Work and family: "double workload" overburdens women's health

Although completely out of tune with the realities of today's workplace, the ingrained stereotypes of man as breadwinner and woman as homemaker are proving hard to root out. They downplay how much running a home affects women's health. The combination of gender and social inequalities takes its worst toll on the physical and psychological health of women on the bottom rungs of the job ladder.

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Laetitia Matisse is a carpenter in Dijon (Burgundy). It's no longer unusual to find women doing "men's work" nowadays. Attitudes are slower to change than the world of work. Image: © Philippe Merle, AFP

Occupational health research has tended to focus on exposure to safety, hygiene, ergonomic and psychosocial hazards at the workplace, but overlooked the impact of home and family work on health. Unpaid work no less than paid work involves exposure to a wide range of risks, but domestic work-related injuries and associated illnesses are neither systematically recorded nor prevented. This is singularly important for women, because the prevalence is much higher among females. The home can be a source of hazardous chemical exposures – there is a reported link, for instance, between cleaning tasks and asthma[1]. Domestic work also implies exposure to ergonomic and psychosocial hazards, like those related to caring for a person with disabilities which often takes a high emotional toll on top of the physical and mental demands.

The gender division

As well as a potential source of exposure to different hazards, work is also one of the main shapers of life and identity. But while paid work is a source of status, power and opportunities, domestic labour is undervalued and unpaid. Melanie Bartley, Professor of Medical Sociology at University College London, has pointed out that in considering the social determinants of women's health, it would be mistaken to forget influences emanating from the wider society beyond the workplace, such as the pattern of power and subordination in the home, since women do not have the power to oblige men to undertake an equal share of domestic labour and child care, no matter how high the status of the employment.[2] The ways in which women's health continues to be affected by traditional norms, beliefs, and role models cannot be disregarded. More recently, it has been emphasized that a consideration of the traditional male breadwinner role may offer important insights into the influence of employment conditions such as temporary work, long working hours or unemployment on their health.[3]

Gender division is present in all societies and means that men and women are ascribed different duties and responsibilities, as well as different entitlements. Although the precise definition of this division varies between societies, there is a high degree of consistency in the sexual division of labour, with females bearing primary responsibility for household and domestic work and males having a primary role in paid work and as breadwinners. In the rigid sexual division of social life, men have more power and social recognition, while women are relegated to invisibility and lack of social value. Both life courses are considered to have been legitimated as being both inevitable and appropriate, so that the transition to adult life for centuries has for men been into paid or productive work, and for women marriage and motherhood, or so-called reproductive work. But while the former leads to economic independence and full citizenship, the latter implies dependence and a delegated citizenship.

Health impacts

Research into the social determinants of women's health has been dominated by the role framework in which women's primary role is as housewives and mothers, and paid employment is an adjunct. Most studies into the role framework support the role enhancement hypothesis, whereby women with multiple roles enjoy better health. For example, it is widely recognized that paid employment has a beneficial effect on women's health, with those in paid work being in better health than those who are not.[4] The job environment can offer opportunities to build self-esteem and confidence in decision-making, social support for otherwise isolated individuals, and experiences that enhance life satisfaction.[5] Additionally, income provides women with economic independence and increases their power in the household unit. Yet, it has been reported that whereas employed women have better physical and mental health than full-time homemakers, a lack of sleep and leisure time physical activity are more frequent among employed women due to their lack of time derived from the combination of job and family responsibilities.

Other studies support the role overload or role conflict hypotheses. It is likely that when the total workload is high, combining different roles damages women's health. Moreover, the influence of social class should also be taken into account. For example, in a study carried out in Catalonia (Spain) among a sample of married or cohabiting workers, family demands measured through household size were related to poor self-assessed health, long-standing limiting illness, more chronic conditions, less leisure time physical activity

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2. Bartley M. (1999) Measuring women's social position: the importance of theory, *J Epidemiol Comm Health*, 53, 601-2.

3. Artazcoz L., C. Borrell, I. Cortès, Escribà-Agüir V., Cascant L. (2007) Occupational epidemiology and work-related inequalities in health: a gender perspective for two complementary approaches to work and health research, *J Epidemiol Community Health*, 61 Suppl 2:ii39-45.

4. Nathanson C-A. (1975) Illness and the feminine role: a theoretical review, *Soc Sci Med*, 9, 57-62. Artazcoz L., C. Borrell, J. Benach, I. Cortès, I. Rohlfs (2004) Women, family demands and health: the importance of employment status and socio-economic position, *Soc Sci Med*, 59, 263-74.

5. Sorensen G., L-M. Verbrugge (1987) Women, work, and health, *Ann Rev Public Health*, 8, 25-51.

6. Artazcoz L., C. Borrell, J. Benach (2001) Gender inequalities in health among workers: the relation with family demands, *J Epidemiol Community Health*, 55, 639-647.

In the rigid sexual division of social life, men have more power and social recognition, while women are relegated to invisibility and lack of social value.

and sleep deprivation among less advantaged women, but not among men regardless of social class, nor among women of more advantaged social classes.[6] These results are explained by the low involvement of men in domestic work and as the ability of employed women from the more affluent social classes to hire resources in order to lighten their domestic burden, thereby averting the negative effects of a heavy workload on their health. Consistently, another study reported that while among men, part of the association between social class and poor health was accounted for by psychosocial and physical working conditions and job insecurity, the association between social class and health among employed women was also explained by material well-being at home and amount of household labour.[7]

Part-time

Many women work part-time in order to balance job and family demands, but this can also have negative effects on their health and well-being. Obviously, this kind of arrangement does little to improve gender equality in terms of the division of unpaid domestic and family work. Moreover, in Europe, part-time jobs are segregated into a narrower range of occupations than full-time jobs and are typically lower-paid, lower status (such as sales, catering, and cleaning), more monotonous and with fewer opportunities for advancement.[8] Most studies carried out in the United States have shown that part-timers usually earn less per hour than full-timers, even after controlling for education, experience and other relevant factors.[9] It has been widely reported that part-time work limits women's career prospects. For example, a study carried out among nurses in the UK's National Health Service found that when flexible and family-friendly policies are promoted it is mainly female employees who continue to utilise such policies since few male nurses work part-time or flexible hours.[10] It also showed that working part-time and taking career breaks, usually because of caring commitments, resulted in female nurses falling behind male colleagues in terms of career development and promotion prospects, with managers selecting males over females (particularly those who work part-time) in functional role allocation in hospitals. The authors concluded that so-called 'family friendly' policies must target both sexes, and that the underlying attitudes of men to childcare and the domestic division of labour must change before the sexes can compete on equal terms in the workplace. Until this happens, men will continue to advance the development of their nursing careers more rapidly than women.

Domestic roles and employment conditions

Many studies on the influence of family demands on women's health have not considered the potential interaction with employment status, i.e., having a number of children is not the same for a full-time homemaker as for an employed woman. Moreover, the effect of family demands on health may not only differ by employment status; even for the same employment status there may be an interaction with socio-economic position. It has been reported that among married or cohabiting women, household size is associated with poor health among low-skilled employed women but not among women homemakers regardless of social class or among highly qualified employed women.

Although research into the effect of family roles on men's health is scarce, men's roles at home also influence their health, and this influence should be understood through the interaction between their traditional breadwinner role and their employment situation. The impact of unemployment on mental health provides a good example of such an interaction.

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8. Fagan C., B. Burchell (2002) *Gender, jobs and working conditions in the European Union*, Luxembourg, Office for Official Publications of the European Communities.

9. Kalleberg A-L. (2000) Non-standard employment relations: part-time, temporary and contract work, *Annu Rev Sociol*, 26, 341-365.

10. Whittock M., C. Edwards, S. McLaren, O. Robinson (2002) 'The tender trap': gender, part-time nursing and the effects of 'family-friendly' policies on career advancement, *Sociol Health Illn*, 24, 305-26.

One of the most extensively studied health effects of unemployment is that of psychological distress among the unemployed.[11] This association can be mediated by the social context in which individuals live, which is largely determined by family roles and social class. Moreover, the role of these factors may differ by gender since they have different meanings for men and women. A study on the impact of unemployment on mental health in a Spanish population confirmed this complex framework of interactions.[12] The higher impact of unemployment on men's mental health was accounted for by workers with family responsibilities, with marriage increasing the risk of poor mental health for male manual workers, while for women, the fact of being married, and particularly living with children, acted as a buffer. No gender-differentiated impact of unemployment on mental health was found among unmarried workers. From these results, it can be inferred that being married can be a source of serious financial strain for unemployed men from less advantaged social classes who usually assume the role of breadwinners – often the only providers of economic resources – at home. Moreover, their traditional low involvement in nurturing roles means that family responsibilities cannot successfully replace a job as an alternative goal and source of meaning in life for males. Conversely, most Spanish women who have children and become unemployed live with a man who is the breadwinner and, since they still have a principal role in the family, family roles could replace the rewards that were once provided by employment.

Understanding the influence of temporary contracts on psychological and social health also requires a consideration of gender differences in family roles. A study in Spain reported that the effect on mental health of flexible contractual arrangements, other than fixed-term temporary contracts, was higher among less advantaged groups (women and male manual workers), and that the impact of flexible employment - either fixed- or indefinite-term contracts - on living with a partner or having children (two indicators of social health) was more pronounced among men regardless of social class.[13] In most countries, employment is an important predicator for cohabitation, marriage and parenthood among men. Moreover, in countries with a strong male breadwinner model, long-term and full-time employment for men is deemed essential to provide the firm financial basis considered as necessary for these life transitions.

Working time and its relationship with health status is also mediated by family roles. Consistent with the gender division in the domestic sphere, with women responsible for housework and caring tasks and men usually assuming the breadwinner role, living with children is related to part-time work among women, while among men it is associated with long hours.

It was mentioned above that part-time work – much more frequent among women – is associated with poorer working conditions. On the other hand, research into the relationship between long working hours and different areas of health is still sparse and the results are often contradictory. Nevertheless, there is evidence that once again

Workers finding themselves economically vulnerable are encouraged to work long hours to earn more, and fear of unemployment prompts them to accept poor working conditions.

11. Janlert U. (1997) Unemployment as a disease and diseases of the unemployed, *Scand J Work Environ Health*, 23 (suppl 3), 79-83.

12. Artazcoz L., J. Benach, C. Borrell, I. Cortès (2004) Unemployment and mental health: Understanding the interactions among gender, family roles, and social class, *Am J Public Health*, 94, 82-88.

13. Artazcoz L., J. Benach, C. Borrell *et al.* (2005) Social inequalities in the impact of flexible employment on different domains of psychosocial health, *J Epidemiol Community Health*, 59, 761-767.

14. Artazcoz L., I. Cortès, C. Borrell, V. Escribà-Agüir, L. Cascant (2007) Gender perspective in the analysis of the relationship between long workhours, health and health-related behavior, *Scand J Work Environ Health*, 33, 344-50.

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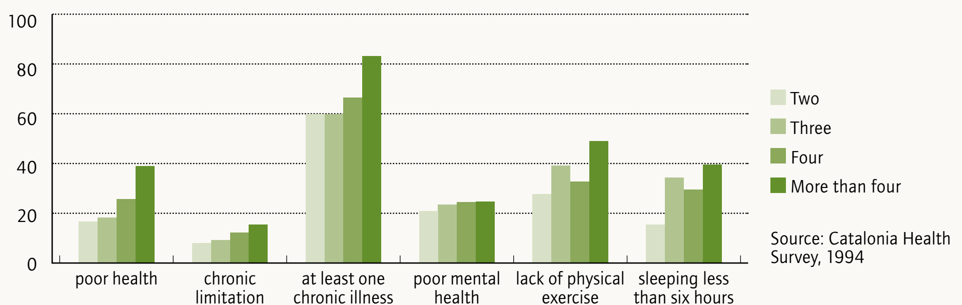
this relationship needs to be considered in terms of the interaction with family roles. Two recent studies examining the relationship between long working hours (40 to 60 hours a week) and a variety of health indicators among Spanish workers found a consistent association with poor mental health, hypertension, job dissatisfaction, smoking, no leisure-time activity and sleeping 6 hours or less a day only among separated women and married or separated men.[14] The authors explained their findings through a possible association between long working hours and family financial stress among breadwinners. The need of family breadwinners to work long hours due to financial strains could explain this relationship. Pressure to work long hours in order to increase income and/or acceptance of poor working conditions - including long working hours - due to fear of losing a job when in a situation of economic vulnerability may go towards explaining this consistent pattern of a link between long working hours and various health outcomes in some groups defined by their marital status.

Health by household size. Women workers aged 25-64, married or partnered (Age adjusted %)



Source: Catalonia Health Survey, 1994

A new approach

Preventing the potentially damaging effects of work on health requires that the current focus of occupational health policies on paid employment and work as a potential source of exposure to safety, hygiene, ergonomics and psychosocial hazards be expanded. The impact of work on health also includes the hazards of the domestic environment, as well as those derived from the gender division of work and the fact that work is a source of status, power, and opportunities and, as such, a determinant of social inequalities in health. Regarding the domestic sphere, the gender division of work imposes a primary responsibility in domestic and caring tasks on women, and the breadwinner role on men. Both roles can have potentially damaging effects on health, in which social class is a key factor, and generate gender inequalities in health.

Changes in occupational health information systems, occupational health policies and training and research programmes are required for this new approach. Where occupational health information systems are concerned, national and European working conditions surveys should include more questions about family characteristics, not only in order to examine the influence of domestic and family demands on women's health, but also to understand the impact of some employment conditions on health status through the interaction with family roles in both sexes.

It seems clear that in this broader framework, traditional occupational health policies focused on prevention of job hazards and based on occupational health services and safety departments of Labour Ministries are not enough. Occupational health should be put on the government agenda, especially in equality, labour market, and economic policies that should take into account the impact of political decisions in these areas on workers' health.

Training and research on occupational health should be consistent with this broader framework that integrates paid and unpaid work, considers the influence of work beyond the exposure to workplace hazards, and puts the gender division of work and occupational social class inequalities at the centre of this new approach. ●