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The Wealth-Health Gradient within Couples:

Longitudinal Evidence from Germany

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Extended Abstract

This study focuses on the intersection of wealth and gender in the production of health. We argue for a more systematic examination of the interaction between, on the one hand, economic wealth personally owned by individuals and wealth owned by their partners and, on the other hand, gender in the social patterning of health within heterosexual couples. Thereby, we go beyond a simplistic view that wealth is fully pooled within households. To the best of our knowledge, no other study has provided a direct examination of the extent to which the effect of personal wealth on health differs by gender yet. More specifically, we ask how personal wealth and partners' wealth is associated with health for women and men in Germany. Thereby, this study contributes both to the literature on the wealth-health gradient and on gender inequality by providing an examination of the strength of the association between wealth and health by gender.

The notion that economic well-being is positively associated with health (i.e. "health gradient") has received considerable and consistent support in previous research. These studies have repeatedly found that people of higher socio-economic standing not only enjoy higher standard of living than poor people but they also tend to be healthier and to live longer (e.g.,

Wilkinson & Pickett, 2008; Semyonov et al., 2013; Maskileyson, 2014). More specifically, previous studies reveal that individual socioeconomic standing—measured by wealth, income, occupation or education—is positively associated with health—measured by self-reported health and measures of physical and mental limitations, long-term disabilities, and longevity (e.g., Huisman et al., 2003; Deaton, 2008). Furthermore, these studies show that the positive association between socioeconomic status and health continues into old age, and holds even after controlling for a variety of sociodemographic attributes (e.g., Huisman et al., 2003).

The other body of literature relevant to this study has focused on gender inequalities in health. Specifically, previous studies on health inequalities reveal that, despite the fact that women live, on average, several years longer than men, women suffer more illnesses and disabilities throughout their lives (e.g., Raphael & Bryant, 2004; Schoeni, 2005; Murabito et al., 2008). The prevalence of illness among women may be linked to gender inequality in healthcare access, inequalities in socioeconomic status attainment and financial resources, differences in access to household's financial resources, differences in the pattern of reporting health problems, as well as of the gender division of work (e.g., Arber & Khlat, 2002; Malmusi et al., 2011). Studies have also shown that men who survive until old age tend to be healthier than female survivors (e.g., Zimmer et al., 2002).

While literature on both topics (i.e. socioeconomic gradient in health and gender inequalities in health) is substantial, little is known about whether the effect of socioeconomic status on health differs by gender. Only few studies (e.g., Koskinen & Martelin, 1994; Matthews et al., 1999) have systematically examined this issue. It was found that while socio-economic resources were linearly associated with health among men, the pattern for women was less consistent (e.g., Macintyre, 1998). Several studies have demonstrated that the magnitude of socioeconomic inequalities differs, with women having flatter gradients than men across a broad

range of morbidity indicators (e.g., Dahl, 1993; Stronks et al., 1995) and mortality (e.g., Koskinen & Martelin, 1994). Several other examples have revealed greater socioeconomic disparities in health among women than among men, specifically for asthma (Eachus et al., 1992) and for myocardial infarction and coronary death (Morrison et al., 1997).

We argue that part of these gender differences and inconsistencies in prior literature may be due to the measurement of economic resources at the household level for partnered individuals. Such a household-level measurement is only defensible under the strong assumption that economic resources are fully pooled within households. A large literature rejects this assumption (e.g., Bennett et al., 2013). Instead, it is argued that personal resources remain relevant within couple households. Therefore, individuals' personal resources and their partners' resources need to be examined separately when studying the relationship between wealth and health.

Furthermore, it is noteworthy that most health inequality research has focused on socioeconomic well-being measured at a single point in time. Specific indicators of socioeconomic standing, such as education (e.g., Lahelma & Valkonen 1990), occupation (e.g., Mackenbach et al. 1999), and income (e.g., McDonough et al. 1997), have been shown to affect health outcomes. Although these studies give an indication of the patterns in health disparities, more and more researchers acknowledge that wealth is a better proxy of economic standing than education, occupational status or income, because it determines the cumulative and dynamic nature of economic well-being and potential consumption (e.g., Duncan et al. 2002; Semyonov et al., 2013; Maskileyson, 2014). For instance, in contrast to current income, wealth is a better indicator of standard of living, because it reflects the economic resources accumulated throughout an individual's lifetime (e.g., McDonough et al., 1997).

The data for this study were from the German Socio-Economic Panel (SOEP) for the survey years 2002, 2007, 2012 and 2017. The sample was restricted to opposite-sex couples (household heads and their partners living together in the household). Self-rated health status was the dependent variable. Personal wealth as the main independent variable was defined as the sum of the net real and net financial assets minus debt that an individual personally owned. We estimated a series of longitudinal regression models predicting health of individuals as a function of their personal wealth, their partners' wealth, gender, personal income and other socio-demographic attributes. Such an analysis allowed examining whether the association between personal economic resources, partners' resources and health differs by gender. The preliminary results revealed gender differences in wealth-health gradient. Specifically, we found that the wealth-health gradient was higher among women than among men across the four years studied. We also found personal wealth to be more relevant in explaining health outcomes than partners' wealth. By changing the unit of analysis from households to individuals and by taking a couple perspective, this study provides valuable insights into the relationship between economic well-being and health. Further, our results emphasize the importance of using an integrated approach for the analysis of health inequalities, simultaneously considering wealth and gender, in order fully to understand the socio-economical determinants of health.

Keywords: Wealth-health gradient; couple households; gender inequality; longitudinal analysis; Germany

References

- Arber, S., & Khlat, M. (2002). Introduction to 'social and economic patterning of women's health in a changing world'.
- Bennett, F. (2013). Researching Within-Household Distribution. Overview, Developments, Debates, and Methodological Challenges. *Journal of Marriage and Family* 75:582–597.
- Dahl, E. (1993). Social inequality in health—the role of the healthy worker effect. *Social science & medicine*, 36(8), 1077-1086.
- Deaton, A. (2008). Income, health, and well-being around the world: Evidence from the Gallup World Poll. *The journal of economic perspectives*, 22(2), 53-72.
- Duncan, G. J., Daly, M. C., McDonough, P., & Williams, D. R. (2002). Optimal indicators of socioeconomic status for health research. *American journal of public health*, 92(7), 1151-1157.
- Eachus, J., Williams, M., Chan, P., Smith, G. D., Grainge, M., Donovan, J., & Frankel, S. (1996). Deprivation and cause specific morbidity: evidence from the Somerset and Avon survey of health. *Bmj*, 312(7026), 287-292.
- Huisman, M., Kunst, A. E., & Mackenbach, J. P. (2003). Socioeconomic inequalities in morbidity among the elderly; a European overview. *Social science & medicine*, 57(5), 861-873.
- Koskinen, S., & Martelin, T. (1994). Why are socioeconomic mortality differences smaller among women than among men?. *Social science & medicine*, 38(10), 1385-1396.

- Lahelma, E., & Valkonen, T. (1990). Health and social inequities in Finland and elsewhere. *Social Science & Medicine*, 31(3), 257-265.
- Macintyre, S., Ellaway, A., Der, G., Ford, G., & Hunt, K. (1998). Do housing tenure and car access predict health because they are simply markers of income or self esteem? A Scottish study. *Journal of Epidemiology & Community Health*, 52(10), 657-664.
- Mackenbach, J. P., Kunst, A. E., Groenhouf, F., Borgan, J. K., Costa, G., Faggiano, F., ... & Valkonen, T. (1999). Socioeconomic inequalities in mortality among women and among men: an international study. *American Journal of Public Health*, 89(12), 1800-1806.
- Malmusi, D., Artazcoz, L., Benach, J., & Borrell, C. (2011). Perception or real illness? How chronic conditions contribute to gender inequalities in self-rated health. *The European Journal of Public Health*, 22(6), 781-786.
- Maskileyson, D. (2014). Healthcare system and the wealth–health gradient: a comparative study of older populations in six countries. *Social Science & Medicine*, 119, 18-26.
- Matthews, S., Manor, O., & Power, C. (1999). Social inequalities in health: are there gender differences?. *Social science & medicine*, 48(1), 49-60.
- McDonough, P. M. (1997). *Choosing colleges: How social class and schools structure opportunity*. Suny Press.
- Morrison, C., Woodward, M., Leslie, W., & Tunstall-Pedoe, H. (1997). Effect of socioeconomic group on incidence of, management of, and survival after myocardial infarction and coronary death: analysis of community coronary event register. *Bmj*, 314(7080), 541.
- Murabito, J. M., Pencina, M. J., Zhu, L., Kelly-Hayes, M., Shrader, P., & D'Agostino Sr, R. B. (2008). Temporal trends in self-reported functional limitations and physical disability among the community-dwelling elderly population: the Framingham heart study. *American journal of public health*, 98(7), 1256-1262.

- Raphael, D., & Bryant, T. (2004). The welfare state as a determinant of women's health: support for women's quality of life in Canada and four comparison nations. *Health Policy*, 68(1), 63-79.
- Schoeni, R. F., Martin, L. G., Andreski, P. M., & Freedman, V. A. (2005). Persistent and growing socioeconomic disparities in disability among the elderly: 1982–2002. *American journal of public health*, 95(11), 2065-2070.
- Semyonov, M., Lewin-Epstein, N., & Maskileyson, D. (2013). Where wealth matters more for health: The wealth–health gradient in 16 countries. *Social Science & Medicine*, 81, 10-17.
- Stronks, K., Van de Mheen, H., Van Den Bos, J., & Mackenbach, J. P. (1995). Smaller socioeconomic inequalities in health among women: the role of employment status. *International Journal of Epidemiology*, 24(3), 559-568.
- Wilkinson, R. G., & Pickett, K. E. (2008). Income inequality and socioeconomic gradients in mortality. *American Journal of Public Health*, 98(4), 699-704.
- Zimmer, Z., Natividad, J. N., Ofstedal, M. B., & Lin, H. S. (2002). Physical and mental health of the elderly. *The well-being of the elderly in Asia: a four-country comparative study*, 361-412.