Economic crisis, austerity measures, and impact on social inequalities and child health in Spain

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Understanding the impact of the economic crisis on child health: the case of Spain

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Abstract

Introduction: The objectives of the study were to explore the effect of the economic crisis on child health using Spain as a case study, and to document and assess the policies implemented in response to the crisis in this context.

Methods: Serial cross-sectional data from Eurostat, the Spanish Health Interview Survey, and the database of childhood hospitalisation were analysed to explore impacts on child health, and key determinants of child health. A content analysis of National data sources/government legislation, and Spanish literature was used to describe policies implemented following the crisis.

Results: Unemployment rates in the general population (8.7\% in 2005 and 25.6\% in 2013), and children living in unemployed families (5.6\% and 13.8\%) increased in the study period. The percentage of children living under the poverty line, and income inequalities increased 15–20\% from 2005 to 2012. Severe material deprivation rate has worsened in families with Primary Education, while the number of families attending Non-Governmental Organisations has increased. An impact on children’s health at the general population level has not currently been detected; however an impact on general health, mental health and use of healthcare services was found in vulnerable groups. Investment in social protection and public policy for children showed a reduction as part of austerity measures taken by the Spanish governments.

Conclusions: Despite the impact on social determinants, a short-term impact on child health has been detected only in specific vulnerable groups. The findings suggest the need to urgently protect vulnerable groups of children from the impact of austerity.
Contents

✓ Background: changes happened in the last 3 years

✓ Review of austerity measures taken by the Spanish government

✓ Socioeconomic determinants: GDP, unemployment, income inequalities

✓ Access to healthcare services

✓ Health outcomes: fertility abortion LBW, mental health

✓ Perspectives in the short and long term: conclusions and proposals
**1st wave – Economic impact**
- negative growth
- rising unemployment
- starting austerity policy

**2nd wave – Social impact**
- slow growth return?
- unemployment rises and stays high
- contra–structural reforms

**3rd wave – Unequal recovery**
- growth is back to trend but some areas not recovering
- unemployment starts to fall
- structural reforms remain

- Recession
  - firm closure
  - property development /construction
  - fall in property prices
  - housing losses-evictions

- Budget cuts
  - copayments

- Health exclusion

- Firm closure
- Job losses
- Reducing household income

- Fall in property prices
- Social inequalities

- Housing losses-evictions
- Vulnerable groups (migrants, unemployed, children, etc)
- NEETs

- Some areas recover quickly but others have long term problems
- Mental health problems
  - probable increase of suicides
  - increase suicide attempts
  - increase family stress

- Physical problems
  - long term ill-health and chronic conditions
  - benefit dependency
  - lack of aspirations

- Impact on child nutrition
- Increase alcoholism and addictions
- Increase domestic violence and criminality?
- Increase waiting list

- Long term unemployment
- Poverty becomes chronic on vulnerable groups
- Increase mental health problems
- Probable increase of suicides
- Increase family stress
- Increase suicide attempts
- Increase alcoholism and addictions
- Increase domestic violence and criminality?
- Increase waiting list

Austerity measures taken by the Spanish governments

✓ Budget cuts mainly on public services plus privatization of service provision (progressive incorporation of for-profit companies on public areas)

✓ Work force: promote work precariousness

✓ Other factors that increased previous inequalities: foreclosures, even after evictions families continue to have debt to banks (even worse: rescued banks are actively making evictions)

✓ Reduction of public healthcare expenses from 6.5% top 5.1% of the GDP

✓ April 2012 (by a decree law): change the previous NHS model with universal healthcare coverage to (old-previous) Social Security System. Exclusion of irregular immigrants and barriers to some other specific groups

✓ Introduction (or increase) copayments (drugs, sanitary transport,...)
Austerity measures taken by the Spanish governments

“Achieving a stable work is something old fashioned, it is something of the nineteenth century”
Joan Rosell, President of Spanish businessmen organisation
May, 2016
Public policy on family and children social protection in Spain

Investment (millions of constant Euros)

Education, healthcare, social benefits and well-being

Severe material deprivation* according to the highest family level of education
2005 – 2013. Spain and UK

Spain

UK

Source: Eurostat EU- SILC

*Material deprivation of at least 4 out of 9 items considered basic such as pay for rent or mortgage, keep the house warm properly, etc.
Severe material deprivation* according to the highest family level of education
2005 – 2013. Sweden and Switzerland

Source: Eurostat EU- SILC
*Material deprivation of at least 4 out of 9 items considered basic such as pay for rent or mortgage, keep the house warm properly, etc.
Number of persons attended
Food bank foundation of Barcelona
2008-2014

Socioeconomic determinants:
GDP, unemployment, income inequalities, access to healthcare services
Gross National Product (GNP) 
Catalonia and Spain 
2005-2015

Annual variation

Source: Idescat and Instituto Nacional de Estadística (INE)
Unemployment rate
Population under 25 years old
Catalonia, Spain and European Union
2005-2015

Source: INE, Eurostat
Access to healthcare services

After decree/law 2012

Specific itineraries or previous conditions

No access (strict application)

High variability
Increased inequities
Higher costs

Universal free access
Impact on child health
Fertility rates
Spain 2005-2013

Source: National Institute of Statistics. Number of newborn / 1000 women at fertility age
Mean age of women at first child
Spain 1975-2015

Increased from 29.3y to 30.5y the in the last 6 years

Source: El País, 31/05/2016 based on the National Institute of Statistics.
Trends in excess of abortion rates by age groups

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Excess of abortion /1000 conceptions during the crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESP 15_19</td>
<td>[122.9, 82.5, 163.3]</td>
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<tr>
<td>ESP 20_24</td>
<td>[37.6, 4.3, 70.9]</td>
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<tr>
<td>ESP 25_29</td>
<td>[-13.5, -35.1, 8.0]</td>
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<tr>
<td>ESP 30_34</td>
<td>[16.3, 0.2, 32.4]</td>
</tr>
<tr>
<td>ESP 35_39</td>
<td>[5.2, -7.2, 17.6]</td>
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Excess of abortion /1000 conceptions during the crisis


Short Report

Austerity and Abortion in the European Union

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Economic hardship accompanying large recessions can lead families to terminate unplanned pregnancies. To assess whether abortions have risen during the recession, we collected crude abortion data from 2000 to 12 from Eurostat for countries that had legal abortions and complete data. Declining trends in abortion ratios between 2000 and 2009 have been reversing. Excess abortions between 2010 and 2012 totaled 10.6 abortions per 1000 pregnancies ending in abortion or birth or 6701 additional abortions (95% CI 1190-9240) with stronger effects in younger ages. Economic shocks may increase recourse to abortion. Further research should explore causal pathways and protective factors.
Low birth weight
Spanish women 2003-2012


Carlos Varea, José Manuel Terán, Cristina Bernis, Barry Bogin & Antonio González-González


To link to this article: http://dx.doi.org/10.3109/03014460.2015.1131847
Suicides and mental health

✓ Association between unemployment, long term unemployment, and mental health, suicide attempts and suicide rates of adult population have been shown in Spain.

✓ Most of these studies were carried out in young adults with family and children.

✓ Nevertheless, a few studies analyzed how worsening mental health of an adult family member could influence health and development of their child.
EQUIDAD PARA LOS NIÑOS
EL CASO DE ESPAÑA

Fairness for Children:
A league table of inequal well-being in rich countries
Inequities on psychosomatic complaints:
% of reduction/increase 2013/14 - 2002 according to extent of austerity measures
17 western European countries

Source: based on UNICEF Report Card 13; 2016
Inequities on physical activity:
% of reduction/increase 2013/14 - 2002 according to extent of austerity measures
17 western European countries

Source: based on UNICEF Report Card 13; 2016
Inequities satisfaction w/life:
% of reduction/increase 2013/14 - 2002 according to extent of austerity measures
17 western European countries

Source: based on UNICEF Report Card 13; 2016
Conclusions and proposals
Conclusions

✓ The Great recession has caused an impact on the social determinants of child health in Spain:
  Rising unemployment and especially youth unemployment
  Increase in long-term unemployment
  Worsening working conditions, precarious and unstable
  Increasing social inequalities in children
  Depth of child poverty
  Increased access barriers to basic family items

✓ The austerity measures have had a negative impact and have worsened the situation

✓ The evidence to date reinforce the fact that policies that prioritize austerity are part of the problem not a solution and an alternative is needed urgently
Spanish children are most affected by the economic crisis, says the Spanish Society of Public Health (SESPAS)

Luis Rajmil senior researcher, Lucia Aranzanz director of health promotion, Pilar Garcia-Gomez assistant professor of applied economics, Manuel Flores research associate, Rafael Hernandez-Aguado professor. On behalf of the Spanish Society of Public Health (SESPAS)

As Taylor-Robinson and colleagues show, child health and wellbeing have taken “a giant leap backwards” in many countries during the current economic crisis. Since 2008, the risk of poverty and economic inequality has increased in Spain, and more so among children than in the general population. The proportion of children at risk of poverty increased from 21.2% to 36.6% between 2008 and 2012. Within Europe, Spain has one of the highest proportions of children at risk of poverty. The proportion of children living in households in which all members are unemployed increased from 6.5% in 2006 to 13.6% in 2012. Incomes inequality between the upper and lower fifths has increased more than 20%: “The number of vulnerable families with children that have rated as non-governmental organisations for help increased their basic needs has tripled since 2005. In spite of the scarcity of datum on health, there is evidence of some even death and mental health in children from at-risk families.”

Countries that are committed to maintaining and increasing investments in social protection of children are known to be more likely to overcome the negative effects on health. By contrast, countries with policies of budget cuts in education, health, and social protection of children have worsened health outcomes. In Spain analysis for the social protection of children has declined and are among the lowest in the European Union.* Measures proposed by the Spanish Society of Public Health (SESPAS) to tackle this situation include ensuring access to early education, keeping and funding public school centers for the whole year, suspending evictions of families with children and ensuring basic housing for all families; increasing effective public investment for the promotion of youth and parents’ employment and social and disadvantaged families; and effective universal and equal access to healthcare services for the entire population (regarding RD Law 19/2012 of healthcare exclusions).

Policy Statement

Poverty and Child Health in the United States

Almost half of young children in the United States live in poverty or near poverty. The American Academy of Pediatrics is committed to reducing and ultimately eliminating child poverty in the United States. Poverty and related social determinants of health can lead to adverse health outcomes in childhood and across the life course, negatively affecting physical health, socioeconomic development, and educational achievement. The American Academy of Pediatrics advocates for programs and policies that have been shown to improve the quality of life and health outcomes for children and families living in poverty. With an awareness and understanding of the effects of poverty on children, pediatricians and other health profession practitioners in a family-centered medical home can assess the financial stability of families, link families to resources, and coordinate care with community partners. Further research, advocacy, and continuing education will improve the ability of pediatricians to address the social determinants of health when caring for children who live in poverty. Accompanying this policy statement is a technical report that describes current research on child poverty and the mechanisms by which poverty affects the health and well-being of children.

Statement of the Problem

Poverty is an important social determinant of health and contributes to child health disparities. Children who experience poverty, particularly during early life or for an extended period, are at risk of a host of adverse health and developmental outcomes throughout their life course. Poverty has profound effects on specific circumstances, such as birth weight, infant mortality, language development, chronic illness, environmental exposure, nutrition, and injury. Child poverty also influences genomics and brain development by exposing to toxic stress, a condition characterized by “excessive or prolonged activation of the physiologic stress response systems in the absence of the buffering protection afforded by stable, responsive relationships.” Children living in poverty...
Social and economic policy
Governments must ensure that vulnerable groups are not further disadvantaged by austerity policies

- Suspending evictions of families with children/ ensuring basic housing and measures against energetic poverty for all families
- Promotion of youth and parents’ employment
- Keeping and funding public school canteens for the whole year
- Guaranteed minimum income for poor families
- Reduce regional inequalities prioritizing disadvantaged districts and municipalities
- Effective universal and equal access to healthcare services for the entire population (repealing RD Law 16/2012 of healthcare exclusion)
Education

✓ Ensuring access to early education
✓ Universal access to school material and scholarly activities
✓ Early detection and intervention for disadvantaged children

Health policy

✓ Reinforcing healthy eating habits and nutrition
✓ Promotion of breastfeeding
✓ Expanding programs that have been shown to work and promote other potentially effective policies and programs
✓ Spain must ensure the rights of children with and without disabilities following the UN Conventions on the Rights of the Child
Equity in the centre of the agenda to protect children and families

✓ Improve coordination between the different government institutions (central governments and municipal departments of health, social welfare, education and work)
✓ Facilitate the implementation of the proposed measures, policies and actions taken at the local level
- Children do not vote, so they don’t have the opportunity to decide (*Mariano Hernan, EASP*).
- It takes a whole village to raise a child (*African proverb*).
- Zip Code More Important To Children’s Health Than Genetic Code (*Anonymous*).