

# European youth unemployment: “A public health time bomb waiting to explode”

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A joint report by the World Health Organisation (WHO) and University College London Institute of Health Equity (IHE) reveals how social inequality has led to growing health inequality in the 53 countries in the WHO European region.

Of particular concern is poverty among children and unemployment among young people.

The latest review, “Social Determinants and the Health Divide in the WHO European Region,” is the result of two years of research by a cross-disciplinary consortium of European experts, chaired by Professor Sir Michael Marmot, who has conducted two similar reviews into the situation globally (2008) and in England (2010).

The report is a powerful confirmation that conditions in which people are born, grow, live, work and grow old shape their health and that these conditions are determined by power, money and resource inequities.

“People who live in areas of higher deprivation are more likely to be affected by tobacco smoke, biological and chemical contamination, hazardous waste sites, air pollution, flooding, sanitation and water scarcity, noise pollution and road traffic,” the report states.

“The quality of infrastructure, including water and sanitation, are crucial to health, along with other factors. Immigrant communities and people living in slum conditions throughout the European Region often live in the most polluted areas.”

The review maintains that “bad” behaviour—smoking, poor diet and alcohol—which the media and politicians put down to individual failings, are socially determined.

Marmot finds that “a major problem in the European Region is not only low income associated with unemployment but employment that pays too little to lead a healthy life.”

Some 26 million men and women in the 28 countries of the European Union (EU) are unemployed, including Spain and Greece with jobless rates above 25 percent. More than a quarter of the populations of Macedonia, Bosnia and Herzegovina are also without jobs.

Commenting on the massive unemployment among youth, Marmot states, “Unemployment, particularly the persistent high levels of youth unemployment, is a public health time bomb waiting to explode.”

Countries like Greece, Spain and Portugal where the Troika—the European Commission, European Central Bank and International Monetary Fund—has dictated massive austerity measures, have seen skyrocketing youth unemployment, with over half of youth without work in many European countries.

A study published early this year in the weekly medical journal *The Lancet* found that in England, rising unemployment was directly linked to 1,000 suicides between 2008 and 2010. A University and College Union lecturers’ survey of UK youngsters not in education, employment or training—so-called NEETs—found a third had experienced depression and more than a third “rarely left the house.”

The review draws the connection between household deprivation and mortality among under-fives. Iceland, which has a very small percentage of deprived households, has an under-fives mortality rate of 2 per 1,000 live births whereas the EU’s poorest countries—Bulgaria and Romania—have rates of 11 and 12 respectively.

“Deprivation in early life is also associated with other health problems: poor diet and deficits in physical, social, emotional, cognitive and language domains of development. These have lifelong effects on life chances and subsequent health,” the review states, pointing to the huge range of child poverty rates across

the EU—from 10 percent in Germany to 20 percent in the UK to 33 percent in Romania.

The review also focuses on the reactionary anti-immigrant policies of European governments, which have led to greatly increased social exclusion, vulnerability and disadvantage of minority groups citing the Roma and irregular migrants—workers without permission to either live or work in the country of residence:

“The exposure of Europe’s Roma to powerful social, economic, political and cultural exclusionary processes, including prejudice and discrimination, adversely affects their human rights and self-determination. Progress in reducing the social inequities experienced by Roma has been limited. This situation is leading to gross inequities in health and well-being among the Roma compared with other populations in the Region.”

Unemployment rates are higher among migrants than the nationals in the vast majority of countries in the region:

“Irregular migrants who are particularly exposed to additional exclusionary processes face the greatest problems—for example, those who need health care, unaccompanied minors, irregular female domestic workers and victims of trafficking, mostly women being exploited in the sex trade. States vary in the extent to which they allow irregular migrants access to social protection, including health care.”

The Marmot review sheds new light on the Dickensian conditions that have devastated the former Soviet Union. Life expectancy in the countries resulting from its breakup is 17 years less than in Western Europe for men and 12 years for women. “Most countries in the lowest quintile are in the eastern part of the region,” states the executive summary of the review.

Having identified that “There are persistent and widespread inequities in health across the European Region” and that the “European economic crisis and the response to it have adversely affected the social determinants of health,” Marmot’s concluding plea to governments to change course is destined to fall on deaf ears.

He declares, “I would say to any government that cares about the health of its population: look at the impact of their policies on the lives people are able to lead and, more importantly, at the impact on inequality.

“Health inequality kills. It is socially unjust, unnecessary and avoidable, and it offends against the human right to health.”



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