

THE STATE OF HEALTH AS THE DETERMINANT OF WOMEN'S 50+ LABOUR FORCE PARTICIPATION

ZDRAVIE AKO DETERMINANT PARTICIPÁCIE ŽENSKEJ PRACOVNEJ SILY VO VEKOVEJ KATEGÓRII 50+

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Abstract

Women's professional activity is determined by many factors. The most important are: age, family situation, education, social status. State of health is one of the most important factor that could potentially restrict women's participation in the labour market, and its importance seems to increase with age.

The research was conducted on a group of 3.775 women aged 50-60 years, on the basis of results of surveys carried out in the framework of "Social Diagnosis" project.

The results indicate that, in spite of the fact, that health is the most important, declared, cause of the quitting of a job-seek, but the statistical analysis hasn't confirmed the existence of a linear relationship between the subjective state of health and activity on the labour market.

Abstract

Profesionálna činnosť žien je podmienená mnohými faktormi. Najdôležitejšími sú: vek, rodinný stav, vzdelanie, sociálny status. Zdravotný stav je jedným z najdôležitejších faktorov, ktoré by mohli obmedziť účasť žien na trhu práce, a význam tohto faktora sa zvyšuje s vekom.

Výskum bol vykonaný na skupine 3 775 žien vo veku 50 až 60 rok, na základe výsledkov prieskumov vykonaných v rámci projektu "Sociálna Diagnóza". Výsledky ukazujú, že napriek tomu, že zdravie je deklarované ako najvýznamnejšia príčina ukončenia záujmu participovať na trhu práce, štatistická analýza nepotvrdila existenciu lineárneho vzťahu medzi subjektívne pociťovaným zdravotným stavom a aktivitou na trhu práce.

INTRODUCTION

The second half of the 20th century is a period of increasing women's labour participation. What was initially thought to be a privilege or suffragists' achievement, quickly turned into a social obligation. Today, especially in Western and Central Europe women's work of is widespread, and the model of family, where a female leads household, is relatively rare.

Changes in social and cultural environment, greater access to education have also contributed to increasing women's labour participation, especially in Europe and United States. Currently, women's professional activity is particularly important from the point of view of economic

growth. Ageing populations pose new challenges, associated with prolongation of professional activity's period for both women and men. Understanding the relationship between the state of health and ability to work is of particular importance in the context of demographic changes, taking place in developed countries. Ageing process will probably cause a shortage of manpower. Amelioration of these problems requires giving the elderly the incentives to remain in the labour resource.

The aim of research is to analyse the relationship between subjective state of health of women aged over 50 and their behaviour on the labour market. This group is especially vulnerable to social exclusion, on grounds of age and sex. This points to the importance of carrying out such research.

Research hypothesis assumed, that a subjective state of health was positively correlated with labour force participation. In this study authors used raw data from the national survey "Social Diagnosis". Research's sample included 3.775 women, who were in 2013 at the age 50-601, and, according to their age, should be active on the labour market. Authors analysed the linear relationship between selected variables using Pearson's correlation coefficient. Variables described the health status and the labour force participation.

1 THE HEALTH STATE AS A DETERMINANT OF WOMEN'S LABOUR MARKET' PARTICIPATION

Women's labour force participation is defined as the percentage of women employed, in relation to the total female population above the age for taking up employment. This is an important indicator of the labour market functioning. Women play special role in families, what may affect decisions regarding work. This particularly relates to married women (Chen, Shao, Murtaza & Zhao, 2014).

Much research have been taken in order to understand women life's necessities, in the context of unpaid homework and formal paid employment. Most commonly, it is considered that women make decisions concerning their preferred level of paid employment on the basis of a number of factors, such as:

- state of health;
- level of education;
- household's income;
- expected amount of homework;
- number of children, especially at preschool age;
- need to care for elderly or disabled family members;
- financial incentives, including tax incentives;
- changes in production's structure (smaller role of agriculture and industry, more important role of services);
- flexibility of employment;
- marital status (Blane & Montgomery, 2001), (Chen, Shao, Murtaza & Zhao, 2014), (Göksel, 2013), (Lundborg, Nilsson & Rooth, 2014), (Sugawara & Nakamuro, 2014), (Lilly, Laporte i Coyte, 2010), (Olivetti, 2006), (Thévenon, 2013), (Leigh, 2010), (Sandler Morrill & Morrill, 2013), (Jacobsen, 1999), (Coen-Pirani, León i Lugauer, 2010), (Hazan & Maoz, 2002), (Kaygusuz, 2010).

Health is thus one factors that affect the decision on entry, stay and exit from the labour market (Bound, Schoenbaum, Stinebrickner & Waidmann, 1999). Literature review indicates a significant impact of the health status on labour force resource's participation and labour

¹ for those women retirement age is about 60 years, depending on the year of birth

market behaviour (Zhang, Zhao & Harris, 2009). Empirical studies indicate, that health has undoubtedly an impact on the participation in the labour market, but the strength of this effect, especially in comparison to other factors, has not been clearly identified (García-Gómez, Jones & Rice, 2010). Worse health state affects the individual preferences by the relative utility of time spent on work and leisure. It, usually, means the tendency to decrease the number of hours of work (Zhang, Zhao & Harris, 2009). In addition, in developed countries worse health status entitles to benefit from social welfare benefits, which can also stimulate decisions to exit from the labour market (Zhang, Zhao & Harris, 2009). That's way persons with lower health status tend to retire earlier, but what is important, it is related to subjective health state's assessment (Pit, Shrestha, Schofield & Passey, 2010), in particular, in the case of the elderly (García-Gómez, 2011).

Health is a natural attribute of human capital, and, like education, is positively correlated with the ability to work and the productivity of work. This means a higher return from work for healthy employees. Healthier people are also more likely to work (Zhang, Zhao & Harris, 2009). Not only good health is correlated with better effects (outputs), but also worse health status is associated with lower supply of labour force (Zhang, Zhao & Harris, 2009).

Overall health, measured with health restrictions, has a positive impact on existing employment and negative on work's ending (out of employment). On the other hand, psychological well-being have a positive impact on the risk of employment, but also has a positive impact on the risk of employment for non-working women (García-Gómez, Jones & Rice, 2010). Similarly, mental illness affects, more strongly than in the case of men, women's resignation from work (Zhang, Zhao & Harris, 2009). Reduced mental well-being, in the case of men, reduces the number of hours worked. For women, this relationship is determined differently – good mental well-being affects positively on the number of working hours (García-Gómez, Jones & Rice, 2010). People who suffer from mental disorders (e.g. depression) usually work less, what usually leads to lower income. Those persons are also at higher risk of unemployment (Lundborg, Nilsson & Rooth, 2014). From this point of view, health problems often precede problems on the labour market (Aittomäki, Martikainen, Laaksonen, Lahelma & Rahkonen, 2012).

Particularly negative relationship can be observed in the case of chronic diseases, such as diabetes, heart disease, rheumatism, or, as mentioned before, mental disorders. People suffering from chronic illnesses are often penalized by the labour market (Aaron, Karanikolos, Mackenbach, McKee & Stuckler, 2014). The unemployed who get into health problems or are chronically ill, have less chance for returning to the labour market (Ahs & Westerling, 2006).

The impact of chronic diseases on the participation in the labour force resource depends on age and gender. Health plays a particularly important role in the case of persons over 50 years – chronic diseases more strongly affect the resignation from work in the case of older people than younger ones. Among people over the age of 50, both men and women, the presence of chronic diseases has a strong negative impact on labour force participation (Zhang, Zhao & Harris, 2009).

As mentioned before, the relationship between the state of health and employment is particularly clear in the case of the elderly. Persons with lower health status may decide that they do not participate in the labour market, that means there do not work and do not look for job. Poor health also affects productivity, increasing the risk of job's loss. On the other hand, the lack of work can affect your health by, for example, a diminution of available funds or reduced subjective mental well-being (Haan & Myck, 2009).

Deteriorating health status, that usually accompanies aging's process, makes people more appreciate leisure time. This can cause change a proportion of time destined for work and rest (Cai, 2010). Similarly sudden deterioration of health status (health shock) works - it reduces a chance of remain on the labour market and increase risk of the transition into a state of inactivity (García-Gómez, Jones & Rice, 2010).

2 METHOD

Research hypothesis (H1) assumed, that the state of health is an important determinant of women 50+'s labour force participation. Labour force participation means "doing work", but authors also examined "willingness to work" and "ability to work". That's way survey questions covered several important indicators:

- subjective state of health;
- labour force participation (a working status, willingness to work, a job-seeking).
- Following explanatory variables have been selected:
- LFP_1 – labour force participation 1 (question: *have you recently worked?*)
- LFP_2 – labour force participation 2 (question: *have you recently looked for work?*)
- LFP_3 – labour force participation 3 (question: *are you ready to take up a job?*)
- SSH – subjective state of health (question: *have you felt some health problems?*)

In this study authors used raw data from, coming from the survey "Social Diagnosis". Research sample included 3.775 women aged 50-60 years (in 2013).

During the study an analysis of the linear relationship was carried out, using Pearson correlation coefficient, according to following formula:

$$r_{x,y} = \frac{\frac{1}{n} \sum_{i=1}^x (x_i - \bar{x})(y_i - \bar{y})}{s_x s_y}$$

3 RESULTS

Study has shown, that for women aged 50+ labour force participation is relatively low (table 1). Only 55,5% of women have recently work. Because of the survey question's construction this indicator might be slightly higher, due to, for example, being on sick leave).

Table 1. Labour force participation

	Frequency	%
yes	2084	55,5
no	1671	44,5
all	3755	100

Source: own study

Study has also indicated, that 85,8% of unemployed women haven't been looking for job, 08% have been waiting for agreed work and only 13,4% have been actively looked for new employment (table 2). It shows a passive attitude of those group of potential worker – more than one-third of women aged 50+, neither works, nor hunts for job.

Table 2. Job-seeking

	Frequency	%
YES (<i>not working</i>)	212	5,7
YES (<i>working</i>)	69	1,8
NO (<i>waiting for work</i>)	13	0,3
NO (<i>not working</i>)	1363	36,4
NO (<i>working</i>)	2086	55,7
Total	3743	100,00

Source: own study

The study has also indicated, that the health state is the most important, declared reason for quitting of a job-seeking. 30,3% of unemployed women have declared, that they can't look for job due to poor health. Another important reason are: early retirement (27,5%) and housekeeping 13,4% (table 3).

Table 3. Reasons for quitting of a job-seeking

<i>Reasons</i>	<i>Frequency</i>	<i>%</i>
acquiring new skills	1	0,1
housekeeping	181	13,4
taking care of children	16	1,2
taking care of elderly or disabled members of family	59	4,4
health state	409	30,3
age	49	3,6
lack of qualifications	7	0,5
retirement	371	27,5
„there is no chance to find some work”	109	8,1
social transfers	65	4,8
„don't want to work”	28	2,1
others reasons	56	4,1
total	1351	100

Source: own study

This preliminary analysis has seemed to reinforce authors' hypothesis. On this basis the verification of research hypothesis, concerning the negative relationship between subjective health's assessment and employment or a job-seeking (an active attitude on the labour market).

Table 4. Pearson's correlation coefficient for analysed variables

	LFP_1	LFP_2	LFP_3	SSH
LFP_1	1	-0,01	-0,02	-0,05
LFP_2	-0,01	1	0,77	-0,02
LFP_3	-0,02	0,77	1	-0,07
SSH	-0,05	-0,02	-0,07	1

Source: own study

Pearson's correlation coefficient analysis has indicated a very weak negative correlation between the variable describing the subjective health status and variables indicating labour market's activity. Relatively, the strongest negative relationship can be observed between health's state and willingness to work, the lowest - between health's state and the job-seeking (table 4). Due to low correlation coefficients it's statistical significance haven't been tested.

CONCLUSION

The analysis of previous studies has indicated the existence of the relationship between the health's state and professional's activity (willingness to work, working). Studies have shown that health is the most common, declared, cause of resignation from job-seeking, reported by women aged 50-60 years. Study of the relationship between activity on the labour market and self-reported health have not confirmed, however, this relationship on the statistical level. However, this does not prove the lack of this type of relationship, but indicates the need for further research in this area.

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