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Unemployment and the health of Slovak adolescents

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Conclusion, general discussion and implications

Joblessness is a problem which worries not only the unemployed individuals, but also their families and on a larger scale the societies they live in all over the world. Worsening of physical and psychological health and well-being is one of many negative consequences of unemployment. In this context, adolescents are a very specific group. When exploring the effect of unemployment on their health, at least two perspectives should be taken into account. Firstly, adolescence is a highly vulnerable period with regard to health influences. Being unemployed during this period could have undesirable long-term effects on the health and well-being of young people. Secondly, adolescence is the life period during which parental influence is still very important for young people's development. Therefore, when consequences of unemployment on adolescents are studied the effect of parental job loss should not be overlooked.

This work was carried out in order to study both of these perspectives in the relationship between unemployment and self-reported health status of young people. Because of the recent 're-occurrence' of unemployment in post-communistic countries, research into the health consequences of unemployment for adolescents in these countries is at the beginning, and this study extends existing knowledge by presenting valid information on much larger samples, compared to previous studies which were oriented more qualitatively. Moreover, as research into the consequences of parental unemployment on adolescents is relatively rare also on a global scale, the present study adds number of new important findings on this topic.

This final chapter provides a short summary of the main findings of this study and a discussion of the main findings on a general level and in the context of socio-economic health inequalities. It contains a discussion of the strengths and limitations of the study and of its implications for future research and for practice as well.

8.1 Main findings

Research question 1

Does the subjective health of Slovak adolescents differ by age, education and gender?

This study shows that Slovak adolescent girls have poorer self-reported health than boys. Comparisons of health status between age groups (15, 17, 19 years) showed that the health of boys decreases with age, but among girls

mainly the middle age group reported the worst health. Looking at separate educational levels, middle age group females reported the worst health only within the highest educational level. No such association was found in other educational groups or among males.

Research question 2

Does youth unemployment affect the subjective health of unemployed individuals? Does perceived financial stress and social support mediate this relationship?

Youth unemployment seems to affect some aspects of secondary school-leavers' health, mainly their long-term well-being. However, perceived financial stress and social support mediated most of these relationships. Among those respondents who did not perceive high financial stress and/or had sufficient social contacts, unemployment did not affect health.

Research question 3

Does parental unemployment affect the subjective health of adolescents? Does perceived financial stress mediate this relationship?

Father's long-term unemployment had a negative effect on some aspects of adolescents' health. Mother's long-term unemployment also negatively affected some aspects of adolescents' health but to a lesser extent. Neither father's nor mother's short-term joblessness influenced the health of young people. The association between parental unemployment and adolescents' health in most cases remained significant also when financial stress was taken into account. The only exception was the group of females when the effect of parental unemployment on their self-rated health was analysed. In this case the negative effect of parental unemployment disappeared.

Research question 4

Is the effect of support from parents on adolescents' health different with regard to parental employment status?

The effect of parental support on adolescents' health seems to differ with regard to parental employment status. Results of our analyses suggest that in the situation of unemployment of one parent, support from the other parent is a more important protective factor for adolescents' health.

Research question 5

Does the effect of parental unemployment on adolescents' subjective health differ with regard to the cultural and societal context in which the unemployment occurs?

Comparisons of Slovak and Dutch adolescents showed that parental employment status influences the health of adolescents differently in these two countries. Among Slovak adolescents it was mainly father's unemployment which affected their health, while among Dutch adolescents it was father's disability. Mothers being housewives influenced the health of Dutch adolescents, but not Slovak ones.

8.2 Discussion of main findings

As being without a paid job is closely connected to low socio-economic status, relationships between unemployment and health could be interpreted in the broader framework of socio-economic health differences.

Researchers are highly interested in studying socio-economic health inequalities because they exist in most countries in the world, but they are unnecessary, avoidable and above all they are unfair (Whitehead, 1990). Knowing in which groups such inequalities are strongest and which factors mediate them could help in reducing them. One factor which contributes to these inequalities is unemployment. Unemployment is associated with socio-economic status due to several factors. Firstly, lower educated people and those from lower occupational classes are at greater risk of failing to find a full-time job (Hannan et al., 1997). Secondly, unemployment very often means a considerable financial loss (Bjarnason & Sigurdardottir, 2003) and subsequent decrease in socio-economic status. It has been also used in some studies as an indicator of low socio-economic status (Rodgers, 1991; Sundquist & Johansson, 1997).

With regard to associations between socio-economic status and health, two general directions are usually discussed: causation and selection. According to the causation theory, worse health status is caused by low socio-economic status. However, this effect is not direct but is mediated through health behaviour and material conditions (Stronks et al., 1998). On the other hand, the selection theory explains the link between socio-economic status and worse health by reverse relationships. According to selection, worse health contributes to achieving lower class position (Macintyre, 1997). In the case of unemployment the situation is similar. However, although unemployment is closely related to low socio-economic status, it has some specifics. Job loss is a complex life event followed by many changes in life. It is therefore necessary to pay special attention to it.

In the present study we have observed both adolescents' own socio-economic status, represented by their employment status, and their parents' socio-economic status, represented by parental employment status, and their connection with their subjective health.

8.2.1 Causation or selection?

Similar to socio-economic health inequalities, also in the case of unemployment the possibility of causation and selection has been discussed. According to the causation theory, decrease in health status is caused by joblessness. According to the selection theory, on the other hand, worse health of some people increases their exposure to unemployment rather than unemployment causing their health problems. According to Hammarstrom and Janlert (1997) many studies give support to the hypothesis that both selection and causation are present. The effect of unemployment on health (the causation theory) is discussed in other sections of this thesis. In this place we would like to pay attention to the selection theory. The results from previous studies are not fully consistent. Among adult blue collar workers in

Finland, health indicators such as high body mass index and mental disorders predicted future unemployment four years ahead (Leino-Arjas et al., 1999). Similarly, among Swedish adults unemployment was predicted four years ahead by reduced psychological well-being (Bildt & Michelsen, 2003). Hammarstrom and Janlert (1997) found that increased occurrence of nervous complaints and depressive symptoms were predictors of unemployment after five years among Swedish adolescents.

On the other hand, the selection hypothesis after six months among Dutch adolescents was not confirmed when poor mental health was concerned (Schaufeli, 1997); psychological health and self-esteem were not significant predictors of unemployment in four months among Australian adolescents (Creed, 1999) and depressive affect did not predict unemployment in five years either among Australian or among Swedish adolescents (Winefield et al., 2005).

These inconsistent findings could be attributed to several factors. The first concerns the age of respondents. It seems to be that worse health status predicts future unemployment mainly among adults, but to a lesser extent among youth. Unemployment after completing compulsory education is often distributed randomly (Hammarstrom, 1994), making the predictive power of health status on future unemployment among adolescents rather low. Secondly, results from previous studies show that future unemployment was influenced mainly by worse physical health and mental disorders, not by psychological health. Psychological health is less stable than physical health over time, and therefore could have less predictive power for unemployment. Thirdly, various periods between the first measurement of health status and the second measurement of employment status have been used in the studies referred to. It seems to be that health status is a better predictor of unemployment after a longer period than after several months.

8.2.2 Adolescents' or parental unemployment?

Various analyses conducted within the framework of this thesis showed that there are relationships between the worse health status of adolescents and both their own unemployment and unemployment of their parents. These findings are in line with previous studies on unemployment and correspond also with findings about the relationship between low socio-economic status and worse subjective health (Halldorson et al., 2000; Call & Nonnemaker, 2000; Geckova et al., 2004).

Much debate exists regarding the measurement of the SES of late adolescents, either by their own or by their parents' SES. According to Piko and Fitzpatrick (2001), indicators of late adolescents' SES derived from classic parental SES (e.g. parental education, parental employment class) are not good predictors of their psychosocial health. On the other hand, using adolescents' own SES indicators (such as employment status or education) could also be problematic because most adolescents are still students, or if they are in the labour market their mobility from one to another job is relatively high (Rahkonen et al., 1995). Glendinning et al. (1992) found no socio-economic health differences among adolescents when their parents'

SES was used, but did confirm these differences when adolescents' own SES was used. In the present study both parental SES (parental employment status) and adolescents' SES (youth employment status) were used in relation to the subjective health of adolescents. In general our results suggest that parental unemployment is associated more strongly with worse health among adolescents than their own unemployment. Moreover, the former association is not mediated by perceived economic strain, whereas relationships between youth unemployment and their health decrease or disappear when economic situation is taken into account.

However, analyses done within this thesis are performed on different samples. The effect of parental unemployment was studied in the group with age ranging from 14 to 23 years. In contrast, only secondary school leavers aged 18 to 21 years were involved in the analyses of the effects of youth unemployment. Additional analyses (not included in this thesis) were run, therefore, only for the group of school leavers, in order to compare the effects of parental and youth unemployment. They showed that among the group of secondary school leavers only their own and not their father's or mother's unemployment was negatively associated with their health. This result corresponds with the finding of Glendinning et al. (1992). It could be stated that at least with regard to unemployment, in further research into the socio-economic health inequalities of late adolescents (approximately 19-20 years), their own SES should be preferred to parental SES.

8.2.2.1 Youth unemployment

In many previous studies (e.g. de Goede & Spruijt, 1996; Hannan et al., 1997; Sadava et al., 2000; Axelsson & Ejlertsson, 2002) unemployed school-leavers have been found to have worse psychological and physical health than their employed or studying counterparts. These studies were carried out mainly in Western and Northern European countries and Australia. We carried out a similar study in Slovakia to extend the discussion about school-leavers' unemployment with results from a country with a different unemployment history. Interestingly, even though different results could be expected due to the different unemployment history and cultural settings in Slovakia, our results correspond to those from the other studies (see chapter 4).

The associations between unemployment and worse health could be attributed to several factors. *Firstly*, unemployed young people run a high risk of becoming involved in health-risky behaviour such as smoking, alcohol consumption and drunkenness (Hammarstrom & Janlert, 1994; Montgomery et al., 1998), which in turn was found to be associated with worse health (Johnson & Richter, 2002). *Secondly*, the unemployed are likely to be disproportionately drawn from members of the lower social classes (Hannan et al., 1997), and adolescents with lower socio-economic status reported worse health status than those from higher socio-economic classes (Geckova et al., 2004). *Thirdly*, youth unemployment in our study was associated with higher financial stress. It could also be supposed that young people who do not have a job are under greater pressure and stress because of their parent's expectations about their future. Financial stress (Hagquist, 1998) as well as

stress in general (Antonovsky, 1979) is related to poor health status according to previous studies. *Fourthly*, leaving the secondary school and not finding a full-time job often means losing opportunities for social contacts and finding friends, and work can be considered to be a very important route for social participation. As the positive effect of social support on health is well established (Wickrama et al. 1997; Ystgaard et al., 1999; Geckova et al., 2003), decrease in support may contribute to worsening of health in unemployed adolescents. If the unemployed adolescent looks for support among the other unemployed, the probability of involvement in risky behaviour may even increase.

Although the central issue of this study was the health consequences of unemployment, we obtained interesting data also about the overall experience of unemployment from our sample of young unemployed. We analysed short written reports obtained from 179 unemployed school leavers about how they spent the day and how they perceived their own unemployment (Sleskova et al., 2004; Sleskova, 2005). The most often mentioned activities performed during the day were looking for a job (more than half of the unemployed respondents), about 40% reported spending their free time doing their hobbies and 14% prepared themselves for university study. Interestingly, no significant differences were found in ways of spending time between males and females. The most frequently mentioned positive dimension of their unemployment was the free time they had, and the most often mentioned negative aspect was the lack of financial resources. The last finding contrasts with the opinion of Mean Patterson (1997), whose view was that the financial situation of young unemployed could improve after leaving the school thanks to state unemployment benefits.

8.2.2.2 Parental unemployment

Parental unemployment in our study was associated with worse adolescents' subjective health. Several explanations for this association are possible. Some of them are similar to those which explain the negative effect of youth unemployment on their own health. *Firstly*, as already mentioned, loss of job often means a considerable loss of finances. Finances are one of the determinants of the environment in which young people grow up (Hagquist, 1998), and loss of finances can negatively influence their health. Although in our study lack of finances did not fully explain the association between parental unemployment and adolescents' health, it mediated the relationship to a minor extent. *Secondly*, unemployment is often associated with decrease in socio-economic status, which is connected to worse adolescents' health.

There are also some other factors which could explain the associations between parental unemployment and worse health of adolescents, and which are specific for parent-child relationships. *Firstly*, as most of adolescents live with their parents, they are still vulnerable to their influence, so changes in the life of parents cause changes in the lives of adolescents as well. *Secondly*, during the unemployment of one partner, marital conflicts are very frequent. Vinokur et al. (1996) reported that financial strain perceived during unemployment increases symptoms of depression not only in the unemployed

individuals but also in their partners. These depressive symptoms then dampen the partner's ability to give support to the jobseeker, and increase the partner's undermining behaviours (e.g. criticism). Jensen and Smith (1990) found that the husband's unemployment is an important factor behind marital instability. Further, it has been found that adolescents' functioning is also affected by marital conflict (Harold & Conger, 1997), and conflicts in intact families were significant predictors of adolescent problems (Amato et al., 1995), which further may influence their health and well-being. *Thirdly*, we have found that the father's unemployment tends to decrease the support he gives to the children, and low social support is associated with worse adolescents' health (Geckova et al., 2004).

8.2.3 Latent or manifest benefits?

Previous studies have discussed the issue of the benefits of paid work. They state that the loss of these benefits is the reason why job loss has an undesirable effect on unemployed people. Among them two main models have appeared. The first one is the *latent deprivation model* suggested by Jahoda (1982). Jahoda argued that paid work provides both manifest benefits (financial) and latent benefits (psychological, namely time structure, social contact, common goals, status and activity). Loss of employment leads to decrease in both benefits; but not the loss of manifest but the loss of latent benefits has a negative impact on the unemployed individual. Contrary to this, Fryer (1986) developed the *agency restriction model*. According to this author it is the loss of manifest (income) rather than latent benefits which threatens the unemployed person. In our study, we have tested whether perceived financial strain mediates the negative effect of unemployment on health. Very interestingly, our results showed that for unemployed youth the financial strain was important and mediated the effect of unemployment on their health, which seems to be in line with Fryer's theory. A similar finding was reported also by Creed and Macintyre (2001) when studying the loss of manifest and latent benefits of employment among adult unemployed. On the other hand, when the effect of parental unemployment was studied, financial strain did not mediate this effect on the health of adolescents, which would be in line with Jahoda's opinion that not the loss of financial resources but the loss of the psychological meaning of work threatens unemployed people. According to our results, this theory could be extended also to the effect on children of unemployed parents.

Nevertheless, this contrast between youth and parental unemployment is interesting. It appears that adolescents who become unemployed are affected by financial strain much more than those whose parents are unemployed. Even though most of them receive some financial state provision, they experience lack of finances. One possible explanation for this was considered. It might be that it is more a subjective feeling about lack of finances than the real situation. This applies regardless of whether the unemployed school-leavers live with their parents or not. It is probable that they are more aware of the lack of finances they have than when they were students. They compare themselves with their employed counterparts and

with the situation which 'could be' if they were employed. Furthermore, they start to be responsible for their own finances instead of their parents even when they still live with them.

8.2.4 The role of gender in unemployment-health relationships

Most analyses on the effect of unemployment in the present thesis were done with regard to the gender of respondents and of their parents because of the possibility that the studied relationships are gender - specific. This possibility was considered based on evidence from previous studies concerning gender differences in health and gender role theories. Gender differences in health unfavourable for females have been confirmed very often (Macintyre et al., 1996; Sadava et al., 2000; Hidalgo et al., 2002). According to gender role theories there is a number of attitudes, values and social roles which differ between males and females.

As expected, our results indicate different relationships between employment status and health of young people with regard to their gender as well as to the gender of their parents. However, these differences are not consistent across all measures and do not allow us to make a clear conclusion about the role of gender in unemployment-health relationships. Similarly, other studies on youth or parental unemployment seem not to give a satisfactory answer to this question.

Among adults, there is more or less consistent evidence that females experience unemployment better than males, and the negative effect of job loss on their health is not so strong as among males (Waters & Moore, 2002; Artazcoz et al., 2004). However, this finding seems not to be confirmed among youth, either in the present or in any other studies. Researchers focusing on youth unemployment have not usually considered the gender of respondents. Those that have, found inconsistent results with regard to the health indicator or symptom, similar to ours (Axelsson & Ejlersson, 2002). Two possible explanations may be applied to these results: the effect of age and the effect of generation. If *the effect of age* is taken into account we may assume that with increasing age the gender differences become more visible. In the younger age range, men and women have similar expectations about their future and both have the need for paid employment. However, with increasing age women become mothers and start to take care of children and household, and this may be one of the reasons why they experience their unemployment less negatively than men. Gender differences in unemployment experience become more visible in older age, therefore. If we think about *the effect of generation*, we may assume that due to the ever greater equalisation of gender roles in many industrialised countries, this generation of unemployed adolescent males and females do not experience unemployment differently and will not even experience it differently in adulthood. However, we do not know which explanation is more likely. The question about the role of gender in youth unemployment-health relationships is therefore still open and requires additional work. A longitudinal study design in particular would help to choose between these two explanations.

8.3 Strengths and limitations of the study

8.3.1 Strengths

The key strength of this study is that it contains data on a general group of unemployed. Many studies on unemployment have been conducted on specific groups, mainly blue-collar workers (Aubry et al., 1990; Frost & Clayson, 1991; Leino-Arjas et al., 1999), or former employees of one company (Gowan et al., 1999; Matoba et al., 2003). Our study was oriented towards the general population. Unemployed school-leavers were from all educational levels. Not only the lower educated but also grammar school leavers who failed to find a job were included in our analyses. Furthermore, unemployed parents come from most socio-economic status groups, from the lowest educated to highly-educated parents. In this respect, our results may be generalised to the unemployed population as a whole, and not only to one specific unemployed group (e.g. blue-collar workers)

A further strength is the focus on the overlooked topic of parental unemployment. Although many researchers have suggested that unemployment may also affect other family members, only a few of them have paid attention solely to parental unemployment and its effect on children.

With regard to health status, in our study a broad range of health indicators was used, focusing on general, physical and psychological health and well-being. This enabled us to have a wider look at unemployment-health relationships.

Janlert (1997) suggested that in surveys people give the answers which they feel they are supposed to give, not what they really think. In unemployment research, respondents may assume they should have worse health and answer in line with this assumption. One of the strengths of this study is the fact that the questionnaire in our research was broadly oriented towards health and life style, and respondents were not aware that the study was primarily focused on unemployment.

8.3.2 Limitations

Although this study provides an important view on unemployment and adolescents' health and extends the existing knowledge on this topic, it is important to recognize its limitations.

8.3.2.1 Information bias

Due to the use of self-reported questionnaires an information bias may be present, mainly with regard to health and the financial situation of respondents. Health of respondents was measured with several subjective health indicators, and no objective data on health were obtained. The question could be raised, therefore, whether it is really the adolescents' health status or only their view of their health which is indicated. However, as already mentioned, the use of self-reported health indicators among adolescents is

very frequent because the occurrence of serious, objectively-measurable illness is rare at this age (Hammarstrom & Janlert, 1997). Self-reported questionnaires were also used to assess the family's economic situation. These subjective indicators were used in line with Currie's suggestions (Currie et al., 2000) and in line with the evidence that subjective perception of the family's financial situation is more meaningful for children and adolescents than objective income or income loss (Lempers et al., 1989; Hagquist, 1998). However, their use in socio-economic inequalities research is relatively new, and it is country-specific (e.g. owning a car could be very common in one country, while in another it is a sign of wealth). Further verification is needed, therefore, with specific attention paid to the country in which the subjective indicators are used.

8.3.2.2 Selection bias

In most samples used within this study, the data were collected at schools chosen randomly with the aim of maintaining the proportions of the regular school system, and very high response rates were achieved (around 97%). Selection bias in these samples is unlikely, therefore. One exception is the sample of secondary school-leavers where the response rate was much lower due to the longitudinal design of the study. Regarding most characteristics, respondents and non-respondents were similar, which makes a selection bias less likely. But for some characteristics there were larger differences between these two groups (see Chapter 2). Better-educated respondents are over-represented in the response group. With regard to health status, there were differences between respondents and non-respondents in some indicators, although trivial in size. Interestingly, those who reported worse health in T1 were more likely to participate in T2.

8.3.2.3 Potential confounding factors

In our study the effect of youth and parental unemployment on adolescents' health was studied and financial situation and social support were considered as possible mediators of these relationships. However, not only these two factors may mediate these relationships. Other potential confounders include e.g. intellectual ability. Furthermore, coping styles may play a role: people whose effective coping strategies are well developed may perceive unemployment as a less negative event regardless of their financial situation or level of their social support.

The length of unemployment may also play an important role. Although we distinguished between short-term (less than one year) and long-term (more than one year) unemployment of parents, the length of the unemployment based on the exact number of months or years would be needed.

8.4 Implications

8.4.1 Implications for future research

In the present study we have identified several instances of important gaps in the knowledge regarding unemployment. In this section some suggestions for future research are made.

First, parental unemployment was identified as a very important factor in predicting the health of young people, but many questions regarding this association remain unanswered. Because studies concerning solely parental unemployment and its effects on children are rare, further work is needed to understand the mechanism within the family where one or both parents become unemployed. Psychological, social and economic consequences of job loss are relatively well explored, but less is known about how all these consequences subsequently affect other family members, particularly children. It would be interesting to explore more deeply the mechanism of parental coping with their job loss, coping strategies of their partners, sources of their support, support that parents give to their children, and how the relationships with the children change. Most of these issues could be explored best by a study with a longitudinal design which could give more satisfactory answers to the question of what happens with the relationships between parent and child when the parent becomes unemployed. As early adolescents and children may be even more vulnerable to parental influence, studies on parental unemployment should also be oriented towards younger age groups.

Another issue of high relevance with regard to future research is to consider the context in which unemployment has occurred. Winefield and Fryer (1996) stressed the importance of taking into account the historical and societal settings in which unemployment occurs when interpreting research findings. Some of our analyses allow us to draw a similar conclusion. We found that the effect of parental unemployment on health of adolescents differs between Slovakia and the Netherlands. We also found that the financial situation and social support of Slovak unemployed youth differs from the results in other countries. In general, the amount of state unemployment provision, the gender role distribution as well as the general acceptance of unemployed people usually varies in each country. These factors as well as our findings allow us to conclude that studies from other cultures or cross-cultural comparisons would be necessary to give a more precise view of the effects of unemployment on individuals and their families.

In our study of the effect of parental unemployment on adolescents, we obtained data only from adolescents. No data from parents were available. However, for further research on this topic we recommend the use also of data obtained from parents (such as closer information about their unemployment, their experience of unemployment, their coping strategies, their behaviour towards their children, their perception of their children's behaviour) to get deeper inside the family situation during parental

unemployment.

Future studies on the effect of mother's and father's unemployment could pay attention to different combinations of mother's and father's unemployment, i.e. situations when the mother is unemployed but the father is employed; or when the father is unemployed but the mother employed, etc. – bearing in mind, though, that this type of research requires large sample sizes with a high percentage of unemployed parents.

8.4.2 Implications for practice

In this section several strategies to prevent undesirable health effects caused by unemployment as well as interventions for unemployed individuals are discussed.

8.4.2.1 Prevention of unemployment

Increasing the number of work places is one of the most important ways to prevent the undesirable effects of unemployment. Of particular importance seems to be the employment promotion of people who are at high risk of being unemployed. This group includes young people (mainly school-leavers without school-leaving examination and those without previous work experience), older people (unemployed ten years before retirement), women, physically and mentally disabled, non-skilled (low educated, people involved in risky and antisocial behaviour), long-term unemployed (people unemployed for many years or who have never worked) and disadvantaged minorities (in Slovakia particularly the Roma population). The government may provide help for these risk groups by increasing trainee posts and work places, and in some cases also by partial financial support of the employers who are willing to employ e.g. older or disabled people.

Research results have shown that aggression (Kokko & Pulkkinen, 2000) and antisocial behaviour (Wiesner et al., 2003) influence future unemployment. Implementation of risky behaviour prevention programs among young people could therefore significantly decrease the probability of their future unemployment. It is also highly important to increase adolescents' knowledge about the negative effects of unemployment. Students often do not realise all the negative consequences of unemployment and perceive their possible future unemployment as a vacation (Sleskova, 2005). They are therefore often not motivated to look for employment immediately after leaving school. Knowing all the negative aspects of unemployment could increase adolescents' motivation for early employment. Furthermore, better education and improvement of working and communication skills seem to be beneficial.

8.4.2.2 Interventions targeting the unemployed

For unemployed individuals and their families effective interventions are needed. State unemployment benefits are very important and help to prevent severe financial loss or poverty and the subsequent undesirable consequences of such loss. However, financial loss seems to be only one of many negative

effects of joblessness. It is therefore appropriate to organize various types of training for unemployed people. Training courses oriented towards improving occupational skills (how to prepare a good curriculum vitae and motivation letter, how to handle the selection interview, where and how to find an appropriate job) are frequent. Less common are programs for the unemployed which focus on their ability to cope with job loss and long-term unemployment. For some people (e.g. the already mentioned disadvantaged groups) it could be a long-lasting problem to find a suitable job. In such cases, intervention programs may help them to find appropriate sources of social support, to learn how to structure their time, how to promote their health, to find a new meaning of life. Very rarely are training courses related to the whole family of the unemployed individual. However, counselling work with the whole family where one or both parents are unemployed could prevent many undesirable effects which parental unemployment has on their children.

We agree with Hammarstrom and Janlert (2005) that specifically early interventions for the unemployed are also needed. We add that these interventions are needed particularly for school leavers, as the time of leaving secondary school is crucial for the future development of young people and for their work identity formation, and therefore adolescents who do not succeed in finding full-time employment soon after finishing school are at high risk. If young persons do not adopt basic working habitudes soon after leaving school, they may have great adjustment problems in adulthood as well (Buchtova, 2001).

8.4.2.3 Specifics for post-communistic countries

Post-communistic countries have a different unemployment history in comparison with other industrialised countries. This also requires to some extent a different prevention and intervention approach. During the Communist regime the unemployment rate was near to zero per cent. Furthermore, most of the people had one job during their whole life. This job usually meant stability and safety for them; the possibility of becoming unemployed was very small. However, during the last 15 years the situation has changed considerably. People are forced to change jobs several times during their life, and the guarantee of stable employment does not exist anymore. This change has occurred in a relatively short period and neither government, media nor families are able to respond quickly and effectively (Buchtova, 2004). It is necessary to inform people, mainly adult workers who have experienced a Communist regime in their lifetime, about the possibilities of changing jobs, and to show them that potential unemployment does not mean 'the end of life', but a manageable situation.

8.5 Conclusion

Studying the effect of environmental variables on the health status of adolescents is of great relevance because of the high vulnerability of young people to the interaction with their environment. Among these variables,

unemployment of adolescents and their parents appears to be a very important one.

We explored the health status of young people in Slovakia using several subjective health indicators and several health determinants with special focus on unemployment. Firstly, we confirmed gender and age differences in health and showed the role of education in explaining the age differences among females. Next we demonstrated the relevance of two perspectives on the relationship between the health of young people and unemployment. The first one is young people's own unemployment after leaving secondary school, and the other one is job loss by their parents. We confirmed that being unemployed has a negative effect on the health of school-leavers, but having enough financial resources and enough support from friends could protect people from the negative consequences of youth unemployment. Furthermore, we found that having one or both parents without paid employment is associated with worse health of adolescents, and this association remains even when the financial situation is taken into account. Interestingly, only long-term parental unemployment was negative. Next, contrasting the employed with short-term and long-term unemployed parents, we explored the reduction in the father's support when he was unemployed. We also found that during the father's unemployment, high levels of mother's support are more protective for adolescents' health in comparison to the situation when the father is employed. In this case, his support is more important for the health of the child. Finally, we confirmed the importance of considering the cultural context in which unemployment occurs when studying its consequences for adolescents.

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