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How does informal employment impact population health? Lessons from the Chilean employment conditions survey

Marisol E. Ruiz ^{a,b,*}, Alejandra Vives ^{a,c}, Èrica Martínez-Solanas ^d, Mireia Julià ^{a,b}, Joan Benach ^{a,b,e}

^a Health Inequalities Research Group - Employment Conditions Knowledge Network (GREDS-EMCONET), Department of Political and Social Sciences, Parc de Recerca, Universitat Pompeu Fabra, c/Ramon trias Fargas 25-27, 08005 Barcelona, Spain

^b Johns Hopkins University - Universitat Pompeu Fabra Public Policy Center, c/Ramon trias Fargas 25-27, 08005 Barcelona, Spain

^c Departamento de Salud Pública, Escuela de Medicina, Pontificia Universidad Católica de Chile, Diagonal Paraguay 362, 2° piso, 8330077 Santiago de Chile, Chile

^d ISGlobal, Doctor Aiguader 88, 08003 Barcelona, Spain

^e Transdisciplinary Research Group on Socioecological Transitions (GinTRANS2), Universidad Autónoma de Madrid, Madrid, Spain

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ABSTRACT

Informal employment is an employment condition and a social determinant of health. Although it can represent a serious problem for public health, it is seldom studied as such. The aim of this study was to determine if there is a relationship between informal employment and health among different groups of workers in Chile.

We used a cross-sectional study with data for 8357 workers from the first Chilean work, employment, health and quality of life survey (2009–2010). Workers were classified as formal or informal according to the contractual situation and workplace for dependent workers, educational level for the self-employed, and number of employees for employers. We then grouped these into Dependent formal, Non-dependent formal, Dependent informal and Non-dependent informal. Sex-stratified descriptive analyses and Poisson regression models with prevalence ratios (PR) adjusted for age were used to quantify the association between these four groups of employment and self-rated health and mental health (GHQ12).

There was a positive and statistically significant association between informal employment and poor self-rated and mental health for men but not for women. Models for the interaction between informal employment and sex illustrated that it was statistically significant for both health outcomes.

This study found a consistent relationship between informal employment and poor self-rated health and mental health. Further research is needed to better understand this association and the gender differences observed in this study.

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1. Introduction

For a long time public health research has highlighted the proximal psychosocial work environment determinants of health. Yet, this approach addresses only a portion of a complex system involving labour markets, employment and working conditions, psychosocial environments and health (Karasek and Theorell, 1990; Siegrist and Marmot, 2006). Against this background, work and employment are fundamental social determinants of health that have become an issue of growing scientific and social attention

in Public and Occupational Health over the last decades. Especially after the publication of the Report by the Commission on Social Determinants of Health (CSDH) in 2008, and the work conducted by the Emconet Knowledge network (EMCONET), “employment conditions” has emerged as an important social determinant of health (Commission on Social Determinants of Health, 2008) and there has been growing yet unbalanced knowledge regarding the different employment conditions (Benach et al., 2014).

As mentioned above, an employment condition such as informal employment is considered a social determinant of health. Informality represents a serious problem for public health because of its unregulated and unregistered characteristics (Marmot et al., 2008). Nonetheless, the link between informal employment and health has not been thoroughly studied, especially in Chile. To study this relationship it is crucial to understand the labour market and the different employment agreements that could be impacting on informality. A recent study (Ruiz et al., forthcoming) allowed us

* Corresponding author at: Health Inequalities Research Group - Employment Conditions Knowledge Network (GREDS-EMCONET), Department of Political and Social Sciences, Parc de Recerca, Universitat Pompeu Fabra, c/Ramon trias Fargas 25-27, 08005 Barcelona, Spain.

E-mail addresses: marisol.ruiz@upf.edu (M.E. Ruiz), alvives@med.puc.cl (A. Vives), emartinez@isglobal.org (È. Martínez-Solanas), mireia.julia@upf.edu (M. Julià), Joan.benach@upf.edu (J. Benach).

to better contextualise the Chilean labour market and advance towards the development of a categorisation of the working population. The national survey used to conduct this study has the advantage of providing substantial and high quality data about employment, working conditions, health and quality of life. Taking the above factors into account, studying informal employment and its consequences on health within the context provided by Chile is a unique opportunity. To better understand the impact of informal employment on population health, the aim of this research was to determine a relationship between informal employment and health among different groups of workers in the Chilean Labour Market.

1.1. Informality and precariousness

As stated earlier, some employment conditions have been more studied than others. While unemployment can be considered as an extreme situation of deprivation and exclusion, with plenty of studies demonstrating its negative effects on health, from a quality of employment perspective, informality and precariousness are both emerging problems to be studied. In recent decades, as a result of an expansion of the neoliberal capitalist economy, new forms of non-standard employment have emerged around the world (Boyer, 1993; Monastiriotis, 2006). Precariousness and informal employment have become a global phenomena and growing issues of research interest (Van Aerden et al., 2014; Benach et al., 2014a). Despite emerging research on both informal and precarious employment conditions, many questions remain unanswered. Although there is a link between precarious and informal employment in that both cases deal with vulnerable and unprotected work, these two employment conditions have distinguishing characteristics and it is likely that different mechanisms link them to the population's health (Benach et al., 2014b). On one hand, precariousness could be understood as a cross-cutting condition which combines different elements: employment instability; disempowerment (individualized bargaining); vulnerability (worker defenselessness to unacceptable workplace practices); low or insufficient wages; limited rights (suboptimal entitlement to social security benefits and worker rights); and incapacity to exercise rights (Benach et al., 2014b, pp. 238–239). On the other hand, informal employment is defined as a non-regulated placement in the labour market (International Labour Organization, 2002, 2012), that can take different forms. This non-regulated relationship usually involves an informal arrangement between employee and employer or self-employment (with an exchange of products or services but no exchange of labour force), and therefore does not have labour regulation and/or social protection (Ruiz et al., 2015).

1.2. Informal employment and health

Among employment conditions, informal employment is one of the most extended forms of employment in the world, with special relevance to public health for at least three reasons. First, it constitutes a global phenomenon, mainly affecting low and middle-income regions. Global estimates show that more than half of non-agricultural employment in those countries is under informal employment arrangements (International Labour Organization, 2012). Second, informal workers are likely to work under worse working conditions than those in protected, higher quality and more secure jobs. Third, informal employment arrangements lacking social protection may produce a devastating “snow ball” effect that negatively impacts working life, housing quality and poverty, affecting not only the health of many workers but also the well-being and quality of life of their families and communities.

However, little is known about informal employment and its association with health. First, the lack of a common definition of

informal employment; secondly, the absence of a common method of measurement; and finally, the lack of data to measure this phenomenon and, consequently, the difficulty in measuring its impact on health (Ruiz et al., 2015).

To date, the scarce available evidence shows that informal employment has negative consequences on well-being and health. Some studies have related informal jobs with poor mental health (Santana et al., 1997; Ludermir and Lewis, 2005; da Silva et al., 2006), while others have investigated specific health problems and their association with informality (Giatti et al., 2008b; Basu et al., 2016), associating informal work with worse health status (Alfers and Rogan, 2015; Giatti et al., 2008a; López-Ruiz et al., 2015; Ludermir and Lewis, 2003; Lund and Ardington, 2006), or have related informality with quality of life (Vélez Álvarez et al., 2015). Some studies have also included the absence of social security coverage in their analysis to describe the relationship between poor health and lack of labour and social protection (García-Ubaque et al., 2012). In most of this research the definition of informality is not clearly mentioned, although in some cases International Labour Organization parameters to classify informal employment is used. Only a few studies take their own definition of informality into account (Ludermir and Lewis, 2003; Lund and Ardington, 2006; Alfers and Rogan, 2015).

As a social determinant of health, informal employment crosses the different axes of inequality, such as gender, age, social class, ethnicity and migrant status, contributing to health inequalities across those axes. Overall, men tend to have more formal contracts linked with full-time permanent jobs, whereas women are more likely to be affected by informal employment and job precariousness (Benach et al., 2010; Vanek et al., 2014). A simple examination of this indicator suggests that it is determined by gender patterns (Chen et al., 2006; Vosko et al., 2009). Furthermore, research has shown how employment conditions, and specifically informality, are affected by social constructs related to gender. Therefore, as expected, women are more affected by informal employment than men (Ludermir and Lewis, 2005; Artazcoz et al., 2007; Chen, 2012).

1.3. The Chilean case

While informal employment can be observed on a large scale in some parts of the world such as South Asia (82%) or Sub-Saharan Africa (66%), impacting a large part of the population (Vanek et al., 2014), or even many countries in South America (ranging from 40% to 75%) (ILO and WIEGO, 2013), this information is not usually reported for Chile. The only available and updated official information is the number of employees without a contract, which stands at 18% (Instituto Nacional de Estadísticas, 2016) but this measurement is extremely limited and underrepresented. According to traditional measures, informality remains low in this country. Nonetheless, it is important to bear in mind that if an indicator based on absence of social security coverage is applied, informal employment tends to increase (Brega et al., 2016). The reason could be related to the rise of poor quality jobs created under the model of neoliberal policies (Portes and Roberts, 2005). Chile represents a paradigmatic country to study this issue because of the systematic introduction of these kinds of policies since a military coup overthrew President Allende's government in 1973 (Fornazzari, 2013; Harvey, 2005) and since then, the presence of neoliberal perspectives have expanded in other countries.

The implementation of neoliberal policies in Chile since the dictatorship has affected the labour market, increasing deregulation and flexibility and weakening trade unions (Riesco, 2009; Ocampo and Sehnbruch, 2015). New forms of employment, such as fee contracts or self-employment, have since emerged and increased in recent years (Brega et al., 2016). Ongoing research has shown that informality is a growing problem in this country,

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