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The financial crisis' effects on social well-being

*A case study of socioeconomic positions and health implications in Ireland
and Greece*

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Abstract

This thesis deals with the development of socioeconomic position and outcomes on health in Ireland and Greece after the hit of the financial crisis. This is done with the application of Weber's theoretical approach on class, status, and power and the theoretical underlying of the concept of socioeconomic position. Additionally, this research is conducted through a quantitative case study, analyzing different data of socioeconomic indicators. The main result of this research is that socioeconomic position of specific groups of the Irish and Greek population have changed negatively, bringing along a number of health damaging outcomes for the future, such as increase of stress, diseases, and health harming behavior.

Keywords: Financial crisis, socioeconomic position, Ireland, Greece, health

Word count: 18 818

List of Abbreviations

ECDC	European Center for Disease Control
EU	European Union
GDP	Gross Domestic Product
ILO	International Labour Organization
IMF	International Monetary Fund
OECD	Organization for Economic Co-operation and Development
SEP	Socioeconomic position
US	United States of America
WHO	World Health Organization

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1 Introduction

The global financial crisis unfolded in 2008 and caused extreme reductions in global growth, global trade, as well as the acquirement of finance for countries (World Bank 2015). When the financial crisis hit Europe, Eurozone member states were affected heavily by the crisis, some of these in need of loans from different partners. The future of some of the countries that have received loans by euro area members and the IMF remains unknown. The loans that these countries have received and will possibly receive in the future will need to be paid back over time, and the ability to pay these back relies on the economic growth, which can depend greatly on the health of a country's population, whether it is physical or mental health. Whereas in the past improvement in health has been viewed as an end or by product of economic growth, researchers now allude to the fact that it is one of the most significant determinants to economic development (Husain 2009: 2).

The relationship between financial crises and health is often underestimated. While the financial crisis has been covered extensively throughout the media and research, the main emphasis was placed on the financial effects on the specific countries and the Eurozone region, not looking deeper into societal implications. This thesis will focus on the financial crisis and how it has affected socioeconomic positions in Ireland and Greece. Furthermore, the research will look into possible health outcomes using the social definitions and indicators of health.

1.1 Problem formulation

Both short and long term effects of the crisis on society and health are often disregarded but are just as important to examine. Many argue that population health will be an important determining factor when it comes to future recovery from the financial crisis for individual countries and the Eurozone region as a whole. Even though health remains a personal matter, health can also be seen as a form of human capital in determining physical and mental capacities, acting as an enhancer of productivity in the labor market, which leading to increased income and thus contributing to economic development (Husain 2009: 4). Productivity is higher with a strong workforce in terms of physical and mental health. Therefore, one can say that productivity can be hindered if the number of unhealthy people or people caring for ill people increased, especially if there are many young people and adults among these groups of people.

The power of social and economic determinants of health becomes evident when looking at health status within different social classes and income groups (Wilkinson 1996: 13). Nowadays it is widely presumed that social and economic influences on health have

diminished. However, social and economic structures of people's lives are still regarded as the most influential determinants in health in the modern world (Wilkinson 1996: 13). Health is defined as a social product, meaning that there are some social organizations that are healthier than others (Wilkinson 1996: 13). The formation of effective measures of prevention entails broader understanding of in which manner social and economic structures affect people and which kinds of policies would be of benefit (Wilkinson 1996: 14). The influence, which social and economic factors play on health, creates an interesting bridge between the study of health and social sciences.

1.2 Research aim

This thesis aims at uncovering in which manner economic and social structures in Eurozone member states influence health during the crisis. More specifically, the aim of this research is to uncover the relationship between the financial crisis and socioeconomic positions of Ireland and Greece's populations. Moreover, socioeconomic positions have great effects on population health and thus this research aims at analyzing how economic downturn in Ireland and Greece has impacted socioeconomic positions of the respective populations. Furthermore, it will aim at analyzing how these positions can have long-term deteriorating implications both in terms of population health and the countries' economies. The relationship between the financial crises and socioeconomic position and health will be presented in the introduction and theoretical framework chapters.

This research will add to previous research by looking into societal implications of crises measured in short term and how this impacts the behavior of a population in terms of undertaking beneficial measures for one's health directly and indirectly. Also, looking into two different countries that have experienced the crisis distinctly allows analyzing how this affects socioeconomic positions in different ways.

1.3 Research question

Now that the problem has been formulated, the research question is more understandable. The research question that this thesis will aim to answer is the following:

How has the financial crisis affected socioeconomic positions in Ireland and Greece and how can this in turn influence possible future health outcomes?

In order to measure *how* socioeconomic positions have been affected, the change will be measured in terms of positive change (higher socioeconomic position) or negative change (lower socioeconomic position), which is explained in more detail in the method chapter.

1.4 Disposition of the thesis

With the aim of enhancing the readability of this thesis, this section will introduce the thesis' disposition. Firstly, the introduction section will continue with introducing background information on the financial crisis in the Eurozone as a whole and more specifically in Ireland and Greece. Furthermore, this section will focus on previous research on financial crises and impacts these crises have had on health.

Chapter two will introduce the theoretical framework that this thesis follows. After providing a discussion on medical and social definitions of health, the concept of socioeconomic position as well as indicators measuring this position are presented.

The third chapter of this thesis is dedicated to discussing the methodology of the thesis, introducing the case selection and case study, and methods of data collection. In addition, the method chapter will explain which indicators will be used to measure the effect of the financial crisis, as well as how they will be coded. Finally, the chapter will introduce a table on how the findings of the research will be summarized and combined.

The fourth chapter examines the different indicators of socioeconomic positions in Ireland and the fifth chapter looks into the same indicators for the case of Greece. Chapter six discusses and summarizes the findings of the analysis and discussed possible related health consequences.

Lastly, the conclusion will briefly present once again the main findings and propose ideas on how this research can be deepened in future research.

1.5 Background to the financial crisis in the Eurozone

The crisis experienced in the Eurozone was initially a result of events occurring in the American banking sector. Due to a slowdown in the US economy, American homeowners defaulted on their mortgages and consequently, banks with investments linked to those mortgages began to lose money (European Commission 2014a). This led to several banks to fall and, out of fear of falling as well, banks and investors took drastic precautions, such as no longer lending money to other banks. This had a demolishing effect on those relying on loans. Governments rescued European banks that were suspected of falling as well and the measure brought with it extremely high costs, almost resulting in Ireland's bankruptcy (European Commission 2014a).

With European banks increasingly affecting country's governments, Europe slid into a recession in 2009, which led to investors looking more closely into governments' finances. This brought to light governments, like the Greek one, which had economies that were in a

very bad state, with debts almost double the size of the country's economy (European Commission 2014a). Greece, Ireland, Portugal, Spain and Cyprus were consequently no longer capable of borrowing money at reasonable interest rates, which led to the need of the EU to act. Consequently, crisis resolution mechanisms and financial backstops were created (European Commission 2014b).

Five Eurozone members have received assistance by the European Commission, the International Monetary Fund (IMF) and the European Central Bank in order to be able to re-stabilize and address economic problems (European Commission 2014c).

Ireland received €85 billion in rescue funds in 2010 and 2013 from the IMF, the United Kingdom, Sweden, and Denmark (European Commission 2014c). This was done in order to assist Ireland in restoring its finances and repairing its economy that was suffering from the failure of Ireland's largest bank. In 2014, after successful national reforms, Ireland exited bailout, meaning that the country was no longer dependent on further financial assistance (European Commission 2014c).

When it comes to Portugal, the country was unable to return loans to financial investors. Portugal thus received a total of €78 billion from European finance ministers and the IMF (European Commission 2014c). This assistance was needed in order for Portugal to be able to reduce governmental debt, finance its budget deficit, restore the banking sector and stimulate growth and create jobs (European Commission 2014c).

Spain's banking sector was suffering since it was carrying loans worth billions of euros that could not be repaid, due to a burst property bubble. Between 2012 and 2013, the country received €100 billion loans in financial assistance funds from other euro area countries with the goal of restoring the banking sector (European Commission 2014c). With this assistance, Spain was able to close banks and ensure important banks were able to start lending money.

The Greek government was highly dependent on loans, which it could not repay when the financial crisis hit. Greece received a bailout package from its European partners and the IMF in 2010, with a total of €110 billion and a further package of €164.5 billion two years later in order to boost the country's economy (European Commission 2014c).

In connection with the crisis in Greece and its over-sized banking sector, Cyprus was hit by a critical recession, turning to other euro area members for financial assistance. These members and the IMF agreed to lend €10 billion to Cyprus in 2012 aiming at reforming its banking sector and investing in a well adjusted and balanced economy (European Commission 2014c).

1.5.1 The financial crisis in Ireland and Greece

The purpose of this section is to provide a short and concise overview of the financial crisis in both Ireland and Greece, including how it started, how it affected the country and which types of measures the countries with the help of the EU and the IMF have undertaken to speed up the recovery process.

1.6.1.1 Ireland

In the mid 1990s, economic growth within Ireland increased and outperformed other European countries. Within the period between 1995 and 2002, the country witnessed an increase in productivity, a strengthening of Ireland's fiscal position and a decrease in unemployment down to a rate of 4% (European Commission 2012). After this time, the nature of the growth boom in Ireland changed. Labor productivity did not increase as in the past, inflation increased, and an increase in the country's GDP was more related to the housing market than any other sector (European Commission 2012). In the year 2006, Ireland's public finances remained to appear strong, which was misleading because a large amount of state income was related to the property market (European Commission 2012).

The housing market reached its highest point in 2007, when tax revenues declined and home completions decreased. In the following year, for the first time in 15 years, Ireland witnessed an increase of unemployment (European Commission 2012). Furthermore, Irish banks reported deficits on loans, which were followed with prospects of outflowing deposits. Due to the on-going financial crisis, short-term inter-bank lending was not easy to access, which became a problem since banks relied on these heavily for funding (European Commission 2012).

Measures of response to this situation by the government included re-capitalizing banks' liabilities with the use of public funds. This measure worsened the budget deficit existing due to the housing market collapse. This led to international investors questioning the sustainability of Irish sovereign debt, since in late 2010, the Irish government debt reached 9%, locking the country out of international bond markets (European Commission 2012).

The EU/IMF adjustment program contains three main elements, which were to be implemented by the Irish government alone. Firstly, the financial sector strategy has been set up in order to provide a banking sector that is both smaller and better capitalized than previously (European Commission 2012). Secondly, fiscal strengthening has been undertaken in order to lead Ireland's public finances down a more sustainable direction. Ireland and its partners have also put in place structural reforms of ambitious nature aiming at re-establishing the country's competitiveness and boost Ireland's economic growth (European Commission 2012).

Due to these reform implementations, many signs of progress have been noted during 2012. Firstly, due to a boost in Irish export, economic growth has been re-established. Secondly, the housing market and unemployment rates have shown sign of re-stabilization. Thirdly, poor investment attitudes towards Ireland have improved with the return of the country to the bond markets, issuing short and long-term debt (European Commission 2012). However, these improvements do not mean that there are no longer great challenges that Ireland faces. For instance, until 2012, the country still suffers from a large budget deficit and high unemployment rates. Furthermore, financial institutions are not functioning with their full capacities, slowing down the recovery process (European Commission 2012).

In the past two to three years, Ireland has surpassed its recovery expectations. The first signs of new job creation were witnessed during 2012 and 2013 and in 2014 the country's economy grew by 5% due to investment and exports. While unemployment has decreased, it is still highly in comparison to pre-crisis years (Coakley 2015).

1.6.1.2 Greece

In the early-mid 2000s, Greece was regarded as one of the fastest growing economies in the Eurozone, showing significant signs of unemployment rate reduction (Athanasioiu 2009: 364). Between 2000 and 2007, Greece's GDP expanded annually by 4,2%, which was double the expansion of the rest of the Eurozone (Athanasioiu 2009: 364). When the country adopted the Euro, it experienced a rapid increase in public spending (BBC 2012). For instance, within 8 years between 1999 and 2007, public sector wages increased by 50% and hosting the 2004 Olympics in Athens also contributed greatly to the country's governmental debt (BBC 2012). When the country adapted the single currency, its budget deficit was at an average of 5% per year, whereas the rest of the Eurozone's average was at 2% (Nelson et al. 2010: 2). Common tax evasion negatively affected Greece's income with the effect of further increasing the budget deficit. A large amount of the country's loans was kept concealed by the Greek government, with the intention of still meeting requirements set by the Eurozone (BBC 2012).

When the global financial crisis hit, the Greek government had a difficult time dealing with it and hidden loans came to the surface. Consequently, debt increased and the government was unable to repay its heavy loans. Therefore, the Greek government turned to the IMF and its Eurozone partners to ask for loans (BBC 2012).

Over the past years, Greece had become dependent on loans from international investors, which during the crisis were no longer available to Greece, for reasons mentioned above. Finance ministers of the euro area and the IMF agreed to set aside €110 billion in 2010 with the intention of supporting Greece's reforms to restore its economy (European Commission 2014c). Two years later a second round of assistance amounting to €164.5 billion was agreed on, with other euro area countries providing €144.7 billion (European Commission 2014c). In November 2012, finance ministers of the euro area approved further help by cutting Greece's loans and granting more time for the payback of these loans (European Commission 2014c). With these bailouts came requirements that Greece had to meet, such as embarking on austerity measures, which included cutting public spending, raising taxes, reforming the labor market and pension (BBC 2012). It has been argued that these measures weakened the Greek economy even further, making it impossible for the country to pay back loans (Alderman 2015).

It was intended for the bailout packages to stabilize Greece's finances but did not solve the country's problem: the economy continued to shrink and unemployment rates kept on rising (Alderman 2015). The bailout money did not enter the country's economy since the government used it to pay off its loans. With the common perception among the Greek population claiming that austerity measures pushed the country even deeper into crisis, the leftist and anti-austerity Syriza party came to power, aiming at re-negotiating the bailouts (Alderman 2015).

1.6 Previous research on the relationship between financial crises and health

There has been a wide range of similar research for many different regions and countries around the world, studying the relationship between financial crises and health. Cutler et al. have studied economic downturns in the Mexican economy during the 1980s-1990s and the implications that these crises had on Mexican public health. Cutler et al. look specifically into the effects that an economic crisis can have on mortality in a country, naming four main hypotheses that can explain the possible correlation.

Firstly, one factor that can influence a population's well being is the reduction of family income that results from a financial crisis (Cutler et al. 2000: 6). Deaton and Paxson also postulate the consequences that income can have on health. They argue that economic downturns, by negatively affecting national income inequality, can be seen as a health hazard and can raise mortality rates (Deaton and Paxson 2001: 129).

Secondly, Cutler et al. assume that a change in the public sector resources also has a deteriorating effect on public health. Economic downturn in a country leads to the loss of salaried employment, which also applies the loss of social security in many cases. This implies that less people access public health services. Since health makes up a large part of a country's public sector spending and countries witness an increase in public sector deficits, public medical services are often reduced (Cutler et al. 2000: 7).

Thirdly, another factor that can influence health according to Cutler et al. is the fact that during financial crises, additional family members often need to seek employment in order to be able to provide for their families (2000: 8). This implies that often the youth population enters the workforce, which can lead to reduced educational attendance, having negative implications on health. Furthermore, the elderly population can also enter the workforce by either re-entering after retirement or not retiring even when their health commands that they should not (Cutler et al. 2000: 8). Deaton and Paxson also point to the importance of educational quality and the populations' education in a given country, claiming that if the quality of education is high, this can have positive impacts on public health (2001: 130).

Fourthly, in connection with the third factor, a financial crisis can lead to caregivers entering the workforce. In most cases women act as caregivers by taking care of their children and elderly family members at home. In the circumstance that they need to enter the workforce as well in order to provide for the family, this care cannot be provided any longer (Cutler et al. 2000: 9).

Further, a very important factor that can negatively influence public health is increased stress. Cutler et al. claim that in times of economic downturn, there is increased work stress and the lack of job control (2000: 9). Moreover, stress can increase in case of unemployment, which can often have severe consequences on mental health.

Pharr, Moonie, and Bungum have also studied the correlation between unemployment as a consequence of financial crisis and poor health. However, they also claim that while unemployment can lead to mental health issues, mental health issues can in return lead to

unemployment (2011: 1). Jahoda argues that this is the case, since employment has the effect of fulfilling a psychological need, which is vital for good health (Pharr et al. 2011: 1).

Garfield and Santana mention other consequences of unemployment that can have a crucial effect on public health. They mention the increase of prostitution, beggars, and homeless people in times of financial crises (Garfield and Santana 1997: 17). These life circumstances have been linked to a decrease in one's health status in numerous studies.

Pearce also studies the relationship between financial crises and health, with a focus on geographical inequalities and austerity policies. He emphasizes that there is evidence to suggest that population health is linked to unequal distribution of so-called social determinants of health (2013: 2033). These determinants refer to the social circumstances of a person's life which include conditions in which people are born into, live, and work; income, housing, education, and one's physical environment (Pearce 2013: 2033). He claims that these determinants and their link to health are not a modern phenomenon to study; rather, it has been studied for many centuries. In the 19th century, Friedrich Engels also suggested that social factors such as unemployment, job security, income, and housing conditions are connected to health (Pearce 2013: 2033). This again highlights that economic downturn in countries have effects on social determinants which in turn have an effect on population health.

Rather than looking at the direct relationship between crisis and health outcomes, which is easier to do after many years since the hit of the crisis, this research will differ since it will look into the indirect relationship. This thesis will focus on the relationship between financial crisis and socioeconomic position, which in turn influences health in the long run.

2 Theoretical Framework

The aim of this chapter is to present different definitions of health that will help guide the research. Furthermore, the concept of socioeconomic position will be introduced, as well as different indicators for measuring socioeconomic position. The theoretical bases, measurement, interpretation, and strengths and weaknesses of the indicators are also discussed.

2.1 Medical vs. social definitions of health

The term “health” is a broad concept and due to time and space limitation of this thesis, it needs to be narrowed down for this research. The concept of health can be narrowed down into different categories. For instance, Larson and Mercer distinguish between two main health indicators: direct measures and indirect measures (2004: 1199). On the one hand, direct measures refer to mortality, morbidity, and use of health services for example. Indirect measures on the other hand refer more to social development and health and lifestyle behavior, education, and poverty. The World Health Organization also stresses the importance of mental and social well-being by defining health as “a state of complete physical, mental and social well being and not merely the absence of disease or infirmity” (1948). Larson and Mercer argue that when analyzing the health status of a country’s population, it is more appropriate to look into direct measures in developing countries and indirect measures in developed countries (2004: 1199).

According to James Larson, measuring health directly can be a difficult task. However, using the correct indicators can facilitate such a task. As Larson and Mercer, he also differentiates between medical models and socio-medical models of measuring health. When defining health in medical terms, as the absence of disease and infirmity, he claims that indicators like standard measures of morbidity and disability are necessary. When measuring health in a socio-medical manner, one looks into indicators such as education and occupation (Larson 1991: 11). Larson agrees with Larson and Mercer’s statement that socioeconomic indicators are more appropriate to measure health in developed countries and criticizes that in the past, developed countries have been told to focus on medical measures and developing countries on socio-medical measures respectively (1991: 13).

While the medical model of defining health provides a rather narrow and simplistic understanding, the social model offers a broader and more complex definition of health as a concept. Moreover, the medical definition narrows its scope in terms of focusing only on the absence of diseases or disability; this model therefore does not take into account outside influences that come from outside of the physical body. In contrast, the social model offers a more holistic approach. This refers to taking into account both mental and

social aspects of health, as well as focusing on influences of one's environment and inequalities in daily life. Therefore, the social model focuses on social responsibility for a population's health, whereas the medical model highlights personal responsibility.

It has been argued that the social model of health can move beyond the limitations of the medical model through offering a distinct definition of health. According to Yuill, Crinson and Duncan, there are a few key elements that are vital for the social model of health. The first key element entails that "individual health is enabled or inhibited by social context" (Yuill et al. 2010: 11). By this the authors refer to the impact of people's choices on whether or not they are ill or healthy. Yuill et al. mention that a third of poor health is a result of choices that people make related to their lifestyle (2010: 11). Also, social distinctions such as class, gender and ethnic background can offer insights into the social conceptualization of health. It is argued that social class shapes people's lives and someone's social location allows better access to material resources (Yuill et al. 2010: 12).

Yuill et al. also claim that in terms of understanding, interpreting and experiencing health, the social model is beneficial since it keeps in mind other viewpoints and discourses that the medical model fails to acknowledge (2010: 13-14). Therefore, in conclusion, in order to fully understand health, one needs to take into account the complex relationship between mind, body, and society (Yuill 2010: 14).

This thesis will focus on the social model of health for several reasons. Firstly, as mentioned previously, when looking into developed countries, it is more appropriate to apply the social model when defining a population's health status. Therefore, since the research will look into EU member states, this model will be applied rather than the medical model. The choice of model will dictate which indicators will be focused on when conducting the research. Measuring health with the social definition requires looking into indicators mainly determining social status and mental health. The specific indicators related to social status are extensive, some of which will be outlined in the chapter on methodology.

2.2 Socioeconomic position (SEP) as a concept

Socioeconomic position as a term is often used synonymously with other terms, such as social class, social stratification, or social status. However, these terms are not only different in their theoretical bases but also in their interpretations. Socioeconomic position is defined as a sociological and economic measure of a person's position in society, based mostly on education, income, and occupation, shaping access to key resources and benefits in everyday life (American Psychological Association 2015). According to Galobardes et al., SEP stands in relation to a number of exposures, resources, and susceptibilities that can impact health (2006: 7). SEP is usually categorized as low SEP, middle SEP, or high SEP. Suitable for this particular thesis with Ireland and Greece as the two cases, most research on health related inequalities has been done in developed countries. This means that the indicators are appropriate for the chosen countries (Galobardes et al. 2006: 7).

There are many indicators of SEP that are appropriate for many different studies at different points in time. The choice of which indicators are most suitable to one study should depend on the type of research question the study aims to answer, as well as the different mechanisms that link SEP to a certain outcome, which is in this thesis' case, weakened health (Galobardes et al. 2006: 7).

However, one needs to keep in mind that while a measure of SEP may show a correlation between the measure and a health outcome, it does not necessarily mean that the effect is only limited to the effect of SEP (Galobardes et al. 2006: 7).

Theoretical basis of SEP

SEP has its theoretical underlying within Weber's theory suggesting that societies are stratified and therefore have many different levels, which leads to the establishment of groups. People in these groups share common positions and therefore also have common "life chances" (Galobardes et al. 2006: 8).

Both Karl Marx and Max Weber are known for their theories on social stratification and developing measures of social class (Liberatos et al. 1988: 88). Whereas Marx categorized social class in terms of people's relations to means of production, highlighting economic inequality, Weber held a different perspective on social class (Liberatos et al. 1988: 88). Weber claims that social structures shape human behavior and human consciousness.

He argues that people have different positions within society, which are based on the dimensions of class, status and power (Liberatos 1988: 88). The first dimension, class, has an economic foundation and is indicated by income. Weber defines the second dimension, status, as a high reputation or honor in a community. Status implies that ones "access to life chances" rely heavily on one's lifestyle choices, social networks, and family (Liberatos 1988: 89). The third dimension, power, has more political implications, according to Weber (Liberatos 1988: 89).

According to the World Health Organization, the lower one's socioeconomic position, the poorer one's health status. Also, the organization highlights how the social gradient runs along a socioeconomic spectrum is present in low, middle, and high-income countries and therefore everyone can be affected by health inequalities (World health Organization 2015).

2.2.1 Education

Education is an indicator that is commonly used for SEP, with a basis in Weber's theory. He claims that when a person obtains increasing amount of knowledge and education, it can impact the person's future by affecting their lifestyle behavior, customs and their social networks (Liberatos 1988: 89). Education is also seen as a "proxy measure" for economic variables, since education opens up opportunities for certain occupations and related income. However, one needs to keep in mind that although education may lead to higher income and better occupation, one cannot generalize this on whole populations (Liberatos et al. 1988: 98).

Measurement

There are two ways one can measure education. Either it is measured as a continuous variable, referring to the years of completed education, or as a categorical variable, referring to reaching educational milestones such as completing high school or diplomas and degrees (Galobardes et al. 2006: 8). Furthermore, useful indicators include 18 year olds in education and early leavers of education. Additionally, young people neither in employment nor in education or training is a significant indicator. Young people who do not participate in either education or training and are not employed either often face risk of social exclusion and lower likelihood of finding employment in the future.

Interpretation

Education is used commonly as a measure of SEP and there are multiple ways of interpreting the connection between education and health outcomes. Firstly, it is mentioned that people in education generally undergo a transitioning phase from being part of their parents' SEP to their own SEP (Galobardes et al. 2006: 8). Education is a strong determinant of one's employment and income in the future, as well as demonstrating material and intellectual assets. Education is argued as being able to apprehend early life circumstances of future health of adults in a long-term perspective, as well as impacting provision of health resources in adulthood (Galobardes et al. 2006: 8).

Secondly, education provides knowledge and skills that can impact a person's reasoning functions. For instance, education enhances one's problem-solving capacities and values, which can be highly influential in understanding the significance of preventive health behaviors (Liberatos et al. 1988: 89). This is connected to health because it allows people to be more receptive towards messages regarding health education and also provides the capability of communicating with health services (Galobardes et al. 2006: 8).

Thirdly, illness occurring in childhood years has the possible effect of decreasing attendance in education and increasing susceptibility of disease in adulthood (Galobardes et al. 2006: 8).

Strengths and limitations

A strength of applying education as a measure of SEP is that it is not difficult to measure, since it has a high-response rate in questionnaires. It also has a high relevance regardless of age or working circumstances (Galobardes et al. 2006: 8). Also, it has been pointed out that education serves as a beneficial indicator since education is quite stable throughout one's lifetime, whereas income and occupation can vary (Liberatos et al. 1988: 97).

As goes for all indicators for SEP, there are certain limitations when it comes to using education as an indicator. For instance, the indicator is limited when it comes to individuals obtaining education outside of the country of residence (Galobardes et al. 2006: 9). In these cases, the educational systems can vary greatly, with indicators of education having different consequences within the host country.

There are also regional differences between the quality of education, meaning that in this case study, educational quality may vary between Greece and Ireland. However, comparing the country's educational system is beyond the scope of this thesis.

2.2.2 Housing

Using housing characteristics along education allows the measurement of more material aspects of socioeconomic conditions. Indicators referring to housing conditions are used widely, when studying both developed and developing countries (Galobardes et al. 2006: 9). Some housing characteristics may be more appropriate to use for developed countries than others, which will be elaborated upon in the section on measurement below.

Measurement

In order to measure housing characteristics, three of the most common ways in doing so is to analyze housing tenure, housing amenities and household conditions. Starting with housing tenure, which is most common in measuring housing characteristics, one can say that it has been the most widely used in previous research. Housing tenure looks into whether housing is either owner occupied or rented from a landlord (Galobardes et al. 2006: 9).

The second characteristic commonly used, household amenities, is a marker for more material conditions. It looks into people's access to heating and access to hot or cold water inside, the use of bathrooms, the access to refrigerators, washing machines, etc. (Galobardes et al. 2006: 9) However, this indicator is more appropriate for research on developing countries than developed countries like Greece and Ireland.

Analyzing household conditions, including building materials, rooms in residence, and overcrowding, allows a further look into material conditions. Crowding in this case refers to as the number of persons living in a household per room. Therefore, when measuring overcrowding, one looks into whether or not the number of persons per room in a household is at two or above (Galobardes et al. 2006: 9).

Interpretation

The indicators presented above mainly measure material conditions. In terms of the relation to health outcomes, one can say that housing usually is a key element of someone's wealth and stands in direct relation to one's income. Housing can either be directly or indirectly linked to health issues. Overcrowding for instance can affect health in terms of allowing infectious diseases to spread more quickly. More indirectly, households with overcrowding are often households with less income, which can have an indirect affect on health of the household members (Galobardes et al. 2006: 9). Housing tenure is often associated with increased stress levels due to people drawing social comparisons within their community (Popham et al. 2015: 1).

Strengths and limitations

Information on housing characteristics is fairly easy to collect and can also present indication of specific means that link SEP to health status.

One of the main limitations of using the indicators mentioned above is that they may be determined for certain geographical or time-related contexts where these were developed (Galobardes et al. 2006: 9).

2.2.3 Income

Income is categorized under Weber's area of "class". Measuring income as an indicator of SEP allows for an exact measurement of material resources. As it is the case with education, income has an exposure-response relationship with health. This means that income can have large effects on material conditions, which directly affects health outcomes. Whereas many indicators have long-term effects, income as a SEP indicator allows seeing change within shorter time periods (Galobardes et al. 2006: 10). While income directly affects health in itself, spending one's income to convert it into health improving assets and services.

Measurement

When conducting surveys on people's income, they are usually asked to state absolute income or identify themselves with different income categories that have been pre-established. Income can also be measured as an indicator establishing poverty rates, which can include looking into percentages above or below poverty levels (Galobardes et al. 2006: 10). Looking into household income rather than individual income is beneficial for instance when women in households are not employed (Galobardes et al. 2006: 10). However, one needs to keep in mind that this does not mean that income is distributed equally among all household members.

Interpretation

As mentioned previously, income shapes health by directly affecting material resources and assets. Income is associated with access to medical care, good housing conditions, a balanced diet, healthy working conditions, etc. (Liberatos et al. 1988: 89). More specifically, firstly, higher income allows better access to higher quality material, including housing and food (Galobardes et al. 2006: 10). Secondly, higher income allows one greater access to health services, which directly affect health, or education, indirectly affecting health. Thirdly, higher income has been linked to increase in self-esteem and enhancement in societal participation. Fourthly, the relationship can be reversed, meaning that health status can have an effect on a person's income level (Galobardes et al. 2006: 10).

Strengths and limitations

Income has been argued to be the best indicator to measure material living conditions. However, for many people, income is a more sensitive indicator than education, meaning that they may be less willing to provide information on the topic. The sensitivity of income as an indicator depends on which country is analyzed. Furthermore, looking into youth income or income of older adults is often classified as being less reliable in indicating SEP, since income often follows an age course. Therefore, it is better to not differentiate between categories but look at the average income of the total population. This means that income tends to increase into adulthood and then decreases again through retirement (Liberatos et al. 1988: 100).

2.2.4 Occupation

Indicators based on employment are also widely used as indicators of SEP. According to Weber's theory, specific positioning in society is highly related to working conditions and type of employment.

Measurement

In order to assess one's SEP, research often looks into the occupation that an adult has had for the longest period of time. However, it has become more common to use parents' occupation in order to determine children's SEP (Galobardes et al. 2006: 10). Also, since not all members of a joint household are employed, the person with the highest occupational status of a household can indicate the SEP of remaining household members (Galobardes et al. 2006: 10). Job insecurity indicators can help measure the possibility of labor transition, while unemployment rates show the percentage of the population without an occupation. Employment rates of recent graduates can help measure the transition from students to workers. Moreover, employed persons with second employment is a useful indicator for analyzing how many have the need to look for multiple employment to decrease economic vulnerability.

Interpretation

Liberatos et al. argue, "[...] occupation is related to differential exposure to a physically noxious or psychologically stressful environment" (1988: 89). In relation to this, Galobardes et al. present four main connections between employment and health outcomes. Firstly, parental and adult occupation is directly linked to income and can therefore be linked to the relationship between material conditions and health outcomes. Secondly, employment stands in relation to one's position in the social hierarchy and can allow to better access to health care, educational institutions, and better housing facilities (Galobardes et al. 2006: 10). Employment is also connected to people's psychosocial stress levels related to working environment, social networks, work control, job security, etc. (Liberatos et al. 1988: 89). Occupation can also reflect people's working environment conditions, e.g. toxic environments, or specific physical labor conditions (Galobardes et al. 2006: 10). In addition to these four links, one can mention that employment is not only linked to material benefits, but is also considered a source of social integration, prestige, and meaning (Burgard and Lin 2013: 2).

Strengths and limitations

Occupation is a reliable single indicator of "relative standing" in developed countries (Liberatos 1988: 89). Additionally, indicators on occupational data are widely available in databases. However, groups that are often underrepresented in this indicator are people working in their home, students, and people working informal/illegal jobs. Additionally, people that are self-employed are usually also excluded from this category.

3 Methodology

The previous discussion on socioeconomic position and its indicators have inspired the method to be used in order to conduct the research. This section will introduce the case study and the case selection and information on data collection through different databases. Furthermore, this chapter will focus greatly on the measurements and specific indicators to be used, how these will be coded and how the results will be summarized after the indicators have been examined. Lastly, limitations of this thesis' scope will be presented.

3.1 Quantitative case study

In order to answer the research question, a quantitative analysis of data will be conducted. This implies that the researcher will analyze different national data and statistics in order to explain the relationship between the financial crisis and socioeconomic positions/development.

Data analysis is a significant component of political science research. Data analysis provides numerical descriptions for certain political phenomena and can facilitate in comparing these across time, countries, people, etc. This is appropriate, since data will be compared across time in order to establish a correlation between the hit of the financial crisis in countries and the implication this has on socioeconomic indicators.

Conducting a case study is useful when wanting to make a causal inference and learn about a certain phenomenon. Choosing small-n cases increases internal validity through allowing the researcher to go more in depth into the analysis of the cases and produce more knowledge about them. Additionally, it aims at uncovering a causal relationship between two variables, the financial crisis and socioeconomic positions (Halperin and Heath 2012: 428). While internal validity is high, external validity is low, meaning that findings cannot be generalized and applied to other cases (Halperin and Heath 2010: 427). In other words, the findings deriving from this research uncovering the effect of the financial crisis on socioeconomic indicators in Ireland and Greece may not resemble the effect that the crisis has had on socioeconomic indicators in other countries, since there are multiple factors that can influence to what extent and in which areas a country is affected.

Reliability is an important aspect of quantitative research. It refers to the ability to conduct the research more than once making sure that the same findings will be found when researching the same cases. The reliability of a research is significant, since it can minimize errors and reduce biases of a study (Yin 2009: 45). In order to assure this, this

method section provides specific operational tools and steps of how the research will be conducted, how different changes are coded and how they are summarized.

3.1.1 Case selection

Analyzing few countries has been seen as being a less desirable version of a comparative case study. However, it is still argued to be a suitable method for testing relationships among variables (Lor 2011: 14). In contrast to many-country comparisons, which select cases by random *sampling*, in a few-country comparison the countries to be analyzed are carefully and systematically selected. According to Lor, this acts as compensation, since sampling from larger populations is not possible (2011: 14). When countries are selected for a few-country comparison, these should be comparable in terms of the phenomenon or theory that is of main interest to the researcher (Lor 2011: 15). The cases to be compared should have both shared and non-shared aspects, and be similar and dissimilar at the same time.

Possible cases for this research were seen as the five countries that heavily relied on financial assistance from euro area member states, the IMF and the European Central Bank. Even though these countries were not all hit by the crisis to the same extent, they were most severely hit by recession from the euro area members. However, narrowing down the cases even more is important due to the limit of this research's scope. Therefore there were two options to limit the cases. On the one hand, one could conduct a case study with four of the five countries, Greece, Spain, Portugal, and Cyprus, all belonging to the same welfare system. On the other hand, one could chose one case from both welfare systems, as is done in this research.

Most – different cases in terms of case selection

In terms of narrowing down the case selection, the researcher has chosen the selection of most-different cases. This means that the researcher identifies cases where one independent variable and one dependent variable are similar, whereas other plausible factors have different values (Gerring 2007: 139). As is the case in this research, both cases have in common that they were hit by the financial crisis and that this crisis has had an impact on socioeconomic position. Whether this was positive or negative will be analyzed throughout this thesis. However, in terms of to what extent values of the indicators have changed differs between the cases. The table presented below demonstrates this.

Table 1: Most – different case selection

	X ₁	X _{2a}	X _{2b}	X _{2c}	X _{2d}	Y
Case A	1	1	0	1	0	1
Case B	1	0	1	0	1	1

Source: Gerring 2007: 140

According to Gerring, there are two main requirements for a most-different case selection: There must be a dissimilarity found within all or most dimensions aside from the main factor of interest in the research and the outcome (2007: 140). Additionally, the differences across cases must be sizeable enough to be interpreted in a dichotomous manner and similarities in the cases need to be close enough to be seen as similar (Gerring 2007: 140).

Considering this method of case selection, this thesis will focus on the cases of Ireland and Greece. These cases differ in multiple ways, such as the reasons for being vulnerable to the financial crisis, how they have dealt with the crisis, as well as the severity and time frame of exposure to the crisis. As mentioned above, the cases also differ in terms of the structure of their welfare systems, Ireland belonging to the Anglo-Saxon welfare system, whereas Greece is part of the Conservative welfare system. To give a brief explanation, the Anglo-Saxon model is characterized by low levels of state spending, high levels of inequality and low levels of social protection spending (Learneurope 2015). On the other hand, the Conservative model is associated with low levels of women's participation in the labor market, high dependency on social contributions, moderate redistribution of income, and higher unemployment rates (Learneurope 2015).

3.2 Data collection

The data needed to conduct the analysis will mainly be extracted from the Eurostat website, since it contains a variety of different data. In the case that data is not accessible through Eurostat, the author will look into the chosen countries' governments' databases, which are accessible through their webpages. The OECD statistics website also contains useful information regarding social and health indicators. Furthermore, the European Center for Disease Prevention and Control (ECDC) is also a reliable source that can provide data on health and social determinants, as well as different databases provided by the World Health Organization.

When analyzing official statistics, the researcher can have different aims. For instance, the aim could be to examine statistics and use these as indicators to objectively discover the incidence of something or one can use them for more interpretative procedures (May 2001: 81). This thesis will use statistical data in order to analyze the development of socioeconomic indicators within a specific time frame. These changes will then be interpreted using the theoretical framework. There are certain strengths and weaknesses when using official statistics as indicators for certain phenomena. Statistical analysis allows the researcher to acquire significant facts such as trends, differences between population groups and demographics (May 2001: 73). While it is useful for providing descriptive data, it is often more difficult when it comes to the interpretation of this data. As mentioned previously, the theoretical basis for this research is therefore utilized in order to guide the interpretation of the findings.

This thesis takes on the realist school of thought when it comes to analyzing official statistics. Taking on a stance inspired by empiricism and positivism, this research seeks to

establish relationships between social phenomena while assuming that social reality is known by observation (Halperin and Heath 2012: 29). A positivist approach to researching assumes that it is possible to draw factual, objective and reliable conclusions from analyzing the social world through the use of methods that are more common in natural sciences, such as in this case the use of numeral data (Halperin and Heath 2012: 28). Statistics will be used as objective indicators of phenomena to which they refer.

The following section will focus on databases that will be used in order to extract required information for the research.

3.2.1 Databases

OECD Database

The OECD iLibrary provides OECD stat as a statistical database to look into different themes and respective indicators. The OECD online database aims at providing information to data users, as well as data providers. The online database also supplies information on data collection schedules, tools and standards. Data is mainly collected directly or indirectly through official statistics provided by OECD countries through the use of questionnaires, web queries, and online platforms. Data is collected and summarized with the help of other associations, such as the United Nations and Eurostat (OECD 2015a).

Eurostat

Eurostat function as the leading statistical office of the European Union that provides statistics at a European level that allow for comparisons of different countries and regions within the EU. Eurostat places emphasis on providing a solid base of statistics that are both objective and reliable, which assists democratic societies' functionality (Eurostat 2015a). Eurostat itself does not collect the data available through this database. Rather, statistical authorities of EU member states collect data and verify and analyze it and then send it to Eurostat (Eurostat 2015b). Eurostat then plays a role in consolidating member states' data ensuring the comparability of it (Eurostat 2015b). In terms of data quality, Eurostat has based its quality management approach on the European Statistics Code of Practice (Eurostat 2015c).

Secondary

For information regarding the linked long-term effects on health, the author has chosen to rely on the use of secondary sources, for instance scientific articles introducing own findings regarding the relationship between health and socioeconomic position.

3.3 Measurement and indicators

As has been outlined in the chapter on theoretical framework, there are many different perspectives on the definition of health and how to measure it. The analysis will focus on the effects of the financial crisis on socioeconomic position and in order to measure this, this thesis will analyze different indicators, which are strong instruments for the monitoring and communicating information about population health. With the research focusing more on social models of defining health and less on medical models, the indicators are chosen respectively. The indicators to be analyzed rely on the theoretical basis of the thesis, Weber's definition of class, status and power, and the indicators, which will be introduced below, have been linked to affect these factors. To keep in mind, while some of the measurement indicators proposed in the theory chapter were not available or were lacking information, other indicators have been added in order to look into SEP. For some indicators, the author is aware that they could be placed into more than one category, since socioeconomic indicators tend to overlap.

3.3.1 Indicators for education

As discussed in the chapter on theoretical framework, there are a variety of indicators useful for measuring education as an indication for SEP. This thesis will look into the following indicators to measure education in Ireland and Greece.

It is useful to analyze the number of 18 years olds in education, since this can indicate whether or not young adults leave their education early in order to find employment. This indicator includes 18 year olds attending any kind of education and refers to both people who have not delayed their education and those who have repeated educational steps in the past (European Union Open Data Portal 2015).

Furthermore, in connection to the indicator mentioned before, the author will analyze statistics regarding early leavers from education or training. This is significant since in times of financial downturn, it has been noted that young adults are more inclined to leave education or training in order to seek employment. Eurostat defines "early leavers from education and training" as the percentage of 18 to 24 year olds with at most lower secondary education without further education or training. The information for these indicators is available through the Eurostat database.

As has been explained previously, looking into data on young people neither in employment nor in education and training is important when measuring SEP. Eurostat defines this indicator more specifically as providing information on young people between the age of 15 to 24, meeting two main criteria: Firstly, they are not employed according to ILO definitions. Secondly, they have not participated in education or training four weeks prior to the survey.

3.3.2 Indicators for housing

Indicators on dwelling type and tenure status were hard to find in the mentioned databases. However, this research will analyze risk of poverty per tenure status, in order to show how different tenure status is linked to a higher or lower risk of poverty. Eurostat's definition of risk of poverty is mentioned in 3.3.3.

In terms of overcrowding, the indicators will include average number of rooms per persons, which has been defined in the theory section, and overcrowding indicators. In addition to the total number of overcrowded households, the author will examine overcrowding in households with children, since children are extremely vulnerable to poor housing conditions. Eurostat defined overcrowding as a person living in a household without a minimum number of rooms equal to one room for the household, one room per couple, one room per single person above 18, one room per single pair of the same gender between 12 and 17 years, one room for people outside of the previous category, and one room per pair of children under 12 years (Eurostat 2014a).

When looking into housing cost overburden by tenure status, the indicator is defined by Eurostat as the percentage of the population living in a household, in which housing costs stand for more than 40% of total household income (Eurostat 2015l). This indicator illustrates how much income is left for spending on goods and services other than housing.

3.3.3 Indicators for income

In order to look analyze income as an indicator of SEP, the author will focus on growth rates of household disposable income, which will provide information on average income of the population and how the amount has been affected by the crisis. OECD defines household disposable income as the total household consumption expenditure, including savings (OECD 2015b). Looking into the total population at risk of poverty is useful, since it shows the percentage of the population with low income, possibly facing poverty in the near or far future. This research will also examine the percentage of the youth at risk of poverty, since this can have great implications on adult life, as has been explained above. By "poverty or social exclusion" Eurostat refers to the circumstances in which people are either at risk of poverty, critically deprived of materials or living in a household that is defined as having low work intensity (Eurostat 2014b).

Moreover, material deprivation will be used as an indicator related to income. Eurostat's statistics to material deprivation include economic strain, durables, housing deprivation, and dwelling conditions (Eurostat 2015d). The indicator for material deprivation is defined by Eurostat as the percentage of population with a lack of at least three of nine material deprivation items in the category of "economic strain and durables" (Eurostat 2015f).

3.3.4 Indicators for occupation

There are several statistics one can use for occupation in order to measure socioeconomic positions. The most common ones, which include unemployment rates, employment of recent graduates, employment of second jobs, and accidents at work, will be examined. Looking into accidents happening in the work environment will be important, since it indirectly portrays working conditions and environments. The accidents at work indicator specifically refers to the total number of accidents at work with more than 3 days of non-attendance, as well as fatal accidents occurring at work (Eurostat 2014c).

Examining the amount of people with second employment allows the author to analyze the amount of people that seek further employment due to financial instability with one employment. This indicator can be complicated to interpret, since its implications on SEP can be seen differently from different perspectives. Chapter 3.4 will look into this situation in more detail.

Employment of recent graduates as an indicator is useful for measuring chances of employment for the youth. Eurostat defines their measurement of this indicator as persons between the age of 20-34 fulfilling the following list of criteria: Firstly, the person should have attained at least upper secondary educational level (Eurostat 2015e). Secondly, the persons represented in the survey have completed his or her highest educational attainment 1-3 years before participating in the survey (Eurostat 2015e). Thirdly, while participating in the survey, the persons were not in education or training during the past four weeks (Eurostat 2015e).

Unemployment is a commonly used indicator, since it uncovers the percentage of the population out of work. Eurostat defines an unemployed person as a person between the ages of 15-74 (some countries 16-74) without work during the reference week (Eurostat 2010). Also, an unemployed person is defined as actively having looked for employment during the last four weeks and who is able to start work within the following two weeks or has found a job that he/she will start within the coming three months (Eurostat 2010).

Labor transition will be used as a further indicator for occupation. Looking into percentage of employed in the previous year transitioning to unemployment this year is a useful indicator for job and income security and thus economic security and vulnerability.

3.4 Coding

With the purpose of facilitating the interpretation of the findings of the data analysis (whether or not they have a positive or negative influence), they will be coded in a certain manner. In the table found below, changes in population health will be either coded as positive or negative changes, or no significant change at all. Some may argue that it is subjective to measure something using the coding terms “positive” and “negative”, however, the author will interpret as little as possible and rely on the definition of health introduced in the chapter on theoretical framework. In order to assess the overall change,

the author will look at the way the majority of the indicators have changed. The table below will summarize how separate indicators will be coded.

Table 2: Coding of indicators and change

	Positive change	Negative change
Education		
18 year olds in education	Increase	Decrease
Young people who do not participate in either education or training	Decrease	Increase
Early leavers from education and training	Decrease	Increase
Housing		
Population at risk of poverty by tenure status	Decrease	Increase
Housing cost overburden rate by tenure status	Decrease	Increase
Average number of rooms per person	Increase	Decrease
Overcrowding	Decrease	Increase
Income		
Material deprivation	Decrease	Increase
Household disposable income	Increase	Decrease
Total population at risk of poverty	Decrease	Increase
Young people at risk of poverty	Decrease	Increase
Occupation		
Unemployment	Decrease	Increase
Employment of recent graduates	Increase	Decrease
People with second employment	Decrease	Increase
Accidents at work	Decrease	Increase
Labor transition from employment to unemployment	Decrease	Increase

As has been outlined in the theoretical framework on SEP and possible indicators, any increase in the number of young people in education has positive consequences for socioeconomic positions. Increase in early leavers of education and an increase in young people not in education or training will be regarded as having negative implications. When it comes to risk of poverty or social exclusion, any increase of these rates will be considered as negative change and thus, an increase in income will be considered positive. As has been mentioned in the previous chapter, overcrowding and material deprivation has negative influence on SEP, meaning that increase in overcrowding and deprivation rates will be considered a negative change. In terms of employment, any increase in employed person will be deemed a positive change and increases in accidents at work will be considered as having a negative impact on SEP since they can be a threat to further employment, among other things.

3.5 Summarizing the findings

The findings of the analysis will be summarized and simplified with the use of a table. The table below will be filled out when conducting the analysis and an indication symbol will mark whether the change can be interpreted as a positive one or a negative one. This will be done according to the coding scheme shown previously.

Table 3: Tool to summarize the findings

Indicators	Case: Ireland			Case: Greece		
	Positive change	Negative change	No change	Positive change	Negative change	No change
Education						
18 year olds in education						
Young people who do not participate in either education or training						
Early leavers from education and training						
Housing						
Population at risk of poverty by tenure status						

Housing cost overburden rate by tenure status						
Average number of rooms per person						
Overcrowding						
Income						
Material deprivation						
Household disposable income						
Total population at risk of poverty						
Young people at risk of poverty						
Occupation						
Unemployment						
Employment of recent graduates						
People with second employment						
Accidents at work						
Labor transition from employment to unemployment						

3.6 Limitations

When measuring a change in population health, whether it is a positive or a negative change, one needs to keep in mind that many health changes can only be witnessed and measured in a long-term perspective. However, the impact on SEP, which this thesis aims to uncover, can be witnessed in short term (from the moment of the change).

When looking into data from different years, the author will also include data from a number of years prior to the hit of the financial crisis. This will not contribute to the analysis directly, however, it will show whether or not changes in the years the financial crisis hit show exceptional developments. Being able to identify this is important, since it can have impacts on the interpretation of the findings.

The number of indicators for each SEP differs slightly, since some SEP indicators are reported more frequently than others. As has been referred to previously, data for

indicators such as education are very commonly reported since data is available, whereas indicators such as income can often times be underreported since it is a sensitive subject for many people. Furthermore, some indicators that the theoretical framework alluded to were not available and indicators close to the proposed ones are looked into instead. Even though some indicators are replaced, they still refer to the same SEP indicator and are therefore still appropriate.

The global financial crisis of 2008 was the beginning of the Eurozone crisis, which hit Eurozone member states in the late months of 2009. Therefore, this thesis will emphasize the interpretation of the findings starting from the year 2008.

In the case that data for a specific indicator is only available for one of the countries, the author will still include the indicator since it allows the provision of a clearer picture of socioeconomic position of one of the countries than not including it at all.

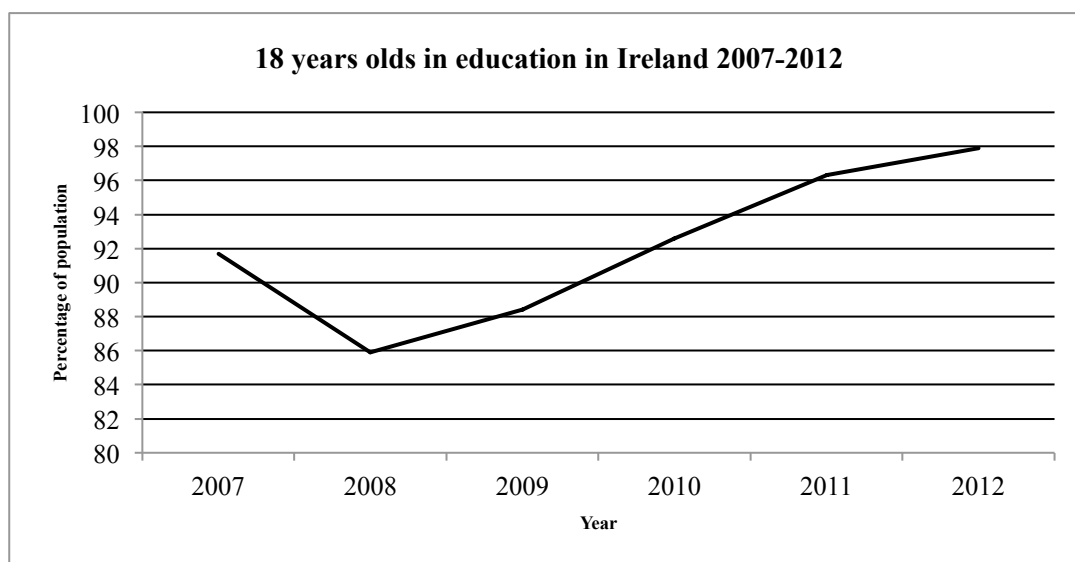
In order to assure that there is no misunderstanding regarding the cases of this thesis, the Republic of Ireland is referred to as “Ireland” and Northern Ireland is excluded from this research. Additionally, the author would like to note that the order of mentioning of the countries in this thesis was not coordinated in any way and has no further significance.

4 Socioeconomic position in Ireland

The aim of this chapter is to analyze the effects of the financial crisis and the government's responses on socioeconomic position in Ireland. The indicators to be analyzed are, as mentioned previously, education, housing, income, and occupations. At the end of this chapter, the results will be discussed emphasizing on their possible implications on population health.

4.1 Education

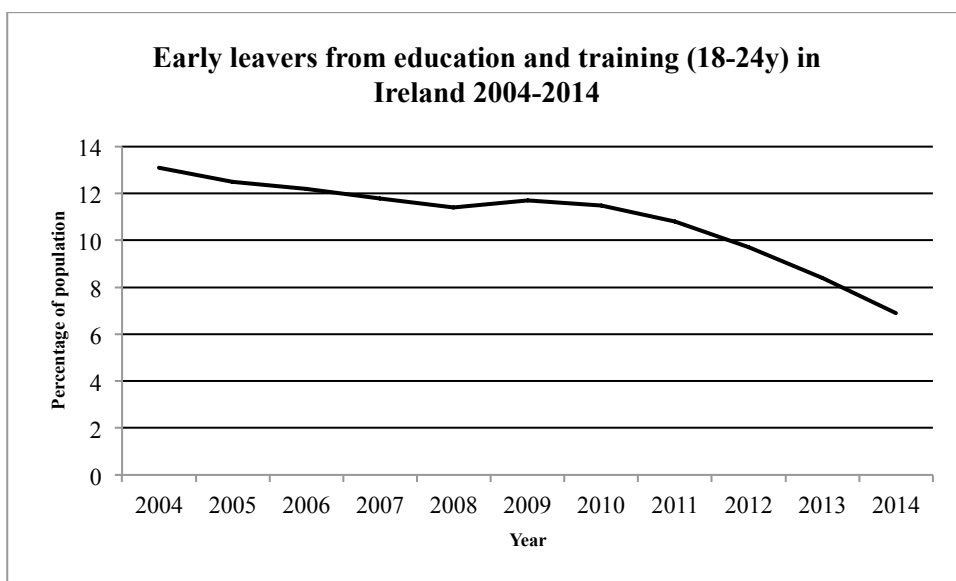
Figure 1: 18 year olds in education in Ireland 2007 – 2012



Source: Eurostat 2015g

Figure 1 illustrates the percentage of 18 year olds in education in Ireland. In this case it is difficult to analyze a larger time period because the Eurostat statistics regarding this topic is incomplete. Nevertheless, it allows one to look into the time in which Ireland was hit by the crisis. In 2007, 91,7% of 18 years olds were in education compared to a decrease of 5,8 percentage points down to 85,9% in 2008. This number only stayed at this percentage in the year 2008. From 2009 until 2012 the percentage of 18 year olds in education increase steadily up to 97,9% in 2012.

Figure 2: Early leavers from education and training (18-24y) in Ireland 2004 - 2014



Source: Eurostat 2015i

In Ireland, the percentage of 18-24 year olds leaving education or training early decreased between 2004 and 2014. In the first years until 2010 the percentage decreased quite steadily from 13,1% down to 11,5%. From then on until 2014 the rate decreased more rapidly with a percentage of 9,7% in 2012 and 6,9% in 2014.

Figure 3: Young people neither in employment nor in education and training in Ireland 2004 – 2014



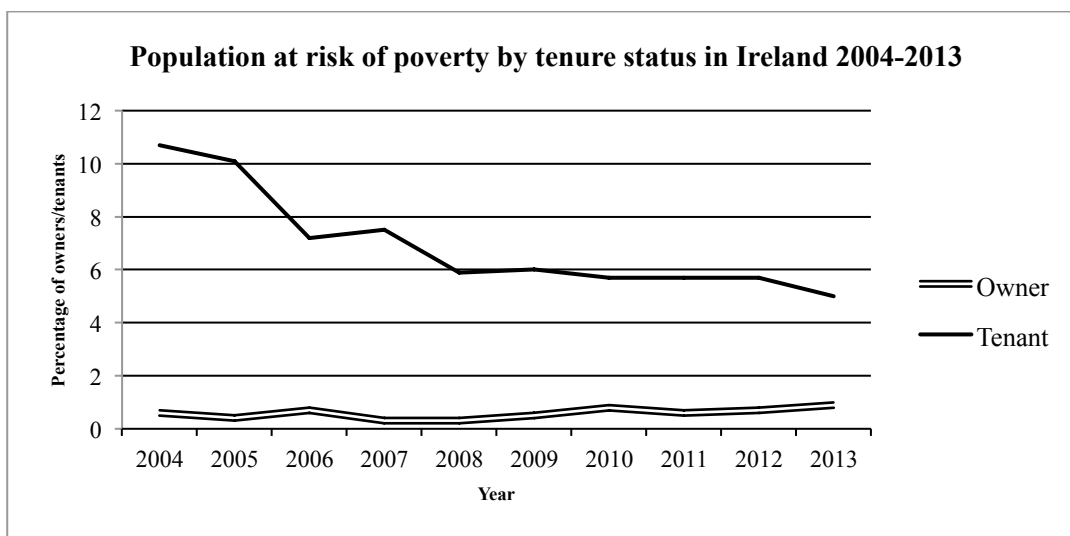
Source: Eurostat 2015t

As figure 3 represents, after a gradual decrease between 2004 and 2005, the percentage of young people neither in employment nor in education remained constant at an average of

10,6%. Between 2007 and 2008, this rate increased abruptly by 4,2 percentage points and continued increasing sharply until 2009 by another 3,6 percentage points. During the following four years until 2012, the rate remained stable at an average of 18,8%. In the following two years, the percentage of young people neither in employment nor education dropped by 3,5 percentage points down to 15,2% in 2014.

4.2 Housing

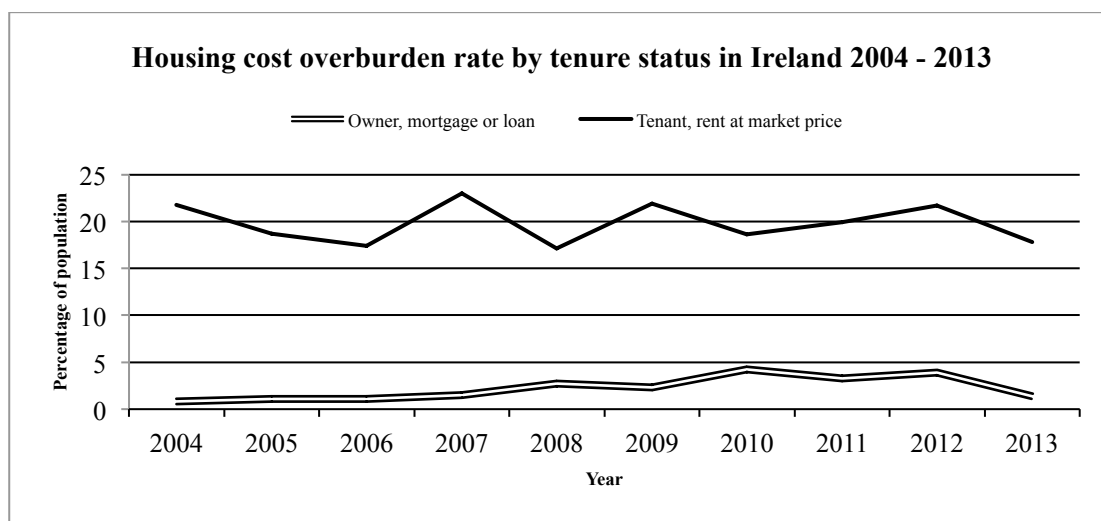
Figure 4: Population at risk of poverty by tenure status in Ireland 2004 - 2013



Source: Eurostat 2015u

The graph shown above (figure 4) illustrates how tenure status is linked to risk of poverty. The population at risk of poverty owning a residence did not increase or decrease significantly between 2004 and 2013, remaining below the 1% mark. However, when the population that does not own a residence but is renting one, the population at risk of poverty is higher. In the long term, the risk of poverty of the population renting a residence has decreased. From 2004 to 2006 the risk of poverty decreased by 3,5 percentage points from 10,7% down to 7,2%. With a smaller increase up to 7,5% in 2007, the percentage of tenants at risk of poverty continued to drop gradually, reaching 5% in 2013.

Figure 5: Housing cost overburden rate by tenure status in Ireland 2004 - 2013

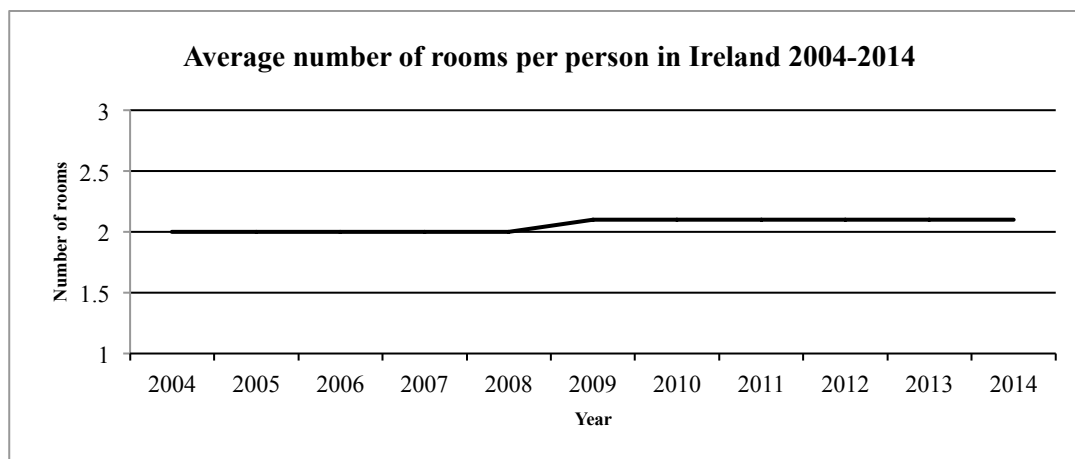


Source: Eurostat 2015l

Figure 5 illustrates the percentage of the Irish population that owns housing and faces housing cost overburdens in the form of mortgages or loans, as well as tenants and the market price they pay for rent. Regarding owners, in 2004 the rate of housing cost overburden was at 0,8%. Until 2007 the rate increased gradually up to 1,5%. Between 2007 and 2008 the rate rose only moderately by 1,2 percentage points. While the rate decreased slightly in 2009, it increased again by 1,9 percentage points, reaching a high point at 4,2% in 2010. Within the next year the rate declined down to 3,3% in 2011, increasing slightly up to 3,9% before falling again down to 1,4% in 2013.

Focusing on housing cost overburden rates for tenants in Ireland, from 2006 to 2007, overburden rates increased sharply by 5,6 percentage points. Until 2008, the rate fell from 23% to 17,1%, rising again until 2009 to 21,9%. Until 2013, the rate developed in the same manner, decreasing and increasing alternatingly, finally decreasing down to 17,8% in 2013.

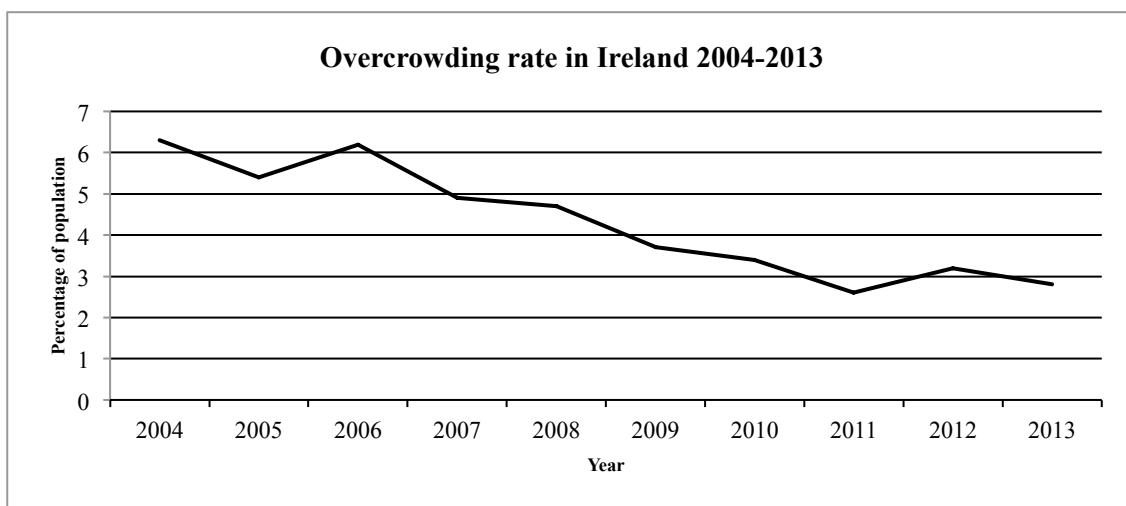
Figure 6: Average number of rooms per person in Ireland 2004 - 2014



Source: Eurostat 2015v

Looking at figure 6 on average number of rooms per person in Ireland between 2004 and 2014, there is no great change for the ten-year period. Between 2004 and 2008 the average number of rooms per person remained at 2,0 rooms. In 2009 the number of rooms increased to 2,1 and remained at this number until 2014.

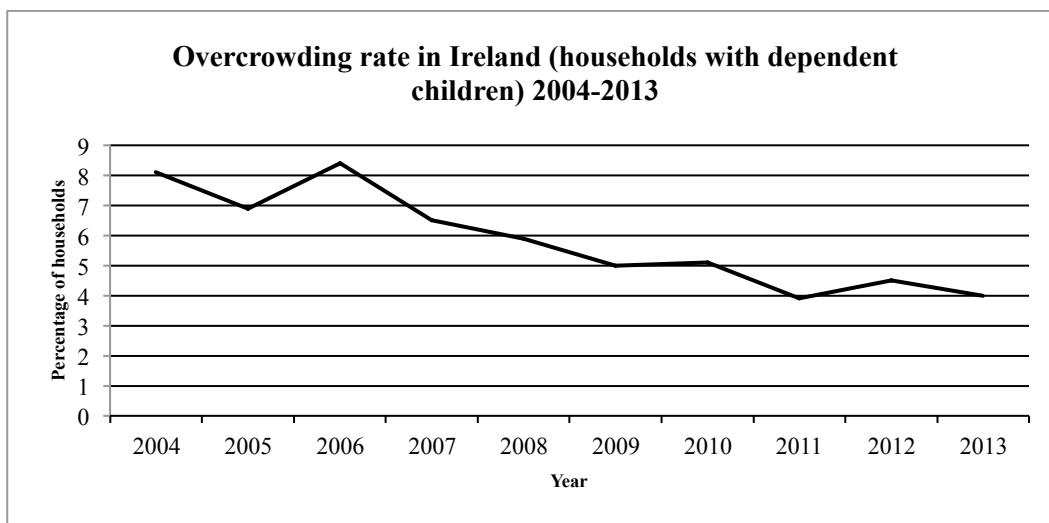
Figure 7: Overcrowding rate in Ireland 2004 - 2013



Source: Eurostat 2015q

In the long term, overcrowding rates, shown in figure 7, in Ireland decreased between 2004 and 2013. While in 2004 6.3% of the population lived in overcrowded conditions until 2008 the percentage had decreased down to 4,7%. Between 2008 and 2009, the rate decreased from 4,7% down to 3,7%. In 2011, the rate reached a low at 2,6%, remaining approximately at the same level until 2013.

Figure 8: Overcrowding rate in Ireland (households with dependent children) 2004 – 2013

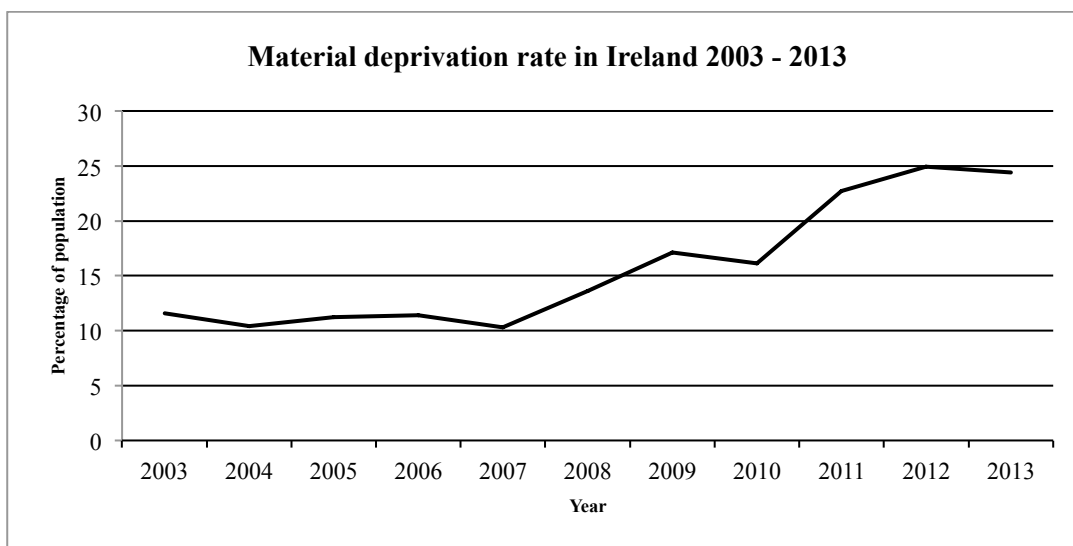


Source: Eurostat 2015p

Since children are highly vulnerable to poor living conditions, it is interesting to look into overcrowding specifically in households with children. Looking into households with dependent children, in 2004 the rate was recorded 8.1%, decreasing down to 6,9% within one year. In 2006 the rate increased to 8,6%, while again decreasing to 6,5% in 2007. Between 2007 and 2009 the percentage of overcrowded households with dependent children dropped by 1,5 percentage points down to 5% and remaining at this level throughout 2010. In 2011 the percentage had decreased further down to 3,9% and after an increase to 4,5% in 2012, it settled at 4% in 2013.

4.3 Income

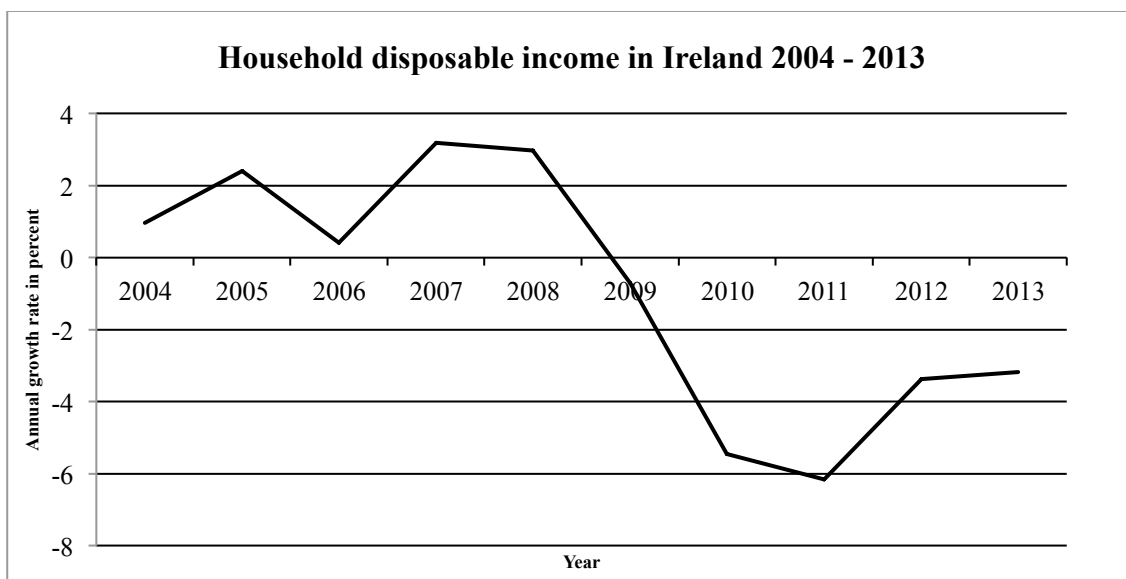
Figure 9: Material deprivation rate in Ireland 2003 – 2013



Source: Eurostat 2015o

Figure 9 shows how material deprivation in Ireland remained more or less at a constant level between 2003 and 2007, ranging between 11,6-10,3% within those years. In 2008 the percentage increased up to 13,6% and within the following year it had risen to 17,1%. After decreasing by 1 percentage point in 2010, the percentage of people living with material deprivation went up in 2012, reaching a high at 24,9%. This rate decreased only slightly within the next year, staying within the 24% range. Between 2003 and 2013 the percentage of persons living in materially deprived conditions increased by 12,8 percentage points.

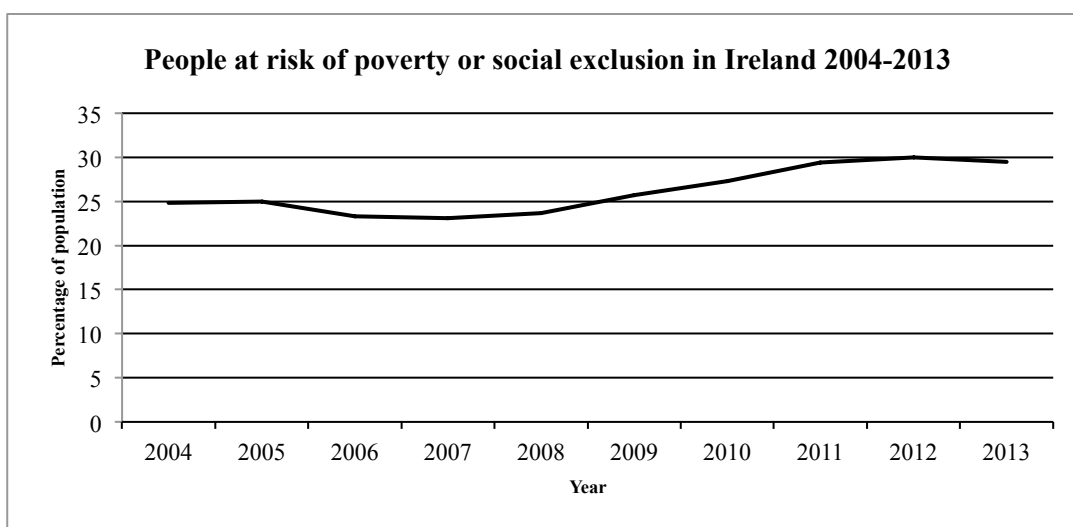
Figure 10: Household disposable income in Ireland 2004 - 2011



Source: OECD 2015b

The purpose of figure 10 is to show the annual growth rate of disposable income in Irish households. Between 2004 and 2006, annual growth of income increased and decreased alternately, until between 2007 and 2008 the rate leveled off at approximately 3% growth. From the year 2008, annual growth of disposable household income decreased rapidly down to -5,45% in 2010. While the growth rate continued to fall more moderately in the following year, it increased up to -3,37% in 2012, staying almost at the same rate in 2013.

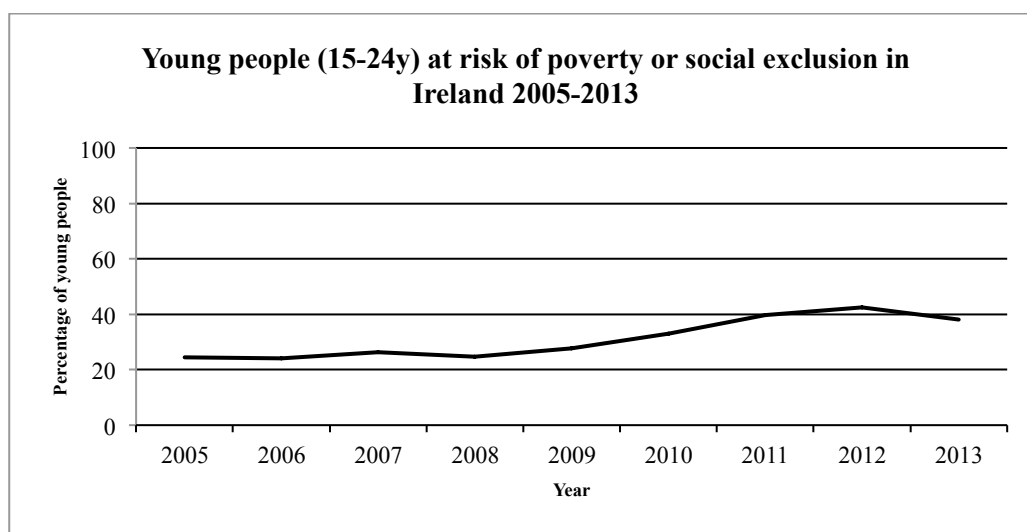
Figure 11: People at risk of poverty or social exclusion in Ireland 2004 – 2013



Source: Eurostat 2015r

Figure 11 shows the percentage of the total population in Ireland at risk of poverty or social exclusion. In 2004, 24,8% of the total population was at risk of poverty, which stayed roughly the same all through 2005. Between 2005 and 2007 the percentage declined by 1,9 percentage points to 23,1%, rising up to 23,7% in 2008. In the time period between 2008 and 2009, the percentage of people at risk of poverty increased by 2 percentage points, rising by further 1,6 percentage points to 27,3% in 2010. The continuous increase lasted until 2012 reaching a high point of 30%. In 2013 this rate decreased slightly down to 29,5%.

Figure 12: Young people (15-24y) at risk of poverty or social exclusion in Ireland 2005 – 2013



Source: Eurostat 2015s

Figure 12 displays the percentage of young people between the age of 15 and 24 that are at risk of poverty or social exclusion. Between 2005 and 2008 the percentage of young people at risk of poverty ranged between approximately 24-26%. In 2009 Ireland witnessed an increase of 3%, increasing by a further 5,5% to 2010. In 2011 the percentage of young people at risk of poverty increased to 39,8%, reaching a high of 42,5% in 2012. Between 2012 and 2013 Ireland witnessed a decrease in the rate of young people at risk of poverty from 42,5% to 38,1%.

4.4 Occupation

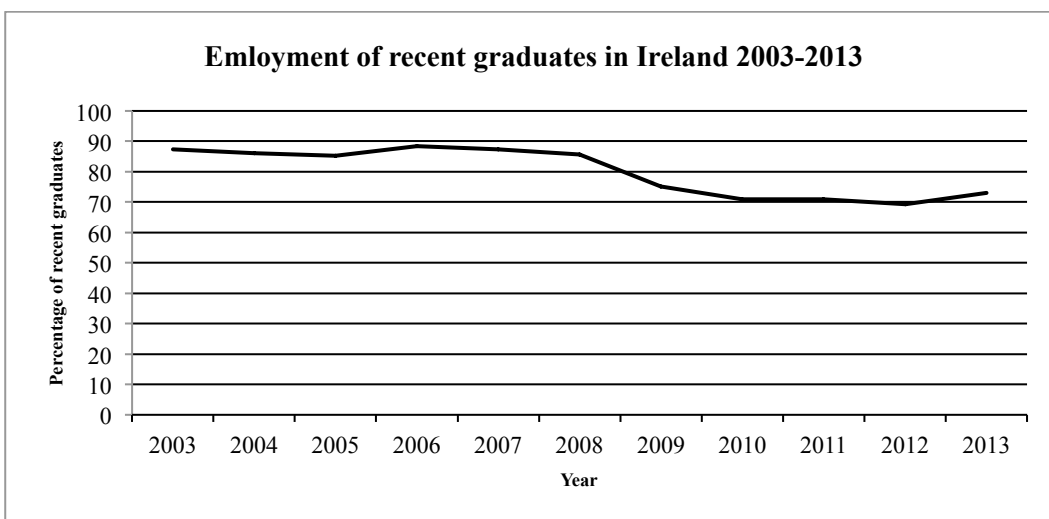
Figure 13: Unemployment in Ireland 2004 – 2014



Source: OECD.StatExtracts 2015

Unemployment in Ireland remained at a steady rate between 2004 and 2007, with an average of 4,5%. Within one year, from 2007 to 2008, the unemployment rate increased by 1,8% to a rate of 6,6%. From 2008 to 2009 unemployment rates increased rapidly from 6,6% to 12,2%. Until 2012, unemployment has increased annually to a peak of 15%. Between 2012 and 2013 the unemployment rate decreased for the first time since 2004 down to 13,3%.

Figure 14: Employment of recent graduates in Ireland 2003 – 2013



Source: Eurostat 2015k

Figure 14 illustrates the development of employment rates of recent graduates in Ireland during 2003 and 2013. During the five-year period ranging from 2003 to 2008, employment rates remained steadily within the 80% range, balancing between approximately 85% and 88%. Between 2008 and 2009, employment of recent graduates dropped by 10,6 percentage points from 85,7% to 75,1%. Until 2012 the rate continued to decrease, however not as sharply as between 2008 and 2009. In 2012 the rate reached a low within the examined time frame, with a rate of 69,3%. An increase was witnessed in 2013, when the employment rate of recent graduates increased again by 3,7 percentage points up to 73% in 2013.

Figure 15: Employed persons with second employment in Ireland 2005 – 2014



Source: Eurostat 2015j

In 2005, the number of employed persons with second employment was at approximately 41,400. For the following two years this number increased by 34% up to 55,500, staying at approximately the same rate until 2008. Between 2008 and 2010 the number of persons with second employment decreased by around 32% down to 38,300. Until 2012 this number remained quite leveled, with a maximum increase of 2%. Within the time period between 2012 and 2013 an increase of 8,700 people sought second employment, raising the total amount up to 47,800. This number more or less stayed leveled in 2014, only decreasing by 2,5%.

Figure 16: Accidents at work in Ireland 2008 - 2012



Source: Eurostat 2015h

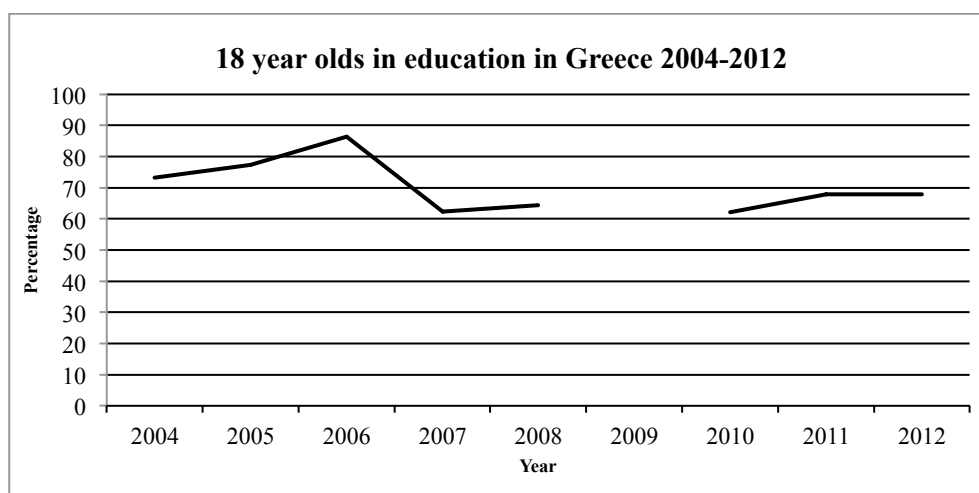
The information available for the indicator measuring accidents occurring at work contained data for only five years (figure 16). However, since the statistics include numbers for the years of the financial crisis, they are still useful for this analysis. While around 13,000 accidents occurred at work in Ireland in 2008, this number decreased down to approximately 7,800 accidents in 2009. Between 2009 and 2010 the number of accidents at work increased by 47%, reaching a total of approximately 11,500. While this number did not increase or decrease by a significant amount the following year, in 2012 it reached 9,836, decreasing by around 12%.

5 Socioeconomic position in Greece

The aim of this chapter is to analyze the effects of the financial crisis and the government's responses on socioeconomic position in Greece using the same indicators. At the end of this chapter, the results will be discussed emphasizing on their possible implications on population health.

5.1 Education

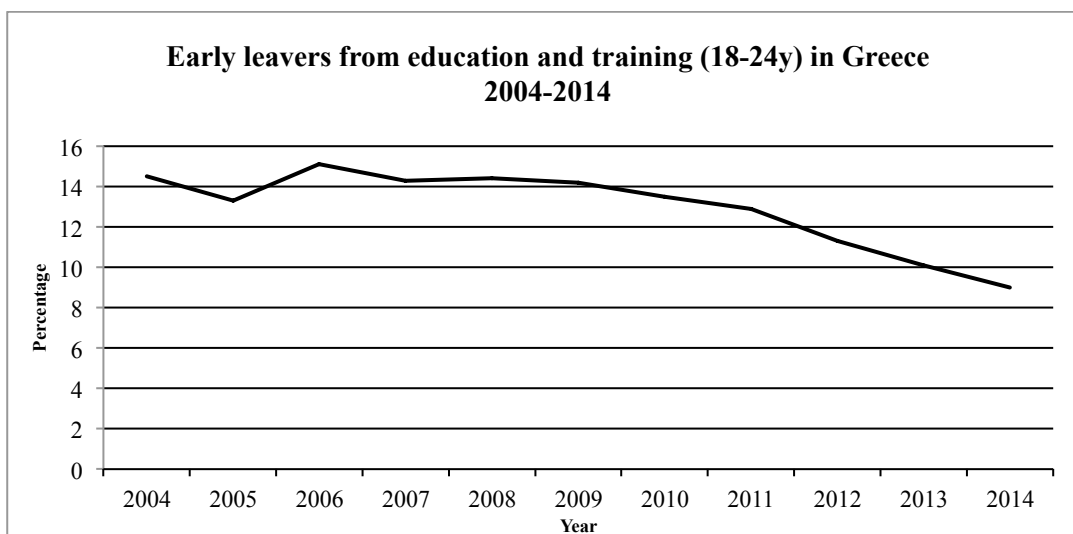
Figure 17: 18 year olds in education in Greece 2004 – 2012



Source: Eurostat 2015g

The Eurostat statistical database for 18 year olds in education in Greece lacked a number for 2009, which is an important year for this analysis. However, it is still possible to use this graph to analyze pre-crisis years and years in which the country was still dealing with the crisis. While the number of 18-years olds in education increased between 2004 and 2006, between 2006 and 2007 the percentage of 18-year olds in education decreased from 86,5% down to 62,3%. In 2008, this rate went up by 2,2 percentage points. In 2010, 62,1% of 18-year olds attended education, which increased up to 67,9% in 2012.

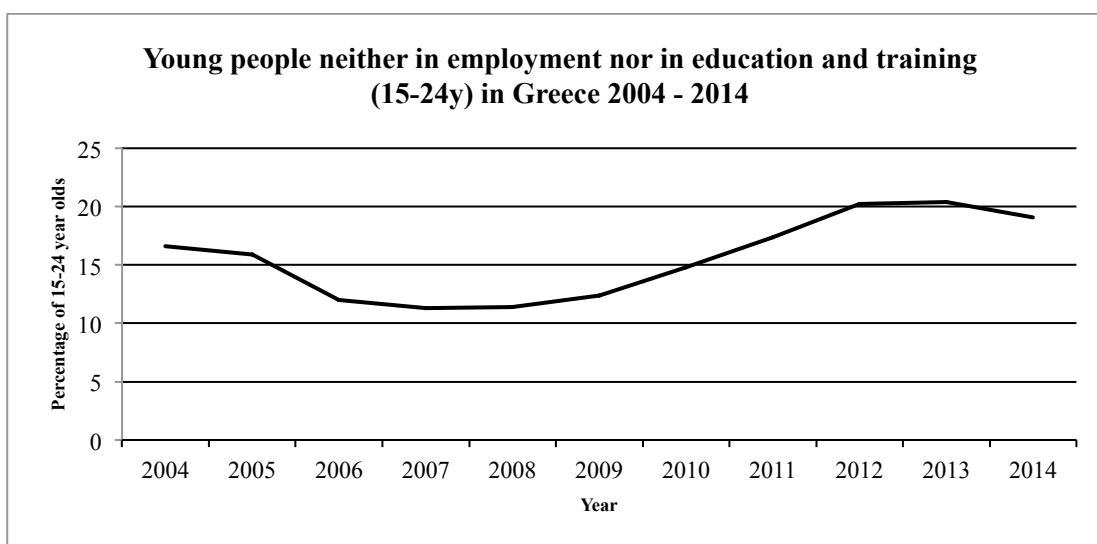
Figure 18: Early leavers from education and training



Source: Eurostat 2015i

In the case of Greece, the percentage of early leavers from education and training between 18 and 24 years of age remained quite leveled between 2004 and 2009, with an average of 14,3%. The only substantial increase recorded between 2005 and 2006, when the percentage increased from 13,3% to 15,1%. From 2010 until 2014 the rate decreased by 4,5 percentage points, recorded 13,5% in 2010 comparing to 9% in 2014.

Figure 19: Young people neither in employment nor in education and training (15-24y) in Greece 2004 – 2014



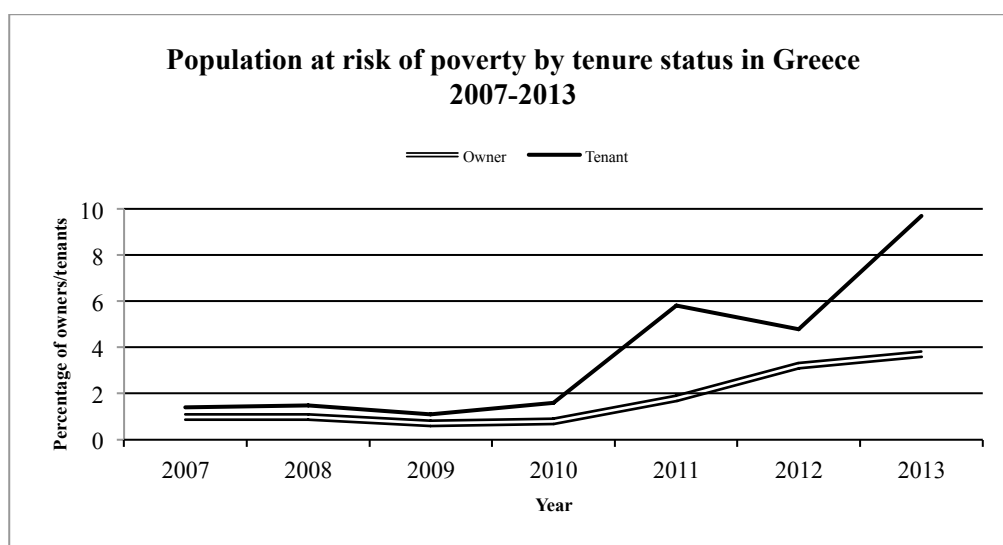
Source: Eurostat 2015t

Figure 19 reveals that between 2004 and 2007, the percentage of young people neither in employment nor in education and training decreased by 5,3 percentage points down to

11,3%. Within the following years, rates remained constant around 11,3%, with a gradual increase of 1 percentage point between 2008 and 2009. From the year 2009 until 2013, rates began to increase more rapidly, with an annual average increase of approximately 2 percentage points, with a total of 20,4% of young people neither employed nor in education. In the subsequent year, the percentage declined more moderately by 1,3 percentage points down to 19,1%.

5.2 Housing

Figure 20: Population at risk of poverty by tenure status in Greece 2007 - 2013

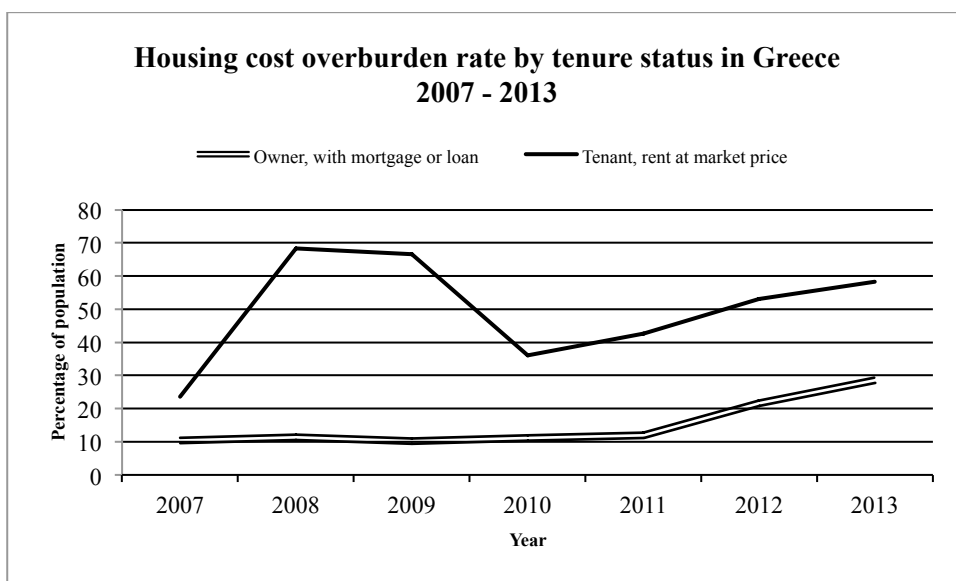


Source: Eurostat 2015u

Figure 20 includes data for a shorter time frame due to lack of data available for this indicator. However, since it covers the time of the beginning of the crisis it will still be useful for this analysis. The percentage of owners of residence in Greece possibly facing poverty was stable at approximately 1% between 2007 and 2010 with the first significant increase in 2011 to 1,8%. For the next two years the percentage increased continuously up to 3,2% in 2012 and 3,7% in 2013.

When it comes to the percentage of tenants at risk of poverty throughout the years, between 2007 and 2010 the percentage remained constant, ranging between 1,1-1,6%. Between 2010 and 2011, Greek residence tenants faced a sharp increase in risk of poverty, increasing by 4,2 percentage points up to a total of 5,8%. This rate dropped by 1 percentage point in 2012 and went up to 9,7% in 2013.

Figure 21: Housing cost overburden rate by tenure status in Greece 2007 – 2013

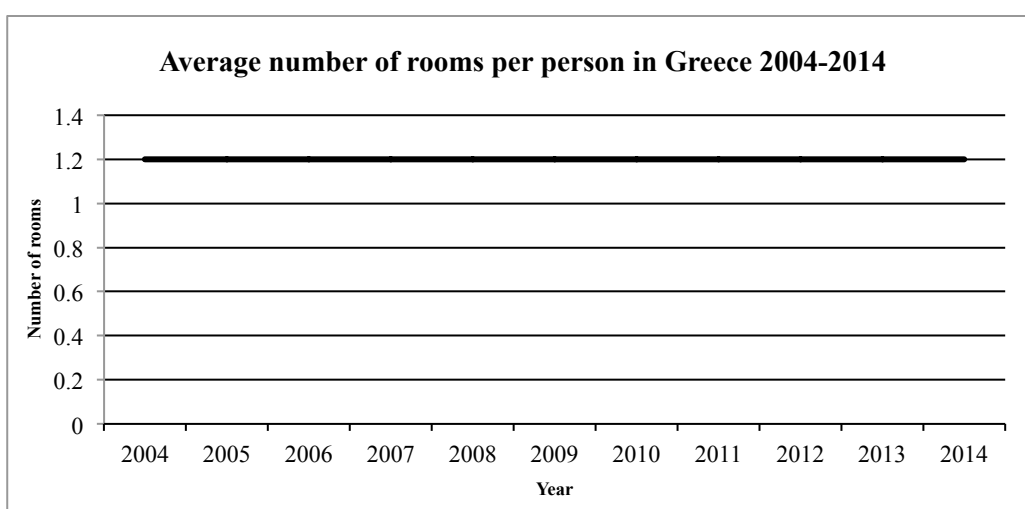


Source: Eurostat 2015l

In 2007 the housing cost overburden rate among owners with mortgages or loans was at 10,4%. Between 2007 and 2011 the rate fluctuated 10,2% and 11,9%. Between the year 2011 and 2012 the rate went up by 9,7 percentage points, reaching 21,6%. In the following year the rate increased further up to 28,6%.

In terms of tenants' housing cost overburden rate, the rate increased rapidly by 44,8 percentage points within only one year, with a total of 66,8% in 2008. Between 2008 and 2010, the rate first decreased moderately and then more sharply down to 36%. Between 2010 and 2013 the rate rose once more gradually by 22,3 percentage points to 58,3%.

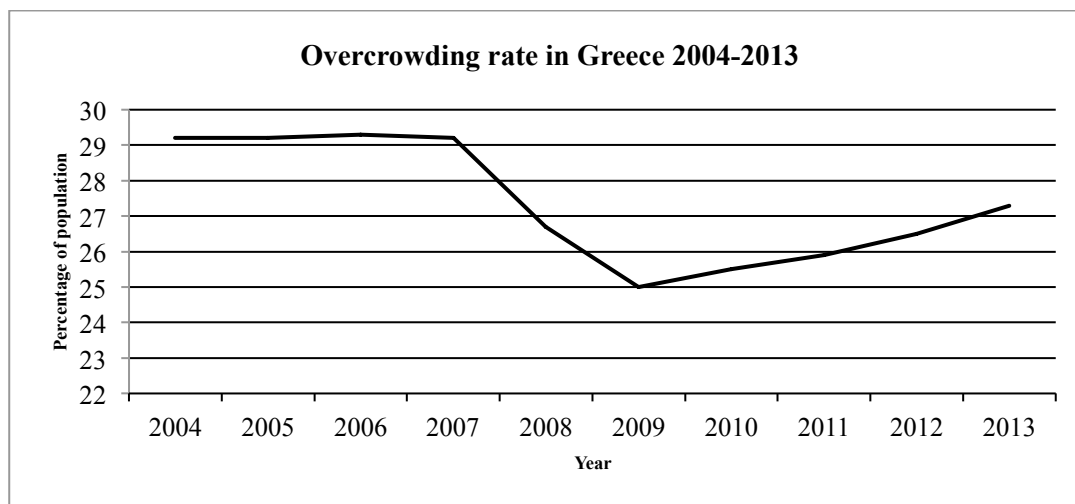
Figure 22: Average number of rooms per person in Greece 2004 – 2014



Source: Eurostat 2015v

Similarly to the average number of rooms per person recorded in Ireland, this number has not changed in Greece between 2004 and 2014, as is shown in figure 22. Throughout this ten-year period the number of rooms per person remained at 1.2 rooms.

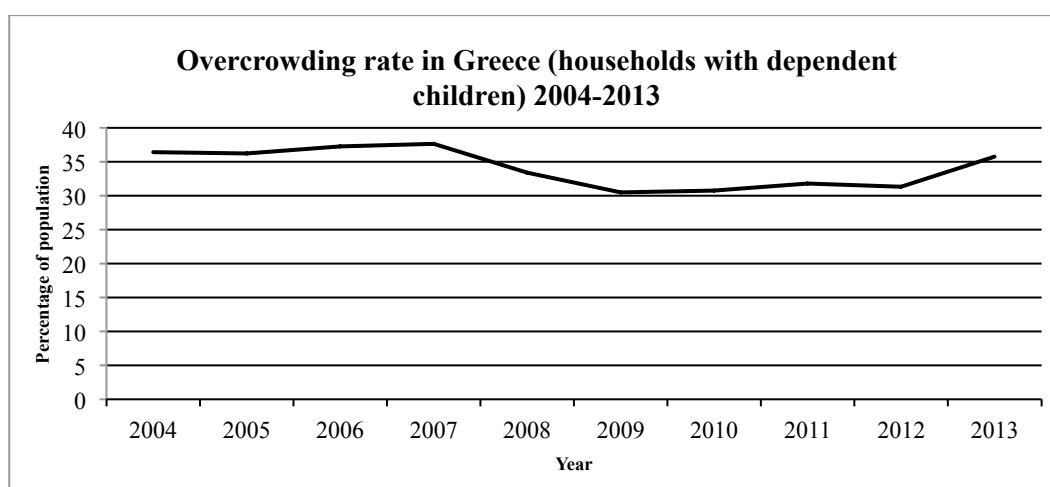
Figure 23: Overcrowding rate in Greece 2004 – 2013



Source: Eurostat 2015q

Figure 23 displays that between 2004 and 2007, overcrowding rates in Greece remained steady at 29,2-29,3%. Between 2007 and 2008, this rate decreased by 2,5 percentage points, leaving the total percentage of people living in overcrowded housing at 26,7%. Within the next year, the rate continued decreasing by another 1,7 percentage points down to 25%. The percentage only stayed at 25% in 2009, increasing again up to 25,5% in 2010. Steadily increasing, the rate went up to 27,3% in 2013, leaving it below the pre-crisis rate of 2007.

Figure 24: Overcrowding rate in Greece (households with dependent children) 2004 - 2013

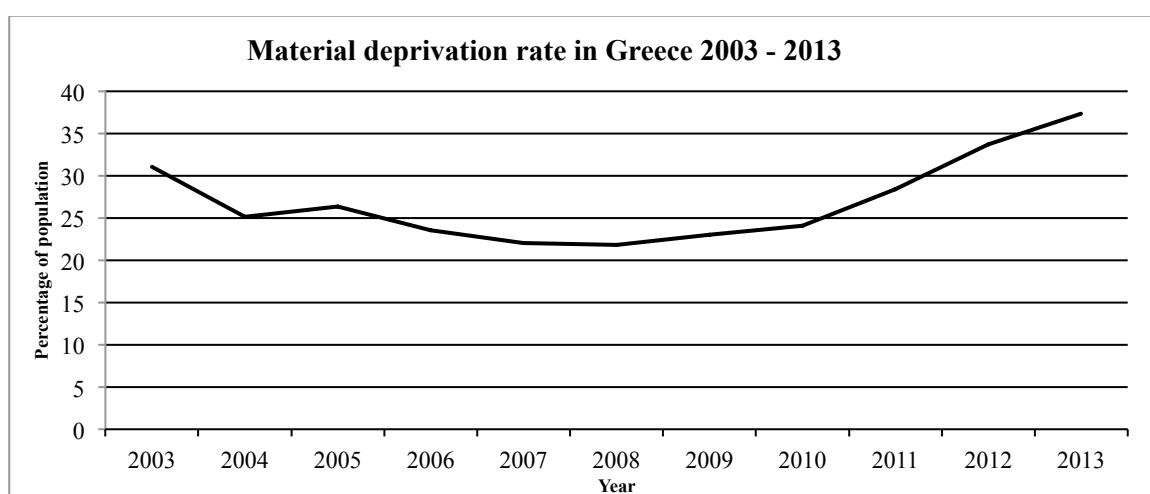


Source: Eurostat 2015p

Moving on to overcrowding in households with dependent children, as portrayed in figure 24, the rate remained quite steady between 2004 and 2007, ranging from 36,4-37,7%. From 2007 to 2008 the percentage decreased down to 33,4%, further decreasing in the year 2009, where the percentage remained at 30,5%. In 2011, the rate had increase slightly up to 31,8%, rising up to 35,8% in 2013, almost back to the rate recorded in 2004.

5.3 Income

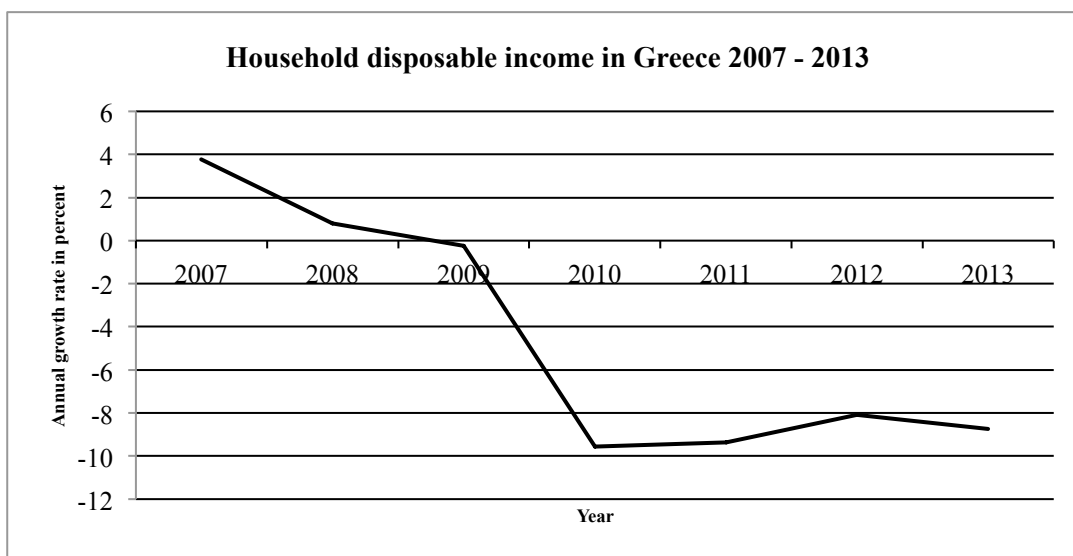
Figure 25: Material deprivation rate in Greece 2003 - 2013



Source: Eurostat 2015o

Greece faced a decrease of persons living with material deprivation between 2003 and 2008. In 2003 31% of people were materially deprived, which decreased by 4,7 percentage points until 2005 and by another 4,5 percentage points between 2005 and 2008. After hitting a low in 2008, the rate increased continuously until 2013. In 2010 24,1% of the Greek population was living in material deprived conditions and in 2013 the number had risen by 13,2 percentage points up to 37,3%.

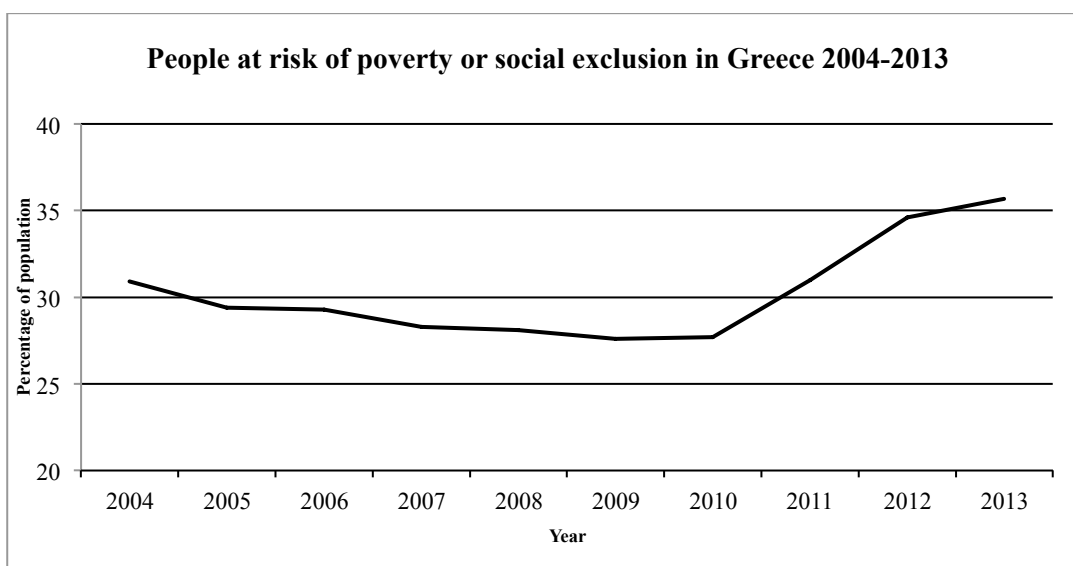
Figure 26: Household disposable income in Greece 2007 - 2013



Source: OECD 2015b

Figure 26 examines annual growth rates of household disposable income in Greece between 2007 and 2013. Between 2007 and 2009, growth decreased from 3,76% down to 0,8%. Between 2009 and 2010, annual growth rates experienced a sharp decline by approximately 9,3 percentage points down to -9,56% in only one year. Rates increased very gradually by approximately 1,2 percentage points in the following years, decreasing slightly again between 2012 and 2013, from -8,1% down to -8,74%.

Figure 27: People at risk of poverty or social exclusion in Greece 2004 – 2013

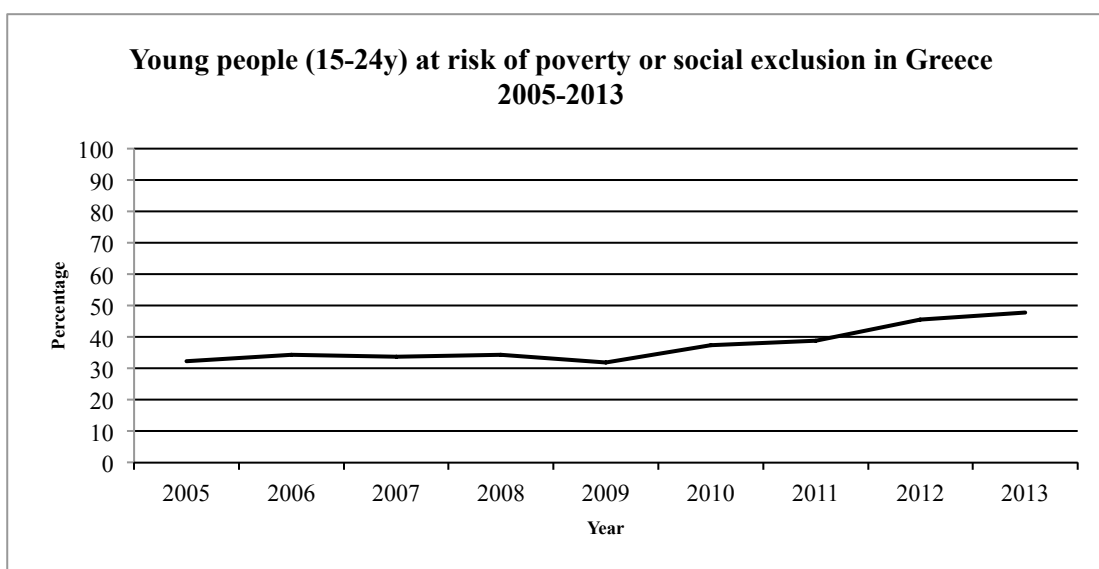


Source: Eurostat 2015r

In Greece, the percentage of people at risk of poverty or social exclusion decreased gradually between 2004 and 2010. Starting off at 30,9% in 2004, the rate dropped a total

of 3,2 percentage points to 27,7% in 2010. From 2010 the percentage increased suddenly by 2,3 percentage points in one year. Between 2011 and 2012 the percentage rose from 31% up to 34,6%. The year 2013 still recorded an increase, however it was steadier than previously, only increasing by 1,1 percentage points to 35,7% since 2012.

Figure 28: Young people (15-24y) at risk of poverty or social exclusion in Greece 2005 - 2013

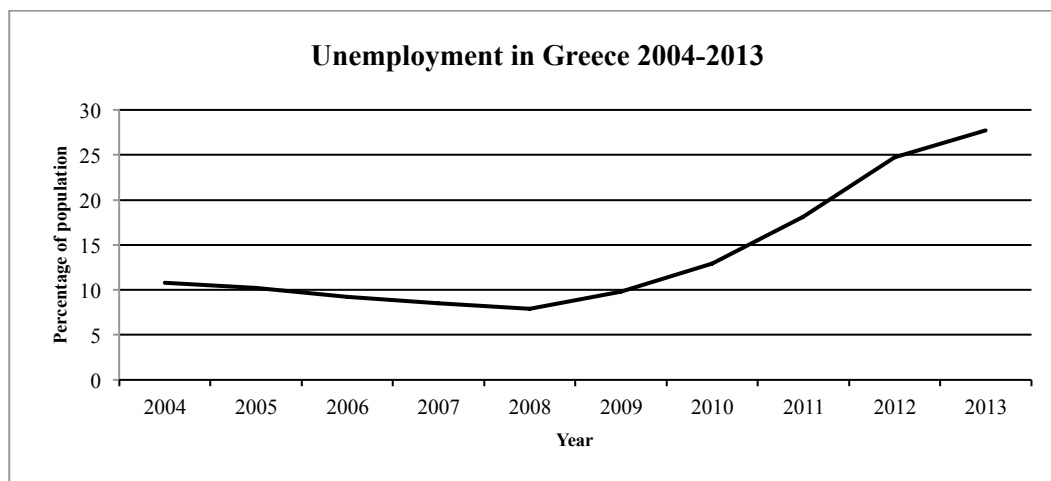


Source: Eurostat 2015s

Looking at figure 28, one can see how the percentage of young people at risk of poverty and social exclusion in Greece between 2005 and 2013 has developed. Between 2005 and 2008 numbers were fairly balanced, ranging between approximately 32-34%. In 2010 the risk of poverty for the youth population increased to 37,4% and increased within two years by 8,1 percentage points up to 45,5% in 2012. Between 2012 and 2013, the rate increased once again by 2,4 percentage points, reaching 47,9%.

5.4 Occupation

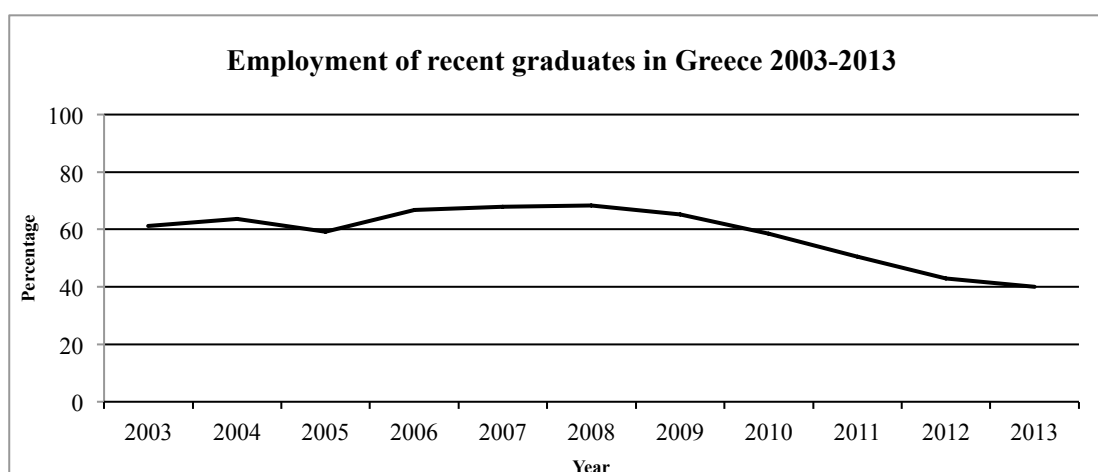
Figure 29: Unemployment in Greece 2004 – 2013



Source: OECD.StatExtracts 2015

Figure 29 shown above demonstrates unemployment rates throughout the past years in Greece. While unemployment was decreasing within the time period between 2004 and 2008, with the presence of the financial crisis beginning in 2008, unemployment increased *constantly*. In 2008 the unemployment rate was at 7,9% in comparison to 10,8% in 2004. Between 2008 and 2013, unemployment increased annually by an average of 3,96 percentage points, with the unemployment rate reaching 27,7% in 2013.

Figure 30: Employment of recent graduates in Greece 2003 – 2013

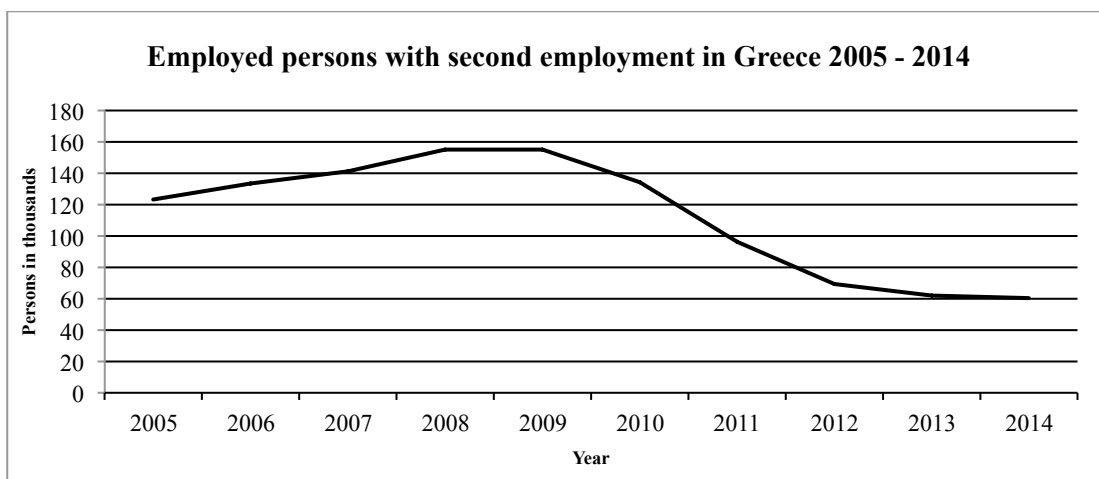


Source: Eurostat 2015k

Figure 30 shows the employment of recent graduates in Greece over a period of ten years, from 2003 to 2013. After a decrease of approximately 2 percentage points between 2003 and 2005, the employment rate of recent graduates increased by 7,6 percentage points up

to 66,8. Over the next two years, the employment rate continued to rise, peaking at 68,3% in 2008. Between 2008 and 2013, employment rates of recent graduates continuously decreased in Greece. In 2010, the rate was at 58,6%, decreasing by 15,6 percentage points during the following two years and finally decreasing down to only 40% in 2013.

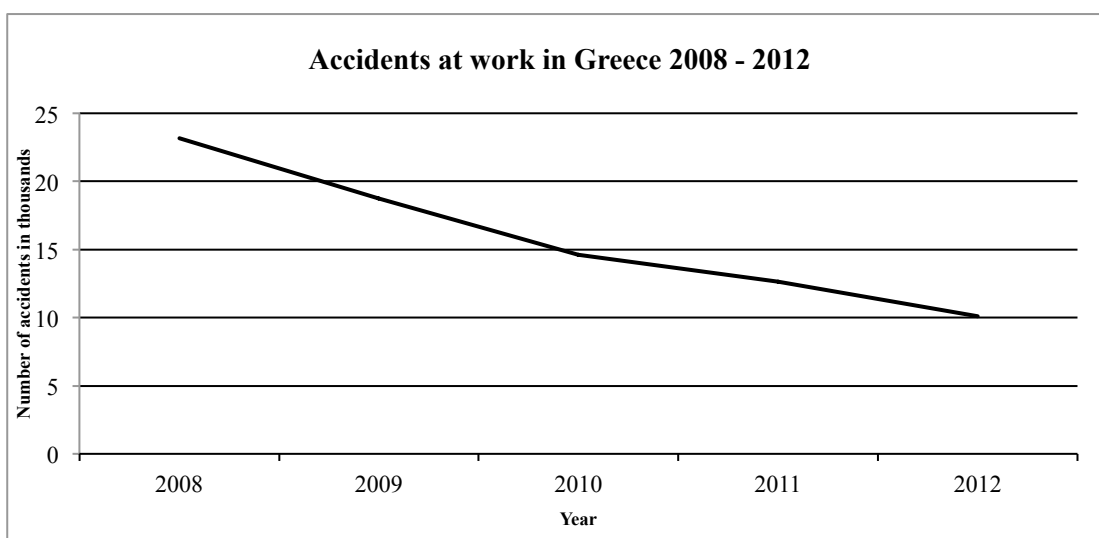
Figure 31: Employed persons with second employment in Greece 2005 - 2014



Source: Eurostat 2015j

The recorded number of employed persons with second employment in Greece in 2005, displayed in figure 31, was approximately 123,200. Between 2005 and 2008, the number increased steadily by roughly 26% up to 155,200 persons. Since then, the number has decreased quite drastically until 2012, reaching 69,500 in 2012. Between 2012 and 2014, the number of persons with second employment continued decreasing but not to the same extent as previously, reaching 60,200 in 2014.

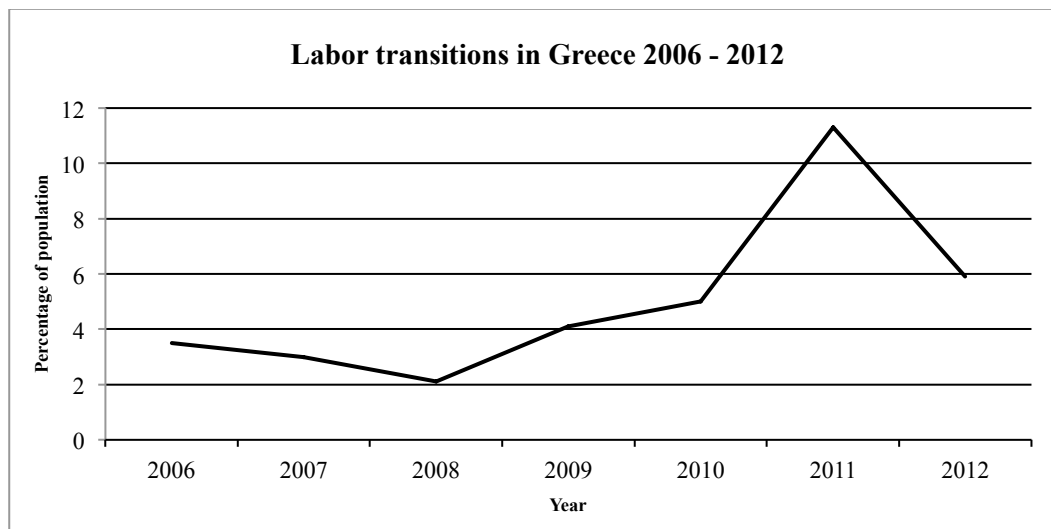
Figure 32: Accidents at work in Greece 2008 – 2012



Source: Eurostat 2015h

As is the case for the statistics on Ireland, the data found for this indicator does not cover as many years as the other ones do. However, it is still appropriate to look into, since it covers years that are still significant for this research. Between the years 2008 and 2012, accidents occurring at work decreased continuously. From 2008 to 2010 the number fell from 23,189 down to 14,624, a total of 37%. Continuing to decrease, between 2010 and 2012 the number of accidents happening in the work place declined by 31%, down to approximately 10,000.

Figure 33: Labor transitions in Greece 2006 - 2012



Source: Eurostat 2015n

Figure 33 shows labor transitions in Greece between 2006 and 2012. While decreasing from 3,5% down to 2,1% between 2006 and 2008, 2009 witnessed an increase of 2 percentage points up to 4,1%. The percentage of the population transitioning from employment to unemployment further increased gradually in 2010 to 5%. In 2011 the percentage rose more sharply, climbing a total of 6,3 percentage points within only one year. This increase did not last long and in the following year the percentage fell down to 5,9%.

6 Discussion of results

This section aims at discussing the results obtained through the analysis of the different indicators in the previous sections. As has been introduced previously, in order to discuss and illustrate the results further, the author will make use of the table presented in section 3.4. The author has categorized the summary of the findings by indicators and both countries will be discussed in the same category. Furthermore, the author is aware of the fact that in real life situations and health outcomes, all of the indicators are interlinked with one another and the analysis will therefore also link them to each other in the second part of the discussion.

Table 4: Summary of findings

Indicators	Case: Ireland			Case: Greece		
	Positive change	Negative change	No change	Positive change	Negative change	No change
Education						
18 year olds in education						
Young people who do not participate in either education or training						
Early leavers from education and training						
Housing						
Population at risk of poverty by tenure status	1		2		3	

¹ Tenants

² Owners

³ Tenants and owners

Housing cost overburden rate		4			5	
Average number of rooms per person						
Overcrowding						
Overcrowding in households with dependent children						
Income						
Material deprivation						
Household disposable income						
Total population at risk of poverty						
Young people at risk of poverty						
Occupation						
Unemployment						
Employment of recent graduates						
People with second employment						
Accidents at work						

⁴ Tenants and owners

⁵ Tenants and owners

Labor transition						
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6.1 Educational indicators

6.1.1 Ireland

Beginning with the first SEP indicator, education, in figure 1, showing 18 year olds in education in Ireland, one can see a positive change, since the number of 18 years olds in education increased between 2008 and 2012. In terms of early leavers from education and training portrayed in figure 2, one can note a positive change as well, due to the number of early leavers decreased continuously between 2009 and 2014. With the beginning of the financial crisis, the percentage of young people neither in employment nor in education or training has increased drastically, lasting until 2012, as has been examined in figure 3. This development constitutes a negative change and negative implications for the SEP of these people.

6.1.2 Greece

For 18 year olds in education, the Eurostat database was missing data for the year 2009, which is a crucial year for this research. Since this research relies on observing existing data, the author will not make assumptions on how the rate developed due to the financial crisis, because this does not become evident from looking at figure 17.

Furthermore, early leavers from education and training (figure 18) decreased after the hit of the financial crisis in 2009, which is interpreted as a positive change with more people staying in education or training. As one can see in figure 19, the percentage of young people neither in employment nor in education or training increased during the hit of the financial crisis and did not decrease within the following five years. According to table 2, the author interprets this as a negative change.

Concluding this section, one can say that the majority of the educational indicators point to a negative lowering of SEP of this population group.

6.2 Housing indicators

6.2.1 Ireland

Moving on to housing as an indicator for SEP, figure 4 dealing with risk of poverty by tenure status shows no significant change in the risk of poverty for owners. Therefore, one can make the assumption that this specific indicator does not have a significant effect on socioeconomic positions of owners. For the risk of poverty of tenants one can see a reduction starting in 2009 continuing until 2013. This decrease in risk of poverty is therefore interpreted as a positive change and thus positively affects SEP.

The next indicator that was analyzed for the housing category is housing cost overburden for owners with a mortgage or loan and tenants, looking into rent at market prices (figure 5). Since in 2008 the overburden rate for owners increased and remained higher than in pre-crisis years, the effect that this change has on SEP is a negative one. Shifting the focus towards tenants, it is a bit more difficult to establish the change that has occurred. However, since the rate was overall higher than before the crisis, the change will be coded as a negative one.

Figure 6 shows the development of average number of rooms per person in Ireland, showing a slight increase by 0.1 rooms between 2008 and 2009. Overcrowding rates as shown in figure 6 as well as overcrowding rates in households with dependent children in figure 8 have undergone a positive change looking into the years from 2008, decreasing for a number of years. This change can therefore be interpreted as having a positive effect on SEP.

In terms of housing indicators one can therefore say that the change has been more positive for the majority of the indicators, thus affecting SEP positively.

6.2.2 Greece

Continuing with the housing indicators and the changes they show, figure 20 shows how both owners and tenants faced greater poverty risk after the hit of the financial crisis, which is considered as a negative change with a negative impact on the population's socioeconomic position. According to figure 20, tenants face a greater risk of poverty than owners and negative impacts have increased more sharply for the group of tenants after the crisis. Figure 21 examines the rate of housing cost overburden for owners and tenants and in chapter five the development has been described and shows that with the hit of the crisis overburden cost decreased, constituting a positive change. However, since the number increased for a longer period of time in the following years and was higher than in pre-crisis years, the overall change was negative.

In terms of average number of rooms per person, as shown in figure 22, the change cannot be considered as positive or negative, since numbers stayed the same. Figure 23 illustrates housing overcrowding rates and the development from the hit of the crisis and the following years has been negative, since the rate has increased. In households with

dependent children, as presented in figure 24, the change has been very mild, however, since the country was still dealing with the crisis in 2013, one can interpret the change as negative, since the rate went up a few years after the beginning of the financial crisis.

Summarizing the findings for housing indicators in Greece, one can say that they have undergone a negative change, impacting the represented people's SEP in a negative manner.

6.3 Income indicators

6.3.1 Ireland

Figure 9 shows material deprivation in Ireland and the analysis of the indicator has shown an increase in material deprivation beginning in 2007 lasting for six years. One can interpret this increase as a negative change with an unfavorable influence on one's SEP. Moving on to indicators for income; household disposable income growth rates have decreased since 2007 and began to recover only slightly in the following years. As the coding table shows, this decrease in this change in annual growth of household disposable income is interpreted as a negative change. The total population and youth population at risk of poverty or social exclusion in Ireland examined in figures 11 and 12 have both increased in 2008 with an increase lasting multiple years. This is interpreted as a negative change in terms of SEP.

In terms of income indicators, all have developed negatively, having the same negative impact on SEP.

6.3.2 Greece

The development of material deprivation is presented in figure 25 and reveals a rise in material deprivation rates after the crisis. Therefore the change can be decoded as a negative one, as is defined in table 2. The succeeding group of indicators for measuring income begins with figure 26 and the presentation of annual growth of household disposable income in Greece. After 2007 the development of this indicator was negative, since income decreased. Figure 27 and figure 28 look into risk of poverty and social exclusion. The examination of these sets of data have uncovered a negative change for the total population at risk of poverty, as well as a negative change for young people at risk of poverty, due to an increase in risk.

6.4 Occupation indicators

6.4.1 Ireland

Focusing on occupation indicators, figure 13 has examined the development of unemployment rates in Ireland, which have increased sharply from the year 2008 and the four following years. This development is regarded as a negative change. Figure 14 shows a decrease in employment of recent graduates, which has decreased in 2008, which is interpreted as a negative change. Another indicator that was examined was the percentage of employed persons with second employment (figure 15), which has decreased from 2008 until rising again in 2012. Since this implies a decrease in household income, it is a negative change in terms of socioeconomic position. Lastly, figure 16 displays a rise in accidents occurring at work between 2009 and 2010. Such a development is considered as a negative change.

Therefore, one can claim that all occupational indicators for the Irish case point to a negative change, a lowering of represented people's SEP in the social hierarchy.

6.4.2 Greece

Figure 29 demonstrates an increase in unemployment rates in Greece from 2008 and lasting for many years. This increase in unemployment rates can therefore be regarded as a negative change with a negative influence of socioeconomic position. Continuing with the employment of recent graduates in figure 30 the years after the hit of the financial crisis have shown a decrease in employment of this group and is therefore considered as a negative change. Looking at figure 31 and the number of employed persons with second employment, it has decreased since the hit of the crisis, thus, being a negative change, since it implies a reduction in household income.

Moreover, figure 32, examining accidents at work in Greece, shows a positive change for socioeconomic position, since the number of accidents has decreased since the crisis. Lastly, figure 33 demonstrates an increase in labor transitions from employment to unemployment beginning in 2008 and lasting for three years. This shows how with the beginning of the financial crisis, job insecurity increased greatly, leaving more people in fear of the likelihood of losing their employment within the next year.

Apart from one indicator, all examined indicators demonstrate a negative change, implying negative effects on people's SEP.

6.5 SEP and future health

As is the case for both countries, the majority of the indicators for education hinted at a positive change in the analyzed time frame. According to Weber's theory, this positive change in the attendance in education will have great implications for the future of the group of people that were represented in these statistics. The reasons for this is since people in education for a longer period of time are subjected to a higher amount of knowledge and skills. According to Pampel et al., education develops skills to obtain, critically evaluate, and use information more efficiently and it allows one to self-direct towards different values, which includes health (2010: 9). This knowledge can decrease the risk of these groups of people of being susceptible towards health threatening lifestyle behaviors, such as the consumption of alcohol, tobacco, and drugs. Educated people become more aware of health awareness campaigns and can therefore incorporate these messages into their daily life. People with lower education, and those that have left their education early, are also more vulnerable to unhealthy weight gain, having a higher risk of suffering from obesity. This is the case, since highly educated people are more aware of unhealthy body weight and its consequences and are therefore more prone to taking the initiative to control and maintain a healthy weight (Pampel et al. 2010: 9). Since Ireland has witnessed increasing number of education attendance since the crisis, this will most likely have positive implications for the future. Greece has witnessed a more negative development in number of people attending education, being more at risk of such developments.

As the case study of Ireland has demonstrated, the number of early leavers from education has decreased and there were more 18 years olds in education after the crisis hit. This can impact these people's future SEP as adults positively, since they will be more likely to find employment with higher income. However, the indicator examining the number of young people until the age of 24 not attending education, training of employment and the employment of recent graduates "darkens" this prospect, since they were not able to find employment after graduating and did also not participate in further training programs either.

Christakis and Fowler have proven that educated people are more likely to influence their social network to give up health-damaging behavior, whereas early leavers of education do not manage to influence other people around them to take on measures to improve health (2008). The analysis has shown that both in Greece and Ireland attendance in education has increased since the beginning of the financial crisis, resulting in higher SEP and increasing the likeliness of these persons positively influencing their networks or being influenced themselves.

The reasons for people of different SEP to take on healthy decisions are quite distinct. For instance, Pampel et al. mention that more educated people and people with higher income take on healthy lifestyles with the hope of improving and extending their life years (2010: 6). This group of people would for instance quit smoking in order to extend their lifetime. In comparison, people with a lower SEP with lower income and less education

often make decisions to quit smoking or drinking based on financial reasons (Pampel et al. 2010: 6). Previous studies have shown that they are more willing to quit smoking for reasons of not being able to pay for their habit rather than to make a positive change for their future health. However, although many may argue that what matters is the fact that people are giving up these health threatening practices, this may not be the case. Quitting the consumption of tobacco or alcohol due to economic reasons can be regarded as being unstable, since they are not making the decision based on knowledge about the outcomes. In case their income was to increase, they may be more likely to take on these behaviors once again.

As this thesis has brought up at an earlier stage, higher income and lower risk of poverty falls under a persons “class”. Not lacking material resources can improve one’s SEP in terms of providing better health care, better education, as well as improve one’s mental well being in terms of participation in society. In direct relation to health, lower income is also known for decreasing awareness of healthy diets and physical exercise. Material deprivation and poor living conditions have been linked to chronic stress during every day life due to several reasons. People that suffer from material and economic deprivation through low income are chronically stressed through pressure to cover monthly expenses. Also, they have fewer possibilities to achieve goals they have set for themselves.

Furthermore, people suffering from material and economic deprivation encounter more negative life events ranging from unemployment, separation or divorce, and financial loss. In terms of their placement in society, these people often face discrimination, are marginalized and isolated, which are significant contributors to chronic stress in daily life (Pampel et al. 2010: 4). Chronic stress resulting from these events often leads to overeating; suffering from eating disorders, increase in smoking, and alcohol abuse (Pampel et al. 2010: 4). Even though many people engage in health threatening behavior such as smoking and alcohol consumption in order to relieve stress, a dependency on these is linked to creating even more stress in daily life (Pampel et al. 2010: 4).

Families with lower income often turn to unwholesome foods and therefore face a higher risk of suffering from obesity in their near or far future, increasing their risk of diabetes and other diseases (Pampel et al. 2010: 4). Having more monthly disposable income can therefore overcome barriers to accessing such services or goods. Measures to stay healthy are often quite costly, such as joining sports or fitness clubs, participating in weight loss programs, buying fruits and vegetables and high quality meat products (Pampel et al. 2010: 10). Since the financial crisis has led to a decrease in disposable income in both Ireland and Greece, people will have fewer resources to undertake measures that can immediately lead to an improvement in health.

As has been mentioned earlier, another factor that can trigger health outcomes are social support, social cohesion, and peer influence. Especially people facing the risk of social exclusion through poverty, which has increased in both Greece and Ireland after the hit of the crisis, can suffer from not participating in social groups. As alluded to at an earlier stage of the thesis, membership of social groups can be beneficial to health in a number of ways. Firstly, being part of a network of health-conscious family, friends, and

neighbors can support healthy lifestyle choices and exchange ideas and knowledge on how to make healthier choices. These people are often said to be part of a ‘spill-over’ effect, with different members of a network influencing each other’s behavior. In other words, persons with higher SEP often associate with other health-conscious persons that adopt healthy behavior, increasing health promotions and social support within their networks (Pampel et al. 2010: 12).

Related to both income and housing indicators for SEP, facing housing costs overburden can lead to financial instability, leading to material deprivation, and being able to afford less services and care. This could also directly influence housing conditions of a household in a negative way, which can increase the risk of disease.

As the theory chapter presents, there is a great correlation between housing and health. In terms of overcrowding, children living in overcrowded home have a ten times greater likelihood of contracting meningitis and a three times greater possibility of suffering from respiratory problems. Moreover, overcrowding can be linked to slower growth pace in children, as well as a higher risk of suffering from heart disease during adulthood (The Guardian 2014). In Ireland, overcrowding rates were not affected negatively by the financial crisis and have decreased. This means that household member in Ireland are less likely to directly contract infectious diseases, which are more common in overcrowded households. Greece was affected more negatively by changes in overcrowding rates, being more vulnerable to these situations.

Unemployment has a direct effect of one’s income, leading to people’s necessity of borrowing money. It is argued that many of these people are more prone to suffer from depression within several months of borrowing money and in general perceive their own health as poorer than before (Marmot and Wilkinson 2005: 83). Researchers have also established a correlation between unemployment and health-damaging behavior and lifestyle, however these note that it is important to view these effects as more long-term effects (Marmot and Wilkinson 2005: 85). It is argued that unemployment can be linked to self-destructive behavior such as suicide. While in many cases it may not solely be unemployment that leads to such behavior, unemployment leads to other life events that can decrease psychological well-being and in turn lead to suicide attempts (Marmot and Wilkinson 2005: 85).

Furthermore, employed persons with second employment can increase their income through multiple jobs. As has been discussed in the theory chapter, increased income is beneficial when it comes to providing better housing conditions, better quality education, as well as pay for better goods and services that can improve health.

Increasing rates of unemployment also lead to job insecurity, which is also referred to as a psychosocial threat. Unsatisfactory experiences at work and having a lower-status of work the previously can have the same effect as unemployment in many cases, leading to periods of depression (Marmot and Wilkinson 2005: 87). In times in which jobs are scarce, employees are often less worried about health or safety provisions of a given employment, leading to an increase in accidents and poorer health at work (Marmot and Wilkinson 2005: 82-83). In terms of labor transition, which also represents job insecurity, there was a negative effect on SEP in Greece, since the number people transitioning from employment

to unemployment within the following year increased. A high likelihood of labor transition from employment to unemployment can lead to extreme stress in daily life.

Marmot and Wilkinson claim that the self-perceived health of men and women who are unemployed can be expected to be quite poor (Marmot and Wilkinson 2005: 79). However, this does not exclusively mean that one's physical health deteriorates when unemployed. Rather, evidence also shows that ill people have higher chances of losing employment and less chances of finding new employment (Marmot and Wilkinson 2005: 80).

Since stress has been mentioned several times as a health-threatening effect of economic downturn, it will be focused on in more detail. As has been established, times in financial crises are often associated with higher levels of stress caused by higher unemployment rates, lower income and unfortunate housing situations. Stress is linked to negative health implications of health in two distinct ways. Firstly, there is a direct link through physiological ways. Secondly, there is also an indirect link between poor health and stress, since a person is likely to take on unhealthy behavior throughout stressful times. Wilkinson alludes to the latter, claiming that there are many ways in which psychosocial factors can influence health, one of which is through health related behavior (Wilkinson 1996: 185). Smoking has become a marker for socio-economic related stress. Regardless of financial hindrance to smoke, which would make one assume that poverty leads to a decrease in tobacco use, research suggests that increased poverty can lead to an increase of smoking (Wilkinson 1996: 185). Wilkinson claims that giving up smoking is often associated with higher levels of self-esteem and optimism and control of life (1996: 185).

There are other ways in which people respond to stressful life events. Apart from smoking, these include an increase of consumption of high-sugar and high-fat containing foods, drugs, and alcohol. In terms of nutrition and eating habits, when experiencing stressful life events, people have been diagnosed more often with eating disorders such as bulimia and binge eating (Wilkinson 1996: 186). Furthermore, with widening income differences and increased unemployment, the obese population is expected to grow due to eating more comfort foods and a decrease in physical activity (Wilkinson 1996: 186). Alcohol is often related to as a relaxant that can counter feelings of stress. Wilkinson points out that when it comes to alcohol consumption, internationally, alcohol-related deaths are related to income distribution (1996: 186).

Concluding the discussion of this research's results, since the examination of the statistics for SEP indicators has shown an overall negative change and therefore a lowering of SEP for members of Irish and Greek society. The implication of this is that health-damaging behavior that can lead to serious diseases, as well as chronic psychosocial stress can be expected to increase in the near and far future. As discussed above, Ireland is on its way to recovering from the financial crisis, Greece is still in the middle of it, with no recovery in sight for the near future. The Irish population has witnessed a lowering of SEP, however, since the country has entered into recovery and exited the bailout program after a few years of crisis, person's SEP that was low only due to the crisis, can be expected to heighten once more. Greece's outlook in terms of SEP of population is more negative, since unemployment rates have not recovered and are not likely to do so in the coming

years. Also, a study has shown that the longer unemployment lasts for people in Greece, the lower is the likelihood of these people finding new employment in future.

Ireland has not witnessed a change as negative as Greece throughout the past years. A very important factor for Ireland's future is the fact that most of the education and housing indicators have changed in a positive way, which will have important consequences for the population transitioning from youth to adulthood in the coming years. Since Ireland has managed to enter a recovery phase, one can only assume that people may not be exposed to these circumstances for a long-lasting time period. Greece's inability to deal with the crisis efficiently and in a successful manner so far, could have very health damaging effects on the population through lowering many people's status in society and causing high risks of diseases, psychological stress, and involvement in unhealthy lifestyle behavior.

7 Conclusion

The research question that this thesis has sought to answer was “how has the financial crisis affected socioeconomic positions in Ireland and Greece and how can this in turn influence possible future health outcomes?”. In order to answer this question, a quantitative case study was conducted and guided mainly by Weber’s approach to socioeconomic positions. Thus, this thesis has analyzed several educational, housing, income, and occupational indicators of socioeconomic position and linked the findings to long-term outcomes on health, which have been established in previous research. The findings of the research suggest that socioeconomic positions in Ireland and Greece have developed negatively since the outbreak of the financial crisis. This implies that represented population groups are more likely to face adverse health effects in both short and long-term.

Since this thesis was limited in its scope, there are many different possibilities in which this research can be expanded with further research. A possibility could be to not only select the four indicators used in this study, but additional ones from different theoretical backgrounds, for example birth rates and youth and ageing employment, etc. Conducting such a study in several years would allow the researcher to directly measure certain health outcomes that are otherwise not measurable in the short term. This could lead to a more concrete result of how the crisis has affected the health of the society in multiple ways. Moreover, one could research the socioeconomic development of health after the crisis by taking a more qualitative approach. This could be completed by doing a field study and interviews asking people questions about how they perceive how their health may change due to the crisis, focusing more on indicators such as self-perceived health. A further possibility would be to look into most-similar cases, such as analyzing cases representing the same welfare model. These mentioned approaches would broaden the research and provide different conclusion through different theoretical perspectives when it comes to how health has affected the society after the financial crisis.

8 References

- Alderman, L. (2015) “Explaining the Greek Debt Crisis” [online] Available at: http://www.nytimes.com/2015/04/09/business/international/explaining-the-greek-debt-crisis.html?_r=0. [Accessed 10 May 2015].
- American Psychological Association (2015) “Socioeconomic Status” [online] Available at: <http://www.apa.org/topics/socioeconomic-status/>. [Accessed 18 May 2015].
- Athanassiou, E. (2009) Fiscal Policy and the Recession: The Case of Greece. *Intereconomics – Center for European Policy Studies*, pp. 364-372.
- BBC (2012) “Eurozone crisis explained” [online] Available at: <http://www.bbc.com/news/business-13798000>. [Accessed 8 May 2015].
- Burgard, S. and Lin, K. (2013) Bad Jobs, Bad Health? How Work and Working Conditions Contribute to Health Disparities. *Am Behav Sci.*, 57(8), pp. 1-19.
- Christakis, N., and Fowler, J. (2008) The collective dynamics of smoking in a large social network. *New Engl. J. Med.*, 358, pp. 2249-2258.
- Coakley, C. (2015) “Ireland Shares Lessons After Its Recovery From The Sovereign-Bank Loop” [online] Available at: <http://www.imf.org/external/pubs/ft/survey/so/2015/CAR020615A.htm>. [Accessed 4 May 2015].
- Cutler, D.; Knaul, F.; Lozano, R.; Méndez, O.; and Zurita, B. (2000) Financial Crisis, Health Outcomes and Aging: Mexico in the 1980s and 1990s. *Working paper series / National Bureau of Economic Research*, No. 7746, pp. 3-32.
- Deaton, A. and Paxson, C. (2001). Mortality, Education, Income, and Inequality among American cohorts. In: Wise, D. *Themes in the Economics of Aging*. Chicago: University of Chicago Press, pp. 129-170.
- European Commission (2012) “Ireland's economic crisis: how did it happen and what is being done about it?” [online] Available at: http://ec.europa.eu/ireland/key-eu-policy-areas/economy/irelands-economic-crisis/index_en.htm. [Accessed 3 May 2015].
- European Commission (2014a) “Why did the crisis happen?” [online] Available at: http://ec.europa.eu/economy_finance/explained/the_financial_and_economic_crisis/why_did_the_crisis_happen/index_en.htm [Accessed 1 March 2015].

- European Commission (2014b) "Why did the crisis spread?" [online] Available at: http://ec.europa.eu/economy_finance/explained/the_financial_and_economic_crisis/why_did_the_crisis_spread/index_en.htm [Accessed 1 March 2015].
- European Commission (2014c) "Assisting countries in trouble" [online] Available at: http://ec.europa.eu/economy_finance/explained/the_financial_and_economic_crisis/assisting_countries_in_trouble/index_en.htm [Accessed 1 March 2015].
- European Union Open Data Portal (2015) "18-year-olds in education" [online] Available at: <https://open-data.europa.eu/en/data/dataset/nJjJNdT2YsgDCf29jY6kw>. [Accessed 7 May 2015].
- Eurostat (2010) "Glossary: Unemployment" [online] Available at: <http://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:Unemployment>. [Accessed 6 May 2015].
- Eurostat (2014a) "Glossary: Overcrowding rate" [online] Available at: http://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:Overcrowding_rate. [Accessed 6 May 2015].
- Eurostat (2014b) "Glossary: At risk of poverty or social exclusion (AROPE)" [online] Available at: [http://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:At_risk_of_poverty_or_social_exclusion_\(AROPE\)](http://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:At_risk_of_poverty_or_social_exclusion_(AROPE)). [Accessed 6 May 2015].
- Eurostat (2014c) "Accidents at work statistics" [online] Available at: http://ec.europa.eu/eurostat/statistics-explained/index.php/Accidents_at_work_statistics. [Accessed 15 May 2015].
- Eurostat (2015a) "Overview" [online] Available at: <http://ec.europa.eu/eurostat/about/overview>. [Accessed 17 March 2015].
- Eurostat (2015b) "What we do" [online] Available at: <http://ec.europa.eu/eurostat/about/overview/what-we-do>. [Accessed 17 March 2015].
- Eurostat (2015c) "Overview" [online] Available at: <http://ec.europa.eu/eurostat/web/quality/overview>. [Accessed 17 March 2015].
- Eurostat (2015d) "Income and living conditions (ilc)" [online] Available at: http://ec.europa.eu/eurostat/cache/metadata/en/ilc_esms.htm. [Accessed 6 May 2015].
- Eurostat (2015e) "Employment rates of recent graduates" [online] Available at: http://ec.europa.eu/eurostat/cache/metadata/en/tps00053_esmsip.htm. [Accessed 6 May 2015].
- Eurostat (2015f) "Material deprivation rate by sex" [online] Available at: <http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tessi080&plugin=1>. [Accessed 9 May 2015].
- Eurostat (2015g) "18-year-olds in education" [online] Available at: <http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&plugin=1&pcode=tps00060&language=en>. [Accessed 18 May 2015].

- Eurostat (2015h) “Accidents at work by type of injury and severity” [online] Available at: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hsw_mi07&lang=en. [Accessed 18 May 2015].
- Eurostat (2015i) “Early leavers from education and training, age group 18-24” [online] Available at: <http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tesem020&plugin=1>. [Accessed 18 May 2015].
- Eurostat (2015j) “Employed persons having a second job by sex and professional status of both jobs” [online] Available at: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=lfsa_e2gps&lang=en. [Accessed 18 May 2015].
- Eurostat (2015k) “Employment rates of recent graduates” [online] Available at: <http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&plugin=1&pcode=tps00053&language=en>. [Accessed 18 May 2015].
- Eurostat (2015l) “Housing cost overburden rate by tenure status” [online] Available at: <http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tessi164&plugin=1>. [Accessed 18 May 2015].
- Eurostat (2015m) “Intersections of Europe 2020 Poverty Target Indicators by tenure status” [online] Available at: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_pees08&lang=en. [Accessed 18 May 2015].
- Eurostat (2015n) “Labour transitions by employment status” [online] Available at: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_lvhl30&lang=en. [Accessed 18 May 2015].
- Eurostat (2015o) “Material Deprivation rate by sex” [online] Available at: <http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tessi080&plugin=1>. [Accessed 18 May 2015].
- Eurostat (2015p) “Overcrowding rate by household type” [online] Available at: <http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tessi175&plugin=1>. [Accessed 18 May 2015].
- Eurostat (2015q) “Overcrowding rate by sex” [online] Available at: <http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tessi170&plugin=1>. [Accessed 18 May 2015].
- Eurostat (2015r) “People at risk of poverty or social exclusion” [online] Available at: http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=t2020_50&plugin=1. [Accessed 18 May 2015].
- Eurostat (2015s) “Young people at risk of poverty or exclusion by sex and age” [online] Available at: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=yth_incl_010&lang=en. [Accessed 18 May 2015].

- Eurostat (2015t) “Young people neither in employment nor in education and training (15-24 years)” [online] Available at: <http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&plugin=1&pcode=tipslm90&language=en>. [Accessed 18 May 2015].
- Eurostat (2015u) “At-risk-of poverty rate by tenure status” [online] Available at: <http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&plugin=1&pcode=tessi125&language=en>. [Accessed 18 May 2015].
- Eurostat (2015v) “Average number of rooms per person by type of household and income group from 2003” [online] Available from: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_lvho04&lang=en. [Accessed 15 May 2015].
- Galobardes, B.; Shaw, M.; Lawlor, D.; Lynch, J.; Smith, G. (2006) Indicators of socioeconomic position (part 1). *J Epidemiol Community Health*, 60, pp. 7-12.
- Garfield, R. and Santana, S. (1997) The Impact of the Economic Crisis and the US Embargo on Health in Cuba. *American Journal of Public Health*, vol. 87(1), pp. 15-20.
- Gerring, J. (2007) *Case Study Research: Principles and Practices*. Cambridge University Press: Cambridge.
- Halperin, S. and Heath, O. (2012) *Political Research: Methods and Practical Skills*. New York: Oxford University Press.
- Husain, M. (2009) Contribution of Health to Economic Development: A Survey and Overview. *Economics Discussion Papers*, No 2009-40, Kiel Institute for the World Economy, pp. 2-39.
- Larson, C. and Mercer, A. (2004) Global health indicators: an overview. *Canadian Medical Association or its licensors*, vol. 171(10), pp. 1199-1200.
- Larson, J. (1991) *The Measurement of Health: Concepts and Indicators*. Greenwood Press: Wesport.
- Learneurope (2015) “Models of the Welfare State in Europe” [online] Available at: <http://www.learneurope.eu/index.php?cID=300>. [Accessed 14 March 2015].
- Liberatos, P.; Link, B.; Kelsey, J. (1988) The Measurement of Social Class in Epidemiology. *Epidemiologic Reviews: The Johns Hopkins University School of Hygiene and Public Health*, Vol. 10, pp. 87-121.
- Lor, P. (2011) “Methodology in comparative studies (draft)” [online] Available at: <http://peterlor.com/the-book/>. [Accessed 19 March 2015].
- Marmot, M. and Wilkinson, R. (2005) *Social Determinants of Health*. 2nd ed. Oxford University Press: Oxford.
- May, T. (2001) *Social Research: Issues, methods and process*. Open University Press: Berkshire.
- Nelson, R.; Belkin, P.; and Mix, D. (2010) Greece’s Debt Crisis: Overview, Policy Responses, and Implications. *Congressional Research Service*, 7-5700, pp. 1-14.

- Neuendorf, K. (2002) *The Content Analysis Guidebook*. Sage Publications: Thousand Oaks.
- OECD (2015a) “OECD Data Collection Programme” [online] Available at: <http://www.oecd.org/statistics/data-collection/>. [Accessed 18 May 2015].
- OECD (2015b) “Household accounts” [online] Available at: <https://data.oecd.org/hha/household-disposable-income.htm>. [Accessed 18 May 2015].
- OECD.StatExtracts (2015a) “Short-Term Labour Market Statistics” [online] Available at: <http://stats.oecd.org/Index.aspx?DatasetCode=STLABOUR#> [Accessed 18 May 2015].
- Pampel, F.; Krueger, P.; and Denney, J. (2010) Socioeconomic Disparities in Health Behaviors. *Ann Rev Sociol*, 36, pp. 1-23.
- Pearce, J. (2013) Financial crisis, austerity policies, and geographical inequalities in health. *Environment and Planning A*, 45, pp. 2030-2045.
- Pharr, J.; Moonie, S.; and Bungum, T. (2011) The Impact of Unemployment on Mental and Physical Health, Access to Health Care and Health Risk Behaviors. *International Scholarly Research Notices Public Health*, pp. 1-7.
- Popham, F.; Williamson, L.; and Whitley, E. (2015) Is changing status through housing tenure associated with changes in mental health? Results from the British Household Panel Survey. *J Epidemiol Community Health*, vol. 69(6), pp. 6-11.
- Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.
- The Guardian (2014) “The three housing problems that most affect your health” [“] Available at: <http://www.theguardian.com/society-professionals/2014/aug/08/housing-problems-affect-health>. [Accessed 14 May 2015].
- Wilkinson, R. (1996) *Unhealthy Societies: The Afflictions of Inequality*. London: Routledge.
- World Bank (2015) “Financial Crisis” [online] Available from: <http://www.worldbank.org/financialcrisis/bankinitiatives.htm>. [Accessed 18 May 2015].
- World Health Organization (2015) “Social Determinants of Health” [online] Available at: http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/. [Accessed 14 May 2015].
- Yin, R. (2009) *Case Study Research: Design and Methods*. 4th ed. Sage Publications: Thousand Oaks.
- Yuill, C.; Crinson, I.; Duncan, E. (2010) *Key Concepts in Health Studies*. SAGE Publications: Thousand Oaks.