.g. through providing support to civilians in post-conflict situations.

There are limitations in this study and our results. The first disadvantage is that the sample was made only on the population of Serbian nationality, which is treated in health care institutions belonging to the health care system of Serbia, while access to health care institutions in the system of the self-proclaimed Republic of Kosovo was not possible in this study. Secondly, the necessity of a larger number of respondents is emphasized.

Future research would greatly benefit from addressing the limitations of this study. The research could be extended to areas where there was no conflict, and the results of the two studies could be compared and conclusions could be drawn that would be the basis for further action on the areas affected by the conflict.

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УТИЦАЈ ЕТНИЧКИХ СУКОБА НА КВАЛИТЕТ ЖИВОТА
И ЗДРАВЉЕ ЉУДИ: СТУДИЈА СЛУЧАЈА СРПСКОГ
СТАНОВНИШТВА НА КОСОВУ И МЕТОХИЈИ

РЕЗИМЕ

Предмет овог истраживања је процена утицаја етничких сукоба на квалитет живота и здравље људи. Циљ истраживања је да се идентификује и укаже на утицај конфликта на здравље људи у срединама које су биле изложене тим сукобима крајем 20. и почетком 21. века. Актери међуетничких сукоба су Срби и Албанци. Истраживањем су обухваћени само Срби, док је језичка баријера била препрека да у истраживање буду укључени и Албанци. Истражени су начини како страх од насиља утиче на пол, године, брак и величину домаћинства. Наведене су разлике између врста страхова, односно испитано је да ли су испитана лица више забринута за своју имовину или за личну безбедност.

Кључне речи: етнички сукоби, квалитет живота, последице, здравље људи, Косово и Метохија.