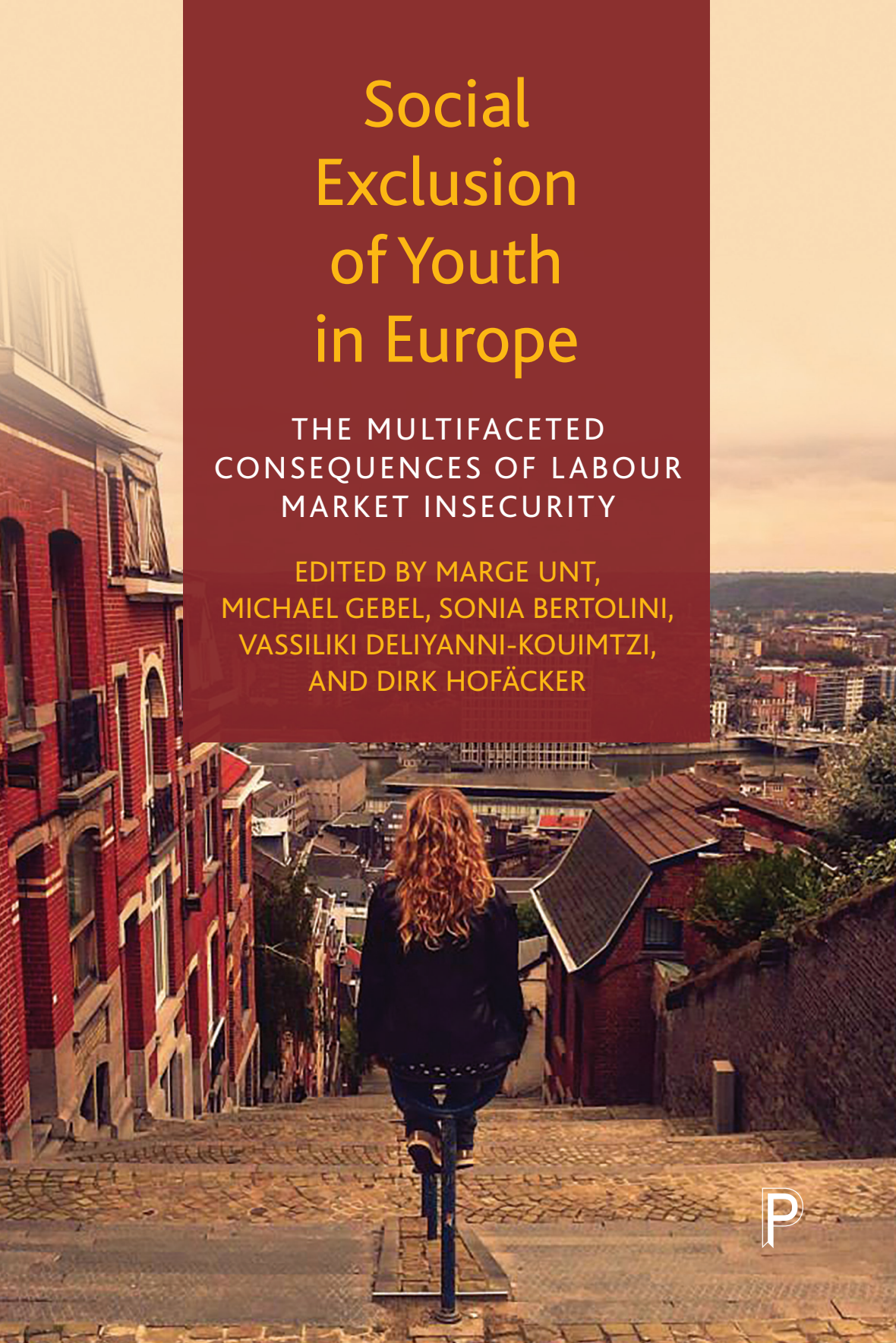
Social Exclusion of Youth in Europe

THE MULTIFACETED CONSEQUENCES OF LABOUR MARKET INSECURITY

EDITED BY MARGE UNT, MICHAEL GEBEL, SONIA BERTOLINI, VASSILIKI DELIYANNI-KOUIMTZI, AND DIRK HOFÄCKER



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Health effects of unemployment in couples: does becoming unemployed affect a young partner's health?

Anna Baranowska-Rataj and Mattias Strandh

Introduction

Losing a job has been shown to cause stress and anxiety and lead to deteriorating physical health (Brand, 2015). Young people are particularly vulnerable to the changes in labour market conditions (Müller and Gangl, 2003; Bell and Blanchflower, 2011). Compared to people in the prime age group, they have fewer financial and social resources that can be mobilised to deal with the stress resulting from unemployment. Hence, the impact of unemployment on health in this group is of particular concern.

A large body of research has scrutinised changes in health and well-being among people who lose their jobs (for literature reviews, see McKee-Ryan et al, 2005; Paul and Moser, 2009; Voßemer and Eunicke, 2015; Wanberg, 2012). However, job losses may have consequences for not only those individuals who become unemployed but also their family members (Brand, 2015; Maitoza, 2019). The idea that the consequences of one household member becoming unemployed resonate within the whole family was already proposed in Komarovsky's (1940) classic study in the United States following the Great Depression. That seminal study took the perspective of a traditional family and focused on the authority relations of the man in his role as husband and father. However, changing gender relationships in the public and the private spheres have irreversibly altered power relations within

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modern families – one manifestation being the substantial increase in dual-earner households (Goldscheider et al, 2015). Therefore, the consequences of unemployment are relevant for both partners within a couple, and not just for its male representative.

This chapter examines the impact of transition to unemployment on self-rated health in young people's partners. Previous research has indicated that this group is the most vulnerable with respect to the magnitude of unemployment effects. Young people are at high risk of unemployment, are least established in the labour market, and, in many welfare state contexts, they lack access to welfare state benefits while at the same time, they do not have savings that could cushion reductions in household income (Blossfeld et al, 2011). In addition, this chapter looks at differences in the effects of unemployment on partners' health across European societies. It relates the magnitude of the impact of male and female partners' unemployment to the social norms determining the degree to which doing paid work is valued, as well as whose work – men's or women's – is valued relatively more highly. Specifically, it considers the role of the so-called work obligation (also known as work ethic) as a factor that may alter the impact of partners' unemployment on individual health. It also tests whether male partners' unemployment matters more in those societies in which social norms support the primacy of a breadwinner role, and whether female partners' unemployment is relatively more harmful in egalitarian societies.

The study is guided by theories on within-family diffusion of the health effects of adverse life course events such as transition to unemployment. These theories are used to explain how distress spreads between the professional and private lives of individuals and the channels through which it may also affect the health of other family members. This also adds to the rather scarce empirical evidence on the effects of partners' unemployment on health. The study also uses longitudinal methods and microdata from European Union Statistics on Income and Living Conditions (EU-SILC) survey. Unlike many surveys, EU-SILC provides information about both partners within a couple. This can be used to explore the wider impact of unemployment on the health of partners. The longitudinal dimension of the data provides an opportunity to control for pre-existing differences in health conditions. In addition, the methods used here reduce the possible bias resulting from unobserved heterogeneity. Finally, as EU-SILC includes data from 30 countries, the chapter examines the heterogeneity of effects of partners' unemployment across societies.

The effects of unemployment on health

Involvement in paid work has multiple functions for human health and well-being (Jahoda, 1981; Warr, 1987; Strandh, 2000). Employment is the key source of income, especially among young people. Income is necessary for satisfying physical needs and it gives the feeling of having control over one's life as well as making it possible to set private plans for the future. In addition, employment provides individuals with time structure, social contacts, and opportunities to develop skills as well as social status and identity. Being deprived of these benefits can be especially harmful for youth, because in the early stages of the life course, attaining economic stability and self-sufficiency are important markers of the transition to adulthood (Danziger and Ratner, 2010). Indeed, a large body of empirical research confirms that unemployment has negative effects on health, both in the general population and among youth (Voßemer and Eunicke, 2015).

Previous research on the health effects of unemployment has examined these effects by focusing on individuals who lose their jobs. However, it is necessary to consider family members of the unemployed and their health outcomes in order to advance understanding of the impact of labour market careers on health (Brand, 2015). The economic need for employment, central to understanding the effects of unemployment on individual health, should be equally valid for the family. Although economic deprivation and strain have been found to be associated with poorer family relations (Voydanoff, 1990; Conger et al, 1990), the effects of unemployment on marital instability cannot be explained solely by related reductions in income (Charles and Stephens, 2004). This suggests that there are non-monetary channels by which unemployment impacts on family members' health and well-being.

Previous research has often pictured other family members, and especially partners, as a buffer that absorbs the effects of negative life course events, but it has devoted relatively little attention to identifying the processes that channel this influence in relation to job loss and unemployment (Howe et al, 2004; Tattarini et al, 2018). Studies in psychology document so-called spillover effects – that is, the spread of emotions across different life domains. This transmission may concern not only positive but also negative emotions such as stress and strain. After distress spills over from the work-related to the home-related domain, it may cross over to closely related persons and especially to partners (Bakker et al, 2009). The crossover effects may result from sharing the partner's emotional state (Bakker and Demerouti, 2013). In addition, unemployment of one of the partners may lead to behaviours

that place a burden on other family members, and this may, in turn, become a stressor for them, with negative consequences for their health (Rook et al, 1991).

Both monetary and non-monetary factors that are potential mediators of the impact of unemployment on a partner's well-being lead to the prediction that a partner of a jobless individual may experience more health problems compared to a partner of an employed individual. However, the magnitude of this effect may vary across societal contexts for reasons outlined later.

Societies differ substantially in the degree to which paid work is valued and not working is stigmatised, and there is also substantial heterogeneity in terms of social norms related to the division of paid work within couples. In some countries, it is believed that paid work is a moral duty of each individual. The so-called work obligation (or work ethic) refers to the moral embeddedness of work. This concept differs substantively from work-related individual motives or preferences about work (Niles, 1999; Furnham, 1982). Previous research has shown that the detrimental impact of unemployment on health and well-being tends be larger in contexts with a stronger work obligation, because of the stronger social stigma attached to being without a job (Stam et al, 2016). Following the same logic, one could argue that a partner's unemployment may be more harmful in such contexts.

Women's and men's work are not valued equally and not doing paid work is not stigmatised in all societies. As Paul and Moser (2009) frame it: 'masculine identity is intricately linked to having a job in Western societies and is severely threatened by unemployment'. Indeed, a number of empirical studies show that men are substantially more distressed by unemployment than women (Paul and Moser, 2009), although there is no consensus that these results are universal across all societal contexts (McKee-Ryan et al, 2005). Strandh et al (2013) have shown that the divergent findings regarding individual effects of unemployment may fit a contextual pattern in which gendered effects of unemployment on health may be stronger in societies with more traditional gender-role attitudes. At the same time, the health effects of unemployment may be expected to be similar for men and women in egalitarian societies. This argument can be transposed to explain the differences in the gendered impact of partners' unemployment across societies. Less detrimental effects of male partners' unemployment and relatively stronger effects of female partners' unemployment may be expected in countries that do not ascribe primacy to the male breadwinner role.

So far, few studies on the effects of unemployment on partners' health have employed longitudinal data and used methods that reduce the bias related to the selectivity of unemployed individuals with respect to pre-existing health differences. One study that overcame these shortcomings was carried out in Germany by Marcus (2013), who observed larger negative effects on mental health when male partners experienced job losses than when job losses were experienced by female partners. In a study using data from the UK, Mendolia (2014) has shown that when a husband loses a job, his wife's mental health deteriorates. Other studies on the consequences of partners' unemployment have focused on happiness or life satisfaction rather than on health (see for instance Nikolova and Ayhan, 2019). To the best of the authors' knowledge, except for the study by Baranowska-Rataj and Strandh (2020), there has been no research on partners' unemployment and health that takes a cross-country comparative perspective. Hence, the conclusions from previous research cannot be generalised to all European countries, and more evidence is needed on the societal conditions that moderate the effects of partners' job loss on individual health.

Research design

This study uses longitudinal methods that give an opportunity to disentangle the effects of partners' transition to unemployment on individual health from the impact of pre-existing individual health conditions. The first step uses random-effects models for descriptive purposes. The second step estimates correlated random-effects models in order to reduce the possible bias resulting from the unobserved heterogeneity among young people. Correlated random-effects models, also known as hybrid models, combine the high internal validity of fixed effects models with the high efficiency of random-effects models, leading to unbiased and equally precise estimates of the effects of interest (Bell and Jones, 2015).

Panel data are employed from the EU-SILC survey which covers 30 European countries over the period 2003–13. EU-SILC is a household survey providing information on both the labour market status and health of all adult family members living under the same roof. The latter is crucial from the point of view of the research questions on the health effects of unemployment within couples. Due to its longitudinal character, it is possible to control for baseline health conditions and other unobserved factors that may affect both labour market career dynamics and health. The sample includes people aged 18–30 years and their partners (if they have any).[1]

The key dependent variable is constructed on the basis of respondents' self-assessment of overall health at the time of the survey. Respondents rated their health using a 5-point scale ranging from 1 (*very good*) to 5 (*very bad*). Although self-assessed health may be subject to culture-related bias (Jürges, 2007), this measure has been shown to be a reliable indicator of health, because it correlates with subsequent deterioration of functional capabilities and with mortality across different social categories and contexts (Öm and Fredlund, 2001; Jylhä, 2009).

The key explanatory variables are the labour market status of individuals and their partners. To avoid excluding person observations of individuals who were unpartnered at some selected time points, partnership status was controlled. The labour market status variable distinguishes between employment, unemployment, and inactivity. The control variables in baseline models include age and educational attainment (elementary education [or less (ISCED 0–1)], lower secondary education [ISCED 2], upper secondary education [ISCED 3], post-secondary education [ISCED 4], and tertiary education [ISCED 5]). To control for pre-existing ill health and reduce the bias related to pre-selection of individuals with health problems into the group whose partners experience job separation, long-standing illness was controlled with a lag of one year.[2] Because both unemployment and health outcomes vary across welfare state regimes (Bambra, 2011; Bambra and Eikemo, 2008), fixed effects were included for the following groups of countries: (a) Nordic countries (Denmark, Finland, Iceland, Norway, and Sweden); (b) Western European countries (Austria, Belgium, France, Luxembourg, and the Netherlands); (c) the UK and Ireland (England, Scotland, Wales, Northern Ireland, and the Republic of Ireland); (d) Southern European countries (Greece, Portugal, Spain, and Italy); (e) post-socialist countries (Czech Republic, Hungary, Poland, Slovakia, Slovenia, Romania, Bulgaria, Estonia, Latvia, and Lithuania); and (f) a residual group of south-eastern European countries (Croatia, Cyprus, and Malta). Separate models were estimated for men and women.

The analysis of factors mediating the impact of unemployment on health between partners includes two potential mediators. First, information was used on the health status of the person who becomes unemployed. The second variable measuring the mediating impact of changes in household income is based on individual assessments of household financial difficulties (on a scale from 1 to 6, with higher scores indicating an ability to make ends meet very easily). Table 3.1 presents the distribution of all individual-level variables used in this analysis.

Table 3.1: Impact of individual and partner's unemployment on self-rated health among young men and women – results from panel data models

	Model 1 RE model, men		Model 2 Correlated RE model, men		Model 3 RE model, women		Model 4 Correlated RE model, women	
	Coef	**SE**	**Coef**	**SE**	**Coef**	**SE**	**Coef**	**SE**
Age	0.02***	(0.00)	0.02***	(0.00)	0.02***	(0.00)	0.02***	(0.00)
Education (ref. ISCED 2)								
ISCED0-1	0.01	(0.03)	0.00	(0.03)	0.05**	(0.02)	0.04*	(0.02)
ISCED3	–0.10***	(0.02)	–0.09***	(0.02)	–0.09***	(0.01)	–0.08***	(0.01)
ISCED4	–0.13***	(0.03)	–0.12***	(0.03)	–0.16***	(0.03)	–0.15***	(0.03)
ISCED5	–0.21***	(0.02)	–0.20***	(0.02)	–0.20***	(0.01)	–0.19***	(0.01)
LLSI*	0.35***	(0.02)	0.35***	(0.02)	0.37***	(0.01)	0.37***	(0.01)
Partnership status (ref. has a partner)								
No partner	0.04**	(0.02)	0.03*	(0.02)	0.02	(0.01)	0.01	(0.01)
Labour market status (ref. employment)								
Unemployment	0.10***	(0.02)	0.05**	(0.02)	0.07***	(0.01)	0.01	(0.02)
Inactivity	0.10***	(0.02)	0.09***	(0.03)	0.00	(0.01)	–0.02	(0.01)

Table 3.1: Impact of individual and partner's unemployment on self-rated health among young men and women – results from panel data models (continued)

	Model 1 RE model, men		Model 2 Correlated RE model, men		Model 3 RE model, women		Model 4 Correlated RE model, women	
	Coef	**SE**	**Coef**	**SE**	**Coef**	**SE**	**Coef**	**SE**
Partner's labour market status (ref. employment)								
Unemployment	0.04**	(0.02)	0.02	(0.02)	0.08***	(0.02)	0.05**	(0.02)
Inactivity	0.01	(0.01)	–0.01	(0.02)	0.02	(0.02)	–0.02	(0.03)
Country group (ref. Western European)								
Nordic	–0.02	(0.02)	–0.02	(0.02)	–0.01	(0.02)	–0.01	(0.02)
Anglo-Saxon	–0.06**	(0.03)	–0.06**	(0.03)	–0.03	(0.02)	–0.03	(0.02)
Southern	0.14***	(0.02)	0.13***	(0.02)	0.12***	(0.01)	0.11***	(0.01)
Post-socialist	0.14***	(0.01)	0.14***	(0.02)	0.14***	(0.01)	0.13***	(0.01)
South-Eastern**	–0.21***	(0.03)	–0.21***	(0.03)	–0.20***	(0.02)	–0.21***	(0.02)
Constant	1.05***	(0.06)	1.01***	(0.07)	1.31***	(0.05)	1.27***	(0.05)
N	17,209		17,209		28,114		28,114	

Notes: RE = random effects; SE = standard error.

Self-rated health ratings range from 1 (very good) to 5 (very bad).

* Limiting long-standing illness (LLSI), lagged values.

* p < 0.10, ** p < 0.05, ***p < 0.01.

Source: EU-SILC 2003–13

Table 3.2: Results for mediating role of reduced household income and partner's health

	Model 5 Correlated RE model, men		Model 6 Correlated RE model, women		Model 7 Correlated RE model, men		Model 8 Correlated RE model, women	
	Coef.	***SE***	**Coef.**	***SE***	**Coef.**	***SE***	**Coef.**	***SE***
Partner's labour market status (ref. employed)								
Unemployed	0.02	(0.03)	0.02	(0.02)	0.01	(0.02)	0.03	(0.02)
Inactive	0.00	(0.02)	–0.04	(0.03)	–0.02	(0.02)	–0.03	(0.03)
Mediators								
Partner's health	0.20***	(0.01)	0.17***	(0.01)				
Ability to make ends meet					–0.02***	(0.01)	–0.03***	(0.01)
Constant	0.82***	(0.07)	1.07***	(0.05)	1.29***	(0.07)	1.58***	(0.05)
N	14736		25170		17209		28114	

Notes: Control variables as in Table 3.1. RE = random-effects; SE = standard error. *p < 0.10. **p < 0.05. ***p < 0.01. Models 5 and 6 estimated only for partnered individuals; partnership status is excluded from the list of control variables in these models.

Source: EU-SILC 2003–13

The moderating role of work obligation was examined with a synthetic indicator developed on the basis of the European Values Survey (Stam, 2015). This indicator is composed of five items: 'To fully develop your talents, you need to have a job'; 'It is humiliating to receive money without having to work for it'; 'People who don't work turn lazy'; 'Work is a duty towards society'; and 'Work should always come first, even if it means less spare time'. These items reflect a secular functional approach to the concept of work (Jahoda, 1981). Higher scores indicate a strong work obligation.[3] To examine whether the effect of partners' unemployment differs across societies with diverging gender-role attitudes, a contextual variable was included to indicate the country-specific proportion of people who agree with the statement 'When jobs are scarce, men should have more right to a job than women' derived from the 2004 European Social Survey. This variable has been used in a number of previous studies to examine the antecedents and consequences of gender-role attitudes, because it measures social perception of the primacy of the male breadwinner role (Davis and Greenstein, 2009). The distribution of variables at the country level is provided in Table 3.2.

Table 3.3: Results for moderating factors: gender-role attitudes and work ethics

	Model 9 Correlated RE model, men		Model 10 Correlated RE model, women	
	Coef.	***SE***	**Coef.**	***SE***
Partnership status (ref. has a partner)				
No partner	0.00	(0.05)	–0.06	(0.04)
Partner's labour market status (ref. employment)				
Unemployment	0.00	(0.06)	–0.03	(0.06)
Inactivity	0.03	(0.04)	–0.11**	(0.05)
Gender-role attitudes	–0.20	(0.18)	–0.23	(0.21)
Interaction: Partner's labour market status × Gender-role attitudes				
No partner × Gender-role attitudes	0.00	(0.07)	–0.00	(0.10)
Partner's unemployment × Gender-role attitudes	–0.07	(0.08)	0.20*	(0.11)
Partner's inactivity × Gender-role attitudes	–0.00	(0.07)	–0.11	(0.09)
Work ethics	–0.17**	(0.09)	–0.28***	(0.10)
Interaction: Partner's labour market status × Work ethics				
No partner × Work ethics	0.05	(0.13)	0.11	(0.15)
Partner's unemployment × Work ethics	0.05	(0.08)	–0.07	(0.11)
Partner's inactivity × Work ethics	–0.09	(0.06)	0.31**	(0.13)
Constant	1.39***	(0.14)	1.69***	(0.15)
N	15,816		25,310	

Notes: Control variables as in Model 7 and 8 in Table 3.2. RE = random-effects; SE = standard error. *p < 0.10. **p < 0.05. ***p < 0.01. Gender-role attitudes: country-specific proportion of people who agree with the statement 'When jobs are scarce, men should have more right to a job than women' derived from the 2004 European Social Survey. Work ethics: an indicator developed by Stam et al (2013). Due to missing values in indicators of social norms, Croatia, Italy, and Malta were excluded from these analyses.

Source: EU-SILC 2003–13

Empirical results

For descriptive purposes, the first step estimated random-effects models that do not take the European diversity of social contexts explicitly into account. The results from these models which estimated separately for men and women are presented in Table 3.3 (Models 1 and 3). They

show that the relationship between becoming unemployed and poorer self-rated health among both men and women is statistically significant. However, transition into inactivity is associated with a negative effect only among men. After controlling for unobserved heterogeneity among young people using correlated random-effects models (Models 2 and 4 in Table 3.3), the impact of both unemployment and inactivity weakens, remaining statistically significant in men but no longer playing a major role in women.

The results of these analyses also show the impact of partners' labour market status on self-rated health. Standard random-effects models (Models 1 and 3) indicate that individual unemployment is associated with scores indicating poorer health. The analyses reveal that it is not only the individual's but also the partner's unemployment that is associated with statistically significant poorer health among men and women. After controlling for unobserved heterogeneity within correlated random-effects models (Models 2 and 4 in Table 3.3), the impact of partners' unemployment weakens, remaining statistically significant among women, but having no effect among men. According to these results, women are not affected negatively by their own unemployment, but they do report poorer health if their husband is unemployed. The reverse is true for men. Partners' inactivity does not affect self-rated health among men or women.

The effects of control variables are stable across models and show hardly any gender differences. Age is associated with poorer self-rated health, whereas educational attainment is associated with more positive health outcomes. Limiting long-standing illness reported in the first wave of the survey is associated with substantially poorer health, which underscores the importance of controlling for baseline health in longitudinal analyses. Partnership status seems to play a positive role, but only for men's health. The analyses reveal health differences across welfare state regimes. Living in southern Europe and post-socialist countries is associated with a health disadvantage compared to western Europe or Nordic countries. Men living in Anglo-Saxon countries as well as in Croatia, Malta, and Cyprus tend to have better health, whereas among women, the same holds only for the south-eastern group of countries.

The theoretical framework indicates two specific mechanisms that lead to of the spread of health effects of unemployment among partners: reduction in household income and transmission of distress. Whereas a formal mediation analysis is beyond the scope of this chapter, it is possible to test whether income deprivation and partners' poor health are associated with worse individual health and also

Table 3.4: Sample structure – means and proportions

	Men		Women	
	Mean	*SD*	Mean	*SD*
Self-rated health	1.68	0.68	1.76	0.69
Age	27.12	2.64	26.79	2.76
ISCED0-1	5.3%		4.5%	
ISCED2	17.4%		15.5%	
ISCED3	50.9%		45.5%	
ISCED4	3.0%		3.4%	
ISCED5	23.4%		31.2%	
LLSI	12.0%		12.9%	
No partner	14.4%		10.5%	
Labour market status				
Employed	83.9%		60.3%	
Unemployed	9.2%		9.9%	
Inactive	6.9%		29.8%	
Partner's labour market status				
Employed	52.7%		76.1%	
Unemployed	8.6%		7.4%	
Inactive	24.3%		3.5%	
Nordic	16.3%		13.5%	
Anglo-Saxon	4.8%		5.0%	
Western	26.0%		25.6%	
Southern	13.3%		15.3%	
Post-socialist	35.9%		36.6%	
South-Eastern	3.6%		4.0%	
Mediators				
Partner's health	1.74	0.68	1.74	0.69
Ability to make ends meet	3.25	1.29	3.20	1.26

Note: SD = standard deviation.
Source: EU-SILC 2003–13

whether controlling for these variables reduces the effect of partner's unemployment on health. The results presented in Table 3.4 confirm all these expectations. An increased score in the scale indicating poor health of a partner is related to a rather substantial increase in individual

reports of poor health. Controlling for partner's health eliminates the effect of partner's unemployment on individual health. The effects of a reduction in household income (measured on a scale from 1 to 6) seem to be much less strongly related to individual health, although they are statistically significant; and controlling for the household's ability to make ends meet also reduces the effect of partner's unemployment. In sum, it seems plausible to think that both mechanisms – a reduction in household income and the transmission of distress – may be at work, and both contribute to the impact of unemployment on health among partners.

The final analysis addresses the role of social norms that define the degree to which work is valued and not working is stigmatised and that specify whose work is valued more: that of male or female partners (Table 3.5). Results indicate that among men, partner's unemployment plays no role regardless of whether a society is conservative or egalitarian. Among women, the effect of partner's unemployment varies with gender-role attitudes – that is, conservative attitudes amplify the impact of partner's unemployment. However, gender-role attitudes themselves are not associated with self-rated health. Results show that societies with higher work ethics tend to have better self-rated health. At the same time, there is no interaction between partner's unemployment and work ethics, but there is an interaction between partner's inactivity and work ethics among women. It seems that in societies in which people believe that doing paid work is a moral duty, women who have a partner who is unemployed do not experience as much distress as those whose partner does not work and does not search for a job.

As a sensitivity analysis, work obligation was replaced with country-specific measures of an aggregate unemployment rate that has been used as a proxy for 'the social norm of unemployment' in previous research (Clark, 2003; Clark et al, 2010). This shows in which countries unemployment is not strongly stigmatised (see Table 3.6). This analysis shows a similar pattern: again, results indicated that among men, female partner's unemployment plays no role, regardless of whether a society is conservative or egalitarian, but gender-role attitudes do moderate the impact of partner's unemployment among women. Hence, these results also confirm that societal conservatism contributes to the transmission of health effects of unemployment from men to their female partners. The effects of the interaction between aggregate unemployment and partner's unemployment are also consistent with the theory-based expectations. An increase in the aggregate unemployment rate decreases the overall effect of partner's unemployment on women's health, indicating that in countries in which not having a job is more common

Table 3.5: Distribution of contextual variables across countries

Country	Gender-role attitudes	Work ethics	Unemployment rate	Sample size
Austria	21.6	3.7	5.1	1,560
Belgium	30.7	3.3	7.8	1,819
Bulgaria	33.2	4.1	9.0	1,264
Cyprus	40.0	4.0	9.8	1,059
Czechia	36.5	3.6	6.0	1,614
Denmark	8.3	3.5	5.5	549
Estonia	36.5	3.6	8.8	2,008
Greece	48.2	3.8	10.3	484
Spain	30.4	3.5	16.4	2,506
Finland	12.4	3.2	7.8	2,284
France	27.9	3.5	9.1	5,042
Croatia		3.4	16.2	138
Hungary	57.3	3.9	9.6	2,131
Ireland	12.8	3.5	11.3	542
Island	23.7		4.7	944
Italy		3.7	8.2	2,549
Lithuania	28.2	3.5	12.3	738
Luxembourg	25.0	3.6	4.8	2,226
Latvia	19.5	3.5	13.0	1,401
Malta		3.5	6.4	566
Netherlands	22.0	3.1	5.3	1,026
Norway	8.4	3.6	3.6	1,362
Poland	41.0	3.5	9.0	4,116
Portugal	38.9	3.9	13.4	1,059
Romania	35.0	3.9	6.1	791
Sweden	8.7	3.3	7.5	1,461
Slovenia	24.4	3.7	7.2	729
Slovakia	32.3	3.8	12.7	1,676
UK	25.3	3.3	7.1	1,679

Sources: Gender-role attitudes: European Social Survey 2004. Work ethics: Stam et al (2013). Unemployment rate: Eurostat. Sample size: EU-SILC 2003–13

Table 3.6: Results for moderating factors: gender-role attitudes and social norm of unemployment

	Men		Women	
	Coef.	***SE***	**Coef.**	***SE***
Partnership status (ref. has a partner)				
No partner	0.11**	(0.05)	0.05	(0.05)
Partner's labour market status (ref. employment)				
Unemployed	0.09	(0.07)	0.06	(0.07)
Inactive	0.01	(0.05)	0.00	(0.09)
Gender-role attitudes	–0.30*	(0.16)	–0.32*	(0.19)
Interaction: Partner's labour market status × Gender-role attitudes				
No partner × Gender-role attitudes	0.13	(0.11)	0.14	(0.10)
Partner's unemployment × Gender-role attitudes	0.03	(0.13)	0.16**	(0.08)
Partner's inactivity × Gender-role attitudes	–0.04	(0.06)	0.07	(0.07)
Unemployment rate	–0.01	(0.01)	–0.00	(0.01)
Interaction: Partner's labour market status × Unemployment rate:				
No partner × Unemployment rate	–0.01***	(0.01)	–0.02**	(0.01)
Unemployed partner × Unemployment rate	–0.01	(0.01)	–0.01**	(0.00)
Inactive partner × Unemployment rate	–0.00	(0.00)	–0.01	(0.01)
Macroeconomic shocks	–0.00	(0.01)	0.01	(0.01)
Interaction: Partner's labour market status × Macroeconomic shocks:				
No partner × Macroeconomic shocks	0.00	(0.01)	0.00	(0.00)
Unemployed partner × Macroeconomic shocks	0.01**	(0.00)	0.01	(0.01)
Inactive partner × Macroeconomic shocks	0.01**	(0.01)	–0.00	(0.01)
Constant	1.40***	(0.15)	1.61***	(0.15)
N	16,196		25,874	

Note: Control variables as in Table 3.1. SE = standard error. *p < 0.10. **p < 0.05. ***p < 0.01.

Source: EU-SILC 2003–13

Table 3.7: Results for additional analyses combining individual and partners' labour market status

	Men		Women	
	Coef.	***SE***	**Coef.**	***SE***
Partners' labour market status (ref. dual-earner household)				
Employed, no partner	0.04*	(0.02)	–0.02	(0.02)
Not employed, no partner	0.12***	(0.03)	0.02	(0.02)
Employed, partner not employed	0.00	(0.02)	–0.00	(0.03)
Not employed, partner employed	0.07**	(0.03)	–0.00	(0.01)
Both partners not employed	0.06**	(0.03)	0.04	(0.02)
Constant	1.03***	(0.06)	1.27***	(0.05)
N	17,226		28,141	

Note: Control variables as in Table 3.1. SE = standard error. *p < 0.10. **p < 0.05. ***p < 0.01.

Source: EU-SILC 2003–13

and less stigmatised, a male partner's unemployment is relatively less detrimental for women.

It could be argued that it is not only partner's unemployment but also the specific aspects of the division of paid work within a household that affect individual health and interact with social norms. For example, a male partner's unemployment could be seen as particularly difficult to accept and therefore detrimental for health if combined with a female partner's employment. Additional analyses examined this issue in more detail, but this required combining different groups of non-working partners because of the small number of observations in some specific categories (Table 3.7). Results show that for unemployed men, having a partner who does have a job is just as harmful as living in a jobless household. For women, living in a household with a partner who does not work does not seem to have any effect, most likely due to diverging effects of male partners' unemployment and inactivity.

Results could be also affected by idiosyncratic shocks such as the Great Recession. Therefore, additional analyses controlled for fixed effects of years, but introducing these control variables did not change the results (Table 3.8).

Discussion

This chapter adds to the literature on health effects of unemployment by showing that the negative effects of lack of jobs may go beyond

Table 3.8: Results for additional analyses using fixed effects for years of survey

	Men		Women	
	Coef.	***SE***	**Coef.**	***SE***
Partnership status (ref. has a partner)				
	0.03*	(0.02)	–0.03*	(0.02)
Partner's labour market status (ref. employment)				
Unemployed	0.05**	(0.02)	0.01	(0.02)
Inactive	0.09***	(0.03)	–0.02	(0.01)
Partner's labour market status (ref. employment)				
Unemployed	0.02	(0.02)	0.05**	(0.02)
Inactive	–0.01	(0.02)	–0.02	(0.03)
Fixed effects for years (ref. 2004)				
2005	0.03	(0.04)	0.10***	(0.03)
2006	0.03	(0.06)	0.08*	(0.04)
2007	0.07*	(0.04)	0.17***	(0.03)
2008	0.07	(0.04)	0.17***	(0.03)
2009	0.07	(0.04)	0.17***	(0.03)
2010	0.07	(0.05)	0.24***	(0.04)
2011	0.07	(0.04)	0.17***	(0.03)
2012	0.06	(0.04)	0.16***	(0.03)
2013	0.07*	(0.04)	0.19***	(0.03)
Constant	0.96***	(0.08)	1.09***	(0.06)
N	17,209		28,114	

Notes: Control variables as in Table 3.1. SE = standard error. *p < 0.10. **p < 0.05. ***p < 0.01.

Source: EU-SILC 2003–13

young people who became unemployed and also affect their partners (married or otherwise). The effects of a partner's transition into unemployment are stronger among women compared to men, implying that the impact of unemployment on health between partners is gendered. Results highlight the role of within-household social interactions and income pooling for health outcomes of young people who lose their jobs. The chapter also contributes to the literature discussing the moderating impact of cultural and structural conditions on the effects of unemployment on health. According to

the present results, the degree to which the partner's unemployment is detrimental is conditional on the country-specific context. Young men's unemployment deteriorates their female partners' health most of all in conservative countries, with social norms supporting male breadwinner supremacy. These effects are also stronger in countries with stronger work ethics and lower in countries with high aggregate unemployment that serves as a proxy for the so-called social norm of unemployment.

The present study focuses on young people, because this social category has been shown to be most vulnerable to the macroeconomic shocks; and, at the same time, youth have few resources that could shield them from the effects of unemployment – whether their own or those of their partners. Nevertheless, it would be interesting to take a life course perspective and examine in a more systematic way how the magnitude of the spillover effects observed varies across different family members' life course stages. Because the available panel data cover up to four years for each individual, such an analysis could not be carried out here. However, future research using data stretching over a longer time span could examine this issue.

Although the analyses presented in this chapter pay a lot of attention to the moderating role of gender roles, this is done by examining the effect of partner's unemployment separately among women and among men and by analysing the interaction of these effects with country-level gender role attitudes. It would be interesting to take a more nuanced perspective on gender by considering the fact that men and women have different ideas about femininity and masculinity, different attitudes towards their own roles in their families, and different expectations towards partners (Springer et al, 2012). Moreover, given family diversity in modern societies, future research could consider the impact of partner's unemployment in the context of same-sex couples. However, these questions are beyond the scope of this chapter, because the available data do not provide detailed enough information to address them.

The results of this study are relevant for discussions about policies aiming to reduce the societal consequences of unemployment. Usually, introducing new policies is based on a careful assessment of costs and benefits. Much of the evaluation literature focuses on the benefits of policies supporting re-employment (Card et al, 2015) because high job finding rates reduce government expenses. Relatively less attention has been paid to the potential health benefits of policy support targeting people who are searching for jobs (for notable exceptions, see Wulfgramm, 2011; Saloniemi et al, 2014; Wulfgramm, 2011;

Wulfgramm, 2014; Voßemer et al, 2018) as well as implications for health expenditures (Biro and Elek, forthcoming). The current findings suggest that assessments of the benefits of programmes targeting the unemployed should not be restricted to the target persons of these policies but need to include their family members. In other words, the positive impact of programmes targeting the unemployed might be much larger overall than studies analysing individuals in isolation from their family members would imply. The call to pay attention to the benefits from policies that extend beyond the target group is in line with insights from previous studies that view welfare state support as a collective resource (Voßemer et al, 2018; Sjöberg, 2010; Baranowska-Rataj and Högberg, 2018).

Notes

[1] The sample includes all types of partnerships between married people and partners in consensual union (with or without a legal basis). Because the sample is restricted to young people, it did not condition on partner's age. In other words, information on partners' labour market status is included even if a partner is older than 30.

[2] By using a lagged variable, the analysis effectively uses panel data over the period 2004–14, because the first wave needs to be omitted from the analysis. Note that the control variable is different from the dependent variable (self-rated health), meaning we avoid conditioning on baseline outcome levels.

[3] Stam et al (2015) present evidence on the high reliability of these measures: their factor analysis shows that all items load on one factor with an eigenvalue of at least 1 in all countries with a Cronbach's alpha ranging from 0.58 to 0.79. In the present study, excluding countries with Cronbach's alpha lower than 0.65 does not change the results.

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