

3RD ASSIGNMENT

- **Part A**

I want to study how the COVID-19 impacted on some workers than others in OECD countries to underline disparities between men, women and young people. Young people and women are among those at greatest risk of joblessness and poverty. They generally have less secure, unskilled jobs and are highly represented among workers in industries most affected by the crisis.

The chart below shows the unemployment rate (% of labour force) among Youth (15-24 years), Aged 25 and over, men and women during the pandemic.

We can see how the unemployment rate changes among subjects of differing age and gender. We can start to comment data in this chart: in February 2020 the unemployment rate was lower for all the categories than in July and August 2020. If we see the percentage for Young people in February (before the pandemic), it was 11,25% instead in July was 16,78% and in August was 15,35%. For people aged 25 and over the unemployment rate reached the 4,45% in February, the 6,91% in July and 6,44% in August. If we compare rates between men and women we can see that men achieved a lower unemployment rate than women: in February it was 5,08% for men and 5,39% for women; in July was 7,71% for men and 8,31% for women; in August was 7,28% for men and 7,63% for women.

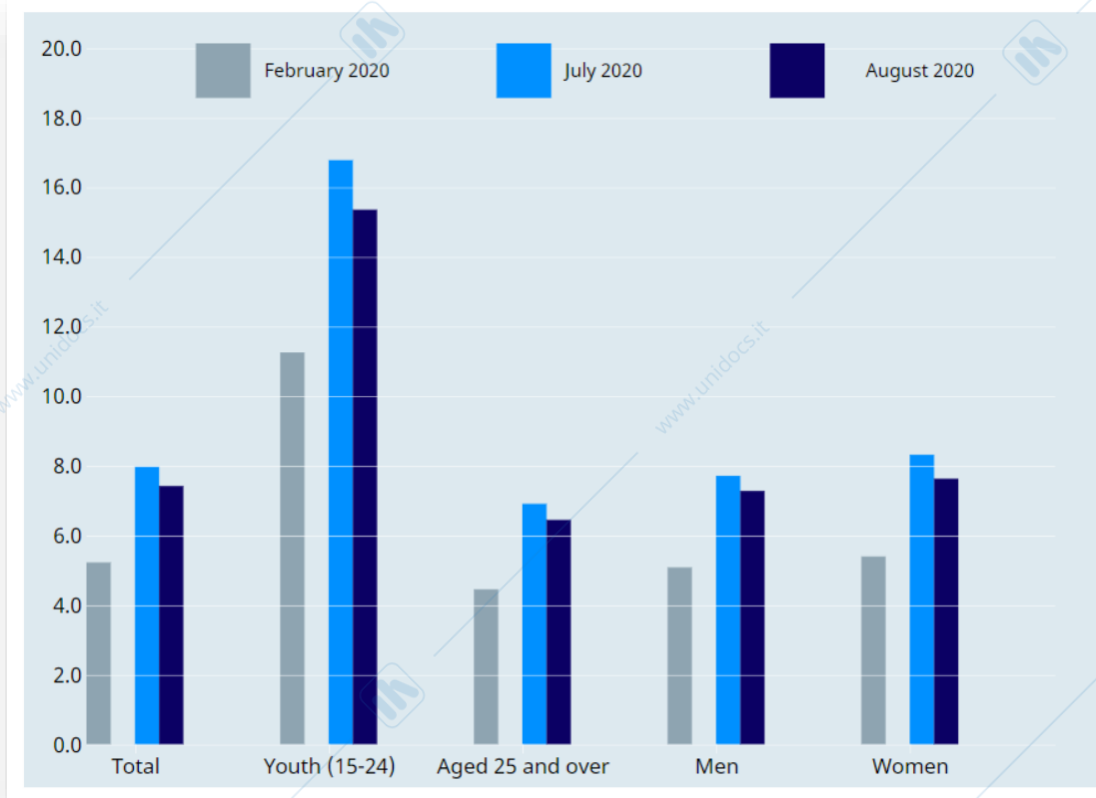
On average, we can see that unemployment rates have risen for all categories during the pandemic, while in February they were much lower (without the pandemic). This is because the OECD countries have adopted restrictive measures, such as lockdowns, which have encouraged the reduction of jobs and therefore the respective increase in unemployment.

But the question now is why is there also a difference between the unemployment rates of young people, men and women during the pandemic? A possible response could be related to the concept of work experience. Young people, having never been in the world of work, certainly have less work experience than people who have worked for more than a few years. For this reason they have more difficulty in entering a job and therefore unemployment rates will be higher than for men and women also during the pandemic.

Another question to ask now is, why are women's unemployment rates higher than men's during the pandemic? One answer might be because women, generally, are more health-conscious and this may have caused them to give up their jobs and thereby increase unemployment rates.

MISCOLI MILENA

1956725



Source: <http://www.oecd.org/coronavirus/en/data-insights/young-people-and-women-hit-hard-by-jobs-crisis-august-2020>

- **Part B**

EXERCISE 12 (d)

Since the efficient producer hypothesis underlines the fact that health disparities exist because better-educated individuals are more efficient producers of health than less well-educated individuals, the evidence in table 4.4 is consistent with this hypothesis because individuals with a postgraduate degree have reached hemoglobin A1c levels lower than individuals with a HS degree and college diploma. For example in the conventional therapy (baseline), postgraduate degree individuals have achieved 8.42 score, instead HS degree individuals have reached 8.96 score.

Since hemoglobin A1c measures how well the patient has kept blood glucose levels in control and lower scores are better on the hemoglobin A1c test, we can conclude that better educated individuals are efficient producers of health in comparison with less well educated individuals.

EXERCISE 13 (c)

In the table 4.5 we can see that female nurses who were born at lower weight than the average are subject to higher risk rates of coronary heart disease, all cardiovascular disease and stroke. For example, if we consider the births with a very low weight, we can note that the hazard rate of contracting coronary heart disease is 148% while the hazard risk in average birth weight is 100%. This means that female nurse who were born at lower weight than the average were deprived of resources in utero and this happens especially among poor individuals because they are more likely to face deprivation early in life.

EXERCISE 14 (a-b-c)

- We can see health disparities between nobles and peasant because the cancer rates differs greatly: among peasant in Eastville it's at 40% and among nobles in Eastville it's at 50%. The cancer rate is higher for nobles than peasants.
- Nationwide cancer rate for nobles \rightarrow total nobles: $100 + 900 = 1000$
total affected by cancer: $100(50\%) + 900(10\%) = 140$
nationwide cancer rate for nobles: $\left(\frac{140}{1000}\right) 100 = 14\%$
Nationwide cancer rate for peasants \rightarrow total peasant: $1000 + 500 = 1500$
Total affected by cancer: $1000(40\%) + 500(8\%) = 440$
Nationwide cancer rate for peasants: $\left(\frac{440}{1500}\right) 100 = 29,33\%$

We can see that now the nationwide cancer rate for peasant is higher than the nationwide cancer rate for nobles.

MISCOLI MILENA

1956725

- c) A possible answer that explains the paradoxical results is the distribution on nobles in Pcoria. We can see in Eastville live 100 nobles and 1000 peasant so it's logical that the cancer rate is higher for nobles because the probability to contract cancer is higher. Another possible answer concerns the geography of Pcoria because Eastville is a poor area with pollution, so it's obviously more probable to contract cancer in this area than contract cancer in Weston that is an area filled with pristine parks. This fact exemplifies the direct income hypothesis: health disparities arise because the rich have more resources available to invest in health.