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ORIGINAL

When Work is Missing: Generational and Gender Inequalities in Self-Rated Health. The role of social support

Desigualdades generacionales y de género en la salud autopercibida de los desempleados. El papel del apoyo social

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ABSTRACT

Introduction: the impact of unemployment on health varies according to population characteristics. Older women are the most vulnerable group in terms of both unemployment and health. Furthermore, social support decreases with age which exacerbates feelings of loneliness and psychological distress.
Objective: this paper aims to explore gender inequalities in the health of unemployed people as well as the impact of social support on the relationship between unemployment and health for different generations in Spain.
Method: several multilevel logistic regression models were performed using data from the 2022 Spanish Living Conditions Survey, conducted by the Spanish National Institute of Statistics. Marginal effects were computed for the interactions between unemployment and both gender and social support. The sample comprised respondents who were in the labour force. The dependent variable was the self-rated health. Demographic, socioeconomic, and psychosocial covariates were used. All procedures were performed using Stata 15 version software.
Results: there is a significant gender gap in self-rated health among unemployed individuals from the Baby Boomer Generation. Unemployed female baby boomers show a greater increase in the probability of reporting poor health than their male counterparts, whereas this is not the case for Generation X. Social support from family and friends has a protective effect on both generations, significantly reducing the average probability of reporting poor health.
Conclusions: gender and generational inequalities in health highlight the need for social and labour measures to promote the employability of unemployed baby boomers, particularly women. Furthermore, social support must be strengthened given its role in mitigating the detrimental impact of unemployment on health.

Keywords: Self-Rated Health; Unemployment; Generation; Gender; Social Support.

RESUMEN

Introducción: el efecto en la salud del desempleo varía en función de las características de las personas. Las mujeres de mayor edad constituyen el grupo más vulnerable en términos de desempleo y salud. Además, el apoyo social disminuye con la edad, agravando el sentimiento de soledad y el malestar psicológico.
Objetivo: el objetivo de este trabajo consiste en explorar las desigualdades de género en la salud de las personas desempleadas, así como el impacto del apoyo social en la relación entre desempleo y salud para diferentes generaciones.

Método: se estimaron modelos de regresión logística multinivel utilizando la información de la Encuesta de Condiciones de Vida de España correspondiente a 2022, realizada por el Instituto Nacional de Estadística de España. Se calcularon los efectos marginales para las interacciones entre desempleo y género y entre desempleo y apoyo social. La muestra estaba compuesta por encuestados que eran personas activas. La salud autopercibida se utilizó como variable dependiente. Se incluyeron covariables demográficas, socioeconómicas y psicosociales. Todos los procedimientos estadísticos se llevaron a cabo con el software Stata 15.
Resultados: los resultados revelaron la existencia de una brecha significativa de género en la salud autopercibida entre las personas desempleadas de la generación del baby boom. Las mujeres desempleadas de esta generación mostraron mayor incremento en la probabilidad media estimada de declarar peor salud que sus homólogos varones, mientras que esto no sucedía en la generación X. El apoyo social de familiares y amigos ejerce un efecto protector en ambas generaciones, reduciendo de forma importante la probabilidad media estimada de declarar su salud como pobre.
Conclusiones: las diferencias de género en la salud de los desempleados de la generación del baby boom determinan la necesidad de medidas sociales y laborales para promover su empleabilidad, especialmente de las mujeres. Además, se requiere un fortalecimiento del apoyo social, dado su papel para mitigar los efectos negativos del desempleo en la salud.

Palabras clave: Salud Auto-Percibida; Desempleo; Generación; Género; Apoyo Social.

INTRODUCTION

The relationship between unemployment and health is relevant from both and individual and a societal perspective. Much analysis in the literature has been dedicated to this association, and the results have shown a negative and significant correlation. To this should be added the acute ageing process of the labour force in Western economies, with the baby boomer generation reaching maturity.

Most of the European continent is characterised by demographic ageing. However, Spain is unique as its demographic transition occurred later and more rapidly than in neighbouring countries, with a sharp drop in the birth rate in the mid-1970s. This has led to a more rapid aging of the population in the labour force in recent years as the largest generation, the baby boomers, are approaching retirement age.

Moreover, Spain is one of the two countries in the European Union with the highest unemployment rate, along with Greece. The Spanish levels of unemployment are well above the average for the European Union countries, with the problem affecting certain groups to a greater extent. In 2022, more than 30 % of the unemployed belonged to the baby boomer generation, and around 60 % were long-term unemployed (Spanish National Statistics Institute).

Previous studies have shown the existence of poorer physical health and more psychological problems among unemployed compared to employed people, with the effects being more harmful in long-term than in short-term unemployment.[1,2] Unemployed people have a higher risk of adverse health outcomes[3,4] due to material deprivation resulting from a drop in income,[5] although this may be offset by receiving unemployment benefits.[6,7] In addition, the psychological effects of uncertainty about one's own situation and its duration need to be considered. Another explanation comes from the lack of latent benefits associated with working[8], such as the development of an activity and social relations, which penalizes well-being among the unemployed. All of this has been linked to a higher prevalence of risk behaviours among the unemployed that can lead to unhealthy lifestyles, with important repercussions on health.

There is a complex relation between age, gender and health in the context of unemployment, with no consensus on how gender and age might impact health outcomes.[6] With regard to gender, some studies show that it is more common to find a more negative health effect due to unemployment in the case of men when compared to women,[4,9,10,11,12] in part explained by differences in coping strategies with such an adverse event.[13] It has been shown that the decline in physical activity registered for the unemployed is stronger for men[14], and smoking rates are higher for unemployed men than for women. Social and cultural context may play an important role in explaining the latter gender differences, with traditional gender roles resulting in greater social pressure on men.[15] Nevertheless, some research has not found gender differences in the effect of unemployment on health.[16]

As regards the impact of age, previous research has yielded conflicting results. A U-shaped relationship between age and health problems caused by unemployment has been reported, with young people and those over 50 suffering more than middle-aged people, although said relationship was unstable when controlling for other cofounders.[4] Some authors have signalled that there are negative effects at an early age,[17] while other studies have found no significant differences for those aged 50 and over.[18] Even more, some authors conclude that there is no general rule or report that the results depend mainly on the study context.[6]

Certain factors such as social support have a clear impact on these links. There is evidence that being able to count on greater social support is related to better health.[19] This support may buffer the health impact of stressful or critical life experiences,[20] such as unemployment.[21,22,23] Indeed, this effect has been observed for both men and women. Nevertheless, while in general it is accepted that women tend to report higher levels of social support than men during periods of unemployment, men are more likely to experience social isolation, even more in case of long-term unemployment. It is also important to note that levels of social support tend to decline with age.

The focus of our analysis is on above relationships, with an emphasis on generations rather than age. It has been proven that different perceptions, attitudes, expectations and values resulting from the different situations experienced by each generation might impact their behaviour[24] and, therefore, how they adapt to current circumstances, which could affect their well-being and health. In addition, certain generational differences have been identified in the workplace, such as in job satisfaction or professional expectations.

In Spain- unlike in other European countries- the baby boomer generation is usually considered to extend until 1975, after which birth rates fell sharply.[25,26] In most Western countries, Baby Boomers are considered to be the generation born after World War II between 1946 and 1964, known as "post-war babies". Spanish boomers grew up under a non-democratic regime and experienced a major transformation of the country's economy. At present, they are in their mid to late career or have already retired. Old workers seek job stability. They are concerned about losing their job because they lack the confidence to re-enter the labour market due to their age and lack of digital skills.

By contrast, members of Generation X grew up in a democratic and more open country, influenced by Spain's joining the European Union, and witnessed enormous educational and social transformations. They are now in their early to mid-professional careers. Despite their high level of education, many of them are unable to find a job that matches their qualifications, which leaves them feeling overqualified and frustrated. They are often hired on temporary contracts, which are more unstable, and also have higher unemployment rates. Nevertheless, they are more familiar with new technologies and prefer to develop their work with autonomy. In case of unemployment, they use online resources to find work. Young workers value their free time, and has been said that Baby Boomers "live to work" while generation Xers "work to live".[27]

In this paper a new perspective to this kind of analysis is provided. It evaluates the role played by gender and social support in the relationship between unemployment and self-rated health depending on the generation to which individuals belong. To this end, data from the 2022 Spanish Living Conditions Survey is used to examine whether the association between unemployment and health varies by generation, whether there are significant gender differences in this relationship, and whether social support modifies it.

METHOD

This non-observational study uses annual data from the 2022 Spanish Living Conditions Survey, conducted by the Spanish National Statistics Institute (INE). This survey is part of the European Union Statistics on Income and Living Conditions (EU-SILC). The survey uses a stratified two-stage sampling design, with census tracts as primary units and households as final units. Data were collected through a mixed-mode approach. The effective sample includes approximately 16 000 households. Online access to the anonymised microdata files is available to researchers free of charge on the INE website (www.ine.es).

A bivariate analysis using chi-square tests was performed to compare the different associations between poor self-rated health and the explanatory variables considered in our analysis. Several cross-sectional multilevel logistic regression models were then carried out, computing odds ratios (OR) and confidence intervals (IC 95 %) with the whole sample. Data were hierarchized into two levels: individuals (level 1) nested within 17 regions (level 2). We then looked at the interactions between the two main variables of interest: unemployment and generation. Due to their significance, we split the sample into two groups –baby boomers and generation X– and subsequently performed separate analyses to estimate the interactions between gender and employment status, and between unemployment and social support. To gain a better picture, the marginal effects of these interactions were calculated. All the statistical procedures were performed using Stata 15 version software, and weighted data were employed to generalize the results to the target population.

The selected sample in this study comprises respondents who belong to the Baby Boomer (born between 1953 and 1975) or Generation X (born between 1976 and 1999) who were in the workforce at the time of the survey. Due to their age, people from both generations were able to participate in the labour market at that time. However, differences in their perceptions, values, and expectations can also affect how generations deal with unemployment, as older adults are likely to face greater difficulties with the re-employment. Inactive people were excluded, as were populations in Ceuta and Melilla, due to their geographical peculiarity.

The dependent variable was the standard measure of self-rated health (SRH), which is widely employed in the literature. SRH is a well-established approach to individual health status and has been proven to adequately reflect an individual's integrated perceptions and information regarding their own health. SRH was dichotomized

as 'poor' health (fair, poor, or very poor) versus 'good' health (very good, or good), as frequently done.[28,29,30]

Respondents were asked about their labour status and were classified according to whether they reported being employed or not, with the former being the reference group.

The covariates used for the study include a set of demographic (gender, nationality, partner and children), socioeconomic, and psychosocial characteristics. The relationship between socioeconomic status and health has been widely evidenced.[31,32] SRH is usually associated with higher socioeconomic status.[33] In this study, different socioeconomic determinants (level of education, income, and occupation) were considered. Educational attainment was measured by the highest level of education achieved by respondents. Previous studies have reported a positive association between education and health.[34,35]

The relationship between income and health is one of the most important dimensions of the social gradient in health, with the poor having worse health in general than those with higher income.[36,37] People's income acts as a protective element against ill-health, although not in an increasing manner (absolute income hypothesis). Household disposable income was considered and divided by consumption units weighted by the modified OECD scale and grouped into four groups (quartiles).

Other work-related information is given by the occupation, which measures the type of work, but which is also a measure of social class. It is based on the subject's current occupation for those who are working, with those who are unemployed being asked about the last main paid job they had. We distinguished four categories: professionals/managers (the reference category), associate professionals/technicians, clerks/service workers, and blue-collar workers.[38]

As a psychosocial characteristic, a social support variable was included. This considers whether the person could ask for help from family, friends, neighbours or acquaintances. Social support can impact people's well-being by meeting the individual's social needs and may act as a buffering mechanism for the effects of stressful experiences through psychological and informational resources, among others.[20] It has been reported that closer and better social relationships are regularly related to better mental health outcomes.[39]

The presence of a chronic disease was included as a dummy variable, indicating the person's pre-existing health.[11]

RESULTS

The description for the sample of all the variables considered is shown in table 1. Through bivariate analysis, table 1 also shows the poor SRH percentage rating for each variable. All of them were significantly associated with poor SRH.

Table 1. Characteristics of the study sample

		Total		Poor health		
		N	%	N	%	X^z
Self-rated health				5659	21,23	
Generation	Baby Boomers	14 401	54,02	3917	69,22	***
	Generation X	12 256	45,98	1742	30,78	
Gender	Male	13 599	51,01	2708	47,85	***
	Female	13 058	48,99	2951	52,15	
Marital Status	With a partner	18 084	67,84	3746	66,20	**
	Without a partner	8573	32,16	1913	33,80	
Educational level	Primary educ.	1839	6,90	658	11,63	***
	Secondary educ.	12 318	46,21	3124	55,20	
	Tertiary educ.	12 500	46,89	1877	33,17	
Children	Yes	13 880	52,07	2540	44,88	***
	No	12 777	47,93	3119	55,12	
Nationality	Spanish	24 757	92,87	5174	91,43	***
	Foreign	1900	7,13	485	8,57	
Labour status	Employed	23 268	87,29	4432	78,32	***
	Unemployed	3389	12,71	1227	21,68	
Occupation	Professionals.	6285	23,58	844	14,91	***
	Associate prof.	3529	13,24	649	11,47	
	Clerk/service	8150	30,57	1801	31,83	
	workers	8693	32,61	2365	41,79	
	Blue collars					

Income	First quartile	6667	25,01	1889	33,38	***
	Second quartile	6666	25,01	1504	26,58	
	Third quartile	6662	24,99	1285	22,70	
	Fourth quartile	6672	24,99	981	17,34	
Social support	Yes	24 945	93,48	4 954	87,47	***
	No	1739	6,52	712	12,53	
Chronic health problems	Yes	8069	30,27	4 105	72,54	***
	No	18 588	69,73	1 554	27,46	
Region	Andalucía	2858	10,72	570	10,07	***
	Aragón	1077	4,04	219	3,87	
	Asturias	763	2,86	178	3,15	
	Baleares	779	2,92	147	2,60	
	Canarias	873	3,27	215	3,80	
	Cantabria	735	2,76	170	3,0	
	Castilla y León	1558	5,84	351	6,20	
	Castilla-La Mancha	1167	4,38	257	4,54	
	Cataluña	6037	22,65	1 352	23,89	
	Comun. Valenciana	1943	7,29	389	6,87	
	Extremadura	963	3,61	175	3,09	
	Galicia	1416	5,31	364	6,43	
	Madrid	2871	10,77	551	9,74	
	Murcia	1002	3,76	215	3,80	
	Navarra	765	2,87	145	2,56	
	País Vasco	1125	4,22	207	3,66	
	Rioja	725	2,72	164	2,90	

Note: *** Sig. < 0,001; ** Sig. < 0,01; * Sig. < 0,05.

In the selected sample, baby boomers accounted for a higher percentage (54 %) than generation Xers, and over 50 % of the sample were men. Most individuals had a job (87,29 %), and had social support (93,49 %). Over a fifth of those in the labour market (21,23 %) reported poor health, with almost seven out of ten of these were baby boomers. The prevalence of poor SRH was higher among the unemployed than among the employed (36,21 % vs 19,05 %).

Table 2 displays the results of the multilevel logistic regression analyses with the whole sample. In Model 1, the null model of the multilevel analysis was considered, while Model 2 considered demographic factors such as being female or having children. In Model 3, socioeconomic characteristics (labour status, educational level, the type of occupation, and relative income) were added and the remaining factors were incorporated into Model 4 to complete the set of control variables.

Focusing on the main variables of interest, the results for the whole sample in Model 4 indicated that belonging to the baby boomer generation was linked to higher odds of reporting poor SRH (OR = 1,73, $IC_{95\,\%}$ = 1,59–1,80). As regards individuals' situation in the job market, the unemployed showed higher estimated odds of reporting poor health than the employed (OR = 1,44, $IC_{95\,\%}$ = 1,23–1,69). Compared to men, women were more likely to report poor health (OR = 1,27, $IC_{95\,\%}$ = 1,11–1,46). To conclude, having social support was found negatively associated with reporting poor health (OR = 0,45, $IC_{95\,\%}$ = 0,38–0,54). The remaining covariates that were considered to influence self-rated health in the final model showed a relation in the expected direction, with most of them being significant.

Table 2. Odds ratios and 95 % confidence intervals of reporting poor health

Independent variables	Model 1	Model 2	Model 3	Model 4
Intercept	0,26***	0,16***	0,21***	0,18***
Generation X		1	1	1
Baby Boomers		2,51*** (2,34 to 2,71)	2,30*** (2,12 to 2,50)	1,73*** (1,59 to 1,89)
Employed		1	1	1
Unemployed			1,67*** (1,49 to 1,87)	1,44*** (1,23 to 1,69)
Male		1	1	1

Female		1,22** (1,08 to 1,37)	1,31*** (1,16 to 1,48)	1,27** (1,11 to 1,46)
Without partner		1	1	1
Partner		0,94 (0,85 to 1,05)	1,01 (0,92 to 1,11)	0,98 (0,86 to 1,11)
No children		1	1	1
Children		0,80*** (0,73 to 0,88)	0,77*** (0,71 to 0,84)	0,89 (0,78 to 1,02)
Spanish		1	1	1
Foreign		1,57*** (1,38 to 1,79)	1,18* (1,04 to 1,34)	1,35** (1,14 to 1,61)
Lower education			1	1
Intermediate education			0,77*** (0,66 to 0,89)	0,73*** (0,63 to 0,85)
Higher education			0,56*** (0,49 to 0,64)	0,54*** (0,46 to 0,62)
Professionals/Managers			1	1
Assoc. professionals/ technicians			1,07 (0,93 to 1,24)	1,03 (0,90 to 1,18)
Clerk/service workers			1,16* (1,01 to 1,33)	1,19** (1,06 to 1,33)
Blue collar workers			1,37** (1,14 to 1,65)	1,40*** (1,19 to 1,65)
First quartile income			1	1
Second quartile income			0,93 (0,85 to 1,02)	0,88* (0,78 to 0,99)
Third quartile income			0,81*** (0,74 to 0,90)	0,80* (0,66 to 0,98)
Fourth quartile income			0,60*** (0,53 to 0,68)	0,62*** (0,55 to 0,69)
Without social support				1
Social support				0,45*** (0,38 to 0,54)
No chronic health problems				1
Chronic health problems				10,89*** (9,85 to 12,04)
Log likelihood	-13 507,332	-13 017,768	-12 616,94	-10 094,052

Note: ***p<0,001 **p<0,01 *p<0,05.

The interaction between the individual's labour status and the generation to which they belong was analysed by introducing multiplicative dummies into the estimation of the previous final model. All of them were found to be statistically significant. Then, the sample was split–into two groups, according to their generation, and the multilevel logit estimation was repeated for each group. The results are presented in table 3.

While there was a small difference between the adjusted odds-ratios of being unemployed for both generations (OR = 1,43, $IC_{95\,\%}$ = 1,20–1,70 for the baby boomer generation and OR = 1,41, $IC_{95\,\%}$ = 1,17–1,71 for generation Xers), the most relevant disparity was obtained for the gender variable, as the gender health gap was wider for Generation X [(OR = 1,54, $IC_{95\,\%}$ = 1,15–2,06) compared to (OR = 1,10, $IC_{95\,\%}$ = 1,02–1,20) for the boomers]. As far as social support is concerned, its protective effect has been proven for both baby boomers and generation Xers [(OR = 0,46, $IC_{95\,\%}$ = 0,36–0,59) and (OR = 0,43, $IC_{95\,\%}$ = 0,35–0,53), respectively]. With regard to the other covariates considered, it is worth noting that the self-reported health of baby boomers was positively correlated with their economic situation, although this was not the case for Generation X workers. For them, only the highest income level proved to be significant (OR =0,65, $IC_{95\,\%}$ =0,47-0,91).

Table 3. Odds ratios and 95 % confidence intervals of reporting poor health in the interaction between labour status and generation and by generation

Independent variables	Interaction generation-labour status	Baby Boomers	Generation X
Intercept	0,18***	0,38***	0,14***
Generation X-Employed	1		
Generation X- Unemployed	1,42*** (1,18 to 1,71)		
Baby Boomers- Employed	1,72*** (1,59 to 1,87)		
Baby Boomers- Unemployed	2,51*** (2,14 to 2,94)		
Employed		1	1
Unemployed		1,43*** (1,20 to 1,70)	1,41*** (1,17 to 1,71)
Male	1	1	1
Female	1,27** (1,11 to 1,46)	1,10* (1,02 to 1,20)	1,54** (1,15 to 2,06)
Without partner	1	1	1
Partner	0,98 (0,86 to 1,11)	0,99 (0,87 to 1,13)	0,91 (0,73 to 1,15)
No children	1	1	1
Children	0,89 (0,78 to 1,02)	0,80*** (0,71 to 0,90)	1,04 (0,80 to 1,36)
Spanish	1	1	1
Foreign	1,35** (1,14 to 1,61)	1,46* (1,02 to 2,08)	1,30* (1,02 to 1,66)
Lower education	1	1	1
Intermediate education	0,73*** (0,63 to 0,84)	0,73** (0,61 to 0,89)	0,73* (0,54 to 0,98)
Higher education	0,54*** (0,46 to 0,62)	0,52*** (0,42 to 0,65)	0,56*** (0,42 to 0,73)
Professionals/Managers	1	1	1
Assoc. professionals/ technicians	1,03 (0,90 to 1,18)	1,08 (0,90 to 1,29)	0,98 (0,74 to 1,29)
Clerk/service workers	1,19** (1,06 to 1,33)	1,13 (0,98 to 1,30)	1,28 (0,98 to 1,67)
Blue collar workers	1,40*** (1,19 to 1,65)	1,31** (1,12 to 1,53)	1,57** (1,15 to 2,14)
First quartile income	1	1	1
Second quartile income	0,88* (0,78 to 0,99)	0,86 (0,70 to 1,06)	0,92 (0,77 to 1,10)
Third quartile income	0,80* (0,65 to 0,98)	0,73** (0,61 to 0,88)	0,95 (0,68 to 1,33)
Fourth quartile income	0,62*** (0,55 to 0,69)	0,61*** (0,51 to 0,72)	0,65* (0,47 to 0,91)
Without social support	1	1	1
Social support	0,45*** (0,38 to 0,54)	0,46*** (0,36 to 0,59)	0,43*** (0,35 to 0,53)
No chronic health problems	1	1	1
Chronic health problems	10,89*** (9,85 to 12,04)	10,61*** (9,75 to 11,55)	11,21*** (9,72 to 12,92)
Log likelihood	-10 094,025	-5 674,462	-4 400,474

Note: ***p<0,001 **p<0,01 *p<0,05.

To gain a deeper insight into the relationship between unemployment and health for the two generations, the gender gap in SRH was examined and also whether it varied according to employment status by generation. To achieve this, the marginal effects of the interactions between gender and unemployment were calculated. The results are presented in table 4 and plotted in figure 1. Table 5 presents the significance of differences between marginal effects.

Table 4. Marginal predicted mean effects of interactions between gender and labour situation by generation

Independent variables	Baby Boomers	Generation X
Men # Employed	0,26***	0,11***
Men # Unemployed	0,30***	0,16***
Women # Employed	0,27***	0,15***
Women # Unemployed	0,34***	0,17***

Note: *** Sig. < 0,001.

These results showed that female baby boomers experienced a greater increase in their likelihood of reporting poor health when unemployed (the marginal predicted mean raises from 0,27 for the employed to 0,34 for the unemployed) than the respective increase experienced among male (from 0,26 to 0,30). However, the results of this analysis were different for individuals belonging to Generation X. In the latter case, the variation in the average female probability of reporting poor health, comparing both labour situations, was not significantly different from zero, while it increased for their young male counterparts (from 0,11 to 0,16).

Table 5. Pairwise comparisons of predictive margins of interactions between gender and labour situation by generation

Independent variables	Baby Boomers	Generation X
(Men # Unemployed) vs (Men # Employed)	0,04* (0,003, 0,07)	0,05* (0,02, 0,08)
(Women # Unemployed) vs (Women # Employed)	0,07* (0,03, 0,10)	0,02 (-0,02, 0,06)
(Women # Employed) vs (Men # Employed)	0,01 (-0,004, 0,02)	0,04* (0,02, 0,07)
(Women # Unemployed) vs (Men # Unemployed)	0,04* (0,003, 0,08)	0,01 (-0,06, 0,08)

Note: *Sig. < 0,05.

As a result, female baby boomers represented the group with the highest risk of perceiving poor health in case of unemployment. Figure 1 shows the very different configuration of the gender health gap for employed and unemployed individuals across each generation. While the gender health gap was significant for the unemployed baby boomers, it was irrelevant for those in Generation X.

BABY BOOMERS GENERATION X

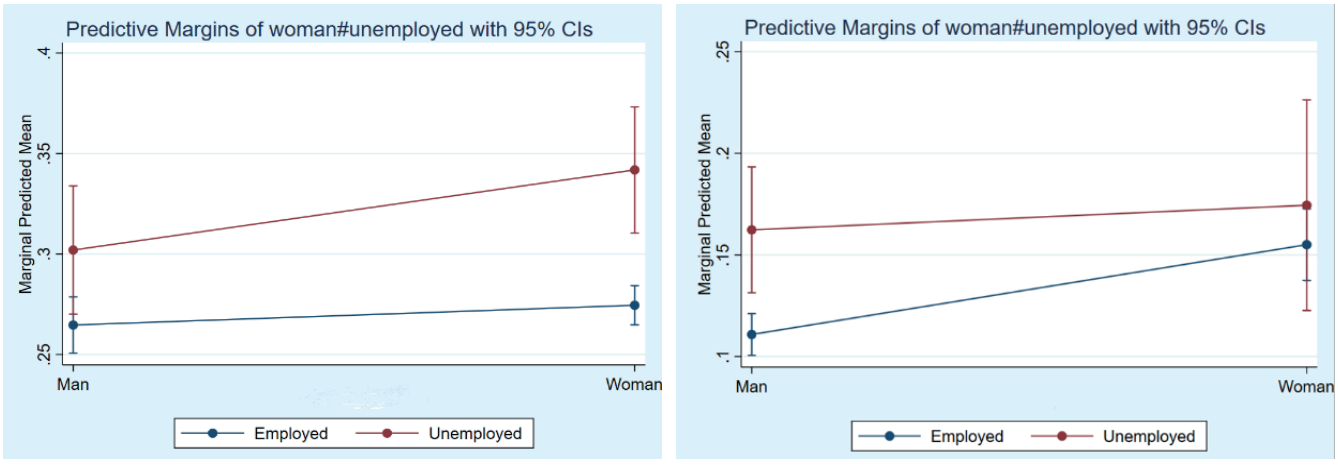

Figure 1. Marginal effects for the interaction between gender and labour situation by generation

The question of whether unemployed people with social support are protected against the negative health-related consequences of unemployment is examined now. To this end, the marginal effects of the interactions between individuals' labour market situation and their access to social support were computed. The results are presented in table 6 and plotted in figure 2. The significance of differences between marginal effects are presented in table 7.

As illustrated by table 6, social support from family and friends exerts a protective effect across both generations, lowering the average probability of reporting poor health significantly. On average, individuals with social support of both generations had a better perception of their own health in all situations. Moreover, the impact of social support on SRH may be greater than that of a stressful situation such as unemployment, as the marginal effect obtained for unemployed people with social support was significantly higher than that for employed individuals without social support. This result was found for both generations (0,39 to 0,32 for baby boomers and 0,22 to 0,16 for the case of Generation X).

In fact, individuals lacking social support from each generation did not differ significantly in their SRH, irrespective of their labour status. Significant discrepancies emerged between employed and unemployed individuals only when access to social support was available.

Table 6. Marginal predicted mean effects of interactions between social support and the labour situation by generation

Independent variables	Baby Boomers	Generation X
Without social support # Employed	0,39***	0,22***
With social support # Employed	0,26***	0,12***
Without social support # Unemployed	0,41***	0,25***
With social support # Unemployed	0,32***	0,16***

Note: *** Sig. < 0,001.

Table 7. Pairwise comparisons of predictive margins of interactions between gender and labour situation by generation

Independent variables	Baby Boomers	Generation X
(Without social support # Unemployed) vs (Without social support # Employed)	0,02 (-0,06, 0,11)	0,03 (-0,08, 0,15)
(With social support # Unemployed) vs (With social support # Employed)	0,05* (0,03, 0,08)	0,03* (0,02, 0,05)
(With social support # Employed) vs (Without social support # Employed)	-0,13* (-0,17, -0,08)	-0,09* (-0,13, -0,06)
(With social support # Unemployed) vs (Without social support # Unemployed)	-0,09* (-0,17, -0,02)	-0,09 (-0,19, 0,00)

Note: * Sig. < 0,05.

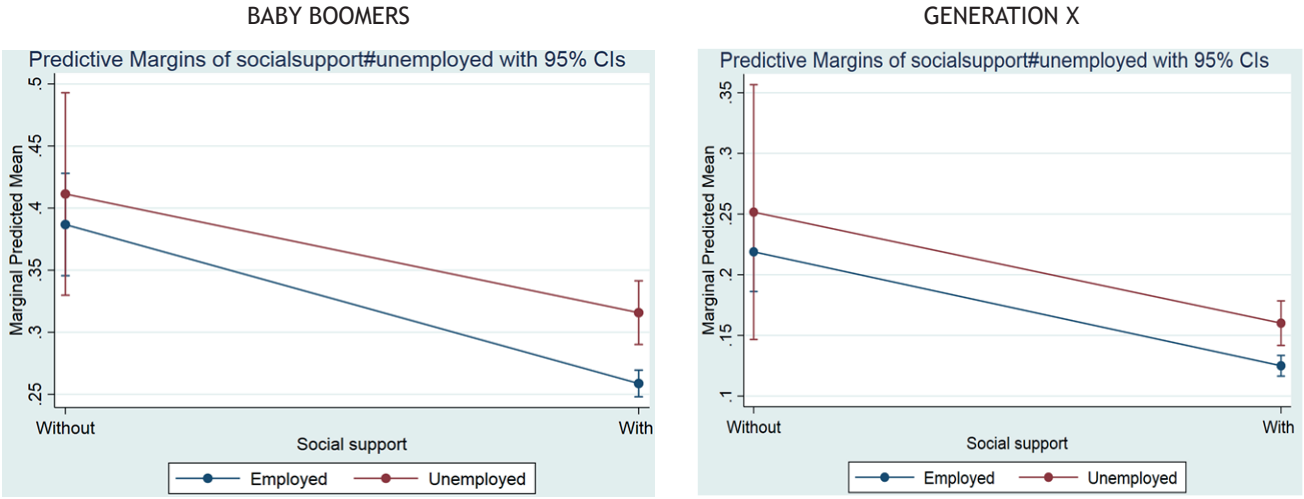

Figure 2. Marginal effects for the interaction between social support and labour status by generation

DISCUSSION

This article analyses the role of gender and social support in the relationship between work status and SRH across different generations. The study is focused on Spain, where most of the Baby Boomer generation is close to retirement, meaning that members of Generation X will benefit from the situation, as they will be able to fill most of the jobs left vacant by older people. The analysis was carried out by the use of multilevel logit estimations with individuals nested within regions. Interaction effects were then calculated. Two generations were considered, Baby Boomers and Generation X, as literature has highlighted differences in their attitudes, expectations and behaviours towards work and unemployment.

The results prove that there is a positive correlation between being unemployed and referring poor health, as evidenced by previous research.[3,40] This correlation was obtained for both Baby Boomers and Generation Xers. According to the literature, the negative impact of unemployment on health can be attributed, among other factors, to economic deprivation and to the lack of social and health benefits associated with working.[41]

Most studies report that unemployment has greater negative health effects on men than on women.[6,12] In addition, previous research suggests that the transition to unemployment has a greater impact on the subjective self-perceptions of health among older workers compared to younger workers.[42] The reasons for this disparity are multifaceted. The issue of long-term unemployment may be more significant for the Baby Boomer generation, as they experience greater difficulty adapting to new technologies and are less likely to return to the labour market. In contrast, the younger generation is more versatile, and they may be able to find alternative jobs more easily and quickly, which may contribute to a reduced prevalence of psychological distress in comparison.[13,43]

Furthermore, concerns over the problem of lower income and uncertainty about their future become more relevant for unemployed baby boomers. In this respect, a greater negative impact on middle-aged men's health than on younger men was shown due to their greater financial demands and their role as the main earner, coupled with family obligations of having to care for children or the elderly.[44] In contrast, young adults very often rely on family economic support.

The findings obtained in this study corroborate said conclusions often established by the literature for the Spanish population, albeit only in part. On the one hand, a comparison between generations reveals that unemployed baby boomers report, on average, poorer health than those employed, but for the Xers it is only true in the case of men, with no significant worsening observed in women's health.[14] On the other hand, when the analysis focuses on gender, it reveals that the probability of reporting poor health rises more significantly for female baby boomers in the event of unemployment compared to men. As a result, a gender health gap emerges among unemployed baby boomers that was not present among their employed counterparts.

Previous research for the Spanish population has found worse health among unemployed Spanish men than their employed peers, with a less clear correlation between labour status and health for women.[11,45] However, those studies that analysed gender differences in the impact of labour status on health did not differentiate by generation. In this study, differences between older and younger women were found through disaggregated analysis. The results obtained for women in previous research apply only to Generation X. Nevertheless, in our study, female baby boomers were found to be the most affected by unemployment.

It can therefore be concluded that unemployment has been confirmed as a health risk factor for the majority of the Spanish population, although in particular for women from the baby boomer generation. Female unemployed baby boomers constitute the most vulnerable demographic group, with the lowest average perception of their own health. This is not the case for younger women, who appear to be more resilience in the face of unemployment, which may be related to their higher level of education compared to boomers.[46] Therefore, the results do not support social role theories which argue that women are less affected by unemployment because they have alternative roles in society.

The peculiarities of the Spanish labour market may explain part of the observed outcomes. One of its structural weaknesses is the high unemployment rate of older people and their high share of long-term unemployment, which is even more the case for women. Several factors may explain this: on the one hand, some prejudice or reluctance on the part of employers to hire older people (ageism) and, on the other hand, the low skill levels of a large part of this group. The expectations about a reemployment would be lower due to this unfavourable situation in the job market, exacerbating the perception of unemployment as a problem. This may explain the high rate of perceived poor health among female baby boomers. Furthermore, the lower educational attainment of older women may be a contributing factor, as research has demonstrated that education exerts a greater influence on women's health compared to that of men.[34]

It also has to be considered that young people are emancipated at a very late age in Spain, three years later compared to their peers in other European countries. This might be the result of various structural problems in the Spanish labour market, such as low wages for those just entering employment, or precarious working conditions.[47] This is also a cultural pattern found in other southern European countries, where ties to parents are strong and where family networks are maintained even after leaving home, and it plays a key role in the

health status of young Spaniards.[17] This reasoning may help to explain the results for young women, although it does not seem to apply to young men.

In this respect, the long-term unemployed, low-skilled women and people over 45 years of age are considered vulnerable groups that require priority attention in employment policy in Spain due to their difficulties in entering and remaining in employment. These groups are targeted by active labour market programs, and passive measures, including a subsidy for individuals over 52 who can receive unemployment benefit until they reach the normal retirement age. Nevertheless, a gender perspective should be integrated in an effective way into the employment policy.

Unemployment may be considered a stressful situation with consequences on mental and overall health. In this context, it is worth noting the importance of social support from family and friends in terms of psychological well-being.[48,49] In our analysis, social support results a protective factor for both generations and exerts its influence over employed and unemployed individuals. Social support is a buffer mechanism against stressful situations, such as unemployment, as it provides additional security and assistance, since if social support is lacking in these difficult situations, the impact on people's health is more negative.[50] Social support helps individuals to cope with unemployment –in line with previous research[21,41,52] and this fact should be taken into account when designing health assistance and prevention policies, developing activities that facilitate social relations and reduce loneliness.[53,54]

Socioeconomic covariates showed a negative association of the highest educational level to poor SRH[34] and a positive one of the lowest social class (blue-collar) for both generations.[30,33] The type of job is a good predictor of life circumstances affecting health, in the sense that belonging to the group of workers with a low social status tends to impact their lifestyle.[55] Moreover, the highest income groups reported a lower likelihood of poorer health, reflecting the availability of more resources to improve and maintain health.[28] Education may be considered the most relevant socio-economic factor, given its mediating role in income and occupation inequalities.[31]

Certain limitations of this study need to be pointed out. As the analysis focuses on those who still participate in the labour market, it does not consider those who –due to health problems or early retirement– have retired earlier from economic activity, which has mainly reduced the group of baby boomers or those who have given up actively looking for a job (the discouraged) because they are part of the inactive population.

Job quality should be taken into account, as there is evidence that it has deteriorated over time, leading to 'atypical' jobs and a consequent increase in income inequality among workers. It can be assumed that some bad jobs are more damaging to health than unemployment. However, the survey used in this study does not provide information on employment and working conditions, such that it is not possible to examine this issue. The experience of unemployment, especially long-term unemployment, may affect a person's health later in life[56], but the duration of unemployment has not been considered in our analysis, due to the unavailability of this information. Moreover, the cross-sectional nature of the data does not allow us to establish causal inferences between the variables. Given the subjective nature of SRH, there may also be potential reporting bias, which would depend on socio-economic circumstances.

CONCLUSIONS

The impact of work on individuals' health, in terms of both its material and non-material attributes, is an important issue that deserves to be addressed. Being unemployed has proven to be linked to poorer self-rated health, particularly among female baby boomers. In addition, social support is a significant protective factor for both generations (Baby Boomers and Generation X), regardless of their labour market situation. Given the positive results regarding social support, there is a clear need for initiatives aimed at fostering social connections to alleviate health issues, in particular psychological ones.

Based on these findings, it is important to avoid making broad statements, as various demographic groups encounter unique challenges. Social interventions should be personalized and address the specific issues faced by older unemployed women, who are at risk of becoming a vulnerable group susceptible to poverty or social exclusion, which can have very harmful consequences for their health. Therefore, it is necessary to promote their integration into the labour market, either by providing incentives to hire them -in many cases the bonuses are higher if the person hired is a woman)- or by addressing their educational deficits through reskilling or upskilling to improve their employability.

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