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# Changes in the labour market and health inequalities during the years of the recent economic downturn in Italy



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## ABSTRACT

There is widespread concern that episodes of unemployment and unstable working conditions adversely affect health. We add to the debate by focusing on the relationship between work trajectory and the self-reported health of Italian men and women during the present economic downturn. Relying on Italian data in the EU-SILC project (from 2007 to 2010), our sample includes all individuals aged 30 to 60 in 2010, and uses multivariate binomial regression models for preliminary analyses and the Structural Equations modelling (SEM) to observe the cumulative effects of health status according to different job trajectories. Our main findings show similar pictures for men and women. Individuals who are unemployed, ejected or in precarious occupational positions have a higher risk of worsening their health status during these years.

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## 1. Introduction

The objective of this paper is to evaluate the relationship between changes in labour market conditions and self-reported health. We frame our study on the Italian context from 2007 to 2010, which corresponds to the first years of the recent economic downturn. The effect of labour market conditions on health has been previously investigated using several theoretical framework and different methodological approaches (Brand et al., 2007; Cullati et al., 2014; Cullati, 2014; Drydakis, 2015; Economou et al., 2008; Menéndez et al., 2007; Novo et al., 2001; Pirani and Salvini, 2015; Ruhm, 2000, 2005; Stuckler et al., 2009; Urbanos-Garrido and Lopez-Valcarcel, 2014; Virtanen et al., 2005). The majority of scholars have argued that massive levels of unemployment and its persistence has deleterious effects on an individual's well-being (Barnay, 2014; Oesch and Lipps, 2012; Pirani and Salvini, 2015; Strandh et al., 2014; Urbanos-Garrido and Lopez-Valcarcel, 2014); those workers who experience work insecurity also experience strong adverse effects on their health (Laszlo et al., 2010; Ferrie et al., 2002) and exiting the labour market can be associated with a decrease in physical activity (Grayson, 1993) and health risk behaviours, such as excessive alcohol consumption or more smoking (Fagan et al., 2007; Mossakowski, 2008).

Despite the important number of studies on this topic, there is a persistent and strong interest in this association, which could be justified for three reasons. First, the position in the labour market (as well as working conditions) constitutes one of the major social determinants of health (CSDH, 2008). As highlighted by the [World Health Organization \(2012\)](#), employment

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conditions, work trajectories and the nature of the work itself have an important influence on the health of workers, families and communities. Second, in recent decades permanent full-time employment characterized by a stable salary and job security has been replaced by new forms of flexible and temporary work contracts, which in turn have modified labour market entry and exit conditions, leading to growing instability in employment relationships. In recent years the economic crisis has worsened the situation in the Italian labour market, bringing a dramatic increase in the unemployment rate and a decrease in stable and secure careers. Looking at the Italian labour market, there is clear evidence that the proportion of unemployed (in particular individuals under 35 years old) has increased over time and reached its peak during the years of the recent economic crisis: on the basis of the World Bank's data the unemployment rate was 8% in 2004 and 11% in 2012. And third, the availability of new data has increased evidence of the association between precarious employment and poor health (Benach et al., 2014).

Much remains to be understood about the relationship between work and health, in particular in terms of a longitudinal perspective. The majority of previous research examined this relationship using cross-sectional surveys, which do not allow for selection effects to be captured. Only a few scholars have approached this study using a longitudinal perspective. Pirani and Salvini (2015) estimated the causal effect of temporary work on self-rated health in Italy, applying inverse-probability-of-treatment weights and controlling for selection effects. Cottini and Lucifora (2010) and Ehlert and Schaffner (2011) used fixed effects models to study the relationship between work and health in a comparative approach. Strandh et al. (2014) investigated the long-term relationship between unemployment experiences and mental health over the life course, employing mixed models on Swedish data. Drydakis (2015) used a fixed effect ordered logit model to examine the effects of unemployment on self-reported and mental health in Greece.

Our study addresses open questions about the association between the changes in the labour market conditions and self-reported health. Specifically we aim to evaluate whether social disadvantages in health are cumulative and whether differences between the genders exist in Italy. We frame our research on the cumulative advantage perspective, which argues that the advantage of one individual (or group) over another increases over time. This perspective has been extensively discussed in the literature on health, and scholars have suggested that, thanks to its dynamic characteristic and its ability to capture changes over time, it allows a definition of the social process driving health trajectories to be achieved (Blane et al., 2007; Cullati et al., 2014). We rely on four waves of Italian data from the European Union Statistics on Income and Living Conditions (IT-SILC longitudinal surveys from 2007 to 2010) and use structural equation modelling (SEM). This method allows us to evaluate the direct/indirect decomposition effect on the cumulative association between different health statuses.

This study makes relevant contributions to the literature as, to the best of our knowledge, this paper represents one of the few analyses of the aforementioned relationship in the Italian context which simultaneously takes into consideration several work trajectories and addresses the cumulative theory of health status. In addition to this it also examines gender differences.

Our article is structured as follows. After a review of the literature on the link between occupational position and health, we will describe the main changes in the Italian labour market in the years of the economic crisis. The section on 'Data and methods' discusses the data used and the statistical technique chosen. The section on 'Results of analysis' provides descriptive evidence of the association of our interest and shows the estimation results of SEM models. The 'Conclusion' section discusses the main findings, reflects on the limits of the study and proposes some ideas for the future.

## 2. Theoretical and background

### 2.1. Cumulative advantage theory and previous findings on the relationship between occupational condition and health

Scholars from different disciplines, such as economics, sociology and epidemiology (e.g., Dorling, 2009; Economou et al., 2008; Ruhm, 2005; CSDH, 2008) have paid more attention to the relationship between health and the labour market, which has contributed to the development of different approaches and methodologies.

In our opinion, one of the most suitable theoretical frameworks for analysing labour market and health status is the cumulative advantage theory. This approach allows the mechanism through which a favourable position generates further gains across the life course to be captured, resulting in the growth of the advantage of one individual or group relative to another across time (DiPrete and Eirich, 2006). The cumulative advantage theory represents the social dynamics that affect individual lives at the macro level (Cullati et al., 2014). As a result, the cumulative advantage trajectories can vary with economic and political changes (Morello-Frosch et al., 2011). The concept of cumulative advantage was originally proposed by Merton in his study on stratification in scientific careers (1968). Since Merton's original formulation, many conceptual discussions regarding cumulative advantage as a mechanism generating health inequality across the life course have emerged, even though the cumulative processes linking inequality to health have not been empirically addressed in a systematic manner (DiPrete and Eirich, 2006; Dupre, 2008). Research that considers the temporal processes generating health inequality has begun to ask whether cumulative advantage as a mechanism for inequality explains the stratification of health across the life course. For example, Ross and Wu (1996) examine the relationship between educational attainment and health for individuals aged 20–64 using short-term longitudinal data. Supporting a process of cumulative advantage, they found that the gap in health (self-reported health, physical functioning, and physical well-being) among people with high and low educational attainment increases with age. Through the use of a similar methodological design, Miech and

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