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FINNISH CENTRE FOR PENSIONS, STUDIES

SUMMARY

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Socioeconomic status and disability retirement in Finland

Causes, changes over time and mortality

In recent years the longer working lives and the postponing of the retirement age have been topics of extensive discussion in Finland. Disability pensions play an important role in this debate. Working lives will lengthen if the incidence of disability retirement diminishes. Efficient actions can be focused on preventing disability retirement, if the groups at risk of disability retirement are identified. According to earlier studies, there are large socioeconomic inequalities in disability retirement. Manual workers have been found to be at a higher risk of disability retirement compared to upper non-manual employees. However, broader knowledge of socioeconomic differences in disability retirement due to different diseases would be useful in order to lengthen working lives.

This study examined the socioeconomic differences in disability retirement due to different diseases over the period 1988–2009. The study also aimed at finding the contribution of ill-health, health behaviours and working conditions on these differences. Socioeconomic differences in mortality after disability retirement due to different diseases were also studied. The study utilized, longitudinal register data of the Finnish population aged 30 and over and the nationally representative Health 2000 Survey with linked register-based retirement data.

The results indicated that socioeconomic differences in disability retirement vary by cause of disability. Large inequalities were found in disability retirement due to musculoskeletal diseases, psychoactive substance use and cardiovascular diseases. Socioeconomic differences due to depression were small or non-existent, and were larger in younger compared to older age groups. Musculoskeletal diseases contributed most to the overall socioeconomic

differences in disability retirement. The incidence of disability retirement has decreased in all socioeconomic classes from the early 1990s on. The decrease has been notable, especially in disability retirement due to musculoskeletal and cardiovascular diseases. Socioeconomic differences due to all causes and musculoskeletal diseases were largely mediated through working conditions and ill-health. In musculoskeletal diseases, the contribution of working conditions was especially clear. Socioeconomic differences in mortality after retirement were smaller than in the general population. Modest socioeconomic differences in mortality after disability retirement due to mental disorders and cardiovascular diseases were found for all causes of death.

Socioeconomic differences in disability retirement due to musculoskeletal diseases have been large during the past decades. Prevention of musculoskeletal diseases among manual workers may reduce socioeconomic differences in disability retirement. The contribution of mental disorders to overall socioeconomic differences was smaller than the contribution of musculoskeletal diseases. The importance of working conditions should be observed when trying to decrease the number of disability retirements. Smaller socioeconomic differences in mortality after disability retirement may indicate that the disability process can accurately identify chronic health problems regardless of socioeconomic status.

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