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Unemployment and the health of Slovak adolescents

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Parental support and adolescents' health in the context of parental employment status

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Submitted

Abstract

There is evidence that parent-child relationships need to be perceived within the broader family context. Among studies examining parental support and its effect on adolescents, those concerning the employment status (ES) of parents are lacking. The main aim of the present study is to explore the effect of parental support on adolescents' health within the context of parental ES. Data on perceived mother's and father's support, mother's and father's ES and adolescents' perceived health status were collected among 1992 adolescents (mean age 16.9). Father's support was significantly most often perceived as low when father was unemployed, while perception of mother's support did not differ by mother's ES. Among those with an unemployed father, mainly mother's support was protective for adolescents' health, while when mother was unemployed mainly father's support was protective. Our results suggest that in the case of unemployment of one parent, the support from the other parent is more important for the children.

Introduction

Job loss has many severe consequences for the unemployed persons as well as for their family, especially spouse and children. In spite of this, to the negative effect of unemployment on the other family members has not been paid so much attention. Studies concerning parental unemployment published in recent years have mostly considered unemployment as one of the socio-economic status indicators or one of the negative family events. Only a few of them have paid attention solely to unemployment.

It has been established that having one or both parents unemployed negatively influences the health and well-being of children (Reinhardt Pedersen et al., 2005; Sleskova et al., 2006), causes behavioural problems in children (Isaranurug et al., 2001; Harland et al., 2002), increases the probability of infants being abused because of their crying (Reijneveld et al., 2004) and leads to depression among adolescents (Kaltiala-Heino, et al., 2001; Sund et al., 2003). Christoffersen (2000) reported a higher occurrence of physical abuse in children when the mother had been long-term unemployed. No evidence is available on the family relations and parental support during parental unemployment. In the present study we focus mainly on parental support given to adolescents during unemployment and on the effect of this support on the adolescents' health when one of the parents is unemployed.

Losing employment is a very stressful event. It is often followed by financial loss, loss of social contacts, loss of structure in daily routine as well as decrease in social status (Christoffersen, 2000). All these consequences of unemployment cause stress which the unemployed individual has to cope with. Through this stress, unemployment can negatively affect parental behaviour, which has consequently a negative effect on various aspects of children's life. It has been found that financial strain, which is usually related to unemployment, increases the risk of emotional distress, which in turn increases the risk of marital conflict and subsequent marital distress (Conger et al., 1999). According to Robila and Krishnakumar (2005) financial strain is associated with higher levels of marital conflicts directly and also indirectly through increased maternal depression and lowered social support. Not only financial problems but also stressful life events themselves experienced by parents, as stated by Ge et al. (1994), are related to parental depressed moods which disrupt skilful parenting practices. Absence of skilful parenting practices in turn increases the risk of developing depressive symptoms among adolescents. The above-mentioned studies focused on financial strain and stressful life events in general. We pay attention to unemployment as a possible source of stress and financial strain which can decrease the support given to the adolescents by their parents.

The effect of perceived social support on various aspects of the individual's life is well established (e.g. Baruch-Feldman et al., 2002; Leinonen et al., 2003; Amlund Hagen et al., 2005). Similarly, the effect of parental support on children's health and behaviour has been studied. Lack of perceived parental support was highly related to depressive symptoms in adolescents (Patten et al., 1997). Geckova et al. (2003) found a strong

influence of social support on many aspects of adolescents' health. Piko (2000) reported that a low level of perceived father's support increased the risk of substance use by secondary school students, whereas mother's support did not appear to be such a strong predictor. Wicrama et al. (1997) found that through adolescent perception of parental support, changes in parental supportive behaviour are connected with changes in adolescent physical health status.

Based on their finding that parent-adolescent conflicts are related to adolescents' problem behaviour only in families with alcoholic fathers but not in alcoholic-free families, Barrera and Stice (1998) stressed the need to understand parent-adolescent relationships within the context of family background characteristics. According to Turner and Lloyd (1999) the structures and processes of relationships vary across socio-economic groups. It can therefore be expected that the quality of relationships also vary across different socio-economic groups, and subsequently also that the effect of parental support on adolescents' health, which is the focus of this study, may differ in these groups.

Summarizing, previous research examining the effect of parental support on children's health has overlooked ways in which parental employment status moderates the influence of parental support on children's health. The main aim of the present paper is therefore to explore the effect of parental support on adolescents' health stratified by parental employment status. Firstly, we aim to compare levels of support received from mothers and fathers between employed, short-term unemployed and long-term unemployed mothers and fathers. We expect that those adolescents with unemployed parents will report lower levels of parental support.

Secondly, the effect of high levels of parental support on adolescents' health stratified by parental employment status will be studied. We expect that the protective effect of parental support on health will vary across parental employment status groups (employed, short-term unemployed and long-term unemployed parents). Because of the evidence that mother's and father's unemployment have different effects on children (Christoffersen, 2000; Sleskova et al., 2006) we distinguish between mother's and father's employment status in our study.

Methods

Sample and procedure

Our sample consisted of 1992 secondary school students from 24 secondary schools in the Kosice region in Slovakia (Sleskova et al., 2006). Data were collected in the winter of 2002. The sample was stratified by type of school and gender (46.5% male, 53.5% female). The age of respondents ranged from 14 to 19 years, mean age was 16.8 (standard deviation 1.1). Most of the respondents were aged 15 to 18 years (mean age 16.8; SD 1.0). Only the minority of the sample comprised the ages 14 (N=18; 0.9%) and 19 years (N=22; 1.0%). 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.

Measures

Employment status of parents

Respondents were asked to indicate whether their mother and father were employed or unemployed, and the duration of their unemployment if applicable. This was then 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.

It is needed to explain the employment situation in Slovakia, mainly with respect to females. Although being a housewife is frequent in many West European countries, in Slovakia this type of employment status among females is rare. Most of women have or would like to have full time employment. Our previous analyses showed no differences between housewives and unemployed women with regard to their effect on the health of adolescents. Therefore, in this study we use only the category 'unemployed'.

Health

We used five self-report measures, covering both physical and mental health. All measures were dichotomised in such a way that approximately 30% of respondents reporting worse health are considered as having 'bad health' and the rest as having 'good health'.

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 considered as 'good health', and 'good', 'fairly good' and 'bad' ratings were considered as the second group.

Vitality and *mental health* are two scales of the 36-item RAND questionnaire (Ware & Sherbourne, 1992). The vitality scale consists of four items focusing on energy and fatigue. Mental health is a five-item scale focusing on psychological distress and well-being. In both indicators, respondents were asked to evaluate their feelings during the previous four weeks using five-point Likert scales. Sum scores were then transformed into scales with a possible range from 0 (worst) to 100 (best). The Cronbach alphas for these scales were 0.71 and 0.78 for vitality and mental health respectively. They were dichotomised at cut off point 45/ 46 and more.

Long-term well-being was measured on a seven-point scale consisting of stylised faces. Respondents rated their feelings about their life in the previous 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 respondents' feelings than would similar verbal scales (Andrews, 1996). Those respondents who rated their well-being with numbers 1 to 3 where

considered as having 'good health'.

Health complaints experienced during the previous month were recorded using the Slovak version of the Dutch questionnaire VOEG (Jansen, & Sikkel, 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. The Cronbach alpha for this scale was 0.78. In this study the occurrence 'three and more times' was considered as having a particular health complaint and to have none to three health complaints was considered as 'good health'.

Parental support

Parental support was measured using a 12-item questionnaire. The questionnaire was derived from Measures of Perceived Social Support (Turner & Marino, 1994). We separately assessed the level of support each respondent experienced from mother and father. Items focused on closeness with parent, time to talk with parent, feeling of a being worthwhile person, being relaxed and myself in the presence of parent, feeling that parent is always here and feeling of parent's confidence in adolescents. Each item has a four-point response scale with sum score ranging from 6 to 24 separately for mother's and father's support. Internal reliability is highly satisfactory. Cronbach alpha coefficients are .87 and .92 for mother and father respectively. In this study, sum scores were recoded into tertiles (high, medium and low support), differently for mothers and for fathers to enable us to involve in each group approximately 33% of respondents. For mother's support, scores 6 to 7 were considered as high support (30.2% of respondents), scores 8 to 10 as medium support (33.1%), and scores 11 to 24 as low support (36.7%). For father's support, scores 6 to 9 were considered as high support (33.2% of respondents), scores 10 to 12 as medium support (30.0%), and scores 13 to 24 as low support (36.8%).

Statistical analyses

First, we examined differences in parental support between employed, short-term and long-term unemployed parents, using chi square statistics. Next, we examined the relative effect of medium and high levels of mother's and father's support on the occurrence of good health among adolescents using logistic regression. We repeated these analyses with adjustment for the support received from the other parent to determine the effects of support of either the mother or the father. Finally, we repeated similar analyses in each parental employment status category. Given the possibility that the analysed relationships could be gender specific, all models were adjusted for gender.

Results

Table 1 gives the descriptive information about adolescents' perception of mothers' and fathers' support across three categories of father's and mother's employment status (employed, short-term unemployed and long-term unemployed). It presents differences in perceived parental support by

parental employment status. Results indicate that only father’s support depends on father’s employment status. From those respondents whose father was short-term or long-term unemployed, 49% and 46% respectively reported receiving low support from him compared to 34% of those whose father was employed. This is a statistically-significant difference on the level $p \leq .01$. Father’s support did not differ with mother’s employment status. Mother’s support did not differ either with father’s or with mother’s employment status.

Table 1 Father’s and mother’s support, comparison of groups with parents employed, unemployed < 1 year, and unemployed > 1 year

	Father's employment status			Mother's employment status		
	Employed	Unempl. < 1 year	Unempl. > 1 year	Employed	Unempl. < 1 year	Unempl. > 1 year
	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)
Father's support						
High	34.6 (565)	24.1 (20)	25.0 (37)	32.9 (505)	33.3 (30)	34.2 (83)
Medium	30.7 (501)	26.5 (22)	28.4 (42)	29.9 (460)	23.3 (21)	33.7 (82)
Low	34.7 (567)	49.4 (41)	46.6 (69)	37.2 (572)	43.3 (39)	32.1 (78)
Chi square	16.02**			5.14 n.s		
Mother's support						
High	30.6 (503)	33.3 (27)	29.1 (48)	30.4 (488)	32.3 (31)	28.9 (76)
Medium	33.3 (546)	28.4 (23)	30.9 (51)	33.2 (533)	31.3 (30)	33.1 (87)
Low	36.1(1642)	38.3 (31)	40.0 (66)	36.3 (583)	36.5 (35)	38.0 (100)
Chi square	1.77 n.s			0.59 n.s		

** $p \leq .01$

Next we explored the crude and adjusted effects of mother’s and father’s support on adolescents’ health. As can be seen from Table 2, when the crude effect of mother’s and father’s support was analysed, medium and high levels of their support were protective for adolescents’ health in all measured aspects of health. The only exception was self-rated health where medium level of mother’s support was not protective for adolescents. In the adjusted model (Table 2) the effect of mother’s support on some health indicators disappeared. The effect of high level of mother’s support on self-rated health, medium level of support on vitality and medium level of mother’s support on the occurrence of health complaints became non-significant. The effect of mother’s support on the other aspects of adolescents’ health remained significant but the odds ratios decreased after adjusting for father’s support. The effect of father’s support on adolescents’ health remained highly statistically significant ($p \leq .001$) also after adjusting for the effect of mother’s support.

Table 2 Crude and adjusted effects of parental support on good health of adolescents

			Crude effect OR (95% CI)	Adjusted effect* OR (95% CI)
Self-rated health	Mother's support	Low	1.00	1.00
		Medium	1.02 (0.82-1.27)	0.83 (0.65-1.05)
		High	1.54 (1.21-1.95)	1.18 (0.90-1.54)
	Father's support	Low	1.00	1.00
		Medium	1.83 (1.44-2.32)	1.90 (1.49-2.42)
		High	2.14 (1.69-2.70)	2.11 (1.63-2.73)
Vitality	Mother's support	Low	1.00	1.00
		Medium	1.34 (1.07-1.68)	1.12 (0.88-1.43)
		High	1.94 (1.53-2.48)	1.57 (1.20-2.07)
	Father's support	Low	1.00	1.00
		Medium	1.71 (1.35-2.17)	1.65 (1.30-2.11)
		High	2.32 (1.82-2.96)	1.95 (1.50-2.53)
Mental health	Mother's support	Low	1.00	1.00
		Medium	1.75 (1.35-2.25)	1.46 (1.10-1.92)
		High	2.19 (1.66-2.89)	1.78 (1.31-2.42)
	Father's support	Low	1.00	1.00
		Medium	2.29 (1.74-3.02)	2.14 (1.61-2.82)
		High	2.72 (2.06-3.60)	2.16 (1.60-2.92)
Long-term well-being	Mother's support	Low	1.00	1.00
		Medium	1.76 (1.34-2.30)	1.39 (1.04-1.86)
		High	2.17 (1.62-2.90)	1.63 (1.17-2.27)
	Father's support	Low	1.00	1.00
		Medium	2.09 (1.56-2.79)	2.00 (1.49-2.68)
		High	2.89 (2.13-3.92)	2.35 (1.69-3.27)
Health complaints	Mother's support	Low	1.00	1.00
		Medium	1.47 (1.17-1.86)	1.28 (0.99-1.65)
		High	1.86 (1.45-2.38)	1.54 (1.17-2.03)
	Father's support	Low	1.00	1.00
		Medium	2.09 (1.63-2.69)	2.05 (1.59-2.65)
		High	2.23 (1.74-2.85)	1.90 (1.45-2.48)

* 'Adjusted' - adjusted for the support of the other parent

Both models are adjusted for gender

Statistically significant effect is in bold

In the next step, the group of respondents was divided into categories by father's and mother's employment status separately. We compared analyses with three (employed, short-term unemployed and long-term unemployed) and two (employed and unemployed) employment categories. Because more detailed categorisation of employment did not add to the model with statistical significance ($p > .05$) we present data only for two categories: employed and unemployed parents. Logistic regression models were run in each category to examine the adjusted effect of mother's and father's support on several aspects of adolescents' health with respect to parental employment status.

Firstly, the crude effect of mother's and father's support on health was analysed. Afterwards, the effect of mother's support was adjusted for father's support and vice versa. Because the pattern of this adjustment was very similar to that presented for all respondents in Table 2, we only present adjusted effects in Tables 3 and 4.

Father's employment status. The protective effect of parental support on adolescents' health among groups divided by father's employment status is presented in Table 3. Among those with employed fathers, medium and high levels of father's support had significant positive effect on adolescents' health in all five health indicators used in our study (Table 3). The odds ratios ranged from 1.65 to 2.49. Effect of mother's support on health when fathers were employed was much lower. Medium and high levels of mother's support (OR 1.45, 95% CI 1.07-1.95 and OR 1.63, 95% CI 1.17-2.28 respectively) were protective for adolescents' mental health, and high level of social support positively influenced the occurrence of health complaints (OR 1.35, 95% CI 1.00-1.83). Among those with unemployed fathers, medium level of father's support was protective only for vitality (OR 2.37, 95% CI 1.14-4.92) of respondents. All other associations between father's support and adolescents' health when the father was unemployed were nonsignificant. On the other hand, mother's high support was protective for adolescents' health in four out of five health indicators (vitality, mental health, long-term well-being and occurrence of health complaints) among those with unemployed fathers. Good long-term well-being was also predicted by medium level of mother's support (OR 2.22, 95% CI 1.05-4.71).

Mother's employment status. Among those with employed mothers, mainly father's support had a protective effect on adolescents' health (Table 4). Medium and high levels of father's support positively affected health of adolescents in all used health indicators (odds ratios ranged from 1.60 to 2.34). High levels of mother's support were important predictors of good health in four out of five health indicators (vitality, mental health, long-term well-being and health complaints) (odds ratios ranged from 1.51 to 1.99).

Medium levels of mother's support had no effect on health with the exception of mental health (OR 1.62, 95% CI 1.19-2.18). Among those with unemployed mothers only father's support affected health. Medium levels of support from father positively influenced health in all used health indicators (ORs ranging from 1.89 to 3.23). High levels of father's support were important predictors of good self-rated health, vitality, mental health and long-term well-being (ORs ranging from 2.13 to 2.89).

Table 3 The effect of parental support on good health of adolescents by father's employment status. Results are adjusted for gender of the respondents and for social support of the other parent.

Father's employment status			Employed n=1655 OR (95% CI)	Unemployed n=251 OR (95% CI)
Self-rated health	Mother's support	Low	1.00	1.00
		Medium	0.80 (0.61-1.04)	0.95 (0.49-1.82)
		High	1.10 (0.82-1.47)	1.94 (0.97-3.88)
	Father's support	Low	1.00	1.00
		Medium	1.92 (1.48-2.51)	1.70 (0.89-3.25)
		High	2.21 (1.67-2.94)	1.58 (0.77-3.22)
Vitality	Mother's support	Low	1.00	1.00
		Medium	1.03 (0.79-1.34)	1.64 (0.82-3.28)
		High	1.30 (0.97-1.75)	5.06 (2.29-11.20)
	Father's support	Low	1.00	1.00
		Medium	1.65 (1.27-2.14)	2.37 (1.14-4.92)
		High	2.27 (1.70-3.03)	0.81 (0.38-1.73)
Mental health	Mother's support	Low	1.00	1.00
		Medium	1.45 (1.07-1.95)	1.44 (0.66-3.13)
		High	1.63 (1.17-2.28)	2.88 (1.21-6.87)
	Father's support	Low	1.00	1.00
		Medium	2.16 (1.60-2.92)	2.21 (0.98-5.00)
		High	2.29 (1.65-3.17)	1.85 (0.74-4.60)
Long-term well-being	Mother's support	Low	1.00	1.00
		Medium	1.28 (0.92-1.76)	2.22 (1.05-4.71)
		High	1.37 (0.95-1.97)	4.21 (1.78-9.96)
	Father's support	Low	1.00	1.00
		Medium	2.11 (1.52-2.93)	1.53 (0.73-3.32)
		High	2.49 (1.65-3.58)	1.82 (0.73-4.52)
Health complaints	Mother's support	Low	1.00	1.00
		Medium	1.30 (0.98-1.70)	1.12 (0.56-2.24)
		High	1.35 (1.00-1.83)	2.85 (1.29-6.27)
	Father's support	Low	1.00	1.00
		Medium	2.25 (1.71-2.96)	1.54 (0.75-3.13)
		High	2.14 (1.60-2.86)	1.17 (0.53-2.55)

Statistically significant ($p \leq 0.05$) effect is in bold

Table 4 The effect of parental support on good health of adolescents by mother's employment status. Results are adjusted for gender of the respondents and for social support of the other parent.

Mother's employment status			Employed n=1610 OR (95% CI)	Unemployed n=361 OR (95% CI)
Self-rated health	Mother's support	Low	1.00	1.00
		Medium	0.83 (0.63-1.09)	0.72 (0.41-1.26)
		High	1.14 (0.85-1.54)	1.23 (0.66-2.29)
	Father's support	Low	1.00	1.00
		Medium	1.84 (1.41-2.42)	2.30 (1.30-4.08)
		High	2.08 (1.55-2.77)	2.43 (1.34-4.40)
Vitality	Mother's support	Low	1.00	1.00
		Medium	1.14 (0.87-1.50)	1.03 (0.58-1.81)
		High	1.51 (1.11-2.03)	1.86 (0.98-3.55)
	Father's support	Low	1.00	1.00
		Medium	1.60 (1.20-2.05)	2.12 (1.18-3.80)
		High	1.96 (1.46-2.63)	2.13 (1.16-3.92)
Mental health	Mother's support	Low	1.00	1.00
		Medium	1.62 (1.19-2.18)	0.84 (0.52-1.71)
		High	1.99 (1.42-2.79)	0.99 (0.45-2.16)
	Father's support	Low	1.00	1.00
		Medium	1.98 (1.46-2.68)	3.23 (1.51-6.90)
		High	2.08 (1.49-2.91)	2.84 (1.34-6.01)
Long-term well-being	Mother's support	Low	1.00	1.00
		Medium	1.27 (0.92-1.75)	1.98 (0.97-4.05)
		High	1.53 (1.06-2.21)	2.19 (0.98-4.89)
	Father's support	Low	1.00	1.00
		Medium	1.97 (1.42-2.73)	2.23 (1.09-4.55)
		High	2.34 (1.62-3.37)	2.89 (1.30-6.41)
Health complaints	Mother's support	Low	1.00	1.00
		Medium	1.30 (0.98-1.72)	1.22 (0.68-2.20)
		High	1.60 (1.17-2.18)	1.29 (0.69-2.42)
	Father's support	Low	1.00	1.00
		Medium	2.10 (1.58-2.78)	1.89 (1.04-3.44)
		High	2.01 (1.49-2.72)	1.56 (0.85-2.86)

Statistically significant ($p \leq 0.05$) effect is in bold

Discussion

This investigation of the effect of parental support on the health of adolescents with respect to the employment status of parents produced several interesting results. Firstly, it was expected that both mother's and father's support would be lower when they were unemployed. However, our results showed that only perceived father's support was lower when the father himself was unemployed. Perceived mother's support did not seem to be

affected either by father's or by mother's unemployment. This could be explained by different experience of unemployment by men and women. According to Conger et al. (1993) men are more likely than women to report being distressed by work-related and financial events. Furthermore women experience their own unemployment as less stressful than men do (Waters & Moore, 2002; Artazcoz et al., 2004). Unemployment therefore probably does not change women's behaviour towards their children, and adolescents do not perceive the support of an unemployed mother as worse than those with employed mothers. On the other hand, stress caused by unemployment probably decreases the father's support given to the children. Our results, however, do not give a satisfactory answer to the question about family processes under the situation of job loss of one of the parents. Furthermore, the parental support measure used in our study is based on the adolescents' perception of parental support, and not on objective parental behaviour towards children. Additional research would therefore be needed for better understanding of family processes during parental unemployment.

As a second step, the effect of parental support on adolescents' health was explored. We found that both mother's and father's support was protective for adolescents' health when analysed separately. However, when the adjusted effect of mother's and father's support was analysed, the positive influence of mother's support decreased or even disappeared for some outcomes. Forehand and Nousiainen (1993) suggested that although father's acceptance of the adolescent occurs more seldom than the mother's, when it occurs it may actually play a more important role in the adolescent's life than the mother's acceptance. Our findings seem to be in line with this opinion. Father's support was generally perceived as lower than the mother's, but when it was high it played a greater protective role in adolescents' health than high mother's support.

Thirdly, we explored the protective effect of parental support on health with regard to the employment status of parents. When parents were employed, mainly higher levels of father's support were protective for the health of their children, in the case of employment of father and mother alike. Interestingly, however, if the father was unemployed, his social support had hardly any association with the adolescents' health, but support from the mother had such an association. An explanation may be that when the father is without a paid job and has to cope with many stressors, the influence of his support in positive as well as in negative meaning subsides. In this situation the mother is more important than the father for the health and well-being of adolescent children, in contrast to the situation when the father is employed. On the other hand, when the mother was unemployed it was not her support, but more the father's that was associated with better health. A general explanation may be that in the case of unemployment of one parent, the second parent becomes more important for the children. High levels of his/her support are protective for the children and low levels of support threaten the children, while support from the unemployed parent loses its importance for adolescents. One of the explanations is that adolescents feel the stress of an unemployed parent and therefore try to gain support from the other parent. When this support is high it protects them, when it is low it

harms them, but in any case it seems to be important. Another explanation is that the unemployed parent has more conflicts with the adolescent as a result of job loss, and then the other parent is very important as a mediator of the relationship between the unemployed parent and adolescent. It would be interesting to explore deeply the mechanism of parental support within the family with an unemployed parent. A longitudinal study in particular could give answers to the question of what happens when a parent becomes unemployed.

When looking at parental support with regard to their employment status one more interesting result was found. In the case of mother's support, mainly high levels were protective for their children, while in the case of father's support already medium support was enough to protect children's health. This finding again supports the idea that, although father's support is lower than mother's, it could play a more important role for children.

The present paper has several strengths and limitations. The main strength is that it focuses on the effect of parental support on adolescent's health under different life circumstances, in this case different employment status of parents, which is often overlooked or sidelined in the literature. Furthermore we have used five health indicators, which comprised many aspects of adolescents' health – general health, psychological health as well as physical health. The focus on father's and mother's employment status separately belongs among the strengths as well as the limitations of the present study. The positive aspect is that we can see how differently parental support influences health when the father is unemployed in comparison with the situation when the mother is unemployed. However, there is evidence that having both parents unemployed has even more negative consequences for children than having only one parent unemployed (Kaltiala-Heino et al., 2001; Sleskova et al., 2006). When interpreting results, the sample size in separate groups should also be taken into account. Because the groups of unemployed fathers and mothers were much smaller than those of employed parents, some of the differences in odds ratios could be due to this factor. Despite these limitations the present article adds new information to the knowledge about parental unemployment and can be considered as a suggestion for further research.

We found that the protective effect of parental support on adolescents' health can work differently under different life conditions, particularly regarding parental employment status. However, in a similar study concerning different socio-economic groups (measured by parental education and parental occupational group), Geckova et al. (2003) did not confirm any differences in the effect of social support on health among socio-economic groups of 15 year old Slovak adolescents. These different findings suggest that although parental unemployment means a decrease in socio-economic status, it cannot be simplified to low socio-economic status, mainly when its effects on children are measured. It probably causes more complex changes in the family system, which can have different effects on children than low socio-economic status as such. Helping unemployed adults to cope with their situation cannot therefore be restricted to increasing their socio-economic status (via state unemployment benefits) but should be oriented also towards

the counselling process. Work with the whole family system and increasing the level of support which parents give to their children even in the situation when they have to cope with their own unemployment could help to prevent many undesirable effects of parental unemployment on children's health.

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