



Public Health and Perceived Human Rights status in Montenegro among Different Age Groups: The National Study

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Abstract

Background: The aim of this study was to quantify perceived human rights status and put it into perspective to identify areas for monitoring action and progress.

Methods: The subjects of this cross-sectional study included a sample of 703 respondents (369 males and 334 females) aged between 18 and 82 yr, divided into four age groups. The research was conducted from 23 Apr to 9 Nov 2021 and respondents from all 24 municipalities of Montenegro were included. The sample of variables contained the system of 19 general attitudes, which give a review of human rights accomplishments (modeled by a seven-point Likert scale). The variables were analyzed using ANOVA, MANOVA, and LSD Post Hoc test.

Results: There were differences in the perceived human rights status for different age groups when the inter-individual level of interaction (most negative answers in-group IV) and the principle of human rights legislation participation (most negative answers in group I) were considered.

Conclusion: This fact indicates the existence of vulnerable age groups. Members of the oldest age category do not succeed in accomplishing adequate interpersonal communication with the persons from their nearest environment, while the opinion of the youngest age category is not respected enough and the possibility to participate equally in the making of important decisions is not being provided to them.

Keywords: Health; Human rights; Equity

Introduction

Human rights are moral principles or norms that describe desirable standards of human behavior. They are commonly protected by law, at the municipal, national, and international levels (1). Perhaps, at first glance, the democratic and economically developed communities that are devoted to Western values do not need a human rights evaluation, because they have arrived at an adequate level. However, although they are regulated by the legal acts (i.e., their violations are fully thwarted,

subtle or hidden breaches or abuses can never be completely excluded. They happen inside families, at school, at work or between social groups defined by education, job position, gender, age, material power, or ethnicity (2). “To place foot upon tyranny’s neck, to lead tyrants to knowledge of the right, which is the most sacred of man’s duty” (3), said the famous Montenegrin poet; his words should be heeded.

Previously conducted research shows extremely



high causal connection of the perceived human rights status with both, physical function and mental (or emotional) health (4,5). That in the family environment and friends environment can be explained as a destitute interaction that causes an illness (i.e. as an illness caused by poor interaction among people) (2).

Inadequate interpersonal relations cause psychosocial stress and mental or physical dysfunctions, while the physical or mental dysfunction will decrease interpersonal communications and damage interpersonal relations. If the social community wants to be strong, its members should not be endangered or neglected. Endangerment and neglect of community members must be prevented, or if they exist, compensated or mitigated. The first step in practical work shall be to identify age categories that are vulnerable and the social environment in which the negative behavior is the highest. Only after that, with adequate action, negativity can be reduced to a minimum and the life of an individual or a social group can be made easier. Just as every healthy individual contributes to a healthy society, every individual of impaired health becomes less able to work, so he or she weakens the society and encumbers other members of the social community.

The Perceived Human Rights Status evaluation helps in identifying the deficiencies inside society and may later serve for comparison with other social communities. The standard questionnaire (Perceived Human Rights status Scale) was chosen for its measurement (2), and for its formulation Wildner, Fischer, and Brunner used the principles that will be explained in the text below. From 16 high-priority topics in this field (6), dignity, participation, equity (non-discrimination) and justice are defined as four fundamental principles of international human rights legislation (7). In contrast, everyday human existence is characterized by permanent interaction with the environment, which takes place at various levels: the interindividual level (with family, friends and others, at work), the societal level, and (specifically in the context of health), the health care level (8). These four principles and three levels of interaction Wildner, Fischer, and Brunner (2) used as the

principal and second axes for the formulation of a scale designed to measure validly relevant human rights contents, used in this research.

The complete fulfilment of human rights requires a perfect society. However, attempts must be made to make it easier for each individual to function in the community, only in this way can European values be achieved and the socio-political system of Montenegro be improved.

Therefore, we aimed to quantify the current state of perceived human rights status of the Montenegrin population, both in general and for different age groups, and put it into perspective to identify whether there are social groups that are more vulnerable than others and who consequently required special attention. Based on these indicators, development policies will be planned and progress will be systematically monitored.

Methods

This cross-sectional study included a sample of 703 respondents (369 males and 334 females) aged between 18 and 82 yr, divided into four age groups: I (18-24 yr), II (25-44 yr), III (45-64 yr), and IV (65-82 yr). Using the combination of stratified sampling method and snowball sampling method, respondents from all 24 municipalities of Montenegro (Andrijevica, Bar, Berane, Bijelo Polje, Budva, Cetinje, Danilovgrad, Gusinje, Herceg Novi, Kolasin, Kotor, Mojkovac, Niksic, Petnjica, Plav, Pljevlja, Pluzine, Podgorica, Rozaje, Savnik, Tivat, Tuzi, Ulcinj and Zabljak) were selected. The criterion for the participant to join the experiment was being older than 18 and citizens of Montenegro at the time of measurement.

The research technique was a survey in which a standard questionnaire (Perceived Human Rights status Scale) for quantitative assessment regarding health and human rights was used (2). The questionnaire consist of two parts: the first encompasses social-demographic data, and the second has 19 questions classified into four subcategories. The questions provide a review of the accom-

plishment of human rights in relation to four levels of individuals' interaction with their environment (Interindividual, Health care, Community, and Work). These questions also are classified in other way, in order to provide a review of human rights in relation to four fundamental principles of international human rights legislation (Dignity, Equity, Participation, and Justice) with reason to obtain additional data. Each of the mentioned fundamental principles of human rights legislation is covered by only few questions, which makes the questionnaire very simple for application. The basic structure of the questionnaire is a list of statements believed to cover properly the essential dimensions of human rights. The answers were scaled with a seven-point Likert scale for each question. For questions 6 and 19, a lower score indicates a negative situation, meaning the impossibility of realizing human rights, while for all other questions, a low score indicates a positive situation, meaning a high realization of human rights.

At the beginning of the survey, all participants were informed about the purpose of the research. This study was conducted in accordance with the Declaration of Helsinki, and approved by the Ethics Committee of Montenegro sport.

Around five minutes were needed to fill the questionnaire, and the protection of their anonymity was taken into account during the research. The research was conducted online to prevent covid transmission during the pandemic from from 23 Apr to 9 Nov 2021.

Empirical data were analysed through SPSS 20.0 software (IBM Corp., Armonk, NY, USA). Descriptive parameters means and standard deviations (SD) were obtained for all assertions. Univariate analysis of variants ANOVA and LSD Post Hoc were used to compare the means of individual assertions, while multivariate analysis of variants MANOVA are used to compare the means of general attitudes in the whole system of compared parameters and for both subscale. The significance was set at an alpha level of 0.05.

Results

In Table 1, the descriptive statistical data (Mean±SD) are shown for all 19 assertions that related to the Perceived Human Rights status of the respondents. The arithmetical mean depicts the positive values of responses for 16 of the 19 assertions. More negative answers can be observed for assertion number 11 (all groups have an average score over 4) when the age groups are in question, and for assertions number 8 (group II has an average score over 4) and 13 (groups I, II, and III have an average score over 4) at some age groups.

The differences of the Perceived Human Rights status between age groups, regarding their general attitudes to the claims are also shown in Table 1. The MANOVA clearly shows that in the whole system of compared parameters there is a statistical significant difference in the Perceived Human Rights status of the different age groups of respondents ($F=1.357$; $P=.041$) although the difference is seen individually only for the answers for assertions 7, 12 and 16 (ANOVA). However, with a more detailed analysis of differences (LSD Post Hoc testing) the differences in answers between two or more subsequent age groups also exist for the answers to other assertions [2, 3, 4, 5, 6, 8 and 15]. Therefore, a significant difference among attitudes of age groups exists in answers to more than half of questions (10 of 19).

Moreover, the arithmetical mean depicts positive attitudes when the mean values (not shown because it is clear from the previous table) of all answers that belong to one of the subscales are reviewed, regardless of whether it is a matter of the levels of interactions or of the principles of human rights legislation (Tables 2 and 3).

Table 1: Descriptive statistical parameters for The Perceived Human Rights status and comparison of its differences between age groups

<i>LI</i>	<i>PIHRL</i>	<i>Questions</i>	<i>Group I</i>	<i>Group II</i>	<i>Group III</i>	<i>Group IV</i>	<i>Total</i>	<i>f</i>	<i>Sig</i>	
			<i>n 169</i>	<i>n 314</i>	<i>n 148</i>	<i>n 72</i>	<i>n 666</i>			
			Mean ± SD							
1	Interindividual	Dignity	I am treated with due respect by my family and friends in my private life	2.31±2.088	2.04±1.925	2.24±2.136	2.61±2.246	2.19±2.035	1.385	.246 [^]
2	Interindividual	Participation	I can participate in important decisions at home	2.39±1.896	1.94±1.774	2.18±1.993	2.86±2.486	2.16±1.912	4.132	.006*
3	Interindividual	Equity	In my private life, I have the same rights as my partner or other family members	2.09±1.812	1.96±1.859	2.08±1.95	2.69±2.436	2.06±1.906	1.838	.139 [^]
4	Interindividual	Justice	In my private life, if I were treated unfairly by my family or friends, I would be able to protest successfully against it	2.6±2.028	2.25±1.869	2.38±1.953	2.97±2.145	2.41±1.95	2.414	.066 [^]
5	Interindividual	Justice	If I were treated unfairly by other people, I would be able to protest successfully against it	2.76±2.059	2.64±1.906	2.84±1.985	3.56±2.21	2.77±1.987	2.739	.043*
6	Interindividual	Equity	I am treated systematically worse than others by the people around me	5.5±2.102	5.59±1.945	5.03±2.147	5.22±1.944	5.42±2.04	2.826	.038*
7	Health care	Equity	Compared to other people, I have equal access to physicians, hospitals or other health care facilities	2.74±1.897	3±2.039	2.82±2.029	2.78±2.03	2.89±2	0.716	.542 [^]
8	Health care	Justice	I would be able to protest successfully against any unfair treatment in the health care system (physicians, hospitals, health authorities)	3.99±1.946	4.09±1.985	3.66±2.079	3.78±2.03	3.95±1.999	1.555	.199 [^]
9	Health care	Participation	When it has to do with my own health, my opinion is	3.14±1.787	3.16±1.801	2.85±1.97	3.11±2.053	3.09±1.85	1.049	.370 [^]

10	Health care	Dignity	heard and respected by physicians, nurses, and other health professionals I am treated with due respect by physicians, nurses, and other health care personnel	3.15±1.943	2.99±1.859	2.83±1.831	2.78±1.958	2.99±1.879	0.866	.458 [^]
11	Community	Participation	I am able to influence laws and regulations which regard health	5.25±1.967	5.21±2.009	4.91±2.185	4.94±2.354	5.14±2.06	0.966	.408 [^]
12	Community	Equity	I have the same rights as other citizens in this country	3.15±2.17	3.17±2.117	3.07±2.002	3.17±2.21	3.15±2.107	0.102	.959 [^]
13	Community	Justice	I am able to protest successfully against unfair laws and regulations	4.26±2.016	4.52±1.962	4.34±2.015	3.97±2.274	4.39±2.003	1.048	.371 [^]
14	Community	Dignity	I am treated with due respect by the state and community, for example by police and other officials	3.22±1.917	3.09±1.914	2.87±1.896	3.06±2.124	3.08±1.922	0.903	.439 [^]
15	Work	Dignity	I am treated with due respect by my colleagues at work	2.39±1.903	2.23±1.859	2.5 ± 1.995	2.92±1.873	2.37±1.906	1.762	.153 [^]
16	Work	Dignity	I am treated with due respect by my supervisors at work	2.63±1.978	2.49±1.907	2.61±2.076	2.81±1.833	2.57±1.958	0.514	.673 [^]
17	Work	Participation	I can participate in important decisions at work	3.55±1.936	3.28±2.089	3.36±2.061	3.31±1.67	3.37±2.022	0.638	.591 [^]
18	Work	Justice	If I were treated unfairly by my supervisors or colleagues at work, I would be able to protest successfully against it	3.06±1.808	3.06±1.874	3.14±2.02	3.14±1.457	3.08±1.868	0.123	.946 [^]
19	Work	Equity	I am treated systematically worse than others by my supervisors or colleagues at work	5.49±1.946	5.32±1.994	5.16±2.073	5.17±1.682	5.32±1.984	0.883	.450 [^]

F= 1.357; P=.041*

Note: LI - levels of interaction sub-scale; PIHRL - principles of international human rights legislation sub-scale; Mean - Arithmetic mean; SD - Standard deviation; f – ANOVA test value; Sig - Statistical significance; [^]= Non-significant; * - Significant difference; F - MANOVA test value; P - Statistical significance

Table 2: The difference in the Perceived Human Rights status between age groups for the sub-scale levels of interactions

<i>Questions</i>	<i>LI</i>	<i>F</i>	<i>Sig</i>
1,2,3,4,5,6	Interindividual	2.096	.004*
7,8,9,10	Health care	1.072	.379^
11,12,13,14	Community	1.015	.432^
15,16,17,18,19	Work	0.897	.568^

Note: LI - levels of interaction sub-scale; F – MANOVA test value; Sig - Statistical significance; ^= Non-significant; * - Significant

Table 3: The difference in the Perceived Human Rights status between age groups for the sub-scale the principles of human rights legislation

<i>Questions</i>	<i>PIHRL</i>	<i>F</i>	<i>Sig</i>
1,10,14,15,16	dignity	1.168	.290^
3,6,7,12,19	equity	1.479	.104^
2,9,11,17	participation	1.846	.037*
4,5,8,13,18	justice	1.610	.064^

Note: PIHRL; F – MANOVA test value; Sig - Statistical significance; ^= Non-significant; * - Significant

The comparison of general attitudes of different age groups for both subscales are shown, for different levels of interaction (Table 2) and principles of human rights legislation (Table 3). The results (MANOVA) reveal the existence of a statistically significant difference in the whole system in general attitudes when the subscales are in question for one level of interaction (Interindividual, $P=.004$) and one principle of human rights legislation (participation, $P=.037$). When the Interindividual level of reaction is in question, there is a significant difference in attitudes of different age groups, and the fourth age group (65-82 yr) gave the most negative answers to 5 of 6 assertions [1, 2, 3, 4, 5]. In contrast, when the principle of human rights legislation participation is in question, there is also a significant difference in attitudes of different age groups, and the first age group (18-24 yr) gave the most negative answers to assertions 2 and 9, and other the most negative answers to assertions 11 and 17.

Discussion

This national study is the pioneer attempt for quantitative assessment in the field of health and

human rights for the Montenegrin population; as such, it provides a review of existing indicators of the Perceived Human Rights of the status of adult Montenegrins, both generally when the whole population is in question, and for four different age groups.

Discussing the presented results, the Perceived Human Rights status is of positive value for the great majority of assertions. However, for three assertions, the attitudes of some groups deviate from the arithmetical mean, indicating a smaller possibility that human rights be accomplished in their entirety. When all age groups are in question, a more negative answer to assertion number 11 indicates that no members from any of the age groups consider that they could influence the laws and regulations related to health. Regarding specific age groups, negative answers to assertions number 8 and 13 indicated that some age groups think that it would not be possible to protest unfair treatment occurring in the health system and against unfair laws and regulations. On the strength of these below-average attitudes to the mentioned assertions, the following can be ascertained: first, a mechanism should be devised that

will enable the citizens of Montenegro to influence the improvement of laws and regulations related to health; second, they should be enabled to express their opinion and to thus protest successfully against the treatments in health system that they consider unfair, and also against unjust laws and regulations.

Moreover, the average values of all answers to the questions that belong to some of the subscales (whether it is the matter of the levels of interaction or principles of human rights legislation) depict the positive attitudes of all age groups. In the majority of situations, the Human Rights status of adult Montenegrins is not endangered. However, it needs to be emphasized that space for advancement exists. If the results of the Perceived Human Rights status of Montenegrins compare with the Perceived Human Rights status of residents of Switzerland, Germany and Austria, there are no significant differences between them, considered an exceptional success.

Furthermore, the results of all comparative procedures applied in this study, also when the questionnaire is observed without division to subscales, have shown the different Perceived Human Rights status for different age groups of the population in Montenegro (referring to both general and individual attitudes in relation to the offered assertions), which indicates the existence of unequal possibilities of human rights achievement; specifically, there is reasonable doubt that some age groups, in certain situations, are of reduced possibilities (hereinafter it will be seen which those groups are). These results are not surprising, and they are in accordance with the results of previous studies (9-12). However, problems should not be expected resolve themselves; it is necessary that the social community reacts with adequate policies, and to try to reduce any gap that evidently exists (when human rights are in question) among groups. If nothing is undertaken, the consequences can be more serious than assumed, because disrespect and incivility experienced in family, in everyday environments or at work, have negative consequences to mental and physical health (13).

At the end, the results of the comparison of attitudes belonging to certain sub-scales have shown the different Perceived Human Rights status for different age groups in Montenegro. Specifically, the significant differences in general attitudes of different age groups (for whole subsystems) exist when the interindividual level of interaction ($P=.004$) and the principle of human rights legislation participation ($P=.037$) are in question. With careful review of the tables, it is easy to observe the existence of vulnerable age groups. The fourth age group (65-82 yr), who gave the most negative answers to five of six assertions, represents a vulnerable category for the interindividual level of interaction. In contrast, the first age group (18-24 yr), who gave the most negative answers to two assertions, while the answers to remaining two assertions are among the worst ones, represents a vulnerable category for the principle of human rights legislation participation. In other words, the oldest age group does not succeed in accomplishing adequate interpersonal communication with persons from their closest environment (with family, friends and other people), while the opinion of the youngest age group is not sufficiently respected and they do not have the possibility to equally participate in the making of important decisions. For the first observation, such an outcome is not a surprise, because many previous studies have indicated the social exclusion of the persons of older age and their inadequate interaction with their environment (14,15). In respect of the second observation, the outcome is also expected because, although the formula “youth contributing to communities-communities supporting youth” (16) is logical and indisputable, this vision remains unaccomplished in the majority of communities (17), also confirmed by previous studies (18,19). The problem of inadequate interpersonal communication of the subjects from the fourth age group (65–82 yr) can have different causes: unemployment, no qualifications, low incomes, inadequate living conditions, poor health condition, high rate of criminality and disturbed relations in family (20). Different communities will find each for itself, the solution for all these problems, and in relation to their specific aspects. Even developed

European countries such as Switzerland, Germany and Austria have to make an effort to solve this problem (2). The inclusion of the elderly into any type of activity and cooperation will surely enable them a recovery from mental problems, strengthening of mental health (21). According to the results of numerous previous studies (22,23) the potential of physical activity for improvement of all these dimensions is great, so it should definitely be used. If they manage to reduce the sense of neglect that they obviously have, the members of this group of people will certainly make a greater contribution to the whole community, from which society will benefit.

The problem of the failure of the subjects from the first age group (18–24 yr) to impose their opinions and to participate equally in making important decisions is definitely worrying, because the youth are essential partners in community building. If they are the future bearers of the whole system, then the community must provide them with the developmental opportunities in order to take on adequately leading roles when the time comes. Is the neglect of their opinion a consequence of the fact that the older ones do not want to retire and free up decision-making positions for the younger ones, or that youth are apolitical and alienated from the political system, as some studies indicate (19,24)? Each community will find the answer, each for itself and in relation to their specific features. In order to cover both mentioned reasons, communities need learn to harmonize themselves to better support their youth; a concrete model in which young people have leadership roles in addressing community issues must be created. In that manner, communities will protect themselves from others and others from themselves (25).

Due to the lack of scientific evidence, the limitation of this study is mainly connected to judgement based on the subjective feelings, so it would be so helpful for decision-makers if the scientists conduct as many as possible research in near future.

Conclusion

The oldest age group (65–82 yr) did not have adequate interpersonal communication with persons from their closest environment (with family, friends, and other people), while the opinion of the youngest age category (18–24 yr) was not sufficiently respected. They did not have the possibility of equally participating in the making of important decisions.

Journalism Ethics considerations

Ethical issues (Including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc.) have been completely observed by the authors.

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Conflict of interest

The authors declare that there is no conflict of interest.

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