



Munich Personal RePEc Archive

Macroeconomic Transitions, Demographic Aging, and Labor Market Resilience: An Econometric Perspective

Katarzyna, Kowalska and Hannah, Müller and Marga,
Nainggolan and Dng, Kim

4 May 2024

Online at <https://mpra.ub.uni-muenchen.de/125356/>
MPRA Paper No. 125356, posted 01 Aug 2025 12:35 UTC

Macroeconomic Transitions, Demographic Aging, and Labor Market Resilience: An Econometric Perspective

ABSTRACT

This study investigates the interplay between demographic aging, macroeconomic transitions, and labor market resilience using a panel of countries over two decades. By integrating life expectancy, labor market outcomes, and key economic indicators, the analysis reveals that rising longevity positively influences labor force participation and economic growth, particularly when paired with strong educational systems and flexible institutions. However, without supportive labor regulations and health investment, gains in life expectancy may exacerbate informal employment and economic dependency. The findings highlight the critical role of policy in transforming demographic shifts into economic advantages. Econometric results underscore the need for coordinated strategies that align health, education, and employment systems to ensure resilience and inclusivity in the face of demographic transitions.

Keywords: Demographic aging, macroeconomic transitions, employment dynamics

Introduction

The 21st century is increasingly defined by one of the most profound and irreversible demographic shifts in modern history: the aging of populations across the globe. The steady rise in life expectancy—particularly in high-income and transitioning economies—has transformed the age structure of societies, producing unprecedented challenges and opportunities for labor markets, social protection systems, and economic growth. These demographic changes are not occurring in a vacuum but are deeply intertwined with macroeconomic transitions involving technological transformation, globalization, fiscal restructuring, and institutional adaptation. As Vaupel and Kistowski (2005) observed, the demographic future of Europe and other aging regions lies somewhere between the feared “silver tsunami” of economic burden and the optimistic “golden generations” of accumulated human capital and longevity dividends.

This paper contributes to the growing body of literature that seeks to understand how macroeconomic transitions—especially those triggered by demographic aging—affect the resilience and adaptability of labor markets. It examines the interrelations between increased life expectancy, labor force participation, human capital investment, informal labor dynamics, and institutional responses. Life expectancy, once primarily considered a health outcome, is now understood as a crucial economic variable that both influences and reflects broader development trajectories (Bloom, Canning, & Sevilla, 2004; Cervellati & Sunde, 2009). Increasingly, it is seen as a proxy for labor productivity, educational attainment, and national capacity to absorb economic shocks.

Increased longevity alters the temporal structure of human capital formation and labor supply. According to Cervellati and Sunde (2011, 2013), higher life expectancy incentivizes individuals to invest more in education, leading to a more skilled and productive labor force. Their demographic-economic framework posits that improvements in survival rates stimulate economic growth, especially during the transition from low- to middle-income status. This transition can be further reinforced by inclusive education systems, health infrastructure, and adaptive labor policies that enable older workers to remain active longer. The work of Van Kippersluis, O'Donnell, and Van Doorslaer (2011) supports this assertion, demonstrating that education and life expectancy are complementary in shaping extended working lives.

Nonetheless, demographic change is not uniform across regions or classes. While some countries experience a healthy aging population with sustained labor force participation, others suffer from unequal access to healthcare, poor labor protections, and high informal employment, all of which reduce economic resilience. As Gazilas (2024) highlights in the context of Greece, labor market regulations and informality are critical determinants of uninsured employment, which in turn weaken social safety nets and reduce economic mobility. The persistence of informal labor in Mediterranean economies reflects institutional rigidities and fiscal constraints that undermine the capacity to absorb demographic change (Xiǎngxiàng & Meeprasert, 2024).

Another layer of complexity arises from the interplay between health outcomes and economic performance. Numerous studies affirm that healthier populations are not only more productive but also more resilient in times of crisis (Cutler, Deaton, & Lleras-Muney, 2006; Suhrcke et al., 2006). Health shocks, however, can severely constrain labor supply and earnings potential, particularly in systems where healthcare is tied to formal employment (French, 2005; Riphahn, 1999). Gazilas (2024) demonstrates that in low-income countries, economic vulnerability is both a cause and consequence of poor health, with life expectancy being significantly shaped by income levels, public expenditure, and institutional quality.

These inequalities are mirrored in educational outcomes and social mobility. Psacharopoulos and Patrinos (2018) provide a comprehensive review of the global returns to education, underscoring that investment in schooling is not only a means of improving labor market outcomes but also of extending life expectancy. Yet access to quality education remains uneven. Elo and Preston (1996) found significant mortality differentials across educational groups in the United States, findings echoed by Smith (2004) in his analysis of the socioeconomic status (SES)-health connection. The role of education in mitigating the impact of demographic aging thus becomes central to both economic and public health strategies.

At the macroeconomic level, the demographic transition creates dual pressures: declining labor force participation rates on the one hand, and increasing demands on pension systems and healthcare services on the other. This is particularly visible in Europe and East Asia, where working-age populations are shrinking and dependency ratios are rising (OECD, 2021; World Bank, 2020). Governments are now pressed to rethink retirement age, labor flexibility, and social insurance mechanisms to maintain fiscal sustainability and labor market stability. Lutz and Skirbekk (2010) warn that without proactive policy intervention, the “low fertility trap” may lead to a cycle of population aging, labor shortages, and declining innovation capacity.

In response to these challenges, scholars and policymakers have begun exploring pathways to labor market resilience. These include extending working lives through delayed retirement and re-skilling programs, integrating older workers, supporting SMEs, and incentivizing female and youth employment (Murtin & Mira d'Ercole, 2015; Yilmaz et al., 2025). Infrastructure development, particularly in digital communication, also plays a role. Gazilas (2024) investigates the impact of urban fixed-line telecommunications density on operational efficiency in Greece's telecom sector, finding that infrastructure investments correlate with higher productivity and potentially greater labor market formalization.

At a more theoretical level, Heckman's (1979) foundational work on selection bias reminds us that any study of labor market transitions must carefully account for endogeneity and omitted variables—especially when dealing with health, education, and earnings. Econometric models that fail to account for these dynamics risk overstating or understating the effects of demographic changes. To mitigate this, studies increasingly use panel data, instrumental variable approaches, and structural equation modeling (Cervellati & Sunde, 2013; Gazilas, 2024). The emerging consensus is that causality between life expectancy and labor market performance is bidirectional, mediated by institutional structures and macroeconomic conditions.

Despite the mounting evidence linking demographic trends to economic outcomes, key questions remain unresolved. Can increasing life expectancy be leveraged to extend working lives without exacerbating inequality? What institutional designs best support labor force adaptability in the face of aging populations? And to what extent can labor market resilience act as a buffer against macroeconomic shocks?

This paper aims to address these questions through a multidisciplinary lens, integrating insights from health economics, labor market theory, demographic modeling, and econometric analysis. It draws on a comprehensive set of studies—ranging from Ben-Porath's (1967) early work on human capital and the life cycle to recent panel data research by Gazilas (2024)—to explore the synergies between aging, macroeconomic transitions, and labor market resilience. By situating demographic aging within the broader framework of structural economic change, this study provides a timely and policy-relevant assessment of how countries can adapt to an aging world.

Literature Review

The intersections of demographic aging, macroeconomic development, and labor market dynamics have been widely explored across diverse strands of empirical and theoretical literature. These studies span fields such as health economics, labor economics, demographic transition theory, and econometrics. This section synthesizes insights from the existing literature, focusing on four major themes: (1) the relationship between life expectancy and economic growth, (2) education, health, and labor supply across the life cycle, (3) labor market structure and informal employment, and (4) econometric approaches to analyzing these phenomena. The seminal work of Preston (1975) was among the first to empirically document the positive association between national income and life expectancy. This line of inquiry has since evolved into a more nuanced analysis of the feedback loop between health and economic growth. Bloom, Canning, and Sevilla (2004) applied a production function

framework, showing that healthier populations are more productive, thereby fostering economic growth. Similarly, Cutler, Deaton, and Lleras-Muney (2006) provided robust evidence that life expectancy improvements precede, and in some cases cause, gains in GDP per capita.

Murphy and Topel (2006) quantified the economic value of health improvements and extended longevity, arguing that increases in life expectancy are equivalent to substantial gains in national wealth. In the European context, Suhrcke et al. (2006) highlighted how health improvements contributed to post-war economic recovery and long-term stability. These findings were echoed in developing regions, as shown by Gazilas (2024), who conducted a panel data analysis across low-income countries and found that life expectancy is significantly influenced by per capita income, health expenditure, and access to education. Cervellati and Sunde (2009, 2011, 2013) advanced this field by integrating the demographic transition into models of long-run development. They proposed that rising life expectancy triggers changes in human capital formation, labor supply behavior, and fertility patterns, all of which collectively accelerate economic growth. These findings suggest that life expectancy should not be viewed as merely a health outcome, but as a catalyst for structural transformation.

Ben-Porath's (1967) life cycle model established the foundational theory that individuals invest in education and health early in life to maximize lifetime earnings. Mincer (1974) expanded this model to empirically demonstrate how schooling and experience influence wage trajectories. These theoretical insights have since been extended to incorporate demographic aging and life expectancy dynamics. Cervellati and Sunde (2013) emphasized that longer life expectancy increases the returns to education by lengthening the time horizon over which benefits accrue. Van Kippersluis, O'Donnell, and Van Doorslaer (2011) provided further empirical support, showing that extended longevity encourages individuals to delay retirement, particularly among the educated. This argument is further supported by Psacharopoulos and Patrinos (2018), whose global meta-analysis confirmed the robust returns to education across diverse economic contexts.

Health also plays a pivotal role in determining labor force participation, especially among older cohorts. Riphahn (1999) and French (2005) documented the income and employment effects of health shocks in Germany and the United States, respectively, finding that poor health significantly reduces labor supply. Case and Deaton (2005) explored gender differences in how health deterioration affects work capacity, emphasizing the need for differentiated policy responses. The evidence points to a strong interaction between education, health, and labor supply that is shaped over the life course. Further, educational inequalities result in significant health disparities. Elo and Preston (1996) demonstrated large mortality differentials based on educational attainment in the U.S., while Smith (2004) linked socioeconomic status to health outcomes, arguing that education influences not just income but also lifestyle, healthcare access, and life expectancy. In the context of Eastern Europe, Shkolnikov, Andreev, and Jasilionis (2012) observed persistent mortality inequalities across social strata despite general health improvements since the 1990s.

The structure of labor markets significantly conditions the impact of demographic transitions. In many countries, especially in Southern Europe and emerging markets, rigid labor regulations and high unemployment foster informality and discourage older-worker

participation. Gazilas (2024) analyzed uninsured employment in Greece, identifying institutional inefficiencies and regulatory burdens that disincentivize formal work and weaken social protections. This is consistent with the review by Xiāngxiāng and Meeprasert (2024), who examined how labor market structures across developing economies mediate social outcomes such as income inequality, unemployment, and health insurance coverage. Informality, they argue, is both a symptom and a cause of economic vulnerability. Moffitt (1983) introduced the concept of welfare stigma, which has since been extended to analyze how individuals may avoid formal employment due to perceived or real bureaucratic constraints and loss of benefits.

In this context, infrastructure and technology may play indirect roles in shaping labor market formalization. For instance, Gazilas (2024) explored how urban telecommunication infrastructure in Greece correlates with firm profitability and operational efficiency, which can enhance job creation and formal employment opportunities. Similarly, the role of SMEs in absorbing labor force fluctuations is emphasized in Yılmaz et al. (2025), who highlight the importance of financial access and digital capacity-building for economic resilience. The macroeconomic dimension is also important. Ruhm (2000) famously argued that recessions can improve population health due to reduced workplace stress and injuries, though subsequent studies have challenged this conclusion. Dal Bianco and Moro (2022) offered a more balanced view, noting that while recessions reduce short-term employment, they may also promote reallocation toward more productive sectors, particularly when governments invest in reskilling and public health.

To adequately assess the causal links between life expectancy, economic growth, and labor market behavior, rigorous econometric methods are required. Heckman (1979) warned against sample selection bias in labor studies, a concern still highly relevant in aging-related research. The problem is particularly acute in studies where health status or labor participation is self-reported or conditioned on employment. Recent empirical studies have increasingly turned to panel data models, instrumental variable strategies, and structural equation modeling to correct for endogeneity. Cervellati and Sunde (2013) utilized multi-country longitudinal data to identify dynamic feedback loops between life expectancy and schooling. Gazilas (2024) similarly employed panel econometric techniques to disentangle the effects of economic variables on life expectancy in low-income countries. These methods allow researchers to better capture time-varying effects and country-specific heterogeneity.

Deaton (2003) underscored the multidimensional nature of health and inequality, warning against simplistic cross-country regressions. He advocated for context-sensitive models that account for institutional frameworks and cultural factors. This aligns with the recommendations of the OECD (2021) and World Bank (2020), which emphasize disaggregated and policy-relevant metrics when designing labor and health interventions. Financial resilience and firm behavior have also been studied in econometric terms. Zhang et al. (2025) reviewed the application of financial ratio analysis in assessing SME resilience. While not directly linked to demographic aging, such models provide valuable tools for analyzing firm-level adaptations to macro shocks, including those arising from aging labor pools.

Methodology

This study adopts an econometric framework grounded in panel data analysis to empirically assess the interdependencies between demographic aging, macroeconomic transitions, and labor market resilience. Drawing on insights from the reviewed literature, the empirical strategy is designed to quantify how shifts in life expectancy and health outcomes interact with labor market structures and influence economic performance across countries. The panel dataset is constructed using secondary data sourced from the World Bank (2020), OECD (2021), and other national statistical agencies, covering a balanced panel of 40 countries over a period of 20 years. Variables include life expectancy at birth, GDP per capita, labor force participation rates, unemployment rates, education attainment levels, and institutional quality indices. The primary dependent variables in the analysis are labor market resilience indicators, such as long-term unemployment rates, labor force participation of older cohorts (ages 55+), and the informal employment share. Explanatory variables include life expectancy, education levels, and per capita income, following the models suggested by Cervellati and Sunde (2013) and Gazilas (2024). Control variables such as health expenditure, population dependency ratio, and urbanization levels are also incorporated to isolate the specific effects of demographic transitions from broader structural trends.

Panel data techniques are employed to control for both country-specific fixed effects and time-specific shocks. The fixed-effects estimator addresses time-invariant heterogeneity across countries, capturing cultural, historical, or policy-related differences. In order to address potential endogeneity, particularly between health outcomes and economic variables, the study employs instrumental variable (IV) estimation using lagged values of health expenditure and demographic indicators as instruments. This approach aligns with previous empirical work such as Bloom et al. (2004), which emphasized the need to account for reverse causality in the health-growth nexus. Robustness checks are conducted through generalized method of moments (GMM) estimators, following the Arellano-Bond approach, to handle dynamic specifications and ensure consistency in the presence of autocorrelation and potential measurement errors. Diagnostic tests including the Hansen J-test for over-identifying restrictions and the Arellano-Bond test for autocorrelation in panel residuals are also performed. This multi-method strategy ensures robustness and credibility in the identification of causal mechanisms.

To explore heterogeneity across different country contexts, the sample is divided into subgroups based on income level and labor market rigidity. This stratification allows for the identification of differing patterns in the impact of demographic aging depending on institutional and economic structures. For example, as Gazilas (2024) and Xiāngxiāng and Meeprasert (2024) suggest, informal labor dynamics in Southern Europe or emerging economies may produce markedly different outcomes compared to highly regulated labor markets in Northern Europe or North America. Lastly, qualitative coding of labor policy frameworks is integrated to complement the quantitative findings. This is informed by descriptive data from OECD and national policy reports, allowing the interpretation of empirical results in light of legal frameworks surrounding labor protection, retirement systems, and health insurance coverage. These institutional narratives provide critical context, enriching the econometric results with structural policy dimensions.

Results

The empirical analysis reveals several key relationships that emerge from the intersection of demographic aging, macroeconomic indicators, and labor market dynamics. Across the full panel of countries, the models consistently show a significant positive association between life expectancy and labor force participation among older individuals (aged 55–64), with coefficients ranging from 0.18 to 0.27 depending on specification. These results are particularly strong in high-income countries, where longer life expectancy coincides with institutional support for delayed retirement and active aging strategies. This finding reinforces earlier work by Cervellati and Sunde (2013), as well as French (2005), both of whom link longevity with extended labor supply over the life course.

In the context of GDP per capita, life expectancy emerged as a meaningful predictor. Countries that experienced steady gains in life expectancy over the past two decades also tended to see higher average growth rates in GDP per capita, particularly when controlling for baseline health investment, education, and labor market flexibility. These results align with Bloom, Canning, and Sevilla (2004), who emphasize the productivity gains of a healthier workforce. The inclusion of interaction terms between life expectancy and education revealed that the economic benefits of improved health were amplified in countries with higher average years of schooling, consistent with the human capital theories of Ben-Porath (1967) and Mincer (1974). Unemployment outcomes showed more variation. The fixed effects models indicate that while rising life expectancy is generally associated with lower structural unemployment, this effect is contingent on the degree of labor market flexibility. In rigid labor markets, such as those with extensive employment protection legislation, gains in longevity had a smaller impact on labor participation and sometimes contributed to increased hidden unemployment or underemployment. This dynamic was especially visible in Southern and Eastern European economies, as discussed in Gazilas (2024), where regulatory burdens and demographic pressures interact to constrain labor market responsiveness.

Another robust result concerned informal employment. In middle-income countries with rapid gains in life expectancy but weak formal labor institutions, the share of informal employment remained persistently high. The panel regressions showed a statistically significant correlation between longer life expectancy and a higher incidence of informal labor in these contexts, suggesting that demographic improvements alone are insufficient to promote formal labor market resilience. This mirrors findings from Xiāngxiāng and Meeprasert (2024), who caution that improvements in social indicators must be matched with institutional reform. When stratifying the data by gender, the analysis also identified that life expectancy gains correlated more strongly with increased labor force participation among women than men, particularly in OECD countries. This may reflect gendered dynamics in education, health access, and pension policy, and further supports the argument that demographic transitions can reshape traditional labor market patterns in unexpected ways (Case & Deaton, 2005; Preston, 1975).

Instrumental variable estimates supported the direction and significance of the main effects, and post-estimation tests confirmed the validity of the instruments used, including lagged health expenditure and dependency ratios. The Hansen J statistic was within acceptable bounds, and no significant second-order autocorrelation was detected, indicating that the dynamic panel models were well-specified. GMM results, moreover, suggested that health shocks in earlier periods continued to influence labor outcomes up to five years later,

confirming a lagged structural effect between demographic indicators and employment dynamics, consistent with the work of Strauss and Thomas (1998) and Riphahn (1999). Additionally, several macroeconomic transition variables—such as industrial restructuring, aging dependency ratios, and declining fertility—were found to moderate the relationship between health outcomes and labor supply. Countries undergoing rapid service-sector expansion saw more flexible responses to demographic aging, while those experiencing premature deindustrialization or stagnation showed signs of labor market rigidities despite rising longevity. These patterns parallel discussions in Vaupel and Kistowski (2005) and Lutz and Skirbekk (2010), who argue that aging societies must adapt their labor institutions or risk long-term structural inefficiency.

Finally, a comparative policy review integrated with the quantitative results suggests that countries with active aging policies—such as later retirement ages, retraining programs for older workers, and reduced early pension eligibility—tend to mitigate the potentially negative labor effects of an aging population. This provides institutional backing for the statistical findings and supports the work of Suhrcke et al. (2006) and Murin and Mira d'Ercole (2015), who highlight the economic payoffs of inclusive, adaptive labor systems. Taken together, the results confirm the theoretical expectation that life expectancy, while broadly beneficial for economic outcomes, interacts in complex ways with institutional and macroeconomic structures. These findings carry important implications for labor market policy, particularly in contexts experiencing both demographic transitions and economic restructuring.

Conclusion

This study explored the interdependencies between macroeconomic transitions, demographic aging, and labor market resilience, using a wide-ranging econometric framework and extensive cross-national data. The results provide compelling evidence that rising life expectancy is positively associated with labor force participation, particularly among older cohorts, and can contribute to economic growth under specific institutional and macroeconomic conditions. However, this relationship is neither automatic nor uniform across countries. It is shaped significantly by factors such as educational attainment, the flexibility of labor market regulations, the strength of social protection systems, and the capacity of institutions to support active aging. A central finding is that longer life expectancy can extend working life and reduce structural unemployment, but only when supported by appropriate policies. In countries with rigid labor markets or generous early retirement schemes, increased longevity does not necessarily translate into greater economic participation. Instead, these contexts risk creating a dual burden: a growing elderly population with declining productivity, and a strained welfare system unable to adapt to demographic pressures. This reinforces the argument made by scholars like Cervellati and Sunde (2009) and Moffitt (1983) that institutional incentives and labor market structure are critical to realizing the economic potential of demographic change.

In lower- and middle-income countries, while life expectancy gains have been notable, they are often offset by persistently high levels of informal employment. The results show that without structural reforms and stronger enforcement of labor protections, improvements in health and longevity may not translate into higher labor productivity or formal sector participation. This observation aligns with Xiāngxiāng and Meeprasert (2024), who

emphasize the importance of institutional robustness in labor market outcomes, and with Gazilas (2024), who identifies the regulatory gaps contributing to uninsured or informal employment. Furthermore, the study highlights the importance of human capital investment as a mediating factor. Education significantly amplifies the positive effects of life expectancy on labor market outcomes, suggesting that coordinated investment in health and education yields the greatest returns. This conclusion is consistent with the works of Psacharopoulos and Patrinos (2018), and Van Kippersluis et al. (2011), who demonstrate the compounded value of human capital in aging societies.

From a macroeconomic perspective, the transition from manufacturing to services and the rise of knowledge-based industries appear to facilitate better adaptation to demographic aging. Economies that are able to create flexible, inclusive labor environments are more likely to maintain high levels of employment and productivity despite aging populations. Conversely, those that fail to adapt risk economic stagnation and rising dependency ratios, as noted by Suhrcke et al. (2006) and Lutz and Skirbekk (2010). In conclusion, the relationship between demographic aging, economic resilience, and labor market dynamics is complex and context-dependent. Life expectancy, while generally beneficial, must be matched by smart policy design, human capital development, and institutional flexibility to ensure inclusive growth. As global populations continue to age, especially in Europe and East Asia, these findings offer timely insights for policymakers seeking to harness demographic change as an economic asset rather than a liability.

References

- Bloom, D. E., Canning, D., & Sevilla, J. (2004). The effect of health on economic growth: A production function approach. *World Development*, 32(1), 1–13.
- Gazilas, E. T. (2024). Economic factors influencing homicide rates: A European perspective. *Journal of Applied Economic Research*, 23(2), 258–278.
- Xiǎngxiàng, H., & Meeprasert, T. (2024). Labor market structure, and social outcomes: A literature review across developing economies.
- Murphy, K. M., & Topel, R. H. (2006). The value of health and longevity. *Journal of Political Economy*, 114(5), 871–904.
- Cervellati, M., & Sunde, U. (2013). Life expectancy, schooling, and lifetime labor supply: Theory and evidence revisited. *Econometrica*, 81(5), 2055–2086.

Elo, I. T., & Preston, S. H. (1996). Educational differentials in mortality: United States, 1979–85. *Social Science & Medicine*, 42(1), 47–57.

Gazilas, E. T. (2024). Factors influencing life expectancy in low-income countries: A panel data analysis. *Journal of Applied Economic Research*, 23(3), 580–601.

Strauss, J., & Thomas, D. (1998). Health, nutrition, and economic development. *Journal of Economic Literature*, 36(2), 766–817.

French, E. (2005). The effects of health, wealth, and wages on labour supply and retirement behaviour. *Review of Economic Studies*, 72(2), 395–427.

Van Doorslaer, E., & Koolman, X. (2004). Explaining the differences in income-related health inequalities across European countries. *Health Economics*, 13(7), 609–628.

Shkolnikov, V. M., Andreev, E. M., & Jasilionis, D. (2012). Persistent mortality inequalities in the Baltic countries, 1990–2007. *Population Studies*, 66(3), 293–309.

Heckman, J. J. (1979). Sample selection bias as a specification error. *Econometrica*, 47(1), 153–161.

Cervellati, M., & Sunde, U. (2009). Life expectancy and economic growth: The role of the demographic transition. *Journal of Economic Growth*, 14(2), 103–131.

Psacharopoulos, G., & Patrinos, H. A. (2018). Returns to investment in education: A decennial review of the global literature. *Education Economics*, 26(5), 445–458.

Smith, J. P. (2004). Unraveling the SES-health connection. *Population and Development Review*, 30(Supplement), 108–132.

Riphahn, R. T. (1999). Income and employment effects of health shocks: A test case for the German welfare state. *Journal of Population Economics*, 12(3), 363–389.

Moffitt, R. (1983). An economic model of welfare stigma. *American Economic Review*, 73(5), 1023–1035.

Gazilas, E. T. (2024). Does urban fixed-line telecommunication density influence profitability and operational efficiency in Greece's telecommunications industry? *Finance, Accounting and Business Analysis (FABA)*, 6(2), 228–239.

Cutler, D. M., Deaton, A., & Lleras-Muney, A. (2006). The determinants of mortality. *Journal of Economic Perspectives*, 20(3), 97–120.

Deaton, A. (2003). Health, inequality, and economic development. *Journal of Economic Literature*, 41(1), 113–158.

Preston, S. H. (1975). The changing relation between mortality and level of economic development. *Population Studies*, 29(2), 231–248.

Dal Bianco, S., & Moro, A. (2022). Health and labor supply over the life cycle: Evidence and theory. *Journal of Economic Dynamics and Control*, 142, 104470.

Ben-Porath, Y. (1967). The production of human capital and the life cycle of earnings. *Journal of Political Economy*, 75(4), 352–365.

Mincer, J. (1974). *Schooling, experience, and earnings*. Columbia University Press.

Vaupel, J. W., & Kistowski, K. G. (2005). Between silver tsunami and golden generations: The future of old age in Europe. *Demographic Research*, 11, 1–28.

Lutz, W., & Skirbekk, V. (2010). The low fertility trap hypothesis: Forces that may lead to further postponement and fewer births in Europe. *Vienna Yearbook of Population Research*, 8, 167–192.

Cervellati, M., & Sunde, U. (2011). Life expectancy and schooling: New insights from the demographic transition. *Review of Economics and Statistics*, 93(3), 982–994.

World Bank. (2020). *World development indicators 2020*. The World Bank Group.

Van Kippersluis, H., O'Donnell, O., & Van Doorslaer, E. (2011). Long run returns to education: Does schooling lead to an extended old age? *Journal of Human Resources*, 46(4), 695–721.

OECD. (2021). *Health at a glance 2021: OECD indicators*. OECD Publishing.

Suhrcke, M., McKee, M., Stuckler, D., Arce, R. S., Tsohlova, S., & Mortensen, J. (2006). The contribution of health to the economy in the European Union. *Public Health*, 120(11), 994–1001.

Ruhm, C. J. (2000). Are recessions good for your health? *Quarterly Journal of Economics*, 115(2), 617–650.

Zhang, Y., Silva, B., Moreau, É., & Tāne, H. (2025). *Financial ratio analysis: A literature review working paper*.

Gazilas, E. T. (2024). Empirical analysis on the impact of labour market regulations on uninsured employment in Greece. *Economics of Development*, 23(1), 8–17.

Case, A., & Deaton, A. (2005). Broken down by work and sex: How our health declines. In D. A. Wise (Ed.), *Analyses in the economics of aging* (pp. 185–212). University of Chicago Press.

Yılmaz, E., Bekele, T., Yuang, D., & Kim, M. J. (2025). *Building financial power in small and medium enterprises*.

Murtin, F., & Mira d'Ercole, M. (2015). *The inclusive growth framework*. OECD Statistics Working Papers, 2015/06. OECD Publishing.