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The buffering role of the family in the relationship between job loss and self-perceived health: Longitudinal results from Europe, 2004–2011

Giulia Tattarini[a,*], Raffaele Grotti[b], Stefani Scherer[c]

[a] *WZB Social Science Center Berlin, Reichpietschufer 50, 10785 Berlin, Germany*
[b] *Social Research Division, Economic and Social Research Institute (ESRI), Whitaker Square, Sir John Rogerson's Quay, Dublin 2, Ireland*
[c] *Department of Sociology and Social Research, University of Trento, Via Giuseppe Verdi, 26, 38122 Trento, TN, Italy*

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ABSTRACT

Unemployment has numerous negative consequences for health, but the family and the welfare state can mitigate these consequences. How the family supports its members and whether and to what extent this interacts with the broader context is still an open question. Our evidence show that job loss is causally linked to significant declines in health for men, but not for women. Yet, the increased risk of poor health is lower for coupled men, especially if the partner is employed. This suggests that both emotional and economic support play a role. Moreover, the family's mitigating role widely varies across different welfare regimes in Europe and it is particularly strong in Southern and Eastern regimes, characterized by "rudimentary" welfare systems and a more traditional family model.

1. Introduction

The family's role in buffering the negative effects of unemployment on health is well established in the literature (Gore, 1978; Pearlin et al., 1981; Milner et al., 2016). However, despite the number of studies on this subject, it is less clear *how* the family absorbs the health consequences of job loss. While the family is generally considered both a source of emotional and economic support for its members (Ross et al., 1990; Umberson et al., 2010), studies have generally focused on only one or the other dimension, and very few have adopted a dynamic perspective (Milner et al., 2016). After examining the causal relationship between job loss and self-perceived health, the first contribution of this study is to investigate the moderating role of the family, and to disentangle the economic from the emotional and social support provided by one partner when the other loses their job.

As well as the family, the welfare state is an important institution in providing a safety net against labour market risks (Esping-Andersen, 1999). Moreover, the consequences of unemployment for health tend to vary substantially across welfare states (Bambra and Eikemo, 2009). However, previous studies have neglected to investigate whether the buffering role of the family varies across different welfare states regimes. Thus, our second contribution is to examine how different types of families, in terms of composition and labour market attachment, may interact with different sets of institutional arrangements in shaping the relationship between job-loss and self-perceived health. We apply fixed-effects models to investigate within-person changes in self-perceived health for European men and women, comparing the role of social and economic family's support when a person transits from employment to unemployment.

1.1. Job loss and health

Unemployment is one of the major contemporary risks for individuals' and families' health (WHO, 2009; CSDH, 2011). The relationship is consistent across countries and holds for different measures of health (Bambra and Eikemo, 2009; Catalano et al., 2011). It has long been established that employed people fare better than those who are unemployed (Marmot et al., 1991; Steele et al., 2013; Riumallo-Herl et al., 2014). The mechanisms are straightforward. Unemployment may lead to financial strain, material deprivation, and poverty, strongly affecting individuals' and families' private lives, including health (Tøge, 2016). Moreover, job loss is an acute stress factor that affects personal coping resources and psychological balance, tracing the path for serious mental diseases (Jahoda, 1982). Unemployment may also induce to substance abuse, and other unhealthy behavioural changes (Golden and Perreira, 2015). Finally, labour-related inequalities in health may be the result of an opposite process known as "health selection" by which individuals with poor health are selected into unemployment at a higher degree, and have less probability of re-employment than their healthier counterparts (Korpi, 2001; Flint et al., 2013).

* Corresponding author.
E-mail addresses: giulia.tattarini@wzb.eu (G. Tattarini), raffaele.grotti@esri.ie (R. Grotti), stefani.scherer@unitn.it (S. Scherer).

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1.2. The role of the family

Some people are able to cope with job loss better than others. In addition to the well-known positive, direct effect on health (Milner et al., 2016; Wood et al., 2007), the family's support plays a fundamental role in buffering the detrimental consequences of stressful events, such as unemployment, on health (Gore, 1978; Pearlin et al., 1981; Milner et al., 2016). Most studies have focused on social support, underlining the beneficial effect of emotional help provided by intimates (relatives and friends) on mental and physical health (Gore, 1978; Pearlin et al., 1981; Milner et al., 2016). However, recent research underlines that while social support improves the health of unemployed people, it does not completely eliminate the negative health effects of unemployment (Milner et al., 2016).

Moreover, partners can offer not only emotional support, but also material and tangible support (Ross et al., 1990). Having an employed partner may increase economic well-being by providing additional income sources and by generating economies of scale within the household (Hahn, 1993; Becker, 1981; DiPrete, 2002). By stabilizing the couple's financial situation, economic resources provided by one partner can compensate for the negative health consequences of financial stress (Peirce et al., 1996). Thus, while single people are particularly vulnerable to the economic consequences of job-loss, being in a relationship means being better sheltered against this risk especially when there is more than one earner in the couple.

Although there is an abundance of literature, no previous research has sought to understand to what extent the two dimensions of family's support – social or economic – may come together to protect the health of the jobless. Thus, by disentangling the two main health benefits of the family, and in particular of partnership as a fundamental aspect of the broader family situation, this paper aims to go beyond the current state of research. Indeed, it is reasonable to think that when an individual loses their job the partner may be more able to compensate better for the health losses if s/he can provide also financial resources, rather than only emotional support. Since the economic buffering capacity of the family is generally determined by the labour market participation of the partner (DiPrete, 2002), we regard the partner's employment condition as a measure that reflects both the family structure and its financial potential. As a direct measure of emotional support is not available in the data we use, we assume that a beneficial effect of the presence of a non-working partner would be due to emotional support. It is indeed largely accepted that (stable) partnership relations are characterized by the special qualities of "trust and intimacy", which are the pillars of emotional support (Pearlin et al., 1981).

Given the previous considerations, our first two hypotheses are: (Hp1) *the transition into unemployment has a negative causal effect on individuals' health status;* (Hp2) *compared to single people, the effect of job loss on health is less negative for those who have a partner, especially in the case of working partner. These hypotheses should hold for both men and women.*

1.3. The family and welfare state regimes

Unemployment is less problematic for individual and population health if there is a welfare state able to cushion some of the negative consequences (Esping-Andersen, 1999, 1990; Bambra and Eikemo, 2009; Norström and Grönqvist, 2015). High levels of generosity, coverage and effectiveness of welfare provisions benefit the society as a whole and not just those that receive the benefits (Sjöberg, 2010). Moreover, extensive unemployment insurance programmes may reduce transitions into ill-health at the country–level and mitigate the socio-economic gradient in health (Ferrarini et al., 2014). Welfare provisions (e.g. unemployment insurance and social security transfers) are particularly important for the wellbeing of individuals and families that have to deal with adverse life events including unemployment. It has been found that there exists a consistent relationship between unemployment and self-reported health across Europe. This relationship, however, varies considerably across welfare regimes (Bambra and Eikemo, 2009). Therefore, it seems that some welfare states are more effective than others in reducing dependence on the market, and assuring acceptable living standards.

Generally, the relatively generous and universal welfare provisions of the Scandinavian countries enhance population health (Norström and Grönqvist, 2015; Chung and Muntaner, 2007; Eikemo et al., 2008a). Nevertheless, recent studies document that Scandinavian countries are failing to outperform other Western countries in reducing socio-economic inequalities in health (Bambra and Eikemo, 2009; Eikemo et al., 2008b, 2008c). In particular, Southern and Eastern countries are characterized by the smallest relative health inequalities between employed and unemployed people (Bambra and Eikemo, 2009). A possible explanation of this sort of "puzzle" may be found in the role of the family. Indeed, "the more traditional family model in these countries means that additional material, and non-material, support is provided by the family to unemployed members thus buffering the impact of unemployment on health", as suggested by Bambra and Eikemo (2009, p. 97). Nevertheless, empirical tests on this point are still lacking.

Although many studies have investigated the role of the family or welfare provisions in shaping labour-related health inequalities, little is known about how and to what extent they interact to mitigate the negative consequences of job loss on self-perceived health. The literature on welfare regimes underlines that great variation exists across countries in the way social risks are addressed and in how the responsibilities of social protection are divided between the state, the market, and the family (Esping-Andersen, 1990, 1999). Thus, welfare relies to different extents on the family, and states are not equally effective in sheltering their citizens from risks. For example, Southern European countries are characterized by a "rudimentary" welfare state, and social risks are mostly borne by the family. The redistribution and pooling together of financial resources at the family level is a fundamental source of welfare in these countries (Eikemo and Bambra, 2008; Ferrera, 1996). In these countries, there is extensive need for individuals to rely on support and solidarity from their families to cope with social risks (Esping-Andersen, 1999; Eikemo and Bambra, 2008; Ferrera, 1996). Thus, we expect to find a large variation in the family's buffering role across welfare regimes, and more precisely (Hp3) *a significant buffering effect of the partner – especially the working partner – in more familialistic and sub-protective welfare state regimes, whereas in the other states, effects should be smaller or even absent.*

2. Methods

2.1. Data

The empirical analysis is based on the European Union Statistics on Income and Living Condition (EU-SILC) provided by Eurostat for the years 2004–2011, which has the advantage of providing internationally comparative data for many European countries (we use 24). We restrict the sample to men and women aged between 35 and 55 years old, since this age range represents a life stage in which individuals have typically already formed a family and entered the labour market. We further exclude from the analysis people who were permanently sick and disabled, retired, doing community or military service, or out of the labour market for family reasons. The analytical sample contains 270,385 respondents: 139,432 men and 130,953 women. It is an unbalanced sample and respondents are observed for 2 year on average.

Our outcome variable is self-perceived *(bad) health (SPH)*, which has been shown to be a valid and powerful predictor of mortality, and a reliable measure for comparison across socio economic status (Idler

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