

Long-Term and Discouraged Unemployment in Urban Centers: Investigating Quality of Life, Material Deprivation and Financial Support from the Family

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ABSTRACT

Aim: The investigation of the impact of long-term and discouraged unemployment on the quality of life of the unemployed in urban centers and the detection of the cause of material deprivation and possible financial support from the family.

Method: The present study was conducted using the random stratified sampling method. The study population consisted of 159 long-term and discouraged unemployed. The tools used were the SF-36 questionnaire for the investigation of the quality of life and the EU-SILC tool for the detection material deprivation.

Results: The lowest scores on quality of life were detected in the dimensions "emotional role" and "mental health" with an average score of 44.30% (SD = 43.94 and CI = 37.39-51.20) and 50.17% (SD = 24.35 and CI = 46.34-54.00) respectively.

The ANOVA variation analysis related the material deprivation to the dimensions of general health ($p = 0.034$) and mental health ($p = 0.002$) and estimated that it caused a decrease of 7,527 points and 13,066 points respectively.

Conclusions: Employment loss implies the occurrence of mental and social dysfunction, which often immobilizes the person so that he does not ask for a job. Material deprivation is the biggest aggravating factor in declining the quality of life. Financial support from the family drives long-term and discouraged unemployed away from the risk of material deprivation. However, due to the severe economic crisis, assistance is provided only to its new unemployed members and not, as in previous decades, to children who have started their own families.

It is considered necessary the reorganization of the social protection system and the formation of active integration programs by connecting the future needs of the market with the educational programs of the unemployed.

Keywords: long-term unemployed, discouraged unemployed, quality of life, material deprivation, social protection

INTRODUCTION

The global financial crisis has derived from the high market leverage and in the case of Greece the debt crisis is also due to the endogenous cause of difficult

fiscal management. ⁽¹⁾ The country's economy has been confined at a low level of production, inadequate investments, declining wages, social spending and purchasing power and has caused the rapid

increase of the unemployment rate. Systematically led to the increase of the unemployment: a) the outflow of capital and deposits from business groups that did not rely on the development model of the redistributive economic justice b) the reduction of public sector expenditures that also caused turnover minimization of the cooperating private enterprises and c) the work cessation on the construction sector due to the suspension of providing mortgage loans. ⁽²⁾ It is predicted that the unemployment rate will hardly go down to percentages smaller than 17% by 2026, even if the most favorable outcome of annual GDP growth of the 3.5% -4% rates prevails. ⁽³⁾ The consequence of this treaty is that a great portion of the workforce can be found without employment for a long period of the active working life, resulting in long-term unemployment to lead to discouraged unemployment causing serious social problems. ⁽⁴⁾

Long-term unemployment

Long-term unemployment is considered the more than twelve months' abstinence from employment. Men, young people with low education and those working in declining occupations are the groups that comprise the majority of the long-term unemployed. Globally and specifically in Greece, 83.44% of the long-term unemployed have the necessary and only education, which necessitates their specialized education. Long-term unemployment attenuates people's skills due to lack of use, causing a devaluation of human capital as this category of workforce moves away from the ability to find a well-paying occupation and turns them into discouraged unemployed. ⁽⁵⁾

Discouraged unemployed

The discouraged unemployed are characterized as a shadowy category in the labor market and their difference from the unemployed is that in the last four weeks they have not been available and have not actively sought work, a condition that characterizes the unemployed. ^(6,7) The skyrocketing number of this population

group which is certainly related to long-term unemployment, in combination with the inadequate employment programs turns long-term unemployment into discouragement. ⁽⁴⁾ The Bureau of Labor Statistics (BLS) of the United States and the GSEE Research Institute in Greece propose alternative measurements that complement the formal unemployment with a more comprehensive picture of the labor market. In the alternative measurement, with the employed and the unemployed are also counted the discouraged unemployed. ^(8,4)

Unemployment and place of residence

Poverty has moved from rural areas to urban centers, and the invasion of the financial crisis in Greece has afflicted the middle class. ⁽⁹⁾ According to studies, the areas where residents are involved in tourism and agricultural occupations are less affected by the impact of the economic crisis. ⁽¹⁰⁾ Cities have always been centers of opportunity but at the same time they are often a focal point for social problems where increased rates of poverty and social exclusion occur. High unemployment rates lead to inequalities in health, education and housing and also to low living standards, a phenomenon that is taking place in the cities of the western states of the European Union. ⁽¹¹⁾ The capital region has seen the largest rise in unemployment that afflicted the country since the austerity measures. Young people up to the age of 29, immigrants, employed in the processing and trade sectors were the recipients of the financial recession. ⁽¹²⁾

Material deprivation

The current economic crisis exacerbates the extreme and absolute poverty and creates new high-risk poverty groups. ⁽¹³⁾ A study conducted in Greece on inequality and poverty from 2009-2014 showed that the rise in poverty particularly affected the unemployed, the self-employed, the young, the middle-aged, families living in Athens and families paying rent or loans for it their housing. ⁽¹⁴⁾ The level of prosperity of an individual is shaped by the degree of income poverty and is related to

the amount of social spending as a percentage of each country's GDP but mainly to their effectiveness. 50% of the unemployed in Greece face material deprivation problems due to the fact that for the most part the social protection expenditures cover pension needs. ⁽¹⁵⁾ The magnitude of the deprivation is in fact an important indicator that reflects the socio-economic inequalities and the general quality of life. ⁽¹⁶⁾

Family as a social protection net

In Greece, a residual social protection model is being implemented that is disadvantaged due to the institutional and operational inefficiency of its mechanism and the lack of funding for active integration policies. ⁽¹⁷⁾ Excessive and reckless spending on pensions and care deprived the money needed to support financially weak groups, and the grid from the social protection net was formed without coherence. ⁽¹⁸⁾ The family in Greece traditionally fills the gap left by the social policy programs. Greek society considers that the family is responsible for providing assistance to the unemployed and its dependent members. After the deep wave of the crisis, the family activated the mechanism for supporting young people's stay in the family home, in order to reduce the expenditures of young people who are greatly affected by long-term unemployment. ⁽¹⁹⁾

Unemployment and quality of life

Health and quality of life together form a «*multidimensional social phenomenon*» that operates based on the satisfaction of human needs. Social conditions, financial affluence, physical heartiness and mental balance are the most important determinants of health and quality of life. Occupation affects the quality of life not only because of the income it produces but also because of the role it plays in giving people an identity and opportunities to socialize with others. Paid occupation consumes a significant portion of their time and creates a sense of fulfillment and happiness. ⁽²⁰⁾ Unemployment is a «*residual*

use of resources», determines the productive gap, inhibits the prosperity of a population and is considered the economic phenomenon with the greatest gravity and systemic impact in various sectors. ⁽²⁾ In the case of an individual's financial difficulties, in addition to living problems, it is also been caused collapse of his symbols, a condition that leads many scholars to believe that the loss of occupation also causes the appearance of psychiatric disorders. ⁽²¹⁾ According to studies, the unemployed report significantly higher stress, depression, health problems and reduced vitality. ⁽²²⁾ Long-term unemployment is often the precursor to poverty and social exclusion and poses an increased risk of mortality and high morbidity. ⁽²³⁾ Although the phenomenon of unemployment is related with the general state of health, this research study is the first investigation of long-term unemployed population in Greece and raises expectations that added scientific value will be achieved. The aim of the research is to investigate whether long-term and discouraged unemployment, depending on the demographic factors, have negative effect on the quality of life of the unemployed living in urban centers, to prove whether they have been subjected to material deprivation and also if they receive financial support from the family. Research and data collection that studies social inequalities and economic resources fluctuations produces new knowledge, on which are based the proposals for the implementation of the socio-economic measures in order to be achieved social equality in the promotion, prevention and provision of health.

MATERIALS AND METHODS

Planning

The present study is a cross-sectional study which random stratified sampling was performed.

Study sample

The studied population consists of long-term and discouraged unemployed. The geographical approach was made with the

criterion of convenience as the respondents came out of a field office of the Labor Employment Organization of the Athens region. Also, an attempt was performed to prevent bias so as not to be caused misclassification. Specifically, there was avoidance of discrimination and selection of participants (selection bias) and the researcher maintained a neutral emotional attitude so as not to be caused tense to the respondents and give wrong information (information bias). The sample of the survey consisted of 159 participants, the selection criteria were the more than twelve months abstention from occupation and the last was their ability to speak the Greek language.

Data collection

The collection of the empirical material of the research was carried out in the presence of the researcher during the last four months of 2017, after a pilot study was initially conducted with 30 participants during which no malfunction was reported. The closed-ended questionnaire used consisted of three sections:

A. Social and demographic characteristics of the participants. It included questions about gender, age, unemployment period, level of education, cohabitation, the existence of children, the property status of the family and financial support from the family.

B. SF-36 Questionnaire. The quality of life measurement questionnaire sf-36 has been widely used in population studies in the European Union and the United States. The Greek translation and validation of SF-36 has been successfully tested in repeated surveys with high levels of reliability and validity by Professor Sarris and associates (24-26) and has been applied in related studies in the field of health, social care, social protection by also other researchers. It has very good reliability and validity and provides the ability to sum the available aggregate scores. (27)

It is a versatile, short questionnaire with 36 questions consisting of eight scales that are classified by four in the category of physical

health and mental health. In detail, the scales are the following: (24-26)

PF: Physical Functioning: indicates the degree to which respondents' perceptions of their quality of life are affected by their physical condition.

RP: Role Physical: refers to the degree to which the performance of respondents from their roles in daily activities is hindered by the physical condition of their health.

BP: Bodily Pain: depicts to what extent the respondents' experience about physical pain prevents their performance from daily activities, including their housework.

GH: General Health: The perception of general health is estimated in terms of concepts such as excellent, very good, good, moderate, or poor health compared to other people of the same age, as the respondent himself feels.

VT: Vitality: is related to the respondent's experience about the feeling of energy and or vice versa of fatigue and tiredness.

SF: Social Functioning: refers to social activities and interaction with other members such as family members, friends, neighbors and other social relationships.

RE: Role Emotional: evaluates the degree to which the respondent's emotional state, e.g. depress or anxiety, inhibits his daily functions.

MH: Mental Health: estimated by the degree to which the respondent feels complete, happy, calm and peaceful, or on the contrary feels very nervous, tired.

The rating of each dimension can be transformed by its reduction to a percentage (%) ratio, where the value 0 represents the minimum possible score and the value 100 (excellent health) the maximum possible score scale.

C. Material deprivation measurement EU-SILC. According to EUROSTAT's EU-SILC procedure of measurement, in European Union countries nine questions are formed that investigate the material deprivation. (28) In Greece, this research is undertaken by the Hellenic Statistical Service (EL.STAT). The material factors that form a decent standard of living and to

which the individual cannot meet, not by choice but due to financial hardship are listed in nine objects/situations and five of them should definitely be covered so that there is no serious material deprivation: the possession of color television, telephone, washing machine and passenger car as well as the consumption of meat, fish and vegetables of equal protein value day by day, the ability to systematically pay fixed bills (electricity and water costs, rent, loan installment), the expenditure for a week of vacations annually, the satisfactory heating of the house in winter and the treatment of an extraordinary but necessary expense of 540 euro. ⁽¹⁵⁾

Issues of ethics

For the conduct of the present research study, a special license was granted for the use of the Greek version of the sf-36 questionnaire by its authors and the participation of the respondents was anonymous since their informed consent had been secured first. Participants were informed about the duration of the survey, the ability to discontinue any time they wish, and the commitment that the data will be used solely for the specific purpose of the study.

STATISTICAL ANALYSIS & RESULTS

Data analysis was conducted with the statistical program Statistical Package for Social Sciences (SPSS), version 21.0, the audits performed were bilateral and their conduct was performed at a significance level of 0.05. To ensure the reliability and internal relevance of this version of the questionnaire, the Cronbach's alpha coefficient was calculated and values > 0.7 were estimated in all eight dimensions.

In descriptive statistics, for the description of the qualitative variables were used the absolute (N) and the relative (%) frequencies. In the inductive statistic, for the comparison of the mean values was used the non-parametric Mann-Whitney U test due to the irregular distribution of the sample and for the multiple comparisons the non-

parametric Kruskal-Wallis H test. Posthoc test were followed on the categories of the variable by pairs using Mann-Whitney U in order to be determined which specific categories featured statistical significance.

Regarding the estimation of the variance of a factor's impact, the ANOVA method was used for all variables that met the condition of the homoscedasticity, regularity and independence of the errors. Then, a statistical analysis followed using relevance tables in order to be audited the independence of variables with the statistical test X^2 and the use of Phi and Cramer's test as it concerns the binary variables, while Cramer's V test was used for variables with more categories.

The study sample consisted of 159 long-term and discouraged unemployed individuals. Six out of ten participants were women and the highest percentages corresponded to the intermediate age groups of 30-44 years with a percentage of 34.6% and 45-64 years who showed the maximum percentage of 44%. Four out of ten participants acceded to long-term unemployment within two years, and the remaining 59.8% were out of the labor market for 3 to 11 years. 84.9% of the sample stated that they are Greek citizen. As it concerns the educational level of participants, the largest percentage belonged to high school graduates with a percentage of 41.5%, while factoring in the percentages of 32.1% of higher education graduates and 3.8% of master or PhD holders; it is observed that one in three of the long-term and discouraged unemployed had high qualifications. The largest percentage of participants lived with their family (children, spouse) and amounted to 58.5%, while the unemployed who remained in the parental home accounted for 21.4%. Six out of ten participants stated that they have children and 33.8% of the participants stated that they are financially burdened with the payment of rent (Table 1a). One in four lived in a household without any employees. Seven out of ten stated they have received financial support from their families, while

29.6% indicated material deprivation (Table 1b).

Table 1a: Demographic data

		N	%
Sex	Male	66	41,5
	Female	93	58,5
Age	15-29	26	16,4
	30-44	55	34,6
	45-64	70	44
	65+	8	5,0
Unemployment period	12 months – 2 years	63	40,1
	3 years – 5 years	58	36,9
	6 years– 11 years	36	22,9
Nationality	Greek	135	84,9
	Another	24	15,1
Educational level	Primary school	13	8,2
	High school	23	14,5
	Upper high school	66	41,5
	University	51	32,1
	MSc/PhD	6	3,8
Cohabitation	Alone	23	14,5
	With parents	34	21,4
	With cohabitant	9	5,7
	With family	93	58,5
Existence of children	No	64	40,3
	Yes	95	59,7
Home ownership	Privately owned	80	51
	Rent	53	33,8
	Hospitality	24	15,3

Table 1b: Demographic data

		N	%
Number of Employees in the Household	No-one	37	23,3
	Employee	77	48,4
	Pensioner	32	20,1
	Employee & pensioner	13	8,2
Family Support	Yes	107	67,3
	No	52	32,7
Material Deprivation	Yes	47	29,6
	No	112	70,4

Table 3: Comparison of mean values of variables with two categories

	PF	RP	BP	GH	VT	SF	RE	MH
Existence of Children								
No	92,20	85,77	91,43	85,85	88,13	87,28	83,70	86,85
Yes	71,78	75,23	72,30	76,06	74,52	75,09	77,51	75,38
Mann-Whitney U	0,005	0,128	0,009	0,188	0,067	0,99	0,376	0,123
Family Support								
Yes	84,69	82,88	86,11	82,43	85,43	83,15	78,82	83,37
No	70,36	72,40	67,43	75,01	68,84	73,52	82,43	73,06
Mann-Whitney U	0,062	0,149	0,015	0,340	0,033	0,212	0,621	0,185
Material Deprivation								
Yes	69,60	68,85	70,10	67,02	62,66	65,33	66,18	61,93
No	84,37	84,22	84,16	85,45	87,28	86,16	85,80	87,58
Mann-Whitney U	0,062	0,033	0,074	0,021	0,002	0,009	0,009	0,001

PF: Physical Functioning, RP: Physical Role, BP: Bodily Pain, GH: General Health, VT: Vitality, SF: Social Functioning, RE: Emotional Role, MH: Mental Health

In the comparison of mean values variables with more categories, only age affected the physical fitness ratings, while the unemployment duration, the education, the cohabitation, the home ownership status and the number of the employed in the household were not determinants of the rating of the dimensions (Table 4).

The lowest scores on quality of life were noted in the dimensions represented by the summary scale "mental health" and in particular: the mean score of the dimension "emotional role" was 44.30% (SD = 43.94 and CI = 37.39-51, 20) and in the dimension "mental health" was 50.17% (SD = 24.35 and CI = 46.34-54.00). On the contrary, the dimensions of "physical functionality" and "physical pain" presented the highest scores with mean values of 75.07% (SD = 27.42 and CI = 70.76-79.38) as well as 70.07% (SD = 27.32 and CI = 65.78-74.36) respectively (Table 2).

Table 2: Scores of dimensions of quality of life

	Mean %	SD %	CI 95 %
Physical function	75,07	27,42	70,76 – 79,38
Role Physical	62,02	42,39	55,36 – 68,68
Bodily Pain	70,07	27,32	65,78 – 74,36
General Health	62,63	20,54	59,40 – 65,86
Vitality	52,33	23,53	48,63 – 56,02
Social Functioning	56,01	28,76	51,49 – 60,53
Role Emotional	44,30	43,94	37,39 – 51,20
Mental Health	50,17	24,35	37,34 – 51,20

SD: standard deviation, CI 95%: confidence interval

Regarding the comparison of mean values of variables with two categories, the existence of children, support from the family and material deprivation were related to the score of the participants in various dimensions, while gender and nationality did not show statistical significance (Table 3).

Table 4: Comparison of mean values of variables defined by more than two categories

	PF	RP	BP	GH	VT	SF	RE	MH
Age								
15-29	107,98	96,54	96,67	86,13	85,44	92,92	85,23	93,98
30-44	77,41	71,68	74,46	83,10	77,05	77,67	78,27	80,96
45-64	72,91	78,36	78,70	77,29	79,06	78,00	78,72	74,10
65+	68,94	87,75	75,25	62,50	90,81	71,50	86,06	79,56
Kruskal-Wallis H	0,007	0,097	0,213	0,549	0,786	0,451	0,876	0,311

PF: Physical Functioning, RP: Physical Role, BP: Bodily Pain, GH: General Health, VT: Vitality, SF: Social Functioning, RE: Emotional Role, MH: Mental Health

According to the ANOVA variance analysis (Table 5a and 5b) the material deprivation was related to the overall health dimension ($p = 0.034$) and it was estimated pointwise that material deprivation caused a decrease in overall health by 7,527 points (estimation with 95% confidence intervals from -5,473 to -9,583 points). The existence of children affected the dimension of vitality ($p = 0.039$) and it was estimated pointwise that the existence of children reduces the score in this dimension by 7,527 points (estimation with confidence intervals of 95% from -7 to -8.87 points). Material deprivation also had a negative effect on the dimension of mental health with statistical significance ($p = 0.002$) and it was estimated pointwise that material deprivation causes a decrease in the specific dimension by 13,066 points (estimation with 95% confidence intervals from -10,661 to -15,472 points).

Table 5a: Anova variance analysis

	Levene's test	Kolmogorov-Smirnov	Runs test	Univariate tests
General Health				
Material Deprivation	0,926	0,200	0,233	0,034
Vitality				
Existence of Children	0,596	0,200	0,3030	0,039
Mental Health				
Material Deprivation	0,988	0,690	0,904	0,002

Table 5b: Anova variance analysis – Point Estimate

	Mean	95% Confidence Interval	Mean difference
General Health			
Material Deprivation			-7,527
YES	57,330	51,495 – 63,164	
NO	64,857	61,078 – 68,637	
Vitality			
Existence of Children			-7,840
YES	49,035	44,316 - 53,754	
NO	51,316	51,316 - 62,624	
Mental Health			
Material Deprivation			-13,066
YES	40,809	33,980 - 47,637	
NO	53,875	49,452 - 58,298	

Table 6: Contingency table – Control of independence of qualitative variables

	Percentage %	Pearson ChiSquare χ^2	Cramer's V
Material Deprivation/Yes			
Existence of children/Yes	72,3	0,036	
Material Deprivation/No			
Existence of children/No	79,7	0,0036	
Material Deprivation/No			
Family Support/Yes	79,4	,000	
Existence of Children/No			
Family Support/Yes	82,8	0,001	
Existence of Children/Yes			
Family Support/No	78,8	0,001	
Age 65+			
Material Deprivation/Yes	75,0	0,024	0,024
Age 15-29			
Material Deprivation/No	80,8	0,024	0,024
Age 15-29			
Family Support/Yes	84,6	0,007	0,007

In the control of independence of qualitative variables with statistical significance, there

was a relevance of material deprivation and the existence of children and also the age of

65+, while on the contrary, material deprivation did not occur when there were no children, when there was support from the family and in the age group 15-29. The support from the family was relevant at the age of 15-29 and when there were no children (Table 6).

DISCUSSION

In addition to increasing income, occupation brings upon significant benefits, fulfils creative and social needs and establishes a person's personality by defining his self-image. Absence from the labor market is linked to deprivation and failure, inducing repercussions to physical and mental health.

The results of the present study indicated that long-term unemployment, discouragement from employment search but mainly material deprivation aggravate the balance in the psychosomatic whole of the individual. These results coincide with the data of the existing literature, which state that in times of economic recession, long-term and discouraged unemployed are a particularly vulnerable group. In similar researches have been reported adverse changes in the frequency and intensity of exposure to psychosocial risk as well as an increase in the prevalence of work-related stress. The findings led to necessity of coordinated action for the handling of psychosocial risks. ⁽²⁹⁾

In comparison with the values of the dimensions of the quality of life of the general population in a study of Mechili et al. ⁽³⁰⁾ in Greece, we ascertain that long-term and discouraged unemployed instate lower score in dimension of physical functionality, vitality, social functionality and mental health.

The research of Worach-Kardas & Kostrzewski ⁽³¹⁾ who studied and classified into two groups, depending on the duration of abstinence from occupation, the unemployed over 45 years of age, indicated that the long-term unemployed consider that their quality of life was worse as it concerns the physical and mental health and the

social relations. The present study, in comparison with the results of the study by Mechili et al. ⁽³⁰⁾ that studied the unemployed without determining the duration of unemployment, showed lower score on the dimensions of physical functionality, social functionality and mental health, and leads to the identification of conclusions with the research of Worach-Kardas & Kostrzewski. ⁽³¹⁾

In the present data analysis, gender as a determinant of quality of life, even in periods of long-term unemployment and labor discouragement, does not present statistical significance to the difference of the mean values of the whole eight dimensions of quality of life, a result that is consistent with the data of a research conducted in Germany, that it was ascertained that for both women and men, long-term unemployment has a significant and negative impact on their health in contrast to short-term unemployment, that it was found that it does not affect women's health conversely to the negative impact on men's health. ⁽³²⁾ In a study by Hultman ⁽³³⁾ about the unemployed in Sweden, men presented higher scores on physical health and mental wellness, while women aged 25 to 64 presented higher scores for overall quality of life.

The age of 15-29 years is an important determinant for the dimension of the physical functionality of the long-term and discouraged unemployed where only this age group showed statistical significance. The Swedish survey presented opposite results, where the unemployed aged 45-64 evaluated social life with a higher score than the unemployed aged 25-44. ⁽³³⁾ Also, the participants aged 15-29 years at a rate of 80.8% are not in a state of material deprivation and at a rate of 84.6% they have the financial support of their family. The study by Lorenzini & Giugni ⁽³⁴⁾ concluded to similar results where it was stated that the family is a strong base of support for long-term unemployed young people. In contrast, 75% of those over the age of 65 presents material deprivation, an

ascertainment that is consistent with a study that investigated the relation between mortality and material deprivation, which was found to be more relevant in older people and especially to women. ⁽³⁵⁾

No statistical significance was demonstrated in the dimensions of quality of life in relation to the educational level. In a recent study, the multivariate analysis showed that the high school graduates presented higher score on quality of life. ⁽³⁰⁾

The presence of children has a negative impact on the dimension of physical functionality, causes increased levels of physical pain and significantly reduces the score on the dimension of vitality. The impact on the physical scale of quality of life is mainly attributed to fatigue from the increased child care in difficult economic living conditions and the additional coexistence of material deprivation due to difficulty in transportation, access to services or even lack of entertainment. In other studies the presence of children has been proved to be an impact determinant on mental health, as in the study of Backhans & Hemmingsson ⁽³⁶⁾ where unemployed couples without children stated less mental distress and the dimension of social functionality showed lower score than those without a child. ⁽³⁰⁾ In cases where long-term and discouraged unemployed people have financial support from the family, we observe with statistical importance that they achieve better scores in the dimensions of physical pain and vitality, which is explained by the fact that the relief from financial problems gives these people motivation for action. In addition, in the present study 79.4% of those who do not have material deprivation they have financial support from the family with the result the family to be proved as an informal social protection net. At the same time, however, we note that 82.8% of those who do not have children report to have support from the family, while 78.8% of those who have children do not have financial support from the family. Also, 80.8% of those under the age of 29 are not in situation of material

deprivation and 84.6% of the same age group receive financial support from the family, results that are given with statistical significance. Due to the severe economic crisis, the reduction of salaries and pensions, the increased direct and indirect taxation, the increase in the prices of basic necessities, the Greek family now keeps in the family home those of its children who do not have wider family obligations but is unable to support, as in previous decades, the children that created their own families. Similar results were obtained by the quality research of Karakioulafis et al. ⁽³⁷⁾, which led to the conclusion that in Greece the family expresses its supportive role by using the direct financial offer, the financial support through the provision of goods and hospitality at home. In addition, it led to the conclusion that in times of economic recession, when the family is in precarious circumstances, the question arises as to whether family solidarity is able to fill the gap of the state social protection. A survey for the material deprivation of 8.654 unemployed people in northern Europe indicated that the family support plays a key role in the preventing of deprivation. ⁽³⁸⁾

In the present study, the determinant of material deprivation presented statistically significant impact on all dimensions of quality of life except the one of physical functionality. Material deprivation affects and reduces the score on the physical role in general health. A corresponding study reported that material deprivation in men was statistically significantly correlated with sleep disorders and migraines, while in women led to sleep disorders, depression and asthma. ⁽³⁹⁾

A study by Terraneo ⁽⁴⁰⁾ conducted in 14 European countries, concluded to similar results and ascertained that material deprivation plays a key role in determining the health and wellness conditions of Europe's elderly population. An earlier study in the Netherlands, which focused on people over the age of 55, found that 29% of the study population reported at least one financial problem. Individuals who have

suffered material deprivation have more than twice the risk of manifestation of physical and mental dysfunction compared to the non-needy. Material deprivation was more common in people under the age of 65 and in people with lower level of education. (41)

Material deprivation impact with statistically significance vitality, social functionality, the emotional role and significantly reduces the score on the dimension of mental health. The study by Lorenzini & Giugni (34) stated that long-term unemployment has a significant impact on young people's personal lives because financial hardship creates stress-related health problems reducing the overall level of happiness. The friendly environment is a safeguard for young unemployed people, affecting their mental health. Qualitative research in Finland recorded that material deprivation has a negative effect on their mental wellness reporting feelings of inferiority, shame, guilt, humiliation and symptoms of anxiety, depression and stress. Material deprivation also impacted the social life of young people, creating conditions for social stigma. The consequences were codified in dependence, social discrimination, interpersonal difficulties and limited social opportunities. (42)

It is noted that the present study was conducted under restrictive conditions. Specifically, the conduction of sampling took place outdoors with the result that the weather conditions and the haste of the participants had a negative effect on the response of the study population.

CONCLUSION

Employment affects the quality of life not only because of the income it produces but also because of the role it plays in giving people opportunities for active and creative living as well as the possibility of social interaction. The loss of occupation entails financial problems, difficult social emotions, appearance of mental dysfunction, which in turn often

traps the unemployed individual in an endless spiral and immobilizes him so that he does not ask for a job. The Greek family is a strong base of support for the long-term and discouraged unemployed young people. This support leads them away from the risk of material deprivation and the impact it has on psychosomatic health by creating a protective grid. However, due to the severe economic crisis, it focuses only on the support of the young unemployed and, due to the reduction of income and the increase of taxation, it cannot support, as in previous decades, the children who have started their own families.

Material deprivation has far-reaching impact and reduces to a greater extent the psychosomatic health of long-term and discouraged unemployed than unemployment itself. In a society when unemployment has started to be considered a collective experience of crisis, the unemployed are exculpated and destigmatized. Material deprivation is therefore the main determinant of reduced quality of life, and impoverished workers, i.e. those who are underemployed or those whose incomes are insufficient to meet their needs, may also lapse into it. In order to handling unemployment in Greece, it is deemed necessary the reorganization of the social protection system, in order to gain efficiency and universality. The coordination of operational programs and the proper allocation of social protection expenditures will enhance social transfers aiming to poverty and social exclusion alleviation, in order to create social cohesion.

The creation of active integration programs will connect the existing and future needs of the market with the educational programs of the unemployed, in order to be achieved immediate absorption of the strengthened and modernly trained available workforce. The priority groups should be the long-term unemployed, in order poverty to be eradicated to the maximum and the young unemployed with high qualifications, in order to prevent

migration phenomena and to keep this significant human capital in the country so to be able to support socio-economic development in the coming decades. Applying the best practices of European Union countries such as guaranteed minimum income, access to health services, social care and education as well as the integration of the unemployed in the labor market with parallel actions of psychological support and social destigmatization will be achieved reduction of unemployment, reduction of poverty, maximization of poverty social cohesion and prosperity.

In addition, in future studies it is required to be included a more extensive sample and except material deprivation any possible social exclusion of this population to be also investigated. A complete picture will be given by the articulation of a mixed method of qualitative and quantitative research, which through the cross-referencing of data according to the principle of triangulation will increase the reliability and validity of the research and will lift restrictions and "blind spots".

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