Social health and human capital quality of the male population of a Sub-arctic region

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Abstract. The article deals with issues related to the human capital of the male population of a depressed sub-Arctic region. The empirical background for the study is data from a sociological survey of 777 men aged 18 to 49. The aim was to evaluate the social wellbeing and health of the male population of the Republic of Karelia, to which end the statistical methods of multivariate data analysis were employed. To quantify the respondents’ social wellbeing and health we designed an integral index based on characteristics of the demographic structure, marital status, family accord, health status, parent-child relationships, deviations, employment. Four levels of men’s social wellbeing and health were distinguished: poor; unsteady; good; steadily good. The conclusion is made that the social wellbeing and health of men correlate with their marital status – divorced men experience poor social wellbeing and health issues far more often than married men, with a consequence being a reduced working capacity as a result of human capital degradation.

1. Introduction

Russian Arctic and sub-Arctic regions fall in the “depressed” category, with a trail of interconnected destructive socio-economic processes: a deformed socio-demographic structure, narrower job opportunities, reduced income, lower standard and quality of life, spread of poverty, neediness and social exclusion [1].

These issues are detrimental for the family as an institution, hindering human capital development and reproduction. The question of human capital and development has been addressed by many researchers in Russia [2] and worldwide [3], [4].

Male population’s health is currently a pressing issue and is often raised in studies by Russian scientists [5], [6]. Being an essential element of the human capital, men’s health underlies the family capital, which is the foundation for the development of the human capital of the family’s future generations.

These issues are superimposed on the ongoing transformation of the family model, which has been losing its traditional traits and evolving towards a partnership. In their publications, Russian scientists discuss family values [7], [8], [9], provide arguments in favour of informal (common-law) marriage [10], [11], investigate the cause of divorce, which undermines the position of the family as a social institution [12], think of measures that could prevent divorce [13]. Of high relevance in this situation are studies which assess the quality of the human capital of the male population of depressed areas.

The aim of our study was to assess the social wellbeing and health of the male population of the Republic of Karelia.
2. Methods

The principle underlying this study is a transition from the macro level to the family-wise approach. This principle was suggested within the Russian school of thought in social demography founded by N.M. Rimashevskaya [14]. We also applied the case study method, and statistical methods of data analysis: variation series, cross tabulation.

This study is based on the data gathered through a sociological survey of men aged 18 to 49 in the Republic of Karelia (Russian-Swedish project “Joint actions for gender equality”, 2015, Leader N. Rimashevskaya) [15].

The total sample set (N=777) was split into four types of respondents based on their marital status: the first type was respondents in wedlock/union (57.5%), type II was widowers (1.3%), type III was divorcees (13.7%), and the fourth type included those who have never been married or in union (28.0%).

3. Main part

This paper reports the results of the analysis for the group of respondents who defined their marital status as “divorced”. The dominant group in the structure of marital/partnership relationships of divorced men (70%) is respondents with no current regular partner. Some socio-demographic characteristics of the respondents in this group are given below.

Among the men whose marital status was “divorced” we detected marital/partnership relationships with a new regular partner in an informal guest marriage, which may last for quite long: several months to several years. This form of union may sometimes function in a swinging manner, with the man staying at the partner’s place and helping her raise her child born to another man, while in turn the partner would from time to time live at the man’s place with her child.

More than a half of the divorced men with no regular partner at the time of interview had children. Every fourth of them fathered one child and another quarter had two children. As a rule, the divorced men in the survey did not reside with their children. Yet, almost a half of them stayed in touch with the children. 16% of the respondents met with their children one to three times a week, and 8% – less than once a week. Almost all the respondents helped their children financially.

A majority of the respondents (86%) lived alone. The rest lived with their parents. In the month preceding the interview, 52% of the respondents felt stressed, nearly 70% suffered a depression, and 60% experienced a lack of sexual desire. 11% of the respondents have felt suicidal. 30% have used drugs (at least once), another 30% have abused alcohol, almost 50% have exerted violence towards their ex-partners.

Physical violence in the relationship with the wife/partner has been practiced by nearly a half of the respondents: beat up once – 28%; pushed hard – almost a half. There have been cases of wife/partner abusive treatment with a threat of weapon (knife, gun, etc.). Thus, the group of divorced respondents without a regular partner demonstrated a high level of deviation.

To quantify the respondents’ social wellbeing and health we designed an integral index based on characteristics of the demographic structure, marital status, family accord, health status, parent-child relationships, deviations, employment. The values of the integral index range from 0 to 1. Four levels of men’s social wellbeing and health were distinguished:

- poor – 0 to 0.64;
- unsteady – 0.65 to 0.74;
- good – 0.75 to 0.84;
- steadily good – 0.85 or higher.

The average index of wellbeing for the divorced respondents group was 0.58, placing them in the “poor” category of social wellbeing and health.

Our study has demonstrated a much better health status for married men as opposed to divorced men. The results of a comparative analysis of the social wellbeing and health of men in different marital/partnership statuses are shown in Figures 1 and 2.

The difference between these groups was significant (three-fold) also in the “poor health” category (10.0% of married men versus 31.4% of divorcees). Thus, the marital status is a significant factor for men’s social wellbeing and health.
Figure 1. Social wellbeing and health of officially married men.

Figure 2. Social wellbeing and health of divorced men.

Figure 3. Employment structure among officially married men.

Figure 4. Employment structure among divorced men.

Analysis of the employment of men in relation to their marital status also showed that married men were in an advantageous position, as illustrated by Figures 3 and 4.

Significant differentiation was observed on all components of the employment structure. Official employment dominated in both groups, but its share among officially married men was 23.9% higher than among divorcees (82.4% versus 58.5%). On the other hand, concealed employment is 14.3% more common among divorced men (14.9% versus 29.2%). Furthermore, there are 7 times as many unemployed among divorced men as among married men.

4. Conclusion

The study has demonstrated that the social wellbeing and health of divorced men were at a low level, and can be defined as “poor”. This was accompanied by deviations associated with alcohol abuse, loss of contact with children younger than 18, depressions, stress and suicidal moods. The results show a substantial advantage of the health status of married men over divorced men.

Married men, compared to divorcees, hold a higher position in the “steadily good health” category (twice more) and in the “good health” category (7% higher). “Poor health” is three times more frequent among divorced men than among married men. Thus, the marital status is a significant factor for men’s social wellbeing and health.

Having analysed the labour market strategies of married and divorced men we found a differentiation in their employment structures, which also points to a more advantageous position of married men. Official employment is 30% higher in this group, whereas divorced men twice oftener have the “unofficially employed” status and are 7 times more often “not employed”.

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Thus, the poor health more commonly observed in divorced men is a factor that reduces their competitive value in the labour market as it affects their working capacity. There is a major gap between what this population group can offer and the growing demand for highly qualified manpower.

In this context, married men have much higher chances of capitalizing on their working capacity, i.e. getting well-paid jobs and augmenting their human capital. The high percentage of divorces leads to a degradation of the human capital of the male population, and this challenge is particularly acute in Arctic and sub-Arctic regions, where there is a trend for a divergence between the population quality and the optimal structure of employment.

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