

Wiktoria Wroblewska, SGH Warsaw School of Economics

Radoslaw Antczak, SGH Warsaw School of Economics

Agata Wnuk, SGH Warsaw School of Economics

Socioeconomic status and physical health among older adults in Central and Eastern Europe

Introduction

Existing research results on health and life expectancy point to prevalence of social inequalities connected with social and economic status of individuals (e.g. Mackenbach et al, 2008). Education, occupational status, income and wealth are key determinants of these inequalities. Such inequalities exist worldwide, however, their degree varies spatially, even in developed societies such as in Europe (ESS, 2016).

Background

For numerous reasons, Central and Eastern Europe (CEE) is a region worth closer examining. CEE societies went through significant changes during the 1990s (Hoff, 2008). Due to fall of communism and the opening of the global economy, people were exposed to new socio-economic challenges, which were especially difficult for older people (Botev 2012). Unprecedented demographic changes in this region - improvement in life expectancy, declining fertility and migration occurring almost simultaneously - are unintended side effects of socio-economic transition from communism to capitalism (Hoff 2008).

Objectives & methods

The aim of this article is therefore the assessment of socio-economic status on different health measures among population aged 50 years and over in Central and Eastern Europe. We are using data from Survey of Health, Ageing and Retirement in Europe (SHARE), wave 7. Six biggest CEE countries were selected for comparative analysis: Bulgaria, Czechia, Hungary, Poland, Romania and Slovakia. Total sample amounted to 44,151 individuals aged 50 years and over.

To examine the relationship between Socio-economic status and health we applied logistic regression, separate for each country and for two age groups (50-64 and 65 years and over) within each country. Independent variables were education level (3 categories), economic activity status (3 categories) and subjective evaluation of material well-being (4 categories).

Five health measures were used as outcome variables, all of them coded as binary: Self perceived health (SPH), Global activity limitation (GALI), Activities of daily living limitation (ADL), Instrumental Activities of Daily Living limitation (IADL), and presence of chronic conditions. We additionally included control variables: age, gender, number of persons in a household, and BMI. In order to minimise the

influence of life-course poor health, we excluded individuals who stated that their health in childhood was poor.

Results

Our results indicate that there are significant health disparities between CEE countries. In all health measures, older people in Slovakia report better health than the same age group from other analysed countries. Good situation was also observed in Bulgaria, but only in terms of SPH and GALI, as well as in Hungary for ADL and Poland for IADL. Relatively poor health were observed in Czechia (GALI, IADL, Chronic Conditions), and Poland (SPH, GALI).

In multivariate analysis the strongest determinant of poor health was subjective evaluation of material well-being. In countries like Czechia, Poland and Slovakia, persons who have difficulties with meeting the ends, have worse self-perceived health and have limitation both measure as ADL and IADL. In those three countries the effect of education was observed only for the age group 65 years and over for two health measures: IADL and GALI, i.e. those measures who indicate better overall functioning and daily activities.

In Hungary, Romania and Bulgaria though the influence of education is more visible in terms of most health measures. It especially apply to younger cohort (50-64 years old). The influence of subjective material well-being is of less importance, and for ADL and chronic conditions – insignificant.

These results suggest the division of the region for two groups: slavic countries (Poland, Czechia, Slovakia) and balcan countries (Hungary, Romania, Bulgaria), with different relationship between socio-economic status and health of older adults, which require further studies on reasons of such disparities.

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