

Social mobility as a life-course model: new evidence from Polish 2011 data

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Background

The two major life-course models, accumulation of exposures and critical period, gathered sound theoretical underpinning and empirical support. Unlike these two, the social mobility model is poorly described and only rudimentarily tested. This study aims to advance this model theoretically and understand the health consequences of social promotion and degradation based on data from Poland - a country with exceptionally high rates of vertical intergenerational social mobility between.

Methods

We selected a subsample of respondents aged 45–59 years from the Polish edition of the European Survey of Income and Living Condition, 2011 (N = 7,477) and assessed their socio-economic position in adulthood and childhood using Categorical Principal Component Analysis. We then assigned them to social classes (lower, middle, upper) using clustering techniques. The social mobility parameter was defined as difference in the raw socioeconomic score between childhood and adulthood.

Finally, we specified a series of logistic regression models, which represented different life-course models, testing how well they fit to data and how well they predict self-assessed health.

Results

The optimal life-course model is 'Accumulation+Social Mobility', with class in childhood, class in adulthood and social mobility as socioeconomic predictors. Rising in the

social hierarchy provides 30% per unit increment reduction in the risk of having poor health (OR=0.70, 95% CI=0.61–0.80), other factors being controlled for. Failing to include the social mobility parameter causes suppression of the effect of social class in childhood.

Conclusions

Social promotion and social degradation substantially and independently affect health, lending support to proposition of the social mobility life-course model. Upwardly mobile experience a double health benefit: first from occupying higher social position; and second from rising in social hierarchy. The opposite is true for downward movers.

Key messages

- Intergenerational vertical social mobility exerts an independent and robust influence on health
- Social mobility life-course model is valid only in addition to the model of accumulation of exposures