NEVŞEHİR HACI BEKTAŞ VELİ ÜNİVERSİTESİ
Ara, bul.

Sosyal Bilimler Enstitüsü Dergisi
Cilt:12 Sayı: 3 Eylül 2022
E-ISSN: 2149-3871

İŞSİZLİK YARDIMLARININ BİREYLERİN SAĞLIK ÜZERİNE ETKİSİ: TÜRKİYE ÖRNEĞİ

THE EFFECT OF UNEMPLOYMENT BENEFİTS ON HEALTH OF INDİVİDUALS: EVİDENCE FROM TURKEY

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Geliş Tarihi:
05.07.2022

Kabul Tarihi:
01.10.2022

Yayın Tarihi:
01.10.2022

Anahtar Kelimeler
İşsizlik Yardımları
Sağlık
Sabit Etkiler Yöntemi

Keywords
Unemployment Benefits
Health
The Fixed Effects Method

ÖZ

İşsizlik, bireyleri, aileleri çeşitli şekillerde olumsuz etkileyebilmektedir. Bireyler işsiz kaldıklarında gelir kaybının yanında ruhsal ve bedensel sağlık sorunları yaşayabilirler. Bu çalışma, işsizlik yardımlarının sağlık üzerindeki etkisini incelemeyi amaçlamaktadır. Türkiye İstatistik Kurumu (TÜİK) "Gelir ve Yaşam Koşulları Araştırması Mikro Panel Veri Seti (2015-2018)" analiz için kullanmıştır. Analizlerde panel veri yöntemlerinden olan "Sabit Etkiler Yöntemi" kullanılmıştır. Bulgular, işsizlik ödeneğinin sağlık üzerinde olumlu etkisi olduğunu göstermiştir. Ayrıca, işsizlik yardımlarının sağlıkta iyileşme açısından önemli bir rol oynadığını gösteriyoruz. Bir diğer önemli bulgu ise eğitim seviyesi ve gelir artışıyla birlikte bireylerin sağlığının kötüleştiği ortaya konulmuştur. Çalışmada işsizlik ödeneğinin bireylerin sağlığını iyileştirdiği sonucuna varıldığından, Türkiye gibi gelişmekte olan ülkelere yönelik işsizlik ödeneğine ayrılan bütçenin artırılmasına yönelik politikalar çalışmanın önerileri arasında yer almaktadır.

ABSTRACT

Unemployment can negatively affect individuals and families in various ways. When individuals are unemployed, they may experience mental and physical health problems as well as loss of income. This study aims to examine the impact of unemployment benefits on health. Turkish Statistical Institute (TURKSTAT) "Income and Living Conditions Survey Micro Panel Dataset (2015-2018)" is used for the analysis. In analysis "Fixed Effects Method", which is one of the important panel data methods, is used. Findings have shown that unemployment benefits have a positive effect on health. Moreover, we show that unemployment benefits play an important role in terms of health improvement. Another important finding is that the health of individuals worsens with the increase in education level and income. Since it was concluded in the study that unemployment benefits improve the health of individuals, policies for developing countries such as Turkey to increase the budget allocated to unemployment benefits are among the recommendations of the study.

DOI: *https://doi.org/10.30783/nevsosbilen.1141045*

Atıf/Cite as: Beyaz Sipahi, B. (2022). İşsizlik Yardımlarının Bireylerin Sağlık Üzerine Etkisi: Türkiye Örneği. *Nevşehir Hacı Bektaş Veli Üniversitesi SBE Dergisi, 12*(3), 1912-1923.

Introduction

Unemployment is considered the most important source of social problems. Today unemployment affects the economy of the country, as well as the economic, social, family life. Unemployment reveals problems such as income inequality, poverty. Especially the poorest households may not provide for their education needs and health needs. To avoid the effects of unemployment, it is necessary to focus on the basic causes of unemployment. Government benefits are at the beginning of the precaution (Unsal, 2005). As the main factors that cause unemployment in literature, population, education, technology, urbanization, investments, the economic and social structure are shown. These factors differ according to country structures and their effects are different (Frank, 1968). As of 2018, the total unemployed in the world is 172 million people, that number by the end of 2020, was up to 220 million (ILO, 2021). After the 2001 economic crisis, Turkey is struggling with the unemployment issue. The unemployment rate has increased from 8.38% in 2001 to almost 10.36 % in 2002 and remained high since then. During the great recession of 2009, the unemployment rate has even reached the 12.55% and reduced to %8.15 in 2012 due to a decrease in the labor force. However, the unemployment rate has increased again to 13.92 in 2020. The unemployment rate in Turkey was 11.2 percent in November 2021 The youth unemployment rate in the 15-24 age group was 22.3 percent with a 1.7 percentage point increase compared to the previous month (TURKSTAT, 2021). High rates of young unemployment problem will be worrying about individual and social problems in the future. While countries deal with the problems caused by unemployment in the fight against unemployment, each country develops different policies.

The applied policies have been divided into two: Active employment and passive Employment policies. Under the active employment policy, there are incentives to find jobs for the unemployed, gain job skills and create new employment areas for employers to increase employment or maintain existing employment. The passive employment policy covers basic unemployment benefits. It provides income and protection support to individuals to address financial losses as a result of the loss of income due to unemployment (Mahiroğları and Korkmaz, 2013). The main goal of the passive employment policy is to reduce poverty and social exclusion by reducing the economic pressure caused by unemployment on individuals in the short term. Vocational training programs of IS-KUR, community benefit programs, entrepreneurship programs and education programs on the job are at the beginning of active employment policies applied in Turkey. In addition, insurance premiums and income tax withholding support aimed at increasing investments and indirect employment are within the scope of active employment policies in Turkey. Passive employment policies applied by a policymaker in Turkey are the most common monetary unemployment benefits such as unemployment insurance. Passive employment policies were applied in Turkey for many years to struggle against unemployment.

Previous studies assume that unemployment benefits may increase unemployment duration due to the job search costs (Rogerson et al., 2005). The unemployment benefits affect the unemployment period in economic theory. Benefits induce a longer unemployment period. A positive relationship between the unemployment period and unemployment insurance schemes has been obtained by reservation wages and search efforts. While reservation wages are increasing benefits, search effort is decreasing benefits. Unemployment insurance schemes are more complex. These schemes introduce some suitability criteria that are important for receiving income support and require searching for a job. Another suitability criteria require having worked before starting to receive the benefits. So individuals are to be re-entitled and become eligible to receive the unemployment benefits in the case of a job loss occurring in the future again (Corsini, 2011). As a result of unemployment, both households and individuals have a shortage of income. In conclusion, malnutrition, shelter problems and health problems arise. Unemployment can lead to reduced social interaction among individuals as well as loss of income, as a result, it can cause mental breakdown and health problems (Helliwell and Putnam, 2004). It is important to determine whether the government budget is sufficient for policy evaluation. If desired and targeted results are not achieved, reallocation of resources is the most important to effective policies.

The main purpose of the study is to determine the impact of unemployment benefits on health in Turkey. It is thought that the results obtained here can guide remedial social policies.

When the international and national literature is examined, there are very few studies investigating the effects of unemployment benefits on health. Therefore, it is thought that this study will contribute to the literature. In the study, Income Living Conditions Survey data, which is a micro data set prepared by the Turkish Statistical Institute (Turk Stat) between the years 2015-2018, was used. The model uses the unemployment benefits

variable as a dummy variable that varies depending on whether the individual is receiving unemployment benefits or not. Unemployment benefits in the dataset cover severance pay, unemployment cash assistance and unemployment insurance. A health index representing the health status was created from the individual and household variables in this eventual data set. Since the health variable can contain many factors and can vary from individual to individual, it was measured separately for each individual. The effects of an individual's health and other demographic factors on the unemployment benefits were analyzed with the fixed effect model.
The study consists of the following sections. In the second part, we briefly discuss the literature on the effects of unemployment benefits on health and has been discussed this study's contribution to the literature. In the third chapter, the data set and analysis method are mentioned. In the fourth chapter, the symptom obtained as a result of the analysis is given. Finally, in line with the indications obtained in the conclusion part, the general situation in Turkey is evaluated and suggestions are given.

Literature Review

Loss of income loss and the possible poverty caused by unemployment brings with it many psychological and physical health problems. The previous studies confirm this result. Saunders (2002), Saunders and Taylor (2002), McLean et al. (2005), Marmot and Wilkinson (2006) have explored the relationship between employment and health outcomes. These studies come forward in the literature. Unemployment brings psychological problems together with loss of income. One of the important problems created by unemployment is poverty. Poverty becomes the cause of poor health conditions in the long run. In general, unemployment is a source of social problems along with poverty such as health, shelter and nutrition. It revealed in early studies that unemployment is not only caused by loss of earnings, but also by removing the individual from the working environment and by reducing social interaction with other individuals. Unemployment causes health problems to differ from many socio-economic and demographic factors such as gender, marital status, age and region. In addition, unemployment creates a loss of status compared to their social environment and triggers health problems such as mental disorders (Björklund and Eriksson, 1998). Waddell and Burton (2006) emphasized that unemployment has a high decrement in terms of health. Karsten and Klaus (2009) studies on the relationship between unemployment and mental health through a meta-analysis method with horizontal-cross sectional data and panel data. Findings showed a positive and significant relationship between unemployment and mental health at cross-sectional data. Moreover, unemployed people have more mental health disorders than employed people. When we look at the panel data results in this study; while the mental health of the person who loses a job deteriorates, the health of those who re-recruitment gets better over time. Similarly, Kroll and Lampert (2011) analyzed unemployment is closely related to physical, emotional of health problems in working-age individuals in Germany. Heggebø (2016) analyzed with the generalized least-squares method and experienced similar results for Denmark to show the effect of economic problems in the period of 2007-2010. It studied that the effect of unemployment on not only mental but also physical health problems in literature. Wang (2015) examined that the short- and long-run variation of the unemployment rate how affects health in China. As a result of the study, the decrease in the unemployment rate caused a decrease in mortality in short term. In the long term, it is also revealed that an increase in the unemployment rate will cause an increase in mortality. Junankar (1991) for England came to the same conclusion that a positive and significant relationship between unemployment and mortality in males. In the study of Mathers (1994), the unemployed suffer from certain diseases and chronic diseases more often than workers and unemployed females were more sicken than unemployed males. Although there is merely a study examining the relationship between unemployment benefits and health in Turkey and other country. Rodriquez et al. (1997) used a micro dataset in the USA. Findings showed that individuals who receive unemployment benefits fall into depression more often than those who do not receive unemployment benefits, while the household income can be kept under control to regular employment conditions. On the other hand, Cylus et al. (2015) revealed that individuals who received unemployment benefits had better mental health and reduced suicide rates compared to individuals who did not receive unemployment benefits. Similarly, in Japan Matoba et al. (2003) expose to loss of jobs who receive unemployment benefits had better health and quality of life than those who do not receive unemployment benefits. In addition, in the study, it was concluded that the mental health of the individual deteriorates in the event of expiring unemployment benefits. Similarly, Molnar (2015) came to the same conclusion that a positive and significant relationship between unemployment

insurance and the health status of individuals. Shahidi et al. (2019) used the Canadian Community Health Survey over the period 2009-2014 and have investigated the effect of unemployment benefits on self-rated health among the unemployed. Findings show that a positive association between unemployment benefits and health outcomes. In the international literature, it has been researched whether unemployment policies are beneficial in preventing unemployment and health losses. There are very few studies in Turkey in this field to understand the impact of policies.

In Turkey, the impact of other types of benefits and social expenditure on health has been addressed in very few studies. In particular, ıt investigated that the effects of widows and orphans' pensions given to unemployed individuals on poverty and health indicators of individuals and children (Ozdamar and Giovanis, 2016; Ozdamar and Giovanis, 2017). Similarly, it examined that pensions who retire from their jobs and live with less income effect on health status (Özdamar and Giovanis, 2015). Moreover, the effect of family support on psychological health has been also investigated by Bilgiç and Yılmaz (2013). Since minimum wage covers individuals who work below a certain wage, the effect of this application on poverty with detailed micro-data in Turkey has been also investigated by Yakut-Çakar et al. 2012. Findings show that these implemented policies significant and positive effect on target outputs. Conversely, Erus et. al. (2015) stated that health insurance has a positive effect in Turkey, however, 29% of low-income individuals still has been no benefit from free health insurance applications. Ozdamar et al. (2021) used the Income and Living Conditions Survey (ILCS) over the period 2007-2015 and have examined the impact of unemployment benefits on health, living standards and unemployment in Turkey. The study showed that unemployment benefits play an important role in terms of improvement in health for up to 5 months and living standards for up to 4 months, but after these periods the effects have vanished. This indicates that this type of social benefit has only a short-run effect. Furthermore, the findings show that benefits are not useful to increase employment and they decrease the incentive of looking for a new job.

Data and Methods

Data Description and Variables

In this part of the study, the data to be used in the analysis phase are defined. The analyses in the study are based on the input obtained from the Income and Living Conditions Surveys (ILCS) for the years 2015-2018 by the Turkish Statistical Institute (Turk Stat). Since it is the last updated data published by Turk-Stat, the 2015-2018 data were used in the study. In addition, the data set is published at 4-year intervals. It has been published every year since 2006 to reveal the income distribution of households and individuals in Turkey, to obtain information such as living conditions, social exclusion, and poverty. To be able to compare our country with the European Union countries, question modules are added every year according to the subjects determined by the European Union Statistical Office (Eurostat). Within the scope of the research, all household members within the borders of the country were encompassed. On the other hand, individuals living in university dormitories, guesthouses, kindergartens, orphanages, nursing homes, unique quality hospitals, prisons, barracks, and army houses were excluded from the scope. In addition to knowledge on income and living conditions from the relevant statistics set, it includes rich information about individual characteristics such as socio-demographic variables (gender, education, marital status, age, etc.), employment status of individuals, health status, and household characteristics, including material deprivation, social benefits, income, house tenure status, dwelling and environment characteristics.

While unemployment benefits can be paid at 80% of the minimum wage, the unemployment benefits scheme covers *unemployment cash assistance* which is provided to poor people during recession or crises periods, *unemployment insurance* and severance pay in ILCS, which is the data set we used in the analysis. In the data set, 81.336 adults who aged 15 and over has been included in the analysis from the period 2015 to 2018. 1263 people receive unemployment benefits. In the study, the unemployment benefits variable is the dependent variable that varies depending on whether the individual is receiving unemployment benefits or not. Individuals who receive unemployment benefits are given a value of 1, and individuals who do not receive unemployment benefits are given a value of 0. The variables used as explanatory variables in this study, household size, age, gender (male=1; female=0), education level, which were taken as 7 groups in the data set, were collected under 5 groups in the study. These groups consist of illiterate (illiterate and literate but not able to enter a school), primary school,

secondary school (secondary school, vocational secondary school and primary education), high school (generally high school and vocational high school), college (vocational school, college and above) respectively. Marital status consists of 5 groups as married, single, widowed, divorced and living separately. There is the form of housing ownership, which consists of 4 groups: householder, renter, lodging and other (not paying any rent). Household type is aggregated under 3 groups. These groups consist of single-person households, nuclear families (couple-only nuclear families, couples and children, single-parent and children) and other households (at least one nuclear family and other members, multiple-person households, household type). The questions used to measure the health latent variable in the data set are as follows;

* Factor 1: *General health status* (answered in five categories from very bad to very good in the survey, coded from 1 to 5, respectively).
* Factor 2: *Suffer from any chronic (long-standing) illness or condition (such as asthma, bronchitis)* It was answered in two categories as yes or no in the questionnaire and coded as 1 and 0, respectively.
* Factor 3: *The degree to which the individual is disabled due to a disability or health problem that will prevent their daily activities (Health Limitations).* This question was answered in 3 categories, it coded in the data set as 1; high degree of disability, 2; few disabilities and 3; barrier-free.

The latent health level variable has been obtained from the component of these three observable health variables. The latent health level variable used in the model was created in the form of an index. A high value for this index indicates that the individual is very healthy. Descriptive statistics of the data used in the data set to create the health index are given in Table 1.

Table 1. Summary Statistics of Health Index

Variables	Mean	Std.Dev	Min	Max.	Health Status	Frequency
Health Status	2.393	0.808	1	5	Very Bad	5.44(%6.69)
Suffer from any chronic (long-standing) illness or condition (Yes)	0.361	0.480	0	1	Bad	48.234(%59.30)
Health limitations (Yes)	2.663	0.614	1	3	Neither good nor bad	18.543(%22.80)
Number of Observations	81.336				Good	8.009(%9.85)
					Very Good	1.107(%1.36)

Notes: Percentages are expressed in parentheses.

In Table 1, we report the average and standard deviation of the observed variables used to construct the health. The average value shows also the proportion, for instance, the average health status is almost 2.393, while those who report that suffer from chronic illness or condition reach roughly 0.361. When we look at the distribution of general health status, the percentage of people who state a bad health status is almost 59.30 percent.

Table 2. Summary Statistic

Variables	Mean	Std. Dev	Min.	Max.
Health Index	0.00008	0.936	-2.56	1.033
Age	41.75	17.53	15	105
Household Size	3.249	0.802	1	4
Annual Household Income Excluding Unemployment Benefits	37013.89	33060.95	112.255	508495
Annual Household Income Excluding Unemployment, Sickness and Disability Benefits	37061.03	33058.65	500	508495
Household Type	**Frequency (%)**	**Education Status**	**Frequency (%)**	
Single-Person Household	3.853 (4.74)	Primary school and below	40.573 (49.88)	
Nuclear Families	61.342 (75.42)	Middle School*	15.542 (19.11)	
Other Household*	16.141 (19.84)	High School	13623 (16.75)	
Gender		College	11.598	

			(14.26)
Female	42.072 (51.73)	**Marital Status**	**Frequency (%)**
Male	39.264 (48.27)	Married	55.296 (67.98)
Housing Ownership		Single	17.937 (22.05)
Householder	48.311 (59.40)	Widowed	5527 (6.80)
Renter	21.185 (26.05)	Divorced*	2.171 (2.67)
Lodging	1281 (1.57)	Living Separately	405 (0.50)
Others*	10559 (12.98)	**Unemployment Benefits**	1263 (1.55)

Notes: Mean, standard deviation, minimum and maximum values of the continuous variables are shown. Frequency and percentage values of other variables used as dummy variables in the model are given. The percentage values are expressed in parentheses.*reference variables.

In table 2, we report the descriptive statistics for the main outcomes and the number of dependent and independent variables employed in the empirical analysis. In the sample used in the study, the percentage of females is almost 51.73 percent and males are 48.27 percent. The categories belonging to the marital status variable occur that 22.05% are single, 67.98% are married, 6.80% were widowed and 2.67% were divorced. It is seen that most of the adults in Turkey have a primary school and below education level, and 42.37% of the data set consists of individuals from primary school and bellows.

Methodology

In the study, the effect of unemployment benefits on health was analyzed by the fixed effects method, which is one of the panel data methods. Turkish Statistical Institute (TUIK) Income and Living Conditions Panel Micro Dataset (2015-2018) has been used in related analyzes. Income and Living Conditions surveys in Turkey are applied to both cross-sectional and panel data. While panel datasets are available in 4-year periods, cross-sectional datasets span a long period such as 10 years.

The data set of individuals and households were sent by TURKSTAT has been edited as a single dataset. The models used in the analysis are as follows. Unemployment benefits are the independent variable which is curious the main effect in the model. The dependent variable in the model is the health index. Since; the health index is directly unobservable and latent in the datasets, this index which represents by different questions is obtained by using factor analysis. To calculate the health indicator of individuals, the health index was calculated for each individual.

Factor analysis is a method that brings together related variables, a small number of meaningful, easily understandable and provides distanced variables from each other (Ozdamar, 2002). Factor analysis is used in the measurement of latent variables by using indicator variables. Factor analysis is defined as the discovery of a new variable using the variables with different factors. The purpose of factor analysis is to combine the variables under a single variable and create a new common variable by classifying the variables in the model. In other words, factor analysis is used to create unobserved variables based on directly observed (indicative) variables (Kalaycı, 2006). The model of factor analysis is assumed to be a linear model. It is assumed that the relationship between the variables is also linear. Factor analysis consists of two methods as Explanatory Factor Analysis and Confirmatory Factor Analysis (Hair et al., 2009; Gorsuch, 2003). Confirmatory Factor Analysis (CFA) is an analysis method that is frequently used and provides important conveniences. In our study, health is a latent variable and 3 indicator variables were used to obtain it. The factor loads and scoring coefficients of these variables are shown in Table 3, respectively.

Table 3. Factor Analysis Results (Health)

Factors	Eigenvalues	Difference	Factor 1	Uniqueness	Total Eigenvalues
Factor 1	2.405	2.095	-0.8319	0.3080	2.405
Factor 2	0.310	-0.024	0.8300	0.3111	
Factor 3	0.286		0.8523	0.2736	

After determining the health index, we need to determine the model to be used in the study at this stage. The "Fixed Effects Method", which is one of the panel data methods, was used in the analysis. Two-way panel data models, in which time effects and unit effects are included in the model together, can be represented in two ways, assuming fixed effects and random effects (Tatoglu, 2018). The two-way panel data model with the assumption of fixed effects is shown in equation (1).

$$Y_{it} = \alpha + \beta X_{it} + \mu_i + \lambda_t + u_{it} \quad (1)$$

In equation 1, u_{it} is the panel error term, μ_i is the unobservable unit effects, and λ_t is the unobservable time effects. The effect of unobservable unit and time in fixed-effect panel data models effects can be considered together. In the two-way (factored) fixed effects panel data model, the unit and time effects are included in the model over the fixed parameter, and the fixed-parameter varies according to units and time (Bolukbası, 2018). The intra-group estimation method is the most common method used for the two-way fixed effects model estimation and this method is used in the current study. When N and/or T is large and estimated assuming fixed effects, too many shadow variables must be present in the regression. For this reason, in-group transformation should be used instead of the least-squares method with shadow variables in the estimation of the model. Since the N used in the current study is very large, the Income and Living Conditions data is suitable for the application of this method. The two-way fixed effects model is formed under the following assumptions.

Assumptions 1: $E(\widehat{u_{it}}\mathrm{I}\hat{x}_\iota, \mu_i, \lambda_t{=}0)$

This assumption indicates that the independent variables are strictly exogenous and there is no correlation between the error term and the unit and time effects.

Assumptions 2: $rank\left[\sum_{t=1}^{T} E(\widehat{\widehat{x_{it}'}}\, x_{it}\right] = K$

The second assumption states that there is no multicollinearity between the independent variables.

Assumptions 3: $E\left(\widehat{\widehat{u_i}'}\hat{u}_\iota \mathrm{I}\hat{x}_\iota, \mu_i, \lambda_t\right) = \sigma_{\hat{u}}^2 \mathrm{I}_T$

The last assumption states that there is no problem with heteroscedasticity and autocorrelation in the model (Tatoglu, 2018).
The fixed effect model used in the study is described below.

$$H_{it} = \beta_0 + \beta_1 UB_{it} + \beta_2 \Delta C_{it} + \beta_3 \Delta M_{it} + \beta_4 \Delta E_{it} + \beta_5 \Delta HS_{it} + \beta_6 \Delta HI_{it} + \beta_7 \Delta MU_{it} + \mu_i + \lambda_t + u_{it} \quad (2)$$

The models are controlled that gender (C), marital status (M), education status (E), household size which shows the number of children and adults in the household (HS), which can affect the poverty status of individuals, household income except for illness and disability (HI) and ownership in the dwelling (MU) affect health index. In equation 2, u_{it} is identical and independent error terms, μ_i is the unobservable unit effects, and λ_t is the unobservable time effects.

Empirical Results

Before moving on to the analysis, we decided whether to estimate with the fixed effects estimator or the random effects estimator with the Hausman test. Furthermore, heteroscedasticity which prior to analysis pre-test is also applied with the Wald test.

Table 4. Hausman and Wald Test Results

Test Statistics	Hausman Test	Wald Test
Chi2	234.00	14.277
Prob>chi2	00.0	0.012

The results of the Hausman tests are rejected the Ho hypothesis which says the use of random effects. Thus, it was seen that there was a correlation between the independent variables and the unit and time effects. In this case, it concluded that it is appropriate to use the Fixed Effects Model. According to Wald test results, it has been understood that the variances are not constant and vary according to the units. More resistant standard errors have been obtained by using the "robust" command for heteroscedasticity problems according to units. Table 5 shows the analysis results of model (2) in which health indicators are the dependent variable.

Table 5: The Effect of Unemployment Benefits on Health Indicators

Variables	Coefficients	Robust Stand. Err.	T Statistic
Constant	0.959	0.019	51.39***
Unemployment Benefits	0.016	0.004	3.67**
Log of Household Income Excluding Unemployment Benefits	0.038	0.006	6.06***
Log of Household Income Excluding Unemployment, Disability and Sickness Benefits	-0.041	0.007	-5.93***
Age	-0.011	0.001	-13.6***
Age square	0.000	0.000	12.97***
Gender (Male=1; Female=0)	-0.034	0.002	-18.67***
Primary school and below	0.101	0.008	11.92***
High School	-0.010	0.004	-2.7*
College	-0.033	0.004	-7.69***
Single-Person Household	-0.009	0.004	-2.3
Nuclear Families	-0.007	0.009	-0.76
Singel	0.038	0.007	5.88***
Married	-0.059	0.007	-8.47**
Widowed	0.014	0.010	1.44
Living Separately	-0.010	0.019	-0.55
Household Size	-0.025	0.004	-6.25***
Householder	0.001	0.003	0.26
Renter	0.003	0.006	0.52
Lodging	0.004	0.013	0.32
R^2	0.1383		

Notes: *** p<0.01, ** p<0.05, *p<0.1

In the study, 19 explanatory variables were used for the model. In the model, 12 explanatory variables were found to be statistically significant. The first main conclusion of the study shows that unemployment benefits have an improving effect on health indicators. In fact, this result is an expected finding, as unemployment benefits include high severance pay. In the literature, it has been observed that other control variables, except unemployment benefits, have significant effects on the health indicator. It is seen that females in Turkey are healthier than males. The fact that the average life expectancy of females is longer than males in our country supports this result. In addition, it is known that females live longer than males on a global scale and that especially they have a lower risk of having a heart attack at an early age. It was concluded that single individuals are healthier than married individuals. In fact, it is thought that a regular life will lead to a healthier life. We can say that an increase in the number of individuals in the household decreases the probability of the individual being healthy because it requires the household income to be shared among more individuals.

This result is supported by the conclusion that the increase in household size deteriorates the health of the individual. The study's one of the other main finding is that the probability of being healthy decreases as the education level of educated individuals increases. It can be thought that the reason for the increase in the working hours of individuals and it can be thought to be caused by factors such as irregular sleep and stress. In support of this finding, it has been observed that increasing income (household income excluding unemployment, disability and sickness benefits) deteriorates health. It was concluded that as the age of the individual increases, their health worsens. According to the results, a non-linear relationship between age and health can be mentioned, since the coefficient of the age variable is negative and statistically significant and the coefficient of the squared age variable is positive and statistically significant. In other words, as the age increases to a certain level, the health of the individual deteriorates, but after a trough, there is a positive relationship between age and health, that is, health improves as age increases.

Conclusions

Fighting unemployment is among the main objectives of all countries. In our country, great efforts have been made to increase employment and reduce unemployment. Unemployment policies aim is to alleviate the consequences of unemployment. Employment policies are divided into two active employment and passive employment policies. Unemployment benefits that we discussed within the scope of the study fall within the passive employment policy. The Turkstat Household Income and Living Conditions Survey Panel Data Set (2015-2018) was used in the analyses. In our work health status of individuals is an important latent variable.

Concerns about job destruction and unemployment increase the demand for unemployment benefits. Thus, it is important to set up an unemployment benefits scheme having a structure that minimizes the disincentive of looking for a job, protects them from health negative shocks. The losses incurred due to the unemployment phenomenon are tried to be minimized with these aids. One of the most devastating losses is physical and mental health.

In this study we attempted to investigate the impact of unemployment benefits on health, using the Fixed Effects Method approach. Although unemployment does not prevent the problem, unemployment benefits are provided to compensate for the consequences of unemployment. It is thought that the study will contribute to the literature due to the low number of national and international literature. The findings suggest a positive impact of the unemployment benefits on health. It has been found that people have better health as they receive unemployment benefits, at least the mental and physical health problems are reduced due to the financial distress caused by unemployment.

Another important finding is that with the increase in education level and income, the state of healthy disappears dramatically. This may be for the increase in working hours of individuals with the emergence of factors such as irregular sleep and stress. Since it was concluded in the study that unemployment benefits improve the health of individuals, policies for developing countries such as Turkey to increase the budget allocated to unemployment benefits are among the recommendations of the study.

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GENİŞLETİLMİŞ ÖZET

Çalışmanın Amacı:

İşsizlik mücadele politikalarında işsiz kalmış kişilere gerek işsiz kaldığı dönemi daha az sorunla karşılaşması, gerekse yeniden iş bulabilmesi amacıyla çeşitli politikalar uygulamaktadır. Uygulamalarda aktif ve pasif işgücü piyasası politikaları devletin uyguladığı politikaların altında yer almaktadır. Çalışmada işsizlik yardımlarına odaklanıldığı için pasif istihdam politika kapsamına odaklanılmıştır. İşsizlik sonucunda gerek hanehalkları gerekse bireyler gelir darlığı yaşamaktadırlar. Bunun sonucunda yetersiz ve dengesiz beslenme, barınma sorunları ve sağlık sorunları ortaya çıkmaktadır. İşsizlik gelir kaybı ile birlikte bireylerin sosyal etkileşiminin azalmasına ve sonucunda ruhsal çöküntüler ile birlikte sağlık sorunlarına sebep olabilmektedir Bu çalışma Türkiye'de verilmekte olan işsizlik yardımlarının bireylerin sağlık göstergeleri üzerine etkisini analiz etmeyi amaçlamaktadır

Araştırma Soruları:

Çalışma kapsamında en temel soru bireylerin sağlıklı olmasında işsizlik yardımlarının etkisi var mıdır? Ayrıca, işsizlik yardımları dışında bireyin sağlıklı olması üzerinde etkili olan sosyo ekonomik ve demografik değişkenlerin hangileri olduğunu ve etkinin ne yönde olduğunu belirlemektir.

Literatür Araştırması:

Yapılan çalışmalar doğrultusunda işsizlik gelir kaybı ve olası yoksulluk yanı sıra birçok psikolojik ve fiziksel sağlık problemini neden olmaktadır. Yapılan çalışmalarda işsizlik üzerinde sosyoekonomik ve demografik değişkenlerin etkileri ele alınmıştır. Uluslararası ve ulus literatürde sağlık üzerinde işsizlik yardımlarının etkisini ele alan çalışma sayısı oldukça azdır. Özellikle detaylı mikro veriler ve ileri ekonometrik yöntemlerle daha önce ulusal yazında bu konuyu ele almış bir çalışma olmadığından Bu çalışma Türkiye'de 2015-2018 dönemi için bu etkinin yönü belirlenerek literatüre katkı sunacaktır.

Yöntem:

Türkiye İstatistik Kurumu (TÜİK) Gelir ve YaşamKoşulları Panel Mikro Veri Seti (2015-2018)" kullanılarak analiz edilmiştir. Analizlerde panel veri yöntemlerinden olan "Sabit Etkiler Yöntemi" kullanılmıştır. Analize geçmeden önce, Hausman testi ile sabit etkiler tahmincisi veya rastgele etkiler tahmincisi ile tahminde bulunmaya karar verilmiştir. Çalışmada sağlık indeksi gizli değişkendir. Veri setinde sağlıkla ilgili üç soru yer almaktadır. Bunlar sırasıyla genel sağlık durumu, bireyin uzun dönemli bir hastalık (astım, bronşit gibi) ile karşı karşıya olup olmadığı ve bireyin günlük aktivitelerini engelleyecek bir özür ya da sağlık sorunu için ne derece engelli olduğu ile ilgilidir. Bu değişkenlerden faktör analizi yöntemi ile her birey için tek bir değişken elde edilmiştir. Özellikle detaylı mikro veriler ve sabit etki yöntemi ile daha önce ulusal yazında bu konuyu ele almış bir çalışmaya rastlanmamıştır.

Sonuç ve Değerlendirme:

Sabit etki yöntemi ile elde edilen bulgular, işsizlik yardımlarının sağlık üzerinde olumlu bir etkisi olduğunu göstermektedir. İnsanlar işsizlik yardımı aldıkları için daha sağlıklı oldukları, en azından işsizliğin neden olduğu maddi sıkıntı nedeniyle ruhsal ve fiziksel sağlık sorunlarının azaldığı tespit edilmiştir. Çalışmada işsizlik ödeneğinin bireylerin sağlığını iyileştirdiği sonucuna varıldığından, Türkiye gibi gelişmekte olan ülkelerde işsizlik ödeneğine ayrılan bütçenin artırılmasına yönelik politikalar çalışmanın önerileri arasında yer almaktadır. İşsizlik yardımı dışında diğer kontrol değişkenlerininde sağlık göstergesi üzerinde anlamlı etkileri olduğu görülmüştür. Türkiye'de kadınların erkeklere göre daha sağlıklı olduğu görülmektedir. Ülkemizde ortalama yaşam süresinin kadınlarda uzun olması bu sonucu destekler niteliktedir. Global ölçekte de kadınların erkeklere oranla daha uzun yaşadığı, erken yaşlarda özellikle kalp krizi geçirme risklerinin daha az olduğu bilinmektedir. Bekar bireylerin evli bireylere göre daha sağlıklı olduğu sonucuna varılmıştır. Hanede birey sayısında artış, hane gelirinin daha çok birey arasında paylaştırmayı gerektirdiğinden bireyin sağlıklı olma olasılığı düşürdüğünü söyleyebiliriz. Bir diğer önemli bulgu ise eğitim seviyesi ve gelir artışıyla birlikte sağlıklı olma durumunun dramatik bir şekilde ortadan kalkmasıdır. Bunun nedeni bireylerin çalışma saatlerinin artması ile birlikte düzensiz uyku, stres gibi faktörlerin ortaya çıkması olabilir.