Job-loss and morbidity in married men with and without young children

NORMAN BEALE, MA, MRCPG
General Practitioner, Calne, Wiltshire

SUSAN NETHERCOTT, MSc
Statistician

SUMMARY. The data resulting from a longitudinal study of the consequences of threatened and eventual job-loss on health in industrial employees was examined in order to analyse the influence of family size. When the risk factor of age was eliminated, no difference was found in the use made of health services by married men with at least two dependent children aged under 16 years and those with no dependent children. However, the wives of men with no dependent children consulted at a significantly higher rate than the wives of men with dependent children in the period when their husbands faced and then underwent job-loss.

Introduction

SINCE the industrial revolution the home and the workplace have been separate for men and although this now applies increasingly to many working wives, most women still spend the early years of child-rearing at home. It is then that the father fulfils his role in meeting the needs of his growing family most conspicuously. It would appear therefore that the threat to security imposed by unemployment is likely to be more substantial for working men with immediate dependants. In 1983, 82% of married men with dependent children who had been out of work and seeking employment for at least 13 weeks had a family income at or below the supplementary benefit level. Only 33% of those without dependent children were deprived to this extent and numerous authors refer to the greater financial strain among 'family' men as an important adverse factor among the jobless. Windschuttle also argues that there are many other reasons for conflict in such households. However, the proposition that married men with growing families are a high-risk group among those whose health worsens after redundancy remains unsupported.

Data from a controlled longitudinal study on the effects of job-loss on health have, so far, been analysed for the factors of age, previous morbidity and impending retirement. In this paper the data are further analysed to investigate the influence of family obligation among the married men.

Method

The remaining 302 productive and clerical employees in the meat products factory of C. and T. Harris (Calne) Ltd were made redundant in June/July 1982 when the factory closed. Closure had been forecast by the Harris management if a process of rationalization involving mass redundancies in 1979 and 1980 should fail.

Of this residual workforce, 129 employees who had been patients in the author's practice and had also been Harris employees for a minimum of six years were included in the original study group. Of this study group 80 were men (62%). A further 10 men who fulfilled the study criteria but were omitted from the first analyses and examined separately since they were close to retirement age when made redundant are included here. All 90 men remained as patients at Calne Health Centre for at least two years after the closure of the factory.

Consultations, episodes of illness and referrals to and attendances at hospital outpatient departments were monitored as the indices of morbidity. Each of these features was recorded for the 81 married men, for their wives and for their children (if any) under 16 years of age at the time of redundancy for six years from 1 July 1976 until 30 June 1982 when the factory closed and for the next two years ending on June 30 1984. The eight years of the study period were denoted as years one to eight.

Of the married men with at least two children aged under 16 years living at home the oldest was 51 years of age when he lost his job. In order to eliminate the influence of age — shown previously to be an important risk factor — the married men with no dependent children were subdivided into those aged 52–64 years at redundancy and those aged 26–51 years.

No controls were available from an analogous group of employees from other local factories who remained fully employed for the entire study period since the age ranges of the control men with and without young children did not match those in the Harris groups and there was an insufficient number of younger childless controls. Full details of the study method and of the events leading to factory closure can be found in a previous paper.


Figure 1. Mean number of consultations per annum for male married Harris employees aged 52–64 years (n=26, median age 58 years) and 26–51 years (n=35, median age 39 years).
Table 1: The influence of age on the number of consultations, episodes of illness and referrals to and attendances at hospital outpatient departments for male married Harris employees: comparison between years 1–4 (jobs secure) and years 5–8 (jobs insecure or lost).

<table>
<thead>
<tr>
<th>Age of male married Harris employees (years)</th>
<th>Mean no. of consultations per employee over 4 years</th>
<th>Mean no. of episodes per employee over 4 years</th>
<th>Mean no. of referrals per 100 employees over 4 years</th>
<th>Mean no. of attendances per 100 employees over 4 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Years 1–4</td>
<td>Years 5–8</td>
<td>% change</td>
<td>Years 1–4</td>
</tr>
<tr>
<td>50–64 (n=26)</td>
<td>8.9</td>
<td>13.7</td>
<td>+55*</td>
<td>4.4</td>
</tr>
<tr>
<td>26–51 (n=35)</td>
<td>8.3</td>
<td>9.3</td>
<td>+13</td>
<td>4.5</td>
</tr>
</tbody>
</table>

*P<0.05, Wilcoxon signed rank test; P<0.1, Mann-Whitney U test. *Not statistically tested.

Results

Of the 81 married men in the study group 26 were aged between 52 and 64 years and none of these men had dependent children living at home. Of the men aged between 26 and 51 years 19 were responsible for at least two children aged under 16 years and 16 men had no dependent children. The two age groups also differed in length of marriage and job-tenure — the older group had been married for a median time of 30.5 years and had a median job-tenure of 25.5 years; the corresponding figures for the younger group were 14.0 years and 15.0 years.

There was a marked difference in consulting behaviour in the two groups after year four, when the employees' jobs became insecure (Figure 1). As in the previous studies, statistically significant differences were found only when comparing the first four-year period (jobs secure) with the second four-year period (jobs insecure and jobs lost) and these results are presented in Table 1.

There were no statistically significant differences between the two groups of younger men with and without dependent children with respect to age, length of marriage or job-tenure (Table 2), but more of the men with children were high consultants.11 There were no significant differences in the use of health services between the two groups of younger men at any time during the study period. The full results are presented in Table 3 and can be compared with Table 1. There was, however, a significant difference in the consulting rates of the wives of the younger men with and without children despite the fact that their ages did not differ significantly (Table 4). There were no significant changes in the health usage of the children of these Harris employees nor of any of the groups examined as whole families.

Discussion

The consequences of job-loss have been known since the 1930s13 but even in a welfare state poverty is "...the greatest nightmare of those who fall out of work." It is surprising that the results of this study do not support the proposal that financial strain causes more acute stress for the man still raising a family than for the man with no dependent children. Perhaps there is an equivalent loss of status and role fulfilment in both groups and these factors are more important than differing financial vulnerability.

Of course, the premiss that the greater the family size the greater the financial burden may be wrong. The necessary division of labour between the parents of a young family will certainly make it difficult for the mother to undertake full-time employment while her husband is working. This may no longer be true if the husband loses his job and cannot find another and in a less chauvinistic society the traditional model of the male breadwinner is declining. It has also been observed that young parents enjoy the enforced experience of spending more time together with their children, at least for an initial period of some months. It is also interesting to note that men with children consult, on average, at a higher rate than men of the same age without children (Table 3). More of these 'family' men are high consultants11 and they may have a weaker job-attachment as their wives and children may still be central in their social lives. Unless the period of unemployment in pro-

Table 2. Characteristics of the younger group of male married Harris employees (age range 26–51 years, total n = 35) by the number of dependent children.

<table>
<thead>
<tr>
<th>No. of dependent children</th>
<th>Median age (years)</th>
<th>Median length of marriage (years)</th>
<th>Median job tenure (years)</th>
<th>No. (%) of high consultants*</th>
<th>Total no. of dependent children</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 (n=16)</td>
<td>39</td>
<td>13</td>
<td>18</td>
<td>3 (19)</td>
<td>0</td>
</tr>
<tr>
<td>&gt;2 (n=19)</td>
<td>39</td>
<td>14</td>
<td>12</td>
<td>12 (63)</td>
<td>47</td>
</tr>
</tbody>
</table>

*A high consultant was an employee who had consulted more than the mean rate for his peers in the first four years of the study period.

Table 3. The influence of the number of dependent children on the number of consultations, episodes of illness and referrals to and attendances at hospital outpatient departments for male married Harris employees aged 26–51 years: comparison between years 1–4 (jobs secure) and years 5–8 (jobs insecure or lost).

<table>
<thead>
<tr>
<th>No. of dependent children</th>
<th>Mean no. of consultations per employee over 4 years</th>
<th>Mean no. of episodes per employee over 4 years</th>
<th>Mean no. of referrals per 100 employees over 4 years</th>
<th>Mean no. of attendances per 100 employees over 4 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Years 1–4</td>
<td>Years 5–8</td>
<td>% change</td>
<td>Years 1–4</td>
</tr>
<tr>
<td>0 (n=16)</td>
<td>6.6</td>
<td>7.8</td>
<td>+18a</td>
<td>3.9</td>
</tr>
<tr>
<td>&gt;2 (n=19)</td>
<td>9.7</td>
<td>10.7</td>
<td>+10b</td>
<td>5.0</td>
</tr>
</tbody>
</table>

aNot significant by Mann-Whitney U test and Wilcoxon signed rank test. bNot statistically tested.
tracted, there might be sufficient compensations for the ‘family man’ to prevent the stress of unemployment confounding his health.

The assumption that couples without dependent children face fewer financial burdens may also be invalid. Being more affluent while one or both partners were working, they may have embarked on commitments such as owning a house, large hire-purchase agreements or life-assurance policies. Just as a couple’s financial situation can change after children leave home, so too can their emotional situation. Reverting to life on their own can prove difficult15 for a couple especially if they then lose the companionship provided by their work. Indeed, it is among men over 51 years of age that a significant increase in the consultation rate is found in this study. The influence of increasing age in those facing redundancy is obviously important.11

It was found that the wives of the men aged 26–51 years with no dependent children consulted their general practitioners at a significantly higher rate than their counterparts with children in the latter four-year period (when their husbands’ jobs were insecure and then lost). This casts further doubt on the thesis that households with young children suffer most when the father loses his job. It is possible that, with a seventh of the UK workforce idle, the more mature families could be suffering a double dose of unemployment if wives have also lost their jobs. It is even possible that older teenagers in the family may have been unable to find work after leaving school and there is now evidence that even schoolchildren worry about not having a job.16

Previous studies10–12 have shown that the stress caused by job-loss can begin long before the actual event and the findings here confirm this for the older men. However, a study period of only two years after job-loss may be inadequate for the full consequences on the health of the unemployed to become apparent and, so far, the effect of the length of the period of unemployment has not been studied. The chances of finding a new job are certainly better for younger men and perhaps those with families are more strongly motivated to seek new work immediately.

If the health of men responsible for the welfare of growing families is affected more by redundancy than that of men providing only for themselves and their wives then further investigation is necessary to demonstrate this difference. Evidence might be found from studies of larger groups followed for a longer time period than in this study and in areas where the levels of unemployment are higher and job vacancies much more scarce than in Wiltshire.

Table 4. The influence of the number of dependent children on the number of consultations for the wives of Harris employees aged 26–51 years: comparison between years 1–4 (jobs secure) and years 5–8 (jobs insecure or lost).

<table>
<thead>
<tr>
<th>No. of dependent children</th>
<th>Median age (years)</th>
<th>Years 1–4</th>
<th>Years 5–8</th>
<th>Mean no. of consultations per employee over 4 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 (n = 16)</td>
<td>37</td>
<td>16.4</td>
<td>17.1</td>
<td></td>
</tr>
<tr>
<td>&gt;2 (n = 19)</td>
<td>34</td>
<td>10.5</td>
<td>9.8</td>
<td></td>
</tr>
</tbody>
</table>

Mann-Whitney U test.

References


Acknowledgements

We thank our families for their continuing encouragement and tolerance, the staff at Calne Health Centre and Miss Kate Clarke and her staff at the Medical Library, Postgraduate Centre at the Royal United Hospital Bath. This study was supported by a grant from the Scientific Foundation Board of the Royal College of General Practitioners and we are grateful for their support.

Address for correspondence

Dr N. Beale, The Health Centre, Calne, Wiltshire SN11 8NQ.

Computer Appreciation Courses for General Practitioners and Practice Managers/Senior Practice Staff

The RCGP Information Technology Centre is pleased to offer a series of computer appreciation courses for general practitioners and their senior practice staff. These events are held at 14/15 Princes Gate, where overnight accommodation is available if required.

The course content and presentation assume that participants have either only superficial or no knowledge of computing. The principles, language and technology of computing are discussed in lay terms, with particular emphasis on the problems of, and potential solutions to, the introduction and management of the new technology in the practice.

The cost of the course for members and their staff is £160 (inclusive of Friday’s residential accommodation) and for those not requiring overnight accommodation, the cost is £135. For non-members, the course fees are £160 inclusive of Friday’s accommodation, and £155 exclusive. The fee includes all meals, refreshments and extensive course notes.

These courses are zero-rated under Section 83. Under paragraph 52.9(b) of the Statement of Fees and Allowances, practice staff attending the courses may be eligible for 70% reimbursement. Staff should confirm eligibility for reimbursement with their FPC.

The dates for 1987 include: 16–17 January, 13–14 February, 6–7 March.

Application forms and further details are available from: Course Administrator, Information Technology Centre, The Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU. Telephone: 01-581 5232.