OP10.4

Social inequality in disability pension: a study of disability risk in intersections of gender and education

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Background & Aim: Studies of social inequality in disability pension have been criticized for lack of theoretical frameworks. Since the likelihood of disability pension is associated with categories of social difference and systemic oppression, using an intersectionality framework may advance our understanding of the issue. The aim of the study was to examine the relation between intersections of gender and education, and disability pension (all-cause and cause-specific).
Method: A subsample of 9,964 men and 11,635 women, aged 40 to 49, from the Hordaland Health Study, Norway (1997-1999) provided baseline information on educational level. Outcome was register-based disability pension from 1992 to 2007. Statistical analyses were in line with recommendations for intersectionality-informed quantitative research. We performed descriptive statistics, estimated the main effects of gender and education on disability pension, and potential interactions between gender and education on all-cause and cause-specific disability pension.
Results: Men with higher education had lower risk for disability pension irrespective of diagnostic groups (musculoskeletal (MSD), mental, and 'other' diagnoses) compared with women with similar education, as well as men and women with lower education. Women with lower education had an 11-fold risk for disability pension due to MSD compared to men with higher education, whereas men with lower education and women with higher education had a 3-fold risk. The most common disability diagnoses among lower educated women were soft tissue disorders and back pain.
Conclusions: Low-educated women with musculoskeletal pain may be particularly vulnerable to mechanisms that lead to health-related exclusion from working life. To prevent further marginalization of these women, the social security system, the workplace and the general physician should intervene early and collaborate closely to reduce exposures and subsequent disability risk.