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Partners' mutual receipt of sickness allowance and disability pension: Register-based evidence from Finland

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People linked through social ties tend to have interdependent health. Our aim is to analyse this issue by investigating spouses' and cohabiting partners' mutual receipt of sickness allowance and disability pension. In Finland, which is the study country, receipt of sickness allowance is conditional on a statement of a general practitioner in medicine. Sickness allowance is consequently an objective health measure and a proxy for temporary illness. It reflects less severe health problems than receipt of disability pension, which is suggestive of prolonged poor health and permanent illness. The study population comes from a five per cent sample of persons observed over the period 1988-2011. Using discete-time hazard models based on each calendar year, we estimate the risks of receiving sickness allowance and disability pension, respectively. The focus is on how these risks relate to the partner's receipt of the benefits. Under study are people aged 40-55 years, who live with a partner. We follow all couples for at least ten ten years and right-censor them at separation, death or emigration. Couples in which one or both had any sickness period before entry are exluded from analyses. The analytic sample consists of approximately 36,000 households. We estimate separate models for men and women, which helps to avoid statistical complications from potential inter-partner dependence. Socioeconomic and demographic variables adjust for potential confounding. Preliminary results of ours suggest that partners' take up of the benefits are strongly interdependent. In the raw data, a person is almost twice as likely to receive sickness allowance in any given year if also the partner receives sickness allowance the same year. For mutual receipt of disability pension, the probability is even higher or almost tripled. These results suggest that health practitioners and public health planners should be increasingly aware of issues related to partners' collateral health.