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ORIGINAL ARTICLE

YOUTH UNEMPLOYMENT AND PHYSICAL DISTRESS

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Abstract:

In this study, an effort has been made to investigate the role of unemployment in the development of the physical distress in youth. A sample of 400 subjects (200 males and 200 females) was drawn randomly from Shimla district of Himachal Pradesh. Comparison was done between unemployed and employed youth in both the gender groups i.e. males and females. A 2 x 2 ANOVA has yielded significant results that unemployed people had significantly perceived poor physical health profiles (eyes and ears, respiratory system, cardiovascular system, digestive tract, musculoskeletal system, skin, nervous system, genitourinary system, fatigability, frequency of illness, miscellaneous diseases, habits) than employed people. Findings from this study suggest that the impetus for unemployment be it voluntary or involuntary, may significantly impact a person's physical health.

KEY-WORDS:

Physical distress, unemployment & gender , Unemployment , Physical Distress.

INTRODUCTION

The problem of unemployment means the problem of providing work to those who are willing to work. A large number of educated and uneducated people, who are capable of work and are also willing to do it, roam here and there without any job. So the problem has assumed an acute form.

There are a large number of people who are either partly employed or wholly unemployed. The lives of such people, as well as of their families, are extremely miserable. India cannot claim to be a welfare state so long as this problem remains unsolved. Before discussing the ways and means of solving this problem, let us first examine the causes which have created it.

It is a well known fact that ours is a thickly populated country. The population is increasing by leaps and bounds. But jobs and gainful avenues cannot be created in the same proportion. So, naturally, a large section of the people is left unemployed. Moreover, our education system is also responsible for this problem. The problem of educated unemployment is peculiar to India. India is only country in the world where even highly educated persons fail to get employment. Every year thousands and thousands of graduates pass out of schools and colleges. They are unfit for any work, except office work. All of them cannot be absorbed in services. This increases employment.

Unemployment puts health at risk, and the risk is higher in regions where unemployment is widespread. The effects of unemployment on health and well-being have been studied in detail since the rise of unemployment in the late 1970s. This has resulted in a substantial body of research concerning the health effects of unemployment- research that shows a strong association between unemployment and ill health. There have been specific studies on the effects of unemployment on women, adult men, but the interest has focused on the effects on unemployment and young people given that employment plays a pivotal role in helping young people to negotiate the transitional period between the child and adulthood, as

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it is a key factor in healthy identity development (Erikson, 1968).

Kessler et al (1988) found that financial strain was the strongest mediating factor between unemployment and reported ill health in their American study, and was far more important than reduced social integration or an increased number of life events (Kessler , Turner, & House ,1988). A Dutch Study found similarly that present or anticipated financial problems were the mediating factors between unemployed status and reported health problems in both men and women (Leeflang , Klein-Hesselink , Spruit .1992).

Attention has now turned back to the implications of high and rising levels of unemployment for health after three years in which unemployment has once again risen and remains at a high level (in contrast to the rather sharp fall as the 1980s recession bottomed out). Whereas some commentators (White .1991) maintain that unemployment could be greatly reduced by improved education and training, in the eyes of many policy makers, full employment, or anything like it, is no longer a desirable goal. High levels of joblessness are the "price worth paying" for low inflation and a "flexible" labour market. If high levels of unemployment are to continue as a feature of the British economy, are present benefit rules and levels appropriate? One factor to be considered when answering this is the relationship between unemployment and ill health.

It is no longer seriously argued that there is no such relationship. Lower levels of psychological well being are found in all studies which compared unemployed people, at all ages and in both sexes (Warr, 1985). More persuasively, these differences in mental health have been shown to emerge after entry into the labour market in young people showing no such differences while still at school. Mental health improves when young people find jobs (Banks &Jackson, 1982 and Tiggeman & Winefield, 1984).

What of physical health? An estimate, which emerged from 10 years of follow up of men who were unemployed at the 1971 census of England and Wales (the Office of Population Censuses and Survey (OPCS) Longitudinal Study), of a 20% excess risk of death among those actively seeking work at the census (Moser, Fox, Jones, 1984 and Moser, Goldblatt, Fox, Jones, 1990) seems widely accepted. Nor has doubt been thrown on several of the other conclusions of this work that this is not accounted for by the social class distribution of the unemployed; that a similar excess mortality risk is experienced by wives of unemployed men; and that at times and in regions of higher unemployment, the risk to health is even greater(Moser , Fox , Jones , Goldblatt,1986 &1987).These data from England and Wales have now been supported by data from similar census linked studies in Denmark(Iversen, Andersen, Andersen , Christoffersen ,Keiding ,1987)and Finland (Martikainen.1990).

Some controversy still exists, however, over the exent to which excess morbidity and mortality in the unemployed might be a result of those in poorer health being at higher risk of unemployment as well as further ill health or death (White, 1991& Valkonen, Martikainen, 1992, & Claussen, Bjorndal, Hort, 1993). Mortality data can be used to test this hypothesis. In a cohort study, any group selected for physical illness should exhibit high mortality in the early years of follow up which returns towards the level of the rest of the cohort later on as those who are very ill die and the rest recover (Moser, Fox, Jones, 1984& 1990).

There is evidence that unemployment is associated with some forms of health damaging behaviour, although disagreement exists as to whether behaviour or job loss comes first. In some studies, unemployed people seem to be heavier smokers (Cook, Cummins, Bartley, Shaper,1982 & Morris, Cook, Shaper ,1992) and drinkers(Wilson ,1980).But heavy drinking in young men in the 1958 cohort was more prevalent among those unemployed for over six months(Power & Esthaugh,1990).In the Scottish Heart Health Study both heavy drinking and abstention were more common in unemployed men(Lee, Crombie, Smith & Tunstall-Pedoe,1990)than in the employed. These findings are consistent with both the decay of normal social activity (often involving light or moderate alcohol consumption) that commonly accompanies unemployment, and with the hypothesis that heavy drinking and tobacco may be used as a way of dealing with stress.

There is evidence to suggest that in order fully to understand the links between unemployment, ill health, and mortality it is necessary to look beyond the experience of unemployment itself. A spell of unemployment is not usually a mere interlude, however unpleasant, which has no effect once it is over(Daniel ,1983 & Ferman, Gardner ,1979).On the contrary, we now know that losing a job can precipitate a self perpuating series of negative events well into the future, even after work has been regained(Fox,1986 & Harris,1987 & Westergaard, Noble, Walker,1989).The risk of unemployment is not randomly distributed(Sinfield,1981).On the contrary, a relatively small proportion of the economically active population experience the majority of time unemployed(Stern ,1979).Furthermore, once a person has become unemployed for the first time, their risk of further unemployment is greatly increased(Sinfield, 1981).

It may be argued that the association of unemployment with raised mortality over the longer term is as much a consequence of the more general labour market experience of those at high risk of job loss.

Recent British and American studies indicate that not all jobs, regardless of quality, can protect physical or mental health. In contrast to the Scandinavian studies quoted above, studies of school leavers in Australia show that unsatisfactory jobs can be as depressing as unemployment (Winefield, Tiggeman, Goldney, 1988 & Graetz, 1993).In the British Social Change and Economic Life Initiative, those with insecure work who had been obliged to take lower status jobs in the recent past had a score on the GHQ that was not significantly different from the unemployed (Burchell, 1994). Insecure jobs also tend to be ones which involve high exposure to work hazards of various kinds (Robinson, 1986).

This strengthens the likelihood that the relationship between unemployment and physical health may be partly attributable to the effects of relative disadvantage in those at high risk of job loss as opposed to poverty in any absolute sense. In all countries, low pay and exposure to hazards are associated with job insecurity, and perhaps with the adoption of lifestyles in which a higher degree of risk is accepted (Lajer, 1982).When the unemployed are compared not with all employed but with people in the sorts of occupations where the risk of unemployment is high, far less difference is found in measures of either physical or psychological health.

METHODOLOGY

Selection of Sample

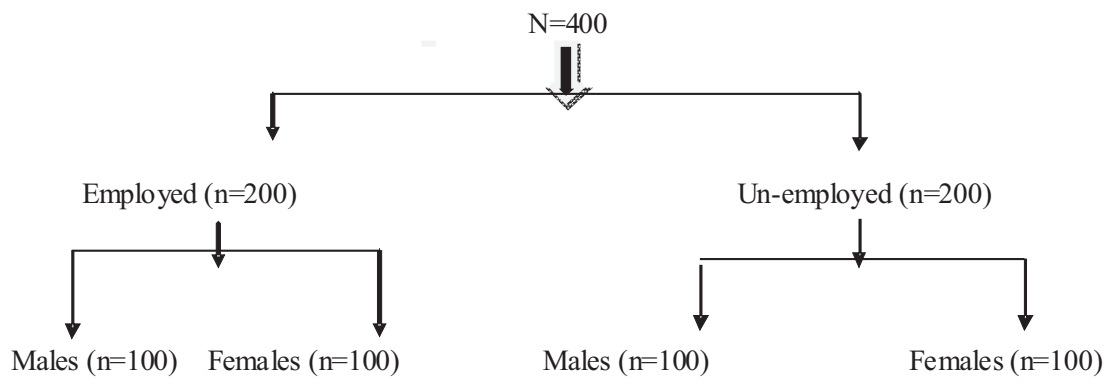
The present study has been conducted on employed and un-employed youth to see their scores on physical distress (eyes and ears, respiratory system, cardiovascular system, digestive tract, musculoskeletal system, skin, nervous system, genitourinary system, fatigability, frequency of illness, miscellaneous diseases, and habits). A sample of 400 subjects (200 males and 200 females) was drawn randomly from Shimla district of Himachal Pradesh.

The subjects were taken of the age group 21 to 35 years with mean age 32.5. First of all, they were given C.M.I. Health Questionnaire (Hindi) was given to the subjects for this, instructions were read out loudly to the subjects and no time limit was given to them. C.M.I. Health Questionnaire) were administrated to all the 400 subjects individually in a face to face situation. Thus, the design came out to be having the four groups the layout of which i.e. 2x2 factorial design.

Design of the Study

A factorial design of 2X2 ANNOVA was employed in the present study. The subjects were divided into two sub groups of employment i.e. employed (n=200) and un-employed (n=200), these subjects were further divided into two sub-groups based on genders males (n-100) and females (n=100)with equal number, This made 4 conditions, in each condition 100 subjects were used, there by yielding a total sample of 400 subjects. for clear picture see figure 1.
Design

Figure 1. A 2 x 2 Factorial Designs of the present research



TOOLS USED AND THEIR DESCRIPTION

C.M.I. Health Questionnaire (Hindi) (Wig, Pershad & Verma ,1983).

The Cornell Medical Index known as C.M.I. is a four-page sheet. The term 'Heath Questionnaire' explains the nature and purpose of the form to the patient. It contains 195 questions in informal language, so worded as to be understood by persons with a reading knowledge. Technical terms are avoided. After each question a "Yes" and a "No" appear; the patient answers the questions by circling one. In every instance a "Yes" answer indicates that the patient claims to have the symptom. Questions are grouped in sections, as shown below. A to L section is called physical distress section is called physical distress section (pages one to three of the test) and M to R section is called emotional or psychological distress section (page fourth of the test).In the present paper only the first section i.e., physical distress has been taken.

PHYSICAL DISTRESS SECTION:-

Section	Questions referring to	Number of questions
A	Eyes and ears	9
B	Respiratory systems	18
C	Cardiovascular system	13
D	Digestive tract	23
E	Musculoskeletal system	8
F	Skin	7
G	Nervous system	18
H	Genitourinary system	11
I	Fatigability	7
J	Frequency of illness	9
K	Miscellaneous diseases	15
L	Habits	6

The CMI is self administering and can be given to people singly or in answers. A serious disorder is to be suspected when more than 25 items are so marked. The distribution of "Yes" answer is noted. If the "Yeses" are chiefly in one or two sections, the patient's medical problem probably is localized. If scattered throughout the four pages, the medical problem is likely to be diffused, usually involving an emotional disturbance.

The Hindi version of the CMI Health Questionnaire was used in this study, in order to measure physical and psychological distress of the subjects (Wig, Pershad, Verma 1983). Correlations between the scores on English and Hindi ranged between 0.77 to 0.87.

Procedure

The instrument (CMI Health Questionnaire) was administrated to all the 400 subjects individually in face to face situations. Instructions given in the respective manuals were followed while administering and scoring the test.

RESULTS

Table- 1: Physical Distress (A to l)

Source of Variance	Sum o Squares	df	Mean Squares	F-Ratio	Sig.
Groups (A	10588.410	1	10588.410	535.152**	.01
Gender (B)	24.010	1	24.010	1.213	N.S.
(A X B)	4596.840	1	4596.840	232.330**	.01
Error	7835.180	396	19.786		
Total	23044.440	399			

Interpretation:

Main Effects:

a)Analysis of variance has yielded a significant F-ratio of 535.152**p<.01 (table 1) for the variable of Group. This indicates that un-employed are significantly higher on the variable of physical distress (A to L) to that of employed, means being 34.48 vs. 24.19 (for details see means table 2 along with histogram, figure 2).
b)The main effect of Gender is not significant on the level of physical distress (A to L) that is males and females have scored more or less the same on this variable, means being 29.58 vs. 29.09 (for more details see means table 2 along with histogram, figure 2).

Interaction Effect:

The two factor interaction effect has been found to be significant on the variable of physical distress (A to L) which means that there is a significant interaction among Groups and Gender on the variable of physical distress A to L which shown that unemployed group is ahead of employed group on physical distress and the inter difference between males and females on physical distress due to employment/ unemployment are significant with difference more pronounced at the unemployed end (for details see means contingency table 3 along with interaction effect curves, figure 2).

Table- 2: General Means Table for Groups and Gender on Physical Distress

Variables	Groups		Gender	
	Employed	Un-employed	Males	Females
CMI.H.Q. (A to L)	24.19	34.48	29.58	29.09

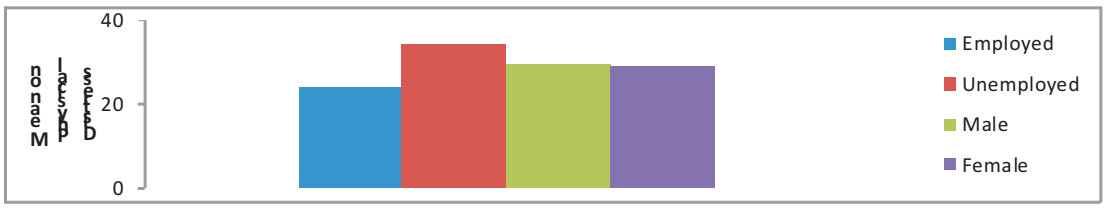


Figure 2: Histogram on Physical distress (A to L):

Interpretation:

a)From the comparison of means on physical distress Table 2 reveals that the un-employed have scored higher as compared to employed with means being 34.48 vs. 24.19 respectively. Un-employed have reported significantly higher level of physical distress than employed group.
b)With respect to Gender on physical distress, the scores reveal that males are higher as compared to females with means being 29.58 vs. 29.09 respectively. Males reported higher level of physical distress

than females and difference is significant.

Figure-3:- Interaction Effect of AXB on Physical Distress (A to L)

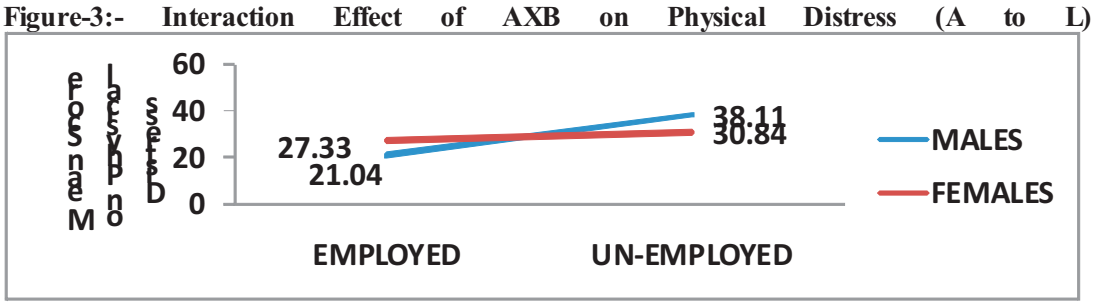


Table -3: AXB Means Contingency Table

	EMPLOYED	UN-EMPLOYED
MALES	21.04	38.11
FEMALES	27.33	30.84

Interpretation:

The interaction effect between group and gender has also yielded a significant F-ratio of 232.330** p< .01 on the variable of physical distress (A to L). The results could best be depicted through the two way interaction (table 3) and can be confirmed through the curves (fig. 3). The curves reveal that the un-employed have scored significantly higher on physical distress A to L as compared to employed and further that unemployed males have shown more physical distress as compared to unemployed females. Whereas, at the employed level, females have shown more physical distress than employed males.

DISCUSSION:-

The present discussion would follow the frame work in which the present problem was enriched in the form of hypotheses. Each salient feature would be unfolded one by one. The various statistical techniques were used for interpretations which are as follows:-

A.Descriptive analysis (Comparative Means Analysis for the variable viz. Physical Health).
B.ANOVA (Analysis of variance for Physical Health).
The discussion has been done only for significant findings in the following manner:-
A: Group and Physical distress.
B: Interaction effects.

A)Group and Physical distress.

ANOVA (table 2.1) has yielded a significant F-ratio of 535.152, p<.01 for the group on total physical distress which depicts the significant difference between unemployed and employed youth with means being 34.48 vs. 24.19. The results reveal that unemployed youth due to non availability of job are unable to make both ends meet and feel stressed , leading to physical distress. The impact on physical health seems to be at least partly mediated through poverty and financial anxiety. Unemployment affects physical health via stress pathway involving physiological changes such as raised cholesterol concentration and lame red immunity (Bartley, 1994) Observed important unemployment effects on physical and mental health. Latest research by Caryn Rabin (2009) in his study reported that unemployment is hazardous to health leading to high blood pressure, diabetes or heart disease compared to people who are employed. Dooley, Fielding and Levi (1996) also reported the same findings in their research on health and unemployment. The Canada Health survey demonstrated an association between unemployment and uptake of primary care. The health consequences of unemployment result from loss of income, loss of social contacts and loss of social reputation. Thus, the hypothesis (H1) that unemployed group would score significantly higher on physical distress has been confirmed.

B)Interaction effect of group X gender on physical distress.

It becomes evident from the tables 1 and 3 that the interaction effect of group X gender on physical distress has turned out to be significant with F-ratio being 232.330, $p<.01$. The results indicate that at the unemployed level, both the genders have scored significantly higher on physical distress than at the employed end. The interaction curves reveal the cross over effect that is at the employed end, females have shown significantly higher level of physical distress in term of respiratory system, digestive tract skin etc. to that of employed males due to multiple role conflicts and at the unemployed section, males have shown significantly higher level of physical distress to that of unemployed females. Overall, unemployed (males and females, have shown greater, level of physical distress to that of employed (males and females), The reason being that in the modern era of competition, unemployment is looked down upon and is a social stigma for many which carries with it multiple problems. Males have been affected more than females due to unemployment because males from the very beginning are socialized to be achievement oriented and are considered as the heads and the bread winners of the family. But due to unemployment, there is the very possibility of losing these headships which give rise to the physical and mental ill health (Warr, 1985 and Smith, 1987).

To the contrary, employed females have shown more physical distress to that of males due to role conflicts and role-overload. As females, they are more vulnerable to daily hassles and at time in the process of pleasing all, they please none which gives rise to many psychological and physical problems. Overall, the results depict that; unemployed group irrespective of their genders has shown high level of physical distress. The rationale being that the economic hardship is frequently associated with unemployment which has direct negative effects on the physical distress.

CONCLUSION.

To conclude, the results give a clear picture that unemployed youth experience more dissatisfaction with one's present life, hopelessness regarding the future and other negative emotional states like feelings of worthlessness that further has a devastating impact on their physical health due to their negligent attitude and overall stress level. This further affects their overall general well-being meaning there by that unemployment puts a financial strain that causes a poor mental health as basic life requirements are not met and produces adverse physical and mental health consequences.

In a nutshell, results from the study strongly suggest that unemployment has an adverse effect on physical function, with the unemployed becoming more anxious, depressed and concerned with bodily symptoms.

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