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Marginal Employment and Health in Germany and the United Kingdom: Does Unstable Employment Predict Health?

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Abstract

This study examines the possible health impact of marginal employment, including both temporary and part-time employment schemes. It addresses a growing concern in Europe that fixed-term employment and other forms of marginal employment may generate social inequality.

Logistic regression models were used to analyze panel data from Germany and the U.K. (1991-93), available in the Household Panel Comparability Project data base. We included 11,980 respondents from Germany and 8,729 from the United Kingdom. The health dependent variable used was a single measure of perceived health status.

Controlling for background characteristics, part-time workers with permanent contracts are not significantly different from those who are employed full-time in terms of reporting health status. In contrast, full-time employed people with fixed-term contracts in Germany are about 40 per cent more likely to report poor health than those who have permanent work contracts.

Monitoring the possible health effects of the increasing number of marginal employment arrangements should be given priority on the research and political agenda.

Zusammenfassung

In der Studie werden potentielle gesundheitliche Folgen prekärer Beschäftigungsverhältnisse einschließlich Zeitarbeit und Teilzeitbeschäftigung untersucht. Ausgangspunkt sind die wachsenden Befürchtungen in Europa, daß befristete Beschäftigungsverhältnisse und andere Formen prekärer Beschäftigung soziale Ungleichheit befördern könnten.

Daten der Jahre 1991 bis 1993 des Household-Panel-Comparability-Projekts wurden mittels logistischer Regressionsmodelle für Deutschland (11.980 Personen) und Großbritannien (8.729 Personen) analysiert. Die Kategorie „Gesundheit“ wurde als einzige Variable des von den Befragten selbstwahrgenommenen Gesundheitszustands herangezogen.

Nach Berücksichtigung und statistischer Kontrolle der unterschiedlichen Zusammensetzung der Teilgruppen ergab die Analyse, daß sich der Gesundheitszustand von Teilzeitbeschäftigten mit unbefristeten Verträgen nicht signifikant von dem Gesundheitszustand Vollzeitbeschäftigter unterscheidet. Im Gegensatz dazu gibt es eine um 40 Prozent höhere Wahrscheinlichkeit, daß Vollzeitbeschäftigte mit befristeten Verträgen über schwerwiegende gesundheitliche Beeinträchtigungen berichten als Beschäftigte mit unbefristeten Verträgen.

Deshalb sollte der begleitenden Beobachtung und Analyse der gesundheitlichen Auswirkungen der zunehmenden Zahl von Arbeitnehmern in prekären Beschäftigungsverhältnissen ein hoher Stellenwert eingeräumt werden.

Contents

1. Introduction

1.1. Background

For more than a decade, the European Union has faced both high unemployment rates and an increase in the numbers of jobs offering fixed-term employment or temporary contracts. Countries with highly regulated labor markets have experienced rising unemployment rates, while those with less regulated labor markets have seen significant changes in the types of employment, employment-population ratios, as well as escalating changes in wage inequality (Blank 1995; Danzing and Gottschalk 1995; Karoly 1996; Burkhause, Crews, and Daly 1997). The context for employment and work is also changing and it has been suggested that these new employment relationships may lack sustainability (Schoman, Rogoswki, and Kruppe 1998). In addition, unemployment may have long-term consequences as when reintegration does not result in stable employment. For example, in 1994 46 per cent of all the unemployed who found employment in Denmark took fix-term employment, and 90 per cent of those who found employment in Spain had only temporary contracts (Kruppe 1999).

There is a mounting concern that fixed-term employment and other forms of marginal employment may exacerbate social inequality tensions. Temporary contracts operate under a very different framework for employees than permanent contracts. In Germany studies have shown that fixed-term employment and social inequality are not associated in a linear way. While temporary contracts in positions that demand high qualifications can result in comparative income gains, in lower and medium positions fixed-term employment can lead to comparatively low income (Gross 1999). Gross (1999) found that educational credentials have a lower return in fixed-term employment, that unqualified workers have the highest risk of being in fixed-term employment, and that women in East Germany (even after controlling for part-time work) have a higher risk than men of getting temporary contracts.

The participation of women in the labor market has slightly increased between 1989 and 1996 in both Germany and the United Kingdom. On the contrary, during the same period employed men as a percentage of the working-age population decreased from 70.4 to 65.7 percent in Great Britain, and from 65.9 to 60.1 percent in Germany (Mishel, Bernstein, and Schmitt 1998). It has been noted that the lower work participation of German men is partly due to labor market policies facilitating early retirement of workers, as well as young people spending more time in education and training (O'Reilly and Schmid 1999). In 1993 the unemployment rate

was 8.8 for Germany and 10.3 for the United Kingdom (see Table 1). By 1998 these figures reversed to reach 11.4 in Germany and 6.5 in the United Kingdom.

Within a tradition of Christian democratic political economy, Germany has given more importance to the role of labor market policy and has allowed a greater development of the welfare state than the United Kingdom, where liberal Anglo-Saxon policies have traditionally relied on more liberal market principles (Navarro 1999). In general, Germany collects more taxes and spends more in social security than the United Kindom, and the impact of the welfare state in reducing poverty is greater in Germany. (See Table 1 for a comparison of social indicators in both countries.) According to Smeeding (1997), during the 1990-91 period the impact of taxes, fees, and social transfers reduced the number of people living under the poverty level from 22 to 7.6 per cent in Germany, but only from 29.2 to 14.6 per cent in Great Britain. Nevertheless, post-government income inequality in Germany is increasing. Burkhauser, Butler and Houtenville (1998) suggest that this inequality increase has been caused by fundamental changes in the German economy.

During the last decade, part-time employment has grown in both countries, representing 24.6 per cent of total employment during 1996 in the United Kingdom, and 16.5 per cent of total employment in Germany. The possible marginalizing effects of part-time work have been extensively studied (Buchtemann and Quack 1990, O'Reily in press). Lower hourly wages and fewer fringe benefits are salient consequences of part-time employment (Mishel, Bernstein, and Schmitt 1997). Part-time workers have fewer opportunities to be hired for or promoted to higher-level jobs (Blau et al. 1998, White 1983).

In general, women have more employment instability than men, furthermore there is no evidence that placing women in part-time jobs increases their probability of moving into full-time employment over time (Blank 1994). In fact, a strong pattern of transition from female part-time work to non-employment has been observed both in Germany and the United Kingdom (O'Reilly and Bothfeld 1998). It is well established that women tend to engage in more part-time employment to accommodate domestic demands over the life course (Yu and Moen 1997, Houseman and Osawa 1998). However, considerable debate surrounds the role of individual choices to explain part-time work over the life cycle, and the impact of environmental constraints in channeling women into that type of employment (Bruegel and Humphries 1998; Laufer 1998).

1.2. Context of the Study

The health effects of economic insecurity have been widely analyzed, and adverse health outcomes have been shown to be associated with an increase in unemployment levels (e.g., Arber 1996, Brenner and Monney 1983; Brenner 1995; Catalano 1991; Catalano et al. 1993; Fagin and Little 1984; Jahoda et al. 1972; Jahoda 1982; Kasl et al. 1975; Kessler, Turner, and House 1988; Moser et al. 1984; Platt 1992; Rodriguez 1994; Rodriguez, Lasch, and Mead 1997, Rosenbrock 1997). Research has also shown that persons in poorer health are more likely to lose their jobs and persons in better health are more likely to be re-employed (Elkeles and Seifert 1993; Riphanhn 1996). While many epidemiological studies have shown that unemployment preceded adverse health effects, the influence of a selection process cannot be disregarded (Mechanic 1998). Comprehensive reviews in this area of research are readily available (e.g., Jin, Shah, and Svoboda 1995, Kasl, Rodriguez, and Lasch, 1998).

There is growing interest in studying the impact of adverse working conditions on health (Karasek and Theorell 1990; Messing et al. 1993, 1995; Marshall et al. 1993; Barnett 1994; Marmot et al. 1997). Considerable research has focused on the health impact of job characteristics, such as the amount of decision latitude and psychological workload (e.g. Karasek et al. 1988, Tsutsumi, Theorell, Hallqvist, et al. 1999), and stress and workload in general (e.g., Kasl 1998, Lundberg and Frankenhaeuser 1999, Quick 1998). The relation between work, social class and health has also been studied extensively (e.g. Johnson and Hall 1995). Recently, researchers studied the health effects of new employment patterns including outsourcing, and a resurgence in home-based business, (e.g., Maythew and Quinlan 1999), the health impact of using new technology and working overtime (Kawakami, Araki, Takatsuka, et al. 1999), and the psychological and medical consequences of being employed but not in a preferred occupation (Aronsson and Goransson 1999). However, the issue of whether unstable employment (including fixed-term and no contract employment) has an impact in predicting health outcomes has been less frequently addressed.

In terms of part-time employment, research has documented the effects of health status on hours of work, specially among men. In a comprehensive review of the literature Currie and Madrian (1998) concluded that health has greater effects on the number of hours worked than on wages. However, the question of whether part-time employment has beneficial or detrimental health effects remains unanswered. In general, it has been noted that combining paid work with responsibilities related to home and family reduces the benefits of employment for women (Lenon 1998, Lundberg and Frankenhaeuser 1999), and increasing employment demands on young parents have an impact on quality of life (Moen, and Yu 1999).

1.3. Objectives of the Study

In this study, marginal employment was defined as in two ways: first as temporary employment in which individuals work with fixed-tem contracts or no contract, and second as part-time employment. There is considerable concern about part-time and temporary employment offering fewer financial and career benefits and less employment protection than standard full-time employment (O'Reilla and Schmid 1999). In this study, temporary and part-time employment are seen as potentially having different effects, and are therefore studied separately. We hypothesize that the possible protective health effects of employment security and permanent work contracts can be seen in both groups of full-time and part-time employed people.

This study has two objectives, one to investigate whether temporary work arrangements have an impact in predicting perceived health status, and two to analyze the possible impact of part-time work in predicting health. Figure 1 summarizes the study's explanatory model, and it is described in detail in the methods section.

1.4. Methods:

The latest three years of panel data (1991-93) available from Germany and the United Kingdom in the Household Panel Comparability Project (PACO) data base (Schmaus and Riebschlager 1997) were analyzed. PACO (a project funded in part by the European Commission) is a harmonized and standardized micro-database created from existing longitudinal studies on household living conditions. The German data come from the ongoing Sozio-Oekonomisches Panel (SOEP), and the United Kingdom data come from the British Household Panel Study (BHPS). The technical specifications of the PACO data base, including imputation of missing values (Schmaus 1994), weighting methods employed by the different panel studies (Riebschlager 1995) and a comparative analysis of attrition in PACO household panel studies are reported elsewhere (Singh 1995).

Only respondents who were older than 16 years of age in the first wave of the selected data were included in the analysis. The total number of respondents included in this study were 11,980 from Germany, and 8,729 from the United Kingdom.

The health dependent variable used in this analysis was a single measure of perceived health status in 1993. Respondents described their health status on a 5-point scale (from excellent to very poor). While a single measure has limitations and more sophisticated measures of perceived health status exist (Rodriguez and Bowen 1998), these were not readily available in comparative data bases which also collected comprehensive employment and socioeconomic information. Additionally,

it should be noted that a number of studies have found that a single 5-point self-rated health status item is a better predictor of long-term survival than medical diagnosis (Idler and Benjamin 1997).

In order to compare different employment situations in 1992, employed individuals were divided into eight groups. Full-time employed individuals were divided into three groups according to the type of employment contract they had (i.e., permanent contract, fix-term contract, or no contract). The same approach was followed for those working between working between 20 and 30 hours a week, and those working less than 20 hours a week. However, given that the number of respondents working between 20 and 30 hours with fix-term or no contract was very small, these two groups were combined in a single category.

The unemployed respondents, housewife/husbands, students and retired individuals were kept in separate categories. An additional category included individuals in other situations which were not included in the previous employment groups. The typology of employment situation was operationalized as a dummy variable.

To test the hypothesis that different working time arrangements and fix-term contracts could have an impact on perceived health status, we ran a logistic regression in which the outcome variable was divided into two groups, one including reports of good or excellent health, and the other including fair, bad or very bad health. The logistic regression analyses were performed using the SPSS statistical package. A dynamic model appropriate for the analysis of longitudinal data was used to account for the time elapsed between data collection points by modeling events in discrete time.

The impacts of 1992 employment situation on 1993 health status were analyzed for the United Kingdom and Germany. The analytical model controlled for individual characteristic such as age, sex, marital status, and years of education; household characteristics such as type of housing (rental versus ownership), total household income, and number of household members (see Figure 1). More importantly, to control for a possible reverse causation effect and the fact that people with poorer health could be more likely to work less hours and less likely to have permanent employment, the model included adjustments for previous health status (i.e., health status as reported the year before). In addition, to control for previous experience with job instability, the model factored in unemployment status in 1991.

In order to deal with outlying values, a log10 transformation was performed for the income variable data. The transformation was sufficient to produce reasonable residual plots. The correlations among the variables included in the analytical models were reasonable.

2. Results

Table 2 displays a description of selected characteristics of the German and United Kingdom data used in the analysis. The percentage of respondents reporting good or excellent health is similar in both countries. The United Kingdom sample includes about 50 per cent more separated or divorced people than the German data. The majority of respondents in the United Kingdom (72.9 per cent) report being home-owners, in contrast with only 39.1 per cent in Germany. Regarding employment categories, in both countries the same percentage of respondents report working full-time with a permanent contract (63.3 per cent), but there are important differences among people working with fixed-term contracts, and those working part-time or less than 20 hrs per week. A total of 680 respondents in the German sample (5.7 per cent) report working full-time with fixed-term contracts, in contrast with the relatively small number of individuals included in the remaining employment categories. In the United Kingdom, 1,078 respondents (about 12 per cent) work less than 20 hours a week and have permanent contracts.

Table 3 describes the results of two logistic regression models used in the analysis. The two models in Table 3 show the likelihood of reporting fair, poor or very poor health (versus good or excellent) in 1993 among individuals reporting different employment during the previous year. Model A controls only for sex and age of the respondents. Model B controls for age, sex, years of education, marital status, household income, number of household members, home ownership, time spent on unpaid housekeeping work, previous health status (measured in 1991), and previous unemployment history.

2.1. Germany

For Germany, we find that in Model A (see Table 3), controlling for age and sex of the respondents, three groups are more likely to report poor health status than the full-time employed with permanent contract: those who were working full-time with fixed-term contract in 1992, and those who were unemployed or retired. When we control for the factors included in Model B, only one group has a significantly higher likelihood of reporting poor health than full-time employed people with permanent contracts, namely those who were working full-time with fixed-term contracts, with an odds ratio (OR) of 1.38. Unemployed people are also more likely to report poor health status (OR 1.18), but the confidence intervals are too wide to infer statistical significance.

It is interesting to note that when we control for factors included in model B, German women are not different from men in their likelihood of reporting poor health status. More years of education and home ownership are associated with better health status, while previous reports of poor health status and periods of

unemployment are predictors of worse health status. Single respondents report better health than married ones, but separated or divorced people report worse health status.

2.2. The United Kingdom

For the United Kingdom, we find that in Model A several occupational groups are more likely to report fair, poor, or very poor health status than full-time employed individuals with permanent contract. The odds ratio is higher among those working less than 20 hours a week without contracts (OR of 1.69), the unemployed (OR 1.88), housewifes/husbands (OR 1.59), retired (OR 1.78), and people classified as 'other' (OR 7.80), a category which could include individuals with disabilities.

Controlling for the factors included in Model B, unemployed people and those classified as "other" are more likely to report poor health status (OR 1.37 and 2.83) than the full-time employed with permanent contracts. Individuals working less than 20 hours a week without permanent contracts also have a higher odds ratio of reporting poor health than the reference group, but the confidence intervals are too wide to infer statistical significance.

Controlling for factors included in Model B, women are not different from men in their likelihood of reporting poor health status. More years of education does not have a significant impact in predicting health perception, but household income and home ownership are associated with better health status. As in Germany, health status during 1991 is a predictor of health perception in 1993 (OR 3.12).

3. Discussion

This study has certain limitations. It relies on self-report data, and sources of error associated with these data are well known to investigators in the field. We attenuated the possible effects of reverse causation by using prospective longitudinal data, and controlled for previous health and employment status. Nevertheless, people who work full-time with permanent contracts may differ in significant ways from people in other occupational categories, and these differences may not be fully controlled for in the background covariates used in the analysis.

3.1. Temporary Employment and Health

A main finding of the study is that in Germany full-time employed people with fixed-term contract arrangements are about 40 per cent more likely to report poor health status than those who have permanent work contracts, even after controlling for socioeconomic characteristics, previous health, and unemployment experience. The same significant findings are not observed in the United Kingdom or among those working without permanent contract in part-time employment.

One possible explanation is that while those 680 full-time workers with fixed-term contracts represent about 6 per cent of the German sample, the other groups with unstable working situations are very small, representing only between 0.2 and 1.2 respectively of the German and United Kingdom samples. It is likely that in any of the employment arrangements studied here, there is an element of choice involved in determining who is placed in each group, i.e. some individuals may prefer temporary working arrangements, or individuals working on family business may not mind not having a formal contract. As indicated in the introduction, for highly skilled individuals, fixed-term contracts may represent opportunities to increase career success and may be seen as long term investments. For others, temporary work may be seen as an opportunity to be integrated into the labor market for the first time or after periods of inactivity, and/or may depend upon on the support and benefits provided by the stable employment situation of other family members.

However, it is most likely that as a growing number of people enter fixed-term employment schemes, the element of choice diminishes, and more workers are forced to accept unstable employment arrangements against their own preferences and needs. That is what we observe in the German sample, where about 6 per cent of the respondents were already working under fixed-term employment arrangements.

Our findings are consistent with the hypothesis that unstable and temporary job schemes can create a feeling of insecurity, and that chronic psychological distress may have an impact on health status. This explanation is supported by the observation that among the other groups of people working without a permanent contract, those working less than 20 hours with fixed-term or no contract, or 1.2 per cent of the British sample, are also more likely to report poor health status (OR of 1.28 and 1.37), noting that the broad confident intervals indicate high variability among this group. Nevertheless, further research is required to disentangle the possible element of choice present among the smaller groups of temporarily employed workers.

3.2. Part-time Employment and Health

An important finding of the study is that after controlling for socioeconomic characteristics and previous health and unemployment experience, part-time workers with permanent contracts are not significantly different from full-time employed individuals in reporting health status. It is interesting to note that in the United Kingdom the number of part-time employees is very large, apparently reflecting the particular characteristics of labor market policies in that country. Individuals working part-time (20 to 30 hours or less than 20 hours per week) while having permanent contracts represent over 16 per cent of the respondents in our sample. This group shows a 20 per cent lower likelihood of reporting poor health than those employed full-time with permanent contracts, although the confidence intervals are too wide to infer statistical significance.

As indicated in the introduction, considerable debate surrounds the fact that part-time work reflects what might be called a mixed reality, entailing elements of marginality and choice in that people who can afford to work part-time sometimes do. This mixed reality coupled with the additional stress placed on full-time working parents may explain the lack of a significant difference between full- and part-time employed with permanent contracts. These findings deserve further investigation, but at the very least, indicate that adjusting for income and other background characteristics, part-time work is not associated with worse health status.

3.3. Other Findings of Interest and Concluding Remarks

It is interesting to note that in the two countries studied, health status is not perceived differently by men and women, controlling for the factors included in Model B. In both countries, individuals renting a house report worse health status than home-owners. However, while years of education is significantly associated with better health status in Germany, years of education does not make a difference in the United Kingdom. Conversely, total family income is associated with better health reporting in the United Kingdom, but does not make a difference in Germany. This finding suggests that the socioeconomic measures employed in this study do not reflect the same reality across countries.

In both countries unemployed respondents are more likely to report poor health status than full-time employed even after controlling for previous health measures and other background factors. However, the difference remains statistically significant only in the United Kingdom. Previously, we have shown that in Germany, the United Kingdom and the United States, unemployed individuals receiving means-tested benefits are the ones who have worse health status than full-time employed, while those receiving entitlement benefits are not substantially different from employed people controlling for background characteristics (Ref. 1999). A higher

percentage of unemployed respondents in the United Kingdom receive means-tested benefits, while the percentage of unemployed who receive entitlement benefits is higher in Germany. This explains the observed greater impact of unemployment in predicting poor health status in the United Kingdom.

In summary, the study supports the need to investigate temporary work arrangements and part-time work schemes separately. Indeed, they may have different marginalizing effects, and different factors may act as buffers to the possible health impacts of these employment arrangements. While the study did not find that part-time employed with permanent work contracts have worse health than their full-time employed counterparts, the findings suggest that as more people are hired with temporary contracts, those employed under unstable conditions are more likely to report poor health status. This finding has important policy implications.

In the current socio-political environment, an environment in which working conditions are undergoing significant changes and different forms of marginal employment are increasing, serious consideration should be given to ways of organizing institutional support to prevent employment transitions from becoming paths to social exclusion and transform them into paths of opportunity (Schmid 1998). To monitor the possible health effects of these changes should be given research priority.

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A P P E N D I X

Figure 1. Explanatory Model to Predict Perceived Health Status in 1993 in Germany and the United Kingdom

Fixed Personal Characteristics	Other Individual and Household Characteristics	Background Risk Factors	Employment Status (1992)
Age	Education	Previous Health Status (1991)	Full-time Employed: With permanent contract With fix-term contract Without contract
Sex	Marital Status		
	Household Income	Previous Unemployment (1991)	Working 20 to 30 hrs @ week: With permanent contract With fix-term or no contract
	Marital Status		
	Home Ownership		Working less than 20 hr @ week: With permanent contract With fix-term contract Without contract
	Number of Family Members		
		Time Spent on Unpaid Housekeeping Work	Unemployed Housewives/husbands Students Retired Other

Table 1
Selected Demographic and Socio-Economic Indicators:
Germany and the United Kingdom (1993)

	Germany	U.K.
Population in 1993 (thousands) (a)	**80,693**	**57,918**
GDP per Capita (US $) (a)	23,560	18,060
Gross National Product (GNP) (a)	3,158	627
Urban population, % total (a)	86%	89%
Total Fertility Rate (a)	1.3	1.8
Labor Force (thousands) (a)	42,089	27,821
% Labor Force of Total Population (a)	52%	48%
Labor Force, Female % (a)	39%	38%
Wage growth 1989-96 (b)	-0.1	0.5
Poverty (c)	7.6	14.6
Earnings inequality growth 1979-97 (d)	2.32	3.37
Unemployment Rate (e)	8.8	10.3
Total tax revenue as % of GNP (f)	39%	33.6%
Social Expenditures as % of GDP, 1993 (g)		
Gross Direct Social Expenditure	28.7	23.4
Non-Public Health Expenditure	2.5	1.1

Source:
(a) World Tables 1995, International Bank. The Johns Hopkins University Press, ISBN 0-8018-5022-3
(b) OECD Statistical Series, in Mishel, Bernstein, and Schmitt 1998, Table 8.5. Cit. in Navarro 1999, Table 8.
(c) Smeeding 1997, Cit. in Navarro 1999, Table 8.
(d) Ratio of the earnings of the 90th percentile of workers to those of the 10th percentile of workers. (Navarro 1999)
(e) OECD Economic Outlook, 62. December 1997.
(f) OECD 1995, Revenue Statistics of OECD Member Countries 1965-1994.
(g) OECD Observer, 1997, No. 205, April/May, pp.6-9. Pearson M and Scherer P. “Balancing Security
and Sustainability in Social Policy

Table 2
Description of the Sample. Selected Characteristics

	Germany	**U.K.**
Total Sample	11,980	8,729
% Reporting Good or Excellent Health in 1993	69.2 %	71.9%
% Separated or Divorced	4.4 %	8.3%
% Single	19.3 %	25 %
% House Renting	58.8 %	24.9 %
% House Owners	39.1 %	72.9 %
Employment status in 1992:		
% Full-Time Employed Permanent Contract	63.3 %	63.3 %
% Full-Time Employed Fix-term Contract	5.7 %	0.8 %
% Full-Time Employed Without Contract	0.4 %	0.7 %
% 20 and 30 hrs per week Permanent Contract	3.0 %	4.0 %
% 20 and 30 hrs per week Fix-term or No Contract	0.3 %	0.3 %
% Less than 20 per week Permanent Contract	1.6 %	12.3 %
% Less than 20 per week Fix-term Contract	0.4 %	1.2 %
% Less than 20 per week Without Contract	0.2 %	1.2 %

Table 3
Results of Logistic Regression Analysis.
Likelihood of Reporting Fair, Poor, or Very Poor Health in 1993 according to 1992 Employment Status

GERMANY	**Number of Respondents**	**Model A Odds Ratio (and CI*)**	**Model B Odds Ratio (and CI*)**
(Total = 11,980)			
Full-Time Employed Permanent Contract	4,405	1 (Reference)	1 (Reference)
Full-Time Employed Fix-term Contract	680	**1.27 (1.04, 1.54)**	**1.38 (1.10, 1.72)**
Full-Time Employed Without Contract	49	0.54 (0.25, 1.17)	0.64 (0.28, 1.45)
20 to 30 hrs per week Permanent Contract	359	1.08 (0.85, 1.38)	1.11 (0.84, 1.45)
20 to 30 hrs per week Fix-term or No Contract	40	0.77 (0.34, 1.69)	0.70 (0.29, 1.69)
Less than 20 per week Permanent Contract	186	1.13 (0.82, 1.57)	1.15 (0.80, 1.64)
Less than 20 per week Fix-term Contract	42	0.99 (0.48, 2.04)	0.79 (0.34, 1.84)
Less than 20 per week Without Contract	18	0.35 (0.79, 1.56)	0.22 (0.04, 1.16)
Unemployed	1,044	**1.63 (1.41, 1.88)**	1.18 (0.98, 1.42)
Housewives/husbands	822	1.04 (0.87, 1.24)	0.88 (0.72, 1.08)
Retired	1,966	**1.34 (1.16, 1.55)**	1.10 (0.92, 1.32)
Students	136	0.57 (0.32, 1.01)	0.73 (0.38, 1.40)
Others	635	1.02 (0.80, 1.29)	1.05 (0.75, 1.47)
Birth Year		**0.96 (0.96, 0.96)**	**0.97 (0.97, 0.98)**
Women		**1.18 (1.08, 1.29)**	1.03 (0.91, 1.17)

Table 3 (continuation)

GERMANY (continuation)	**Model A Odds Ratio (and CI*)**	**Model B Odds Ratio (and CI*)**
Time spent on unpaid housekeeping work		1.00 (0.99, 1.00)
Household Income (log 10)		1.01 (0.98, 1.03)
Number of Household Members		1.00 (0.96, 1.04)
Years of Education		**0.95 (0.94, 0.97**)
House Renting		**1.15 (1.04, 1.27)**
Living rent-free (in someone else's house)		**1.59 (1.03, 1.27)**
Separated or Divorced		**1.40 (1.13, 1.51)**
Single		**0.83 (0.69, 0.98)**
Widowed		0.95 (0.76, 1.17)
Health Status in 1991		**2.46 (2.35, 2.58)**
Unemployed in 1991		**1.25 (1.04, 1.50)**
-2 Log Likelihood	13572	10940
DF	14	25
P>	0.0000	0.0000 .

*CI = Confidence Intervals.
The models compare the likelihood of reporting very bad, bad or fair health, versus reporting good or excellent health in 1993

Table 3 (Continuation)

U.K	Number of Respondents	Model A Odds Ratio (and CI*)	Model B Odds Ratio (and CI*)
(Total = 8,729)			
Full-Time Employed Permanent Contract	3,200	1 (Reference)	1 (Reference)
Full-Time Employed Fix-term Contract	66	0.71 (0.36, 1.41)	0.68 (0.27, 1.69)
Full-Time Employed Without Contract	57	0.96 (0.49, 1.86)	0.64 (0.27, 1.49)
20 to 30 hrs per week Permanent Contract	352	0.93 (0.71, 1.23)	0.84 (0.62, 1.15)
20 to 30 hrs per week Fix-term or No Contract	24	0.51 (0.15, 1.72)	0.47 (0.12, 1.72)
Less than 20 per week Permanent Contract	1,078	0.87 (0.73, 1.04)	0.82 (0.67, 1.00)
Less than 20 per week Fix-term Contract	105	1.09 (0.69, 1.75)	1.28 (0.75, 2.16)
Less than 20 per week Without Contract	104	**1.69 (1.11, 2.57)**	1.37 (0.84, 2.23)
Unemployed	455	**1.88 (1.51, 2.34)**	**1.37 (1.02, 1.84)**
Housewives/husbands	1,003	**1.59 (1.34, 1.90)**	1.01 (0.80, 1.23)
Retired	1,482	**1.78 (1.47, 2.15)**	1.16 (0.92, 1.47)
Students	451	1.07 (0.82, 1.39)	0.83 (0.57, 1.21)
Others	346	**7.80 (6.09, 9.98)**	**2.83 (2.03, 3.94)**
Birth Year		**0.98 (0.98, 0.99)**	**0.99 (0.98, 0.99)**
Women		**1.22 (1.09, 1.39)**	1.10 (0.95, 1.27)

Table 3 (Continuation)

U.K. (continuation)	Model A Odds Ratio (and CI*)	Model B Odds Ratio (and CI*)
Time spent on unpaid housekeeping work		1.00 (0.99, 1.00)
Household Income (log 10)		**0.84 (0.75, 0.95)**
Number of Household Members		1.02 (0.97, 1.08)
Years of Education		0.99 (0.96, 1.01)
House Renting		**1.37 (1.20, 1.57)**
Living rent-free (in someone else's house)		1.29 (0.51, 1.23)
Separated or Divorced		1.06 (0.85, 1.32)
Single		1.01 (0.85, 1.21**)**
Widowed		1.04 (0.83, 1.31)
Health Status in 1991		**3.12 (2.90, 3.35)**
Unemployed in 1991		0.84 (0.62, 1.13)
-2 Log Likelihood	9733	7373
DF	14	25
P>	0.0000	0.0000 .

*CI = Confidence Intervals.
The models compares the likelihood of reporting very bad, bad or fair health, versus reporting good or excellent health in 1993

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