

Sociology of health and medicine in Switzerland: Trends and challenges

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Welfare Regimes Modify the Association of Disadvantaged Adult-life Socioeconomic Circumstances on Self-rated Health in Old Age

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Objectives

To assess whether the associations between **life-course SECs** (early-life, young adult-life, middle age and old age) and **risk of poor self-rated health (SRH) trajectories** in old age vary by welfare regime (Scandinavian [SC], Bismarckian [BM], Southern European [SE], Eastern European [EE]).

Methods

- Longitudinal SHARE data
- Association of life-course SECs with poor SRH trajectories at old age was analysed by confounder-adjusted multilevel logistic regression models
- Stratified by welfare regime
- 24,737

participants aged 50 to 96 from 13 European countries.

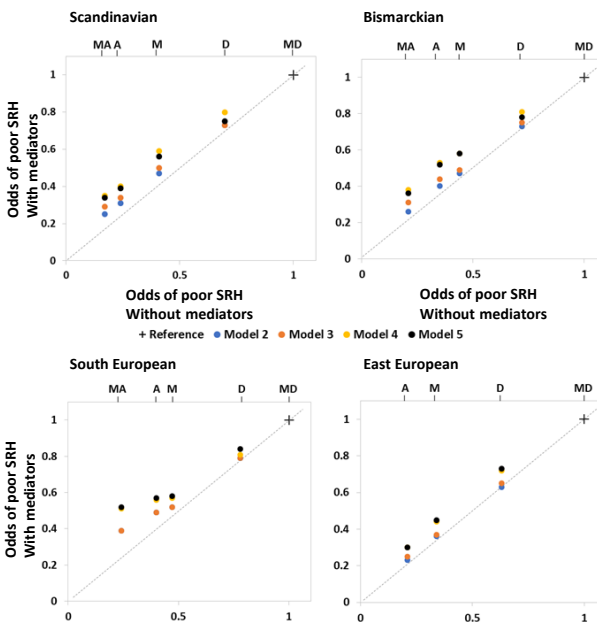
Early-life SEC score (most advantaged, advantaged, middle, disadvantaged, most disadvantaged) included 4 binary indicators of living conditions at age 10; occupational position of the main breadwinner, number of books at home, overcrowding, quality of household.

- Model 1: Early-life SECs
- Model 2: Education (young adult-life SEC)
- Model 3: Main occupation (middle-age SEC)
- Model 4: Household income (old age SEC)
- Model 5: Adjusted for health behavior and living without partner

Life-course SEC indicators, health behaviors and *living without partner* were added sequentially as mediators to analyze the effect of each of this indicator on the association between early-life SECs and SRH at old age. All models were adjusted for sex, birth cohort, living with biological parents at age 10, and attrition.

Results

Risk of poor SRH increased gradually with early-life SECs from most advantaged to most disadvantaged.



Effect of early-life SECs on poor SRH attenuated by adult-life SECs. Above the dotted line, the effect of early-life SECs decreases when the indicators are included in the model. Below the dotted line, the effect of early-life SECs increases. Ref=Model1. MA=Most advantaged, A=Advantaged, M=Middle, MD=Most disadvantaged

Education attenuated the association only in SC and SE regimes and occupation only in SC and BM regimes. Satisfaction with household income attenuated the association across regimes.

Conclusion

Early-life is a **critical period** for health in old age in all welfare regimes. Adult-life SECs **attenuated** the consequences of this critical period **differently across welfare regimes**.

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