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Unemployment and the health of Slovak adolescents

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Does parental unemployment affect adolescents' health?

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Abstract

Purpose. To explore the associations between mother's and father's employment status separately and together and the subjective health of children; and how parental education and financial strain can modify these associations.

Methods. Data were obtained from 2836 respondents aged 14 to 22 (mean age 17.7). Logistic regression models were used with three subjective health indicators: self-rated health, long-standing illness and health complaints; and ANOVA with one indicator: long-term well-being. Father's and mother's employment status was coded as follows: employed, short-term unemployed (<1 year), long-term unemployed (>1 year), and parental employment status as follows: both employed, one unemployed and both unemployed. All analyses were done separately for males and females.

Results. Father's long-term unemployment was a significant predictor of moderate self-rated health and low long-term well-being among males and females. Mother's long-term unemployment was negatively associated with self-rated health of females and long-standing illness among males. No associations between father's or mother's unemployment and occurrence of health complaints or between short-term unemployment and worse health of children were found. Unemployment of both parents negatively influenced self-rated health of both sexes and long-term well-being of females. After including parental education and financial strain in the model, the negative effect of father's and mother's long-term unemployment on health remained significant. However, influence of unemployment of both parents on health disappeared after adjusting for these variables.

Conclusions. Parental long-term unemployment (especially of fathers) is negatively associated with adolescents' subjective health, and this association remains even when the social class and financial strain is taken into account.

Introduction

The family is one of the most important determinants of children's development. With regard to this, a stressful family event might be stressful for children and may, besides other negative consequences, have a negative impact on their health. One of these stressful family events is parental unemployment. Parental unemployment has been found to have consequences for behavioural problems in children (Isaranurug et al., 2001; Harland et al., 2002), poorer self-esteem (Christoffersen, 1994), increased probability of binge drinking (Lundborg, 2002), depression (Kaltiala-Heino et al., 2001; Sund et al., 2003), as well as a higher occurrence of physical abuse of children (Christoffersen, 2000; Lindell & Svedin, 2001).

The most often studied negative consequence of unemployment is economic hardship for the family. Not all families suffer from poverty as a result of job loss, but most of them perceive financial strain which leads to family stress. Perceived economic hardship during childhood has been found to be clearly associated with illness later in adulthood (Lundberg, 1993) and to be related to moderate subjective health of adolescents (Hagquist, 1998). Not only health and well-being of children are affected by financial stress. Ortiz et al. (1993) also found that adolescents' relationship with their unemployed fathers was more negative if their income loss was significant in comparison with those adolescents whose unemployed father's income loss was slight. However, Lundberg (1993) suggests that not only economic conditions in childhood, but more importantly problems in family life, particularly conflicts in the family, are important predictors of health in adulthood. Unemployment is often associated with feelings of personal failure, loss of structure in daily routine, loss of social contacts, and decrease in social status. Unemployed individuals have to cope with these stressors and may be less supportive for the needs of children and spouse. According to Christoffersen (2000), loss of parental sensitivity could result in personality disorders, psychiatric and medical problems and self-destructive behaviour. In their study Wicrama et al. (1997) reported that changes in parental behaviour had direct effect on changes in adolescent physical health.

During late adolescence a special consequence of parental unemployment can occur. Faced with parental joblessness, adolescents could have problems imagining their own future work (Schliebner & Peregoy, 1994). Moreover, financial hardship limits adolescents' opportunities for further education and job training (Jones, 1988).

Researchers have mostly focused on unemployment of at least one parent, and they do not distinguish between mother's and father's unemployment. However, there is a possibility of different influence of father's and mother's unemployment on children. There is evidence that men usually experience the loss of their job worse than women (Waters & Moore, 2002; Artazcoz et al., 2004). Waters and Moore (2002) suggest three possible explanations: men are relatively more financially deprived than women; women are more likely to turn to an alternative role (e.g. the role of housewife) to remain active during unemployment; and women are more willing to use their social support network as a protective factor during

unemployment. The traditional gender role distribution causes men (whose incomes are usually higher than women's) to be perceived as the family breadwinners. On the other hand, besides their full-time jobs, women are perceived as the caregivers. Once unemployed, therefore, women usually become housewives, which is often considered to be a full-time activity (Piko & Fitzpatrick, 2001).

The main aim of this paper is to explore the effect of parental employment status on their adolescent children's subjective health. Firstly, the paper focuses on the influence of father's and/or mother's employment status (with regard to the length of their unemployment) on children's health. Based on empirical evidence, negative influence of parental unemployment, particularly the father's, on children's subjective health is expected. Secondly, the effects of unemployment of both parents and of one parent on children's health are tested. Those respondents with both parents unemployed are expected to have the worst perception of their health. Finally, the three variables: parents' education, perceived financial stress and family affluence (which can potentially moderate the effect of parental unemployment on children's health) are included in the analyses. Based on the arguments above, we expect the negative influence of parental unemployment to remain also after controlling for these variables. Given the possibility that all these relationships are gender specific, findings are presented for males and females separately.

Methods

Sample and procedure

The total sample for this study consisted of 2836 young people aged 14 to 22 years (45.4% males, 54.6% females).

The study used two data sets. The first set were 1992 secondary school students from 24 secondary schools from the Kosice region in Slovakia. Data were collected in the winter of 2002. The sample was stratified by type of school and gender (46.5% male, 53.5% female). Respondents completed a questionnaire at school on a voluntary and anonymous basis in the absence of their teachers. A response rate of 97.5% was achieved.

The second data set were the respondents who agreed to participate in the second wave of the longitudinal study 'Socio-economic inequalities in health'. The first wave of the study was carried out in 1998 at 31 secondary schools in the Kosice region (N=2616, mean age 14.9) (Madarasova Geckova et al., 2004). Respondents who agreed to participate in the second wave (N=1850) received a questionnaire by mail during December 2002 together with a stamped return envelope. One reminder was sent to those who did not reply. We received 844 usable questionnaires (42.7% male, 57.3% female). This represents a response rate of 45.5%. Males from apprentice schools were slightly under-represented. In any case, comparison of participants with non-participants showed no significant differences in health status at the time of the 1st wave.

Measures**Family characteristics**

Our sample has 98% of respondents living with their parents in one household. The number of household members varies from 1 to 18, the mean is 4.3 (SD 1.3) and the mode 4. Gainfully employed household members range from none to six, the mean is 2.1 (SD 0.8) and the mode 2.

Employment status of parents. Respondents were asked to indicate whether their mother and father were employed or unemployed, and the duration of their unemployment. The father's and mother's employment status with regard to the length of their unemployment was coded into the following categories: employed/ unemployed less than one year/ unemployed more than one year. Unemployment longer than one year is usually considered as long-term unemployment, while shorter than one year is short-term unemployment. Employment status of both parents is also examined in this study. It is coded as follows: both parents employed/ one parent unemployed/ both parents unemployed. In the subsequent text the term 'parental employment status' is used when referring to the employment status of both parents, and the terms 'father's employment status' and 'mother's employment status' refer to the father and mother separately.

Parental education. Mother's and father's education levels taken separately were divided into four categories: university, secondary (with leaving certificate), lower apprentice (without leaving certificate) and primary education.

Financial strain

A family's financial situation can be measured using various indicators, among the most objective of which are family income and parental occupation. However, there is evidence that adolescents are not always able to give precise information about their parents' income and occupation (Currie et al., 2000), and the response rate for these questions was low. For these reasons indicators concerning possibilities of using money for certain activities or with material wealth are used in recent studies (Lempers et al., 1989; Hagquist, 1998; Currie et al., 2000). There is also evidence that subjective perception of the family's financial situation is more meaningful for children and adolescents than objective income loss (Lempers et al., 1989; Hagquist, 1998). For these two reasons perceived financial stress and family affluence were used in the present study to assess the perceived economic situation of respondents.

Perceived financial stress. The measurement was derived from Hagquist's questionnaire (1998). Questions were adapted to the needs of Slovak adolescents. Respondents were asked if they had wanted to do certain activities in the preceding weeks but had been unable to do them because of lack of money. Four items, namely inability to go to the disco, to do sports, to buy special clothes or to go out with friends, were used with possible answers yes/no. Each item was used separately in the analyses.

Family affluence. A similar measurement was used as an indicator of consumption and material deprivation by Currie et al (1997; 2000) and Wardle et al. (2002). The scale used in the present study is composed of four

questions concerning possession of a car, a telephone or a computer in the family, and the respondents having their own room. Possible answers were: no, yes one, yes several for the first three questions and no/yes for the last question. Factor analysis showed low correlation of the last question (Do you have your own room?) with other items. This item was therefore left out of the analyses. Each of the other three items was used separately in the analyses.

Health indicators

According to Hammarstrom and Janlert (1997), the most common way to recognise health problems among young people is through self-reported symptoms. Four subjective health indicators were therefore used in this study

Self-rated health is the one item scale widely used in health studies, because it is generally accepted as a good predictor of mortality and morbidity (Mathews et al., 1999; Sadava et al., 2000). Respondents assessed their health using the five-point scale. 'Excellent' and 'very good' health ratings were combined into one group, and 'good', 'fairly good' and 'bad' ratings were considered as a second group, so that in this study the term 'moderate health' is used when referring to good, fairly good and bad ratings.

Occurrence of *long-standing illness* was measured by the simple question 'Do you have any long-standing illness (more than 3 months)?' using the dichotomous answer yes/no. Versions of this question are often used in subjective health research (Glendinning et al., 1992; Rahkonen et al., 1995; Macintyre et al., 1999). The question assesses merely the occurrence of long-standing illness, and not the extent to which it is serious and restricts daily life.

Long-term well-being was measured on a seven-point scale consisting of stylised faces. Respondents rated their feelings about their life in the past year. The faces were coded into numbers with number 1 meaning the best well-being and number 7 the worst. The scale was used to assess socio-emotional health in addition to global and physical health measured by other indicators. This simple scale may provide a better representation of respondent's feelings than would similar verbal scales (McDowell & Newell, 1996). In previous researches the test-retest reliability of this scale was 0.70 and median validity coefficient was 0.82 (McDowell & Newell, 1996).

Health complaints experienced during the previous month were recorded using the Slovak version of the Dutch questionnaire VOEG (Jansen & Sikkels, 1994; Geckova et al., 2001). This shortened version consisted of 13 items. A three-point scale (never, less than three times, three and more times) was used in response to each item in our study. For dichotomization, the frequency 'more than three times' was used as the cut-off point. The average number of experienced complaints varied from 0 to 13. In this study a dichotomization was used – no or one health complaint versus two or more health complaints.

Statistical analysis

The analyses were all done using the statistical software package SPSS version 10.1. Logistic regression models were used with three dependent

variables (moderate self-rated health, occurrence of long-standing illness and occurrence of two or more health complaints) and ANOVA for one dependent variable (long-term well-being). Firstly, associations of father's, mother's and parental employment status with all health indicators within males and within females were explored. Secondly, potentially confounding variables (parental education, perceived financial stress of respondents and family affluence scale) were included into the models using the stepwise method. All models were adjusted for the age of respondents.

Results

Table 1 shows the descriptive characteristics of the sample.

Logistic regression models were used to examine the relative effects of father's, mother's and parental employment status on three health indicators. The results are presented in Table 2. In model 1 father's employment status and in model 2 mother's employment status was included. Model 3 examines the effect of employment status of both parents on children's health. All models were adjusted for age of respondents.

Self-rated health. The results of logistic regression indicate that father's employment status is a significant predictor of self-rated health among both males and females. The odds ratio for moderate self-rated health was 2.32 (95% CI 1.58-3.4) for males with long-term unemployed fathers compared with those with an employed father. Among females, the odds ratio for moderate self-rated health for those with their father unemployed more than one year compared with an employed father was 1.53 (95% CI 1.06-2.22). Mother's employment status increased the risk of moderate self-rated health only among females. Females whose mother had been long-term unemployed reported moderate health 1.48 (95% CI 1.11-1.98) times more often than females whose mother was employed.

Unemployment of both parents had a significant negative effect on self-rated health of males (OR 2.21, 95% CI 1.25-3.91) and females (OR 1.67, 95% CI 1.04-2.68). Unemployment of one parent was not a significant predictor of self-rated health.

Long-standing illness. Having the mother unemployed more than one year increased the risk of occurrence of long-standing illness among males (OR 1.49, 95% CI 1.06-2.11). No significant effect of mother's or father's employment status on occurrence of long-standing illness was found among females (Table 2). Unemployment of one or both parents was not associated with long-standing illness (Table 2, model 3).

Health complaints. No significant associations between father's, mother's or parental employment status and the number of health complaints were found either among males or among females (Table 2). This health indicator was therefore excluded from further analysis.

Long-term well-being. Results of ANOVA with long-term well-being as dependent variable and father's and mother's employment status as independent variables are presented in Table 3. Both in males and in females, father's long-term unemployment was a significant factor in predicting

children's well-being. Children whose father had been unemployed more than one year had worse health in comparison with those whose father was employed ($p \leq .01$ among males, $p \leq .001$ among females). No significant association between mother's unemployment and well-being were found either among males or among females.

Among females long-term well-being was significantly worse for those with both parents unemployed ($p \leq .05$) and one parent unemployed ($p \leq .01$) in comparison with those whose both parents were employed. No similar associations among males were found (Table 3, model 3).

Table 1 Descriptive characteristics of the sample

gender	male	45.5%
	female	54.6%
age	mean age	17.68 (SD 1.61)
father's employment status	employed	86.7%
	unemployed < 1 year	4.3%
	unemployed > 1 year	9.0%
mother's employment status	employed	81.0%
	unemployed < 1 year	4.9%
	unemployed > 1 year	14.2%
parental employment status	both employed	72.9%
	one unemployed	22.4%
	both unemployed	4.7%
father's education	primary	1.4%
	apprentice school	35.9%
	secondary school	42.4%
	university	20.3%
mother's education	primary	3.8%
	apprentice school	24.0%
	secondary school	55.4%
	university	16.8%
financial stress (not enough money to)	go to the disco (% yes)	26.4%
	do sports (% yes)	25.5%
	buy certain cloths (% yes)	53.9%
	go out with friends (% yes)	34.9%
family affluence scale (does your family have a)	car (% no)	32.6%
	phone (% no)	5.8%
	computer (% no)	40.1%
health status	moderate self rated health	35.2%
	having a long standing illness	30.9%
	two or more health complaints	54.8%
	long term well being (mean)	2.69 (SD 1.28)

Table 2 Influence of employment status of parents on moderate self-rated health, long-standing illness and occurrence of health complaints (results of logistic regression)

		Moderate self-rated health		Long-standing illness		Two or more health complaints	
		males	females	males	females	males	females
		OR (95% CI)	OR (95% CI)	OR (95% CI)	OR (95% CI)	OR (95% CI)	OR (95% CI)
model 1							
Father's employment status	E	1.00	1.00	1.00	1.00	1.00	1.00
	U < 1 year	0.76 (0.37-1.56)	1.24 (0.76-2.01)	1.01 (0.50-2.02)	1.55 (0.95-2.51)	0.89 (0.48-1.63)	1.05 (0.64-1.72)
	U > 1 year	2.32 (1.58-3.40)	1.53 (1.06-2.22)	1.35 (0.89-2.04)	1.07 (0.73-1.57)	1.04 (0.71-1.51)	0.87 (0.60-1.27)
model 2							
Mother's employment status	E	1.00	1.00	1.00	1.00	1.00	1.00
	U < 1 year	0.68 (0.37-1.26)	1.03 (0.63-1.68)	0.70 (0.37-1.34)	1.26 (0.78-2.06)	1.07 (0.65-1.78)	1.32 (0.79-2.19)
	U > 1 year	1.38 (0.99-1.94)	1.48 (1.11-1.98)	1.49 (1.06-2.11)	1.19 (0.88-1.60)	1.20 (0.87-1.66)	1.13 (0.84-1.53)
model 3							
Parental employment status	both E	1.00	1.00	1.00	1.00	1.00	1.00
	one U	1.20 (0.90-1.61)	1.23 (0.95-1.59)	1.20 (0.89-1.62)	1.12 (0.86-1.46)	1.17 (0.89-1.52)	1.03 (0.80-1.34)
	both U	2.21 (1.25-3.91)	1.67 (1.04-2.68)	1.57 (0.86-2.87)	1.49 (0.92-2.39)	1.07 (0.61-1.87)	1.16 (0.71-1.91)

E – employed, U - unemployed

Adjusted for age

Significant differences ($p \leq 0.05$) are in bold

Table 3 Influence of employment status (ES) of parents on long-term well-being (result of ANOVA)

			Long-term well-being			
			males		females	
			B	P value	B	P value
model 1	Father's ES	E	Ref.		Ref.	
		U < 1 year	0.039	0.838	0.156	0.308
		U > 1 year	0.375	0.002	0.564	0.000
model 2	Mother's ES	E	Ref.		Ref.	
		U < 1 year	0.019	0.908	0.276	0.051
		U > 1 year	-0.060	0.564	0.163	0.080
model 3	Parental ES	both E	Ref.		Ref.	
		one U	0.151	0.076	0.204	0.012
		both U	0.009	0.959	0.517	0.001

E – employed, U - unemployed

Adjusted for age

Significant differences ($p \leq 0.05$) are in bold

Adjusted effect of parent's unemployment on children's subjective health status.

The effects of father's, mother's and parental employment status on their children's health adjusted for father's and mother's education, perceived financial stress and family affluence were explored (Table 4).

Self-rated health. The father's employment status remains a significant factor in predicting males' self-rated health even when controlled for father's education, perceived financial stress and family affluence. The negative effect of father's long-term unemployment was slightly reduced after including these variables in the model, but remained significant. However, among females the negative association of father's long-term unemployment with self-rated health disappeared after adjusting for father's education, perceived financial stress and family affluence. Mother's long-term unemployment was positively associated with moderate self-rated health among females also after adjusting for mother's education (OR 1.35, 95% CI 1.00-1.82). This association disappeared when the other two variables were included in the model (Table 4).

The negative effect of unemployment of both parents on self-rated health among males remained significant after adjusting for parental education, but disappeared when financial stress and family affluence were included in the model (Table 4).

Long-standing illness. Odds ratios for occurrence of long-standing illness among males with mother's employment status, mother's education, perceived financial stress and family affluence in the model are presented in Table 4. The negative impact of mother's long-term unemployment on the occurrence of long-standing illness among males remains significant after adjusting for other variables.

Table 4 Adjusted OR (95%CI) for self-rated health and long-standing illness among children based on employment status (ES) of parents

			Moderate self-rated health		Long-standing illness
			males	females	males
Father's employment status					
Father's ES and father's education	E		1.00	1.00	Not analysed
	U < 1 year		0.81 (0.39-1.67)	1.10 (0.67-1.79)	
	U > 1 year		2.16 (1.45-3.21)	1.34 (0.91-1.98)	
Father's ES, education and financial stress	E		1.00	1.00	
	U < 1 year		0.79 (0.38-1.63)	1.02 (0.62-1.68)	
	U > 1 year		2.05 (1.37-3.08)	1.26 (0.85-1.87)	
Father's ES, education, financial stress and family affluence	E		1.00	1.00	
	U < 1 year		0.77 (0.37-1.60)	0.94 (0.57-1.56)	
	U > 1 year		2.00 (1.30-3.00)	1.10 (0.73-1.65)	
Mother's employment status					
Mother's ES and mother's education	E		Not analysed	1.00	1.00
	U < 1 year			0.94 (0.57-1.54)	0.73 (0.38-1.39)
	U > 1 year			1.35 (1.00-1.82)	1.62 (1.13-2.31)
Mother's ES, education and financial stress	E			1.00	1.00
	U < 1 year			0.93 (0.56-1.53)	0.71 (0.37-1.35)
	U > 1 year			1.29 (0.95-1.75)	1.61 (1.12-2.32)
Mother's ES, education, financial stress, family affluence	E			1.00	1.00
	U < 1 year			0.90 (0.55-1.50)	0.70 (0.37-1.35)
	U > 1 year			1.21 (0.89-1.64)	1.65 (1.14-2.38)
Parental employment status					
Parental ES and parental education	both E		1.00	1.00	Not analyzed
	one U		1.16 (0.87-1.56)	1.10 (0.84-1.44)	
	both U		1.84 (1.01-3.37)	1.45 (0.88-2.40)	
Parental ES, education and financial stress	both E		1.00	1.00	
	one U		1.13 (0.83-1.54)	1.03 (0.79-1.35)	
	both U		1.77 (0.96-3.26)	1.41 (0.85-2.35)	
Parental ES, education, financial stress, family affluence	both E		1.00	1.00	
	one U		1.11 (0.81-1.51)	0.97 (0.73-1.28)	
	both U		1.77 (0.95-3.29)	1.28 (0.76-2.14)	

* Enter method was used to include the following variables in the models: parental education, perceived financial stress and family affluence.

E – employed, U – unemployed; Adjusted for age; significant differences on the level $p \leq 0.05$ are in bold

Long-term well-being. Table 5 shows results of ANOVA with long-term well-being and father's employment status adjusted for father's education, perceived financial stress and family affluence. Neither among males ($p \leq 0.05$) nor among females ($p \leq 0.001$) did any of the confounding variables modify the negative impact of fathers' long-term unemployment on the children's long-term well-being.

Among females, the negative association between long-term well-being and unemployment of both parents remained significant ($p \leq 0.05$) after adjusting for parental education and financial stress, but disappeared after adjusting for family affluence.

*Table 5 Adjusted significance for long-term well-being among children based on employment status of parents**

		Long-term well-being			
		males		females	
		B	P value	B	P value
Father's employment status					
Father's ES and father's education	E	ref		ref	
	U < 1 year	0.024	0.900	0.089	0.563
	U > 1 year	0.348	0.005	0.459	0.000
Father's ES, father's education and financial stress	E	ref		ref	
	U < 1 year	0.028	0.884	0.011	0.943
	U > 1 year	0.303	0.014	0.404	0.001
Father's ES, father's education, financial stress, family affluence	E	ref		ref	
	U < 1 year	0.023	0.903	0.010	0.950
	U > 1 year	0.271	0.032	0.395	0.002
Parental employment status					
Parental ES and parental education	both E	Not analysed		ref	
	one U			0.110	0.187
	both U			0.395	0.013
Parental ES, parental education and financial stress	both E			ref	
	one U			0.053	0.528
	both U			0.335	0.035
Parental ES, parental education, financial stress, family affluence	both E			ref	
	one U			0.043	0.610
	both U			0.311	0.053

* Enter method was used to include the following variables in the models: parental education, perceived financial stress and family affluence scale.

E – employed, U – unemployed

Adjusted for age

Significant differences on the level $p \leq 0.05$ are in bold

Discussion

Parental unemployment was negatively associated with children's subjective health in several health indicators used in the present study. Similar results have been found in other studies. Reinhardt Pedersen and Madsen (2002) found increased frequency of psychosomatic symptoms, chronic illness and reduced well-being among children (aged 2-17) whose parents were both unemployed more than 6 months in comparison with those children with at least one employed parent. These associations remained also after adjusting for socio-economic status, family type and native country of parents. Negative impact of parental unemployment on depression has also been confirmed in several studies. Sund et al. (2003) compared depression among adolescents aged 12 to 14 years whose mother or father was out of work with those whose parents were working. They found that both fathers' and mother's unemployment had a significant effect on their children's depression. Katliala-Heino et al. (2001) found a relationship between parents' unemployment and occurrence of depressive symptoms among their 14 to 16 year old children. No significant effect of mother's unemployment on self-rated health, well-being and psychosomatic symptoms was found by Piko and Fitzpatrick (2001).

Loss of employment is a very stressful life event, followed by many changes in the family. For this reason, short-term unemployment is also expected to affect children's health. However, Jones (1988) suggests that actual crisis might be positive for the family, as it can bring the family together and only later chronic stress causes family conflicts. Our findings seem to support this hypothesis, because short-term unemployment of father and mother was not a predictor of children's subjective health using any of the four health indicators.

Financial stress is often considered as the most important consequence of unemployment with regard to the health of the unemployed individual or the family members. However, our results show that even after controlling for financial stress, the father's and/or mother's long-term unemployment was negatively associated with children's self rated health, occurrence of long-standing illness and long-term well-being. The only exception is self-rated health among females. Our results indicate that the financial situation of the family with jobless parents is not the only negative consequence of unemployment. Family conflicts caused by unemployment and lack of emotional support from parents are probably more important determinants of children's health than economic strain. In line with this, Sweeting and West (1995) suggest the possibility that family life represented by family structure, culture and conflicts may be a more important determinant of health during adolescence than material factors. However, the negative associations between unemployment of both parents and adolescents' health disappeared after adjusting for parental education and financial strain in our study, which indicates that in cases where both parents are unemployed, financial stress is a more important factor in predicting children's health than unemployment itself. On the other hand, it is rather difficult to distinguish between the stress caused by economic hardship and

stress caused by other factors of unemployment. As Conger et al. (1992; 1999) demonstrated, economic pressure, marital conflicts and emotional distress interact. Economic pressure increases the probability of emotional distress which in turn increases the risk of marital conflicts. Further work should therefore be directed towards deeper understanding of the mechanism of unemployment and its effect on the family.

There are several limitations of the present study. The primary limitation is the lack of more detailed information about parental unemployment. We do not have information about possible maternity leave of mothers, retirement or invalidity of parents. All these types of employment status were considered as unemployment. Because maternity leave or retirement can be experienced differently from involuntary unemployment, respondents who are in these types of employment status could to some extent modify our results. This has to be taken into account in interpreting the results of our study. The second limitation is the use of indicators of the family's economic situation. In line with Currie's suggestions (2000) subjective indicators were used as a possible substitute for traditional socio-economic status measures (e.g. parental education, parental occupation). Their use in socio-economic inequalities research is relatively new and needs further verification. Thirdly, the design of the study does not allow conclusions as to whether worse health is the result or the cause of parental unemployment, or is associated with variables increasing the chance for unemployment. This has been studied for example by Kuhlthau et al. (2001) and Smith et al. (2002).

Despite these limitations the present study contributes to the understanding of associations between the parental unemployment and children's subjective health. It shows that parental and in particular fathers' long-term unemployment is negatively associated with their children's health and this association remains even when it is controlled for financial strain. Because it is possible that this result is influenced by the cultural environment and typical gender role distribution in Slovakia, studies from other cultures or cross cultural comparisons will be necessary to give a more precise view on parental unemployment and its influence on adolescents.

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