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REVES annual meeting

Taichung, May 25th-27th 2012

To what extent sex differences in DFLE a social issue?

Emmanuelle Cambois

INED - France

WORK IN PROGRESS

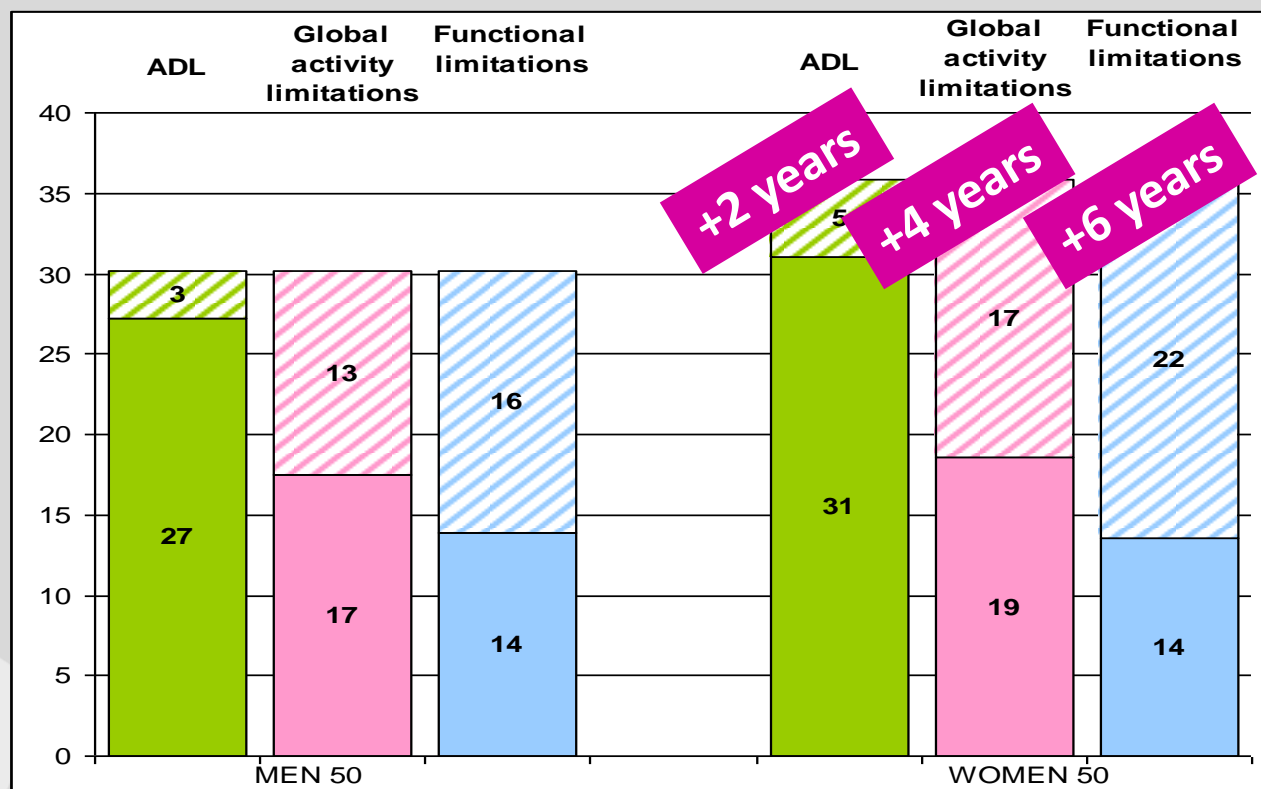


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Context of gender difference in DFLE : Facts and research questions

Women live longer
with more years of poor health and disability

France 2008





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Context of gender difference in DFLE : Facts and research questions

Women live longer
with more years of poor health and disability

✓ Women report more disabling conditions

- ✓ Women report more depressive symptoms, musculoskeletal diseases
- ✓ Men report more lethal diseases (heart diseases)

Crimmins EM, Kim JK, Sole-Auro A. Gender differences in health: results from SHARE, ELSA and HRS. *European journal of public health*. 2011;21(1):81-91.

✓ Exposures explain these differences

- ✓ Work exposures for men, genes, hormones and behaviours

Oksuzyan A, Juel K, Vaupel JW, Christensen K. Men: good health and high mortality. Sex differences in health and aging. *Aging clinical and experimental research*. 2008;20(2):91-102.



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Context of gender difference in DFLE : Facts and research questions

- ✓ **Women undergo risks associated with their social roles**
Protected by their close link with health...

... but with also a reverse effect, due to multiple burden, emotional hardship of caring, poor valorisation of their workload, etc.

Doyal L. *What makes women sick: gender and political economy of health*. London: MacMillan press, 1995.

Annandale E, Hunt K. *Masculinity, femininity and sex: an exploration of their relative contribution to explaining gender differences in health*. *Sociology of Health and Illness*. 1990;24-46.

Pinquart M, Sorensen S. *Gender differences in caregiver stressors, social resources, and health: an updated meta-analysis*. *J Gerontol B Psychol Sci Soc Sci*. 2006;61(1):P33-45.

Hunt K, Annandale E. *Just the job? Is the relationship between health and domestic and paid work gender specific*. *Sociology of Health and Illness*. 1993;Sect. 632-64.

...



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Context of gender difference in DFLE : Facts and research questions

- ✓ But women are exposed to « statistically invisible » exposures
 - ✓ Psychological disorders rather than physical, harder to picture
 - ✓ Under-reported work/chore activities penibility
 - ✓ Usual social categories are more men-oriented / heterogeneous
 - ✓ Selection effects (*Healthy housework effect*)

Lahelma E, Arber S, Kivela K, Roos E. Multiple roles and health among British and Finnish women: the influence of socioeconomic circumstances. *Social science & medicine*. 2002;54(5):727-40.

Arber S, Khlat M. Social and economic patterning of women's health in a changing world. *Social science & medicine* . 2002 Mar;54(5 (special issue)):643-7.

McDonough P, Walters V. Gender and health: reassessing patterns and explanations. *Social science & medicine*. 2001 Feb;52(4):547-59.

Khlat M, Sermet C, Le Pape A. Women's health in relation with their family and work roles: France in the early 1990s. *Soc Sci Med*. 2000;50(12):1807-25.



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Context of gender difference in DFLE : Facts and research questions

✓ Targetting detrimental gendered work/family situations

✓ Work insecurity, (imposed) part time, careers disruptions

McDonough P. Job insecurity and health. *Int J Health Serv.* 2000;30(3):453-76.

✓ Overload / no reward /Work_family spillover

Molinié A-F, Volkoff S. Conditions de travail des ouvriers ... et des ouvrières. *Économie et Statistique.* 1980(118).

Vaananen A, Kevin MV, Ala-Mursula L, Pentti J, Kivimaki M, Vahtera J. The double burden of and negative spillover between paid and domestic work: associations with health among men and women. *Women & health.* 2004;40(3):1-18.

✓ Disruptions / no re-partnership / Lone mothers

Hughes ME, Waite LJ. Marital Biography and Health at Mid-Life. *Journal of Health and Social Behavior.* 2009;50(3):344-58.

Zhang Z, Hayward MD. Gender, the Marital Life Course, and Cardiovascular Disease in Late Midlife. *Journal of marriage and family.* 2006;68(3):639-57.

Explaining the gender gap in disability in France: Family and work patterns

- ✓ A new research programme to explain DFLE gender differences
 - Health situations: Identifying gendered diseases and risk factors patterns
 - Social situations: Identifying family/work situations and careers

Objectives of this presentation

→ Highlighting detrimental social/family situations

Data :

- The French « Gender and generation survey » 2005 (ERFI)
- Considering health and various work and family situations
- *(... to further elaborate new categories through classification)*



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Explaining the gender gap in disability

Family and work patterns

- **The sample :**
 - Household survey; health and social status, 2005 (+2008 & 2011)
 - We focuss on the 50-65 years old men and women (N=6,235) to highlight work/family loads in the particular “Baby-boomers” generation
- **Psychological Health / Disability :**
 - Combination of global activity limitation indicator (GALI) & poor well-being (*feeling sad, anxious, depressed...*)
 - Healthy vs.
 - Limited (not ill being)
 - Ill-being (not limited)
 - Both limited and illbeing



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Explaining the gender gap in disability

Family and work patterns

- **Family situations :**
 - Family composition : couple vs. single / single + cohabitant children / couple + cohabitant children
 - Marital history : « ever » in couple vs. Ever single / Disruption(s) / Widowing / Both disruption and widowing
 - Loneliness : Felling Lonely vs. No
- **Work-work load :**
 - Work status (employed / unemployed / retired / housekeeper)
 - Who spend more time in chore activities (do less/equally/more)
 - Satisfaction with chore activity distribution
 - Family to work spillover



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Explaining the gender gap in disability Family and work patterns

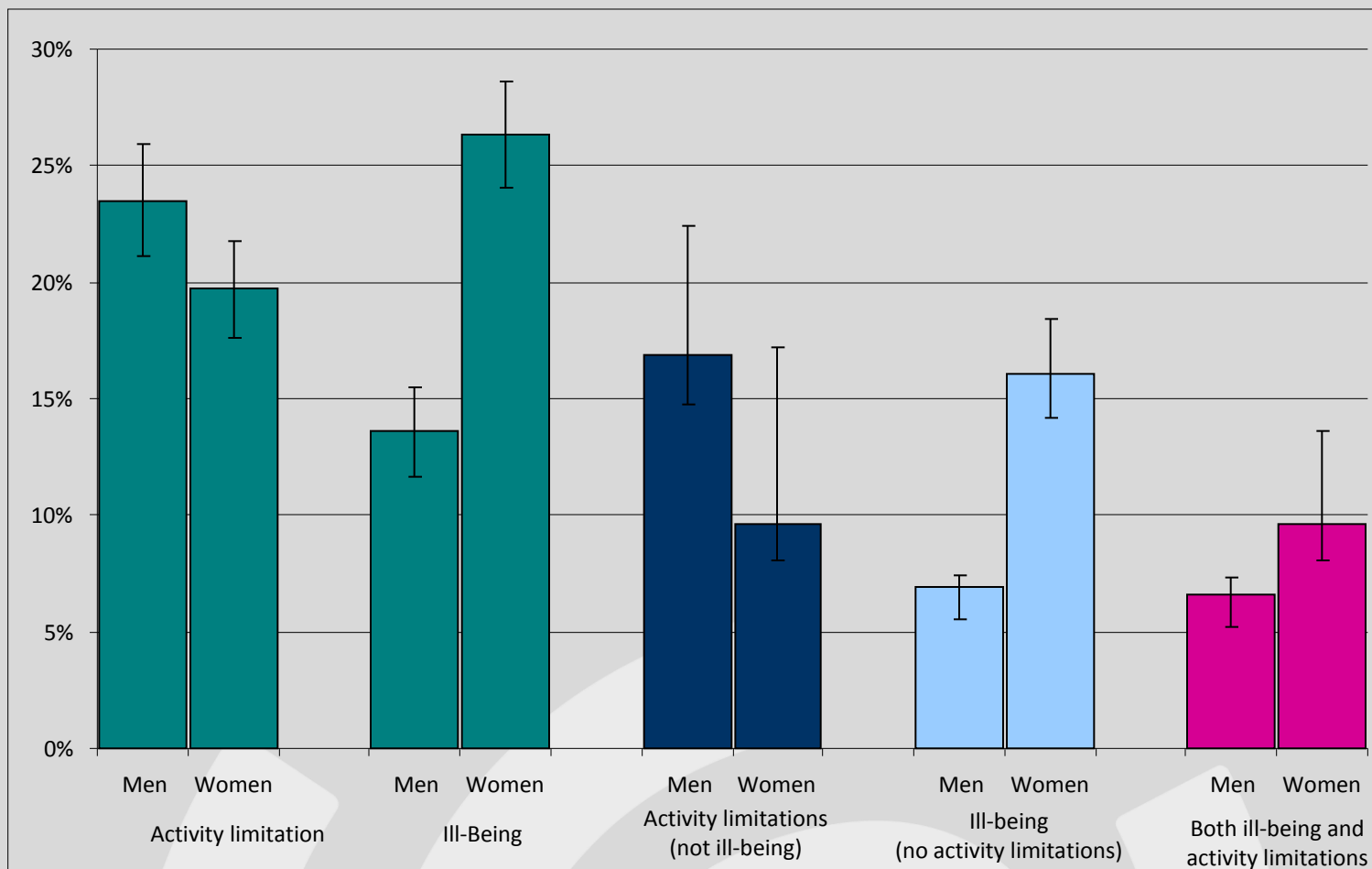
Analysis :

- Description : male & female distribution of social-family situations
- Bivariate / multivariate probit =
Relative Risks Ratios of the alternative health status to being Healthy:
 - Being Limited (only)
 - Being Ill-being (only)
 - Being both Limited and Ill-being
- Contribution of work/family situations to sex differences in health

WORK IN PROGRESS

Disability and well-being in the 50-65 age group, France 2005

Prevalence of activity limitations and poor well being

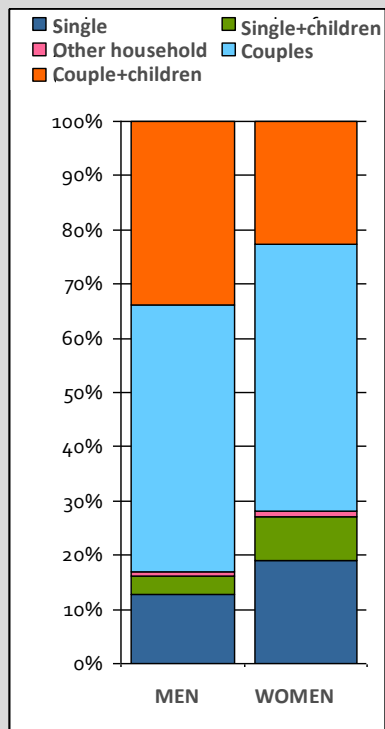




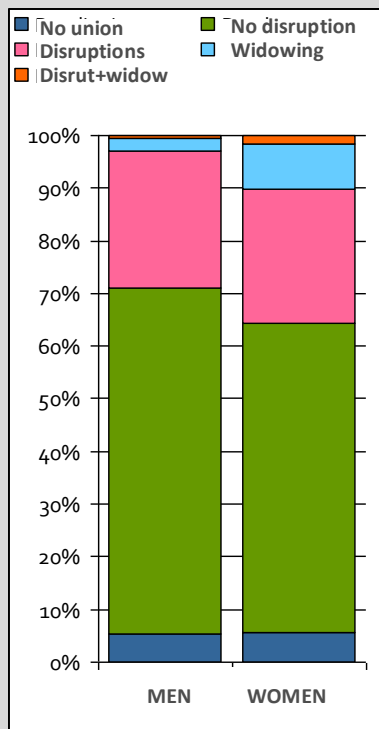
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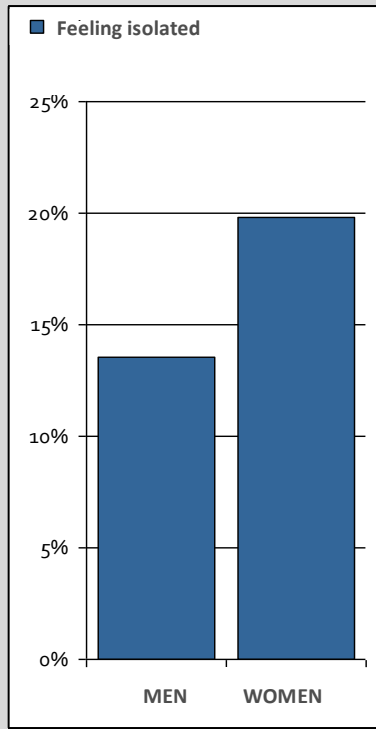
Family situations in the 50-65 age group, France 2005



Household composition



Marital history



Feeling isolated

Women are more likely

➔ to leave single (with and without cohabiting children),

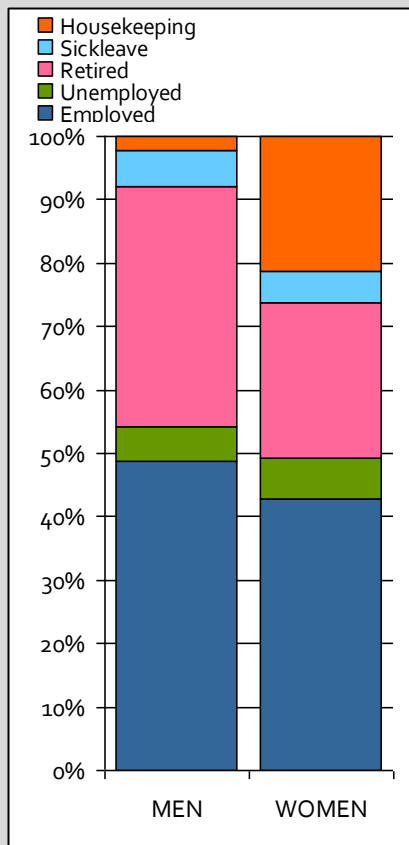
➔ undergone more widdowing,

➔ report more being isolated

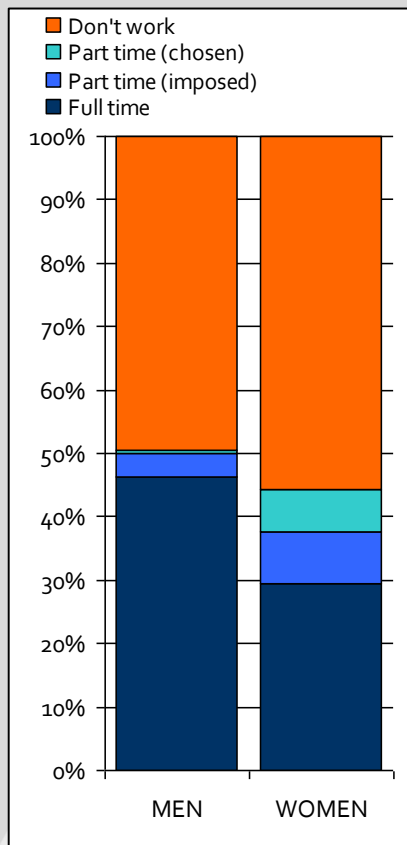


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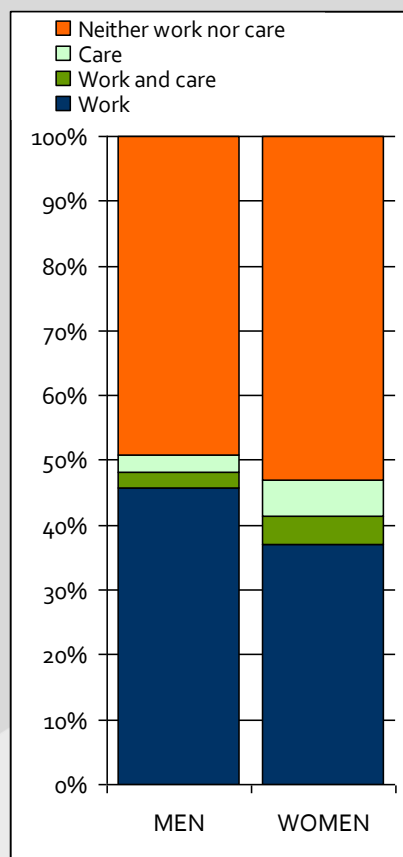
Work situations in the 50-65 age group, France 2005



Activity status



Part/full time



Work and care

Women are more likely

➔ To be housekeeper but not employed or retired (same proportion are employed or in sickleave),

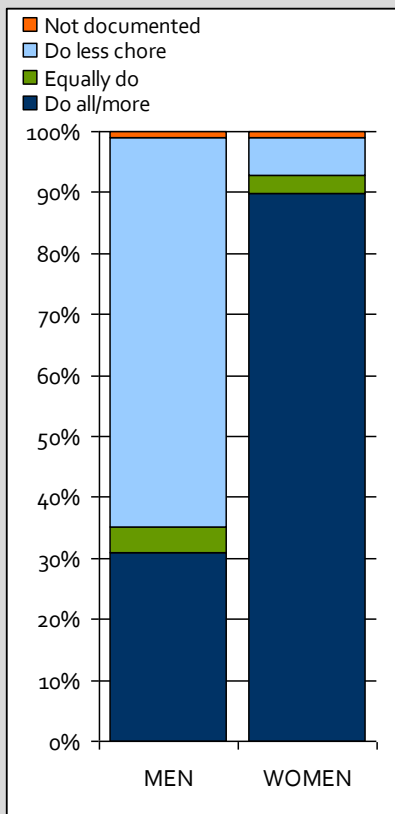
➔ To work part time, among which in « chosen » part-time (for conciliation)

➔ to care, to care only and to work and care

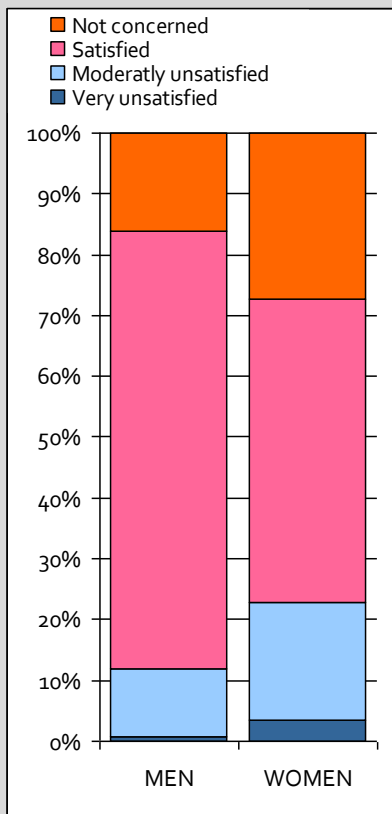


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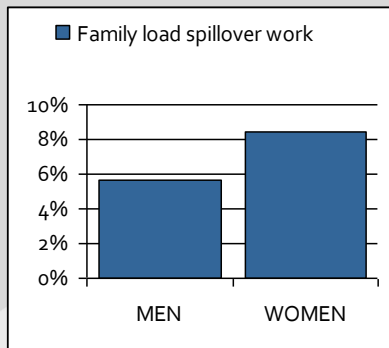
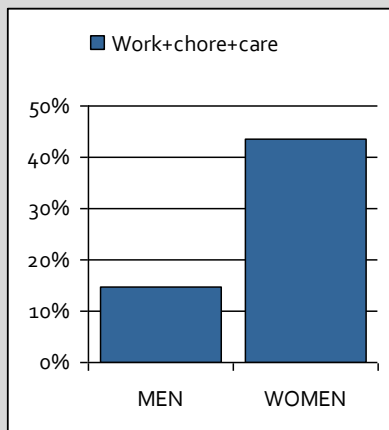
Work-family loads in the 50-65 age group, France 2005



Share of domestic tasks



Satisfaction with sharing chore activities



Work/family loads

Women are more likely

➔ To perform the chore activities, more than the spouse (including those living alone)

➔ more women are (very) unsatisfied with the share of chore activities

➔ More women report that family load to spill over concentration at work

➔ women are more likely to combine roles (work/care/equally or more chore activities)

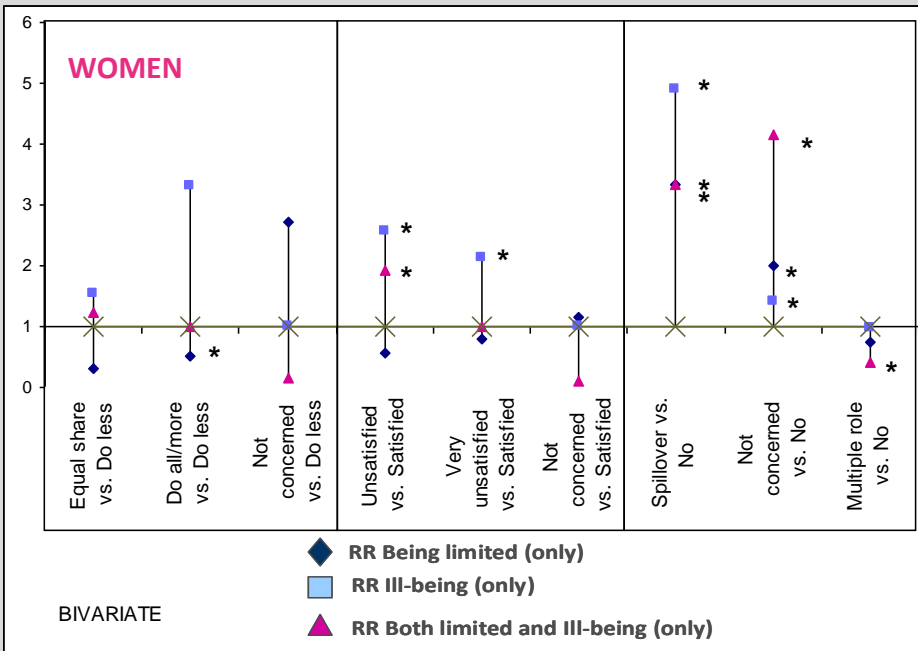
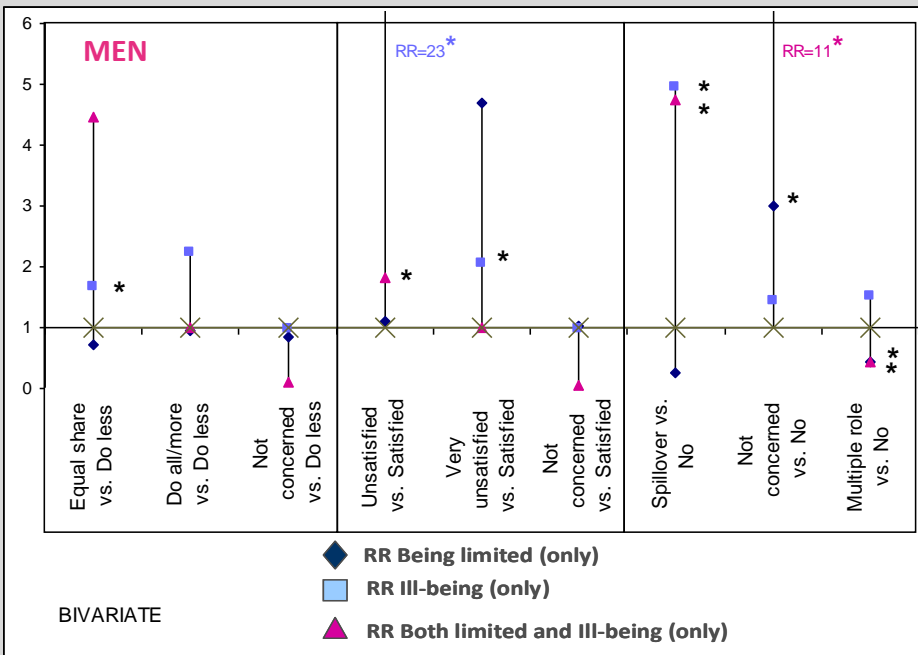


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How family/work situations are health related



BIVARIATE MODELS



✓ Family/work loads & health :

➔ Doing more vs to doing less chore activities is protective for women !!!!

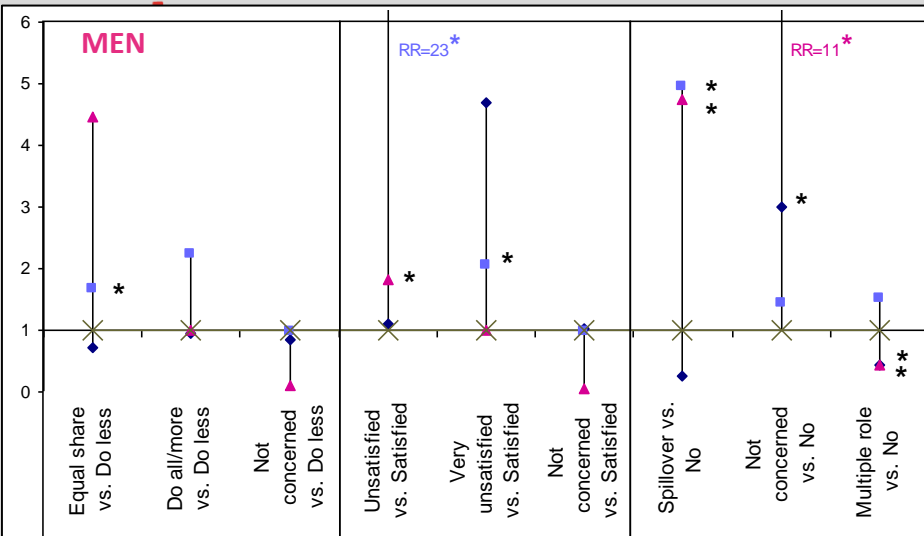
➔ BUT being not satisfied with the share is associated with ill-being

➔ Spillover is linked to ill-being, + limitation (only) for women

➔ Multiple role appears protective

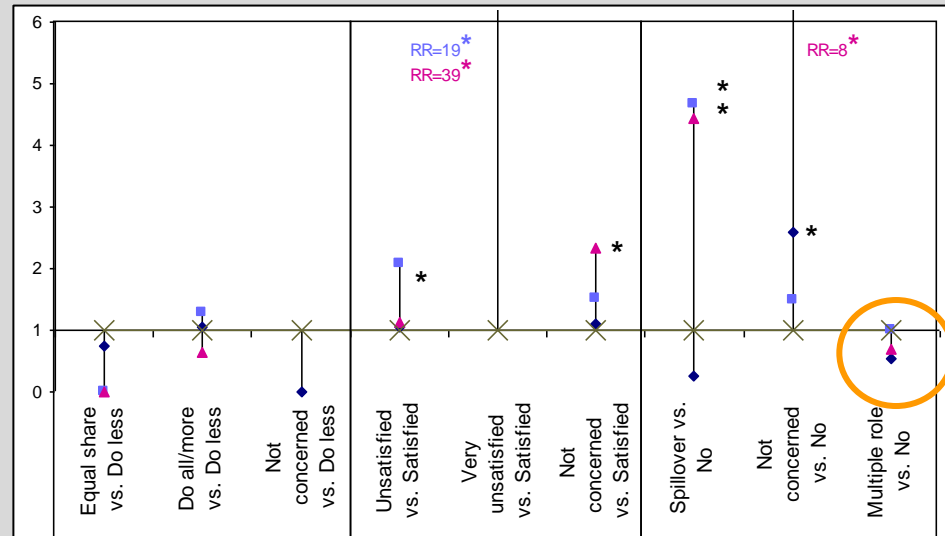
BIVARIATE MODELS

MULTIVARIATE MODELS



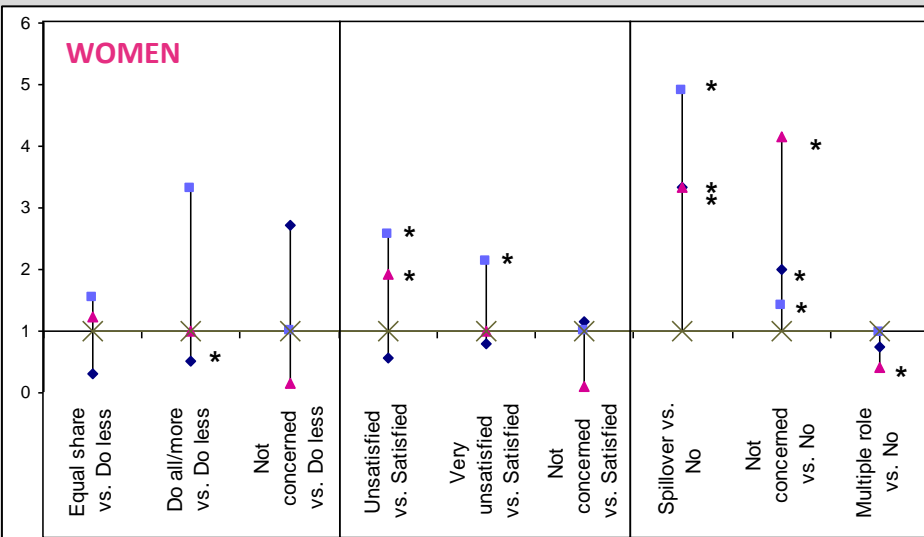
- ◆ RR Being limited (only)
- RR III-being (only)
- ▲ RR Both limited and III-being (only)

BIVARIATE



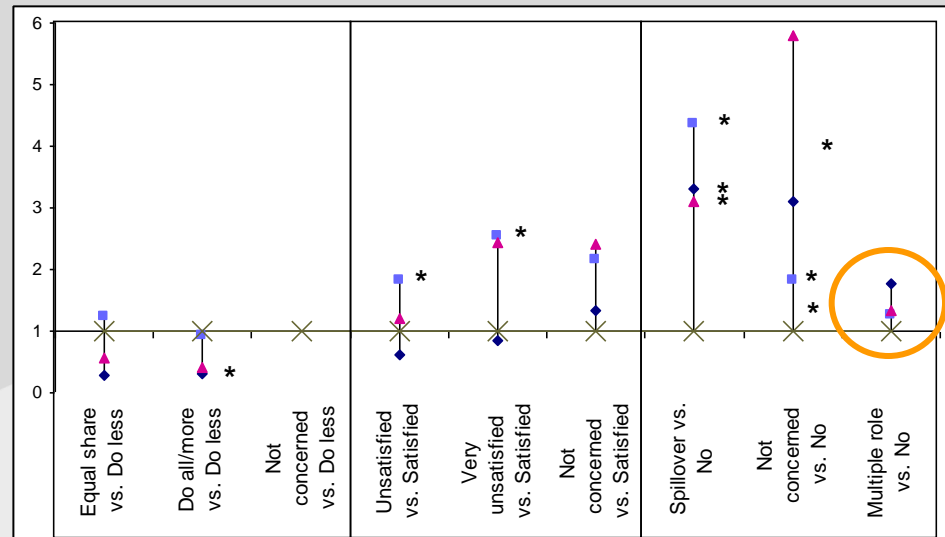
- ◆ RR Being limited (only)
- RR III-being (only)
- ▲ RR Both limited and III-being (only)

BIVARIATE



- ◆ RR Being limited (only)
- RR III-being (only)
- ▲ RR Both limited and III-being (only)

BIVARIATE



- ◆ RR Being limited (only)
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- ▲ RR Both limited and III-being (only)

BIVARIATE



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Sex differences in health/limitations a social issue ?

- ✓ **Living arrangement & health**
 - Living single and experience of spouse loss is linked to ill-being for women only
 - Feeling isolated matters (ill-being) for both sexes, while is more frequently reported for women and actually offset the effect of being single. Women who experienced spouse loss remain more incline to report ill-being.

- ✓ **Work patterns**
 - Not working/sickleaves is linked to limitations for both sexes
 - Unemployment with limitations an/or ill-being for men and housekeeping with limitation for women
 - Working full time is better than not working / working part-time when chosen is also better but for women.
 - Other part-time situations are not better than not working



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Sex differences in health/limitations a social issue ?

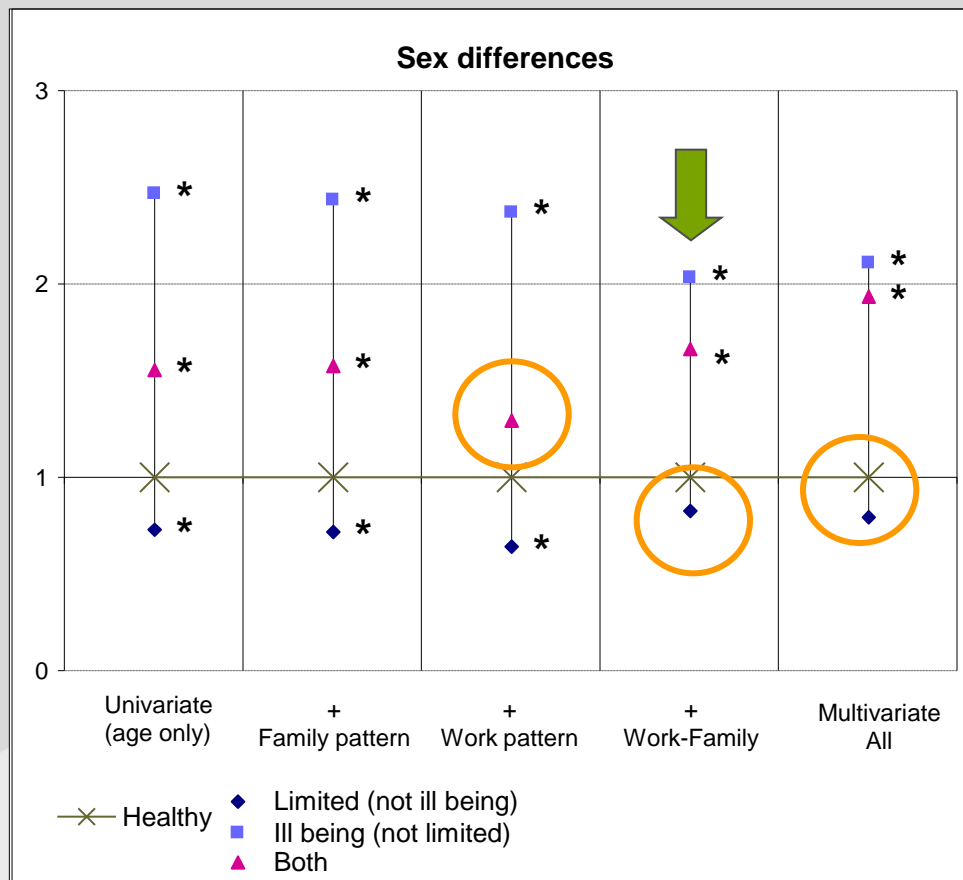
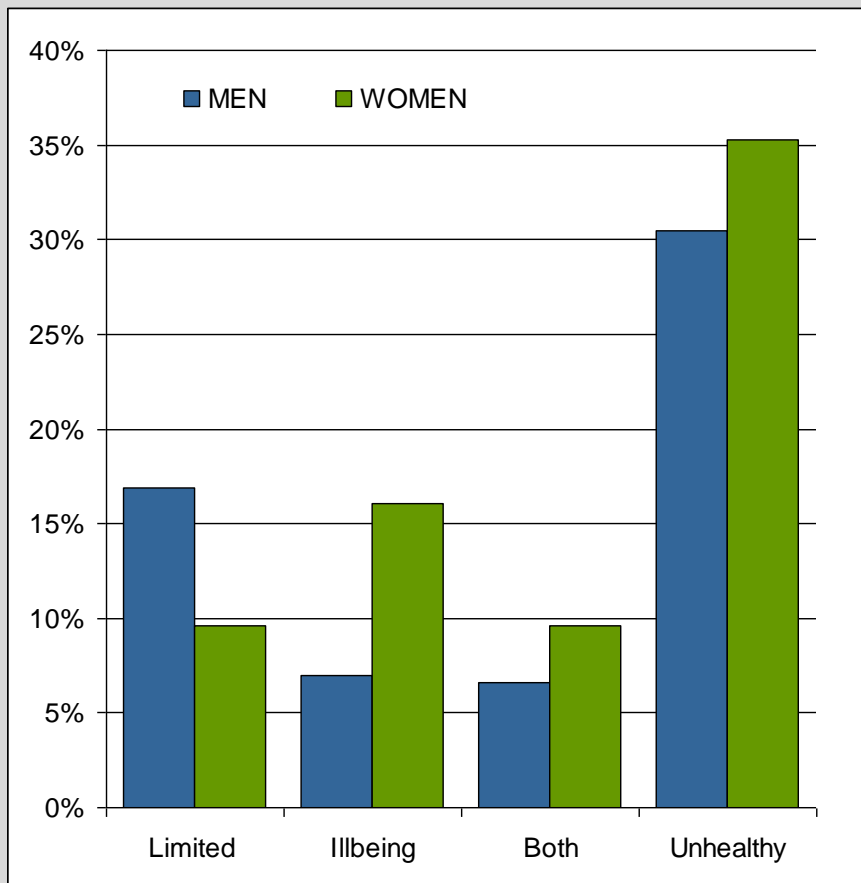
✓ Work-Family loads

- **Chore activities remain women's job: it is not harmful per se! Protective effect that might be due to selection effect.**
- **Caring&working and multiple role seem also to correspond to a selection effect**
- **BUT chore activities become deleterious when the share among spouse is not satisfying**
- **Spillover of family load on work is also harmful: it offsets the protective effect of multiple roles in the multivariate models**



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Sex differences in health/limitations in the 50-65 age group, France 2005





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Sex differences in health/limitations a social issue ?

✓ Limitations

- Work in progress, still looking for discriminating indicators of social situations,
- Selection effects that cannot be tackled, but better explained with other social situations,
- The second wave could help... but a massive attrition will require imagination!

✓ Main issues to be developed

- Still, this first step provides evidences for sex-oriented roles and situations which are differently associated with both limitations and ill-being,
- Exploring further : Full and part time / caring among those who work only



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Thank you for your attention

To what extent sex differences in DFLE a social issue?

Emmanuelle Cambois

INED - France



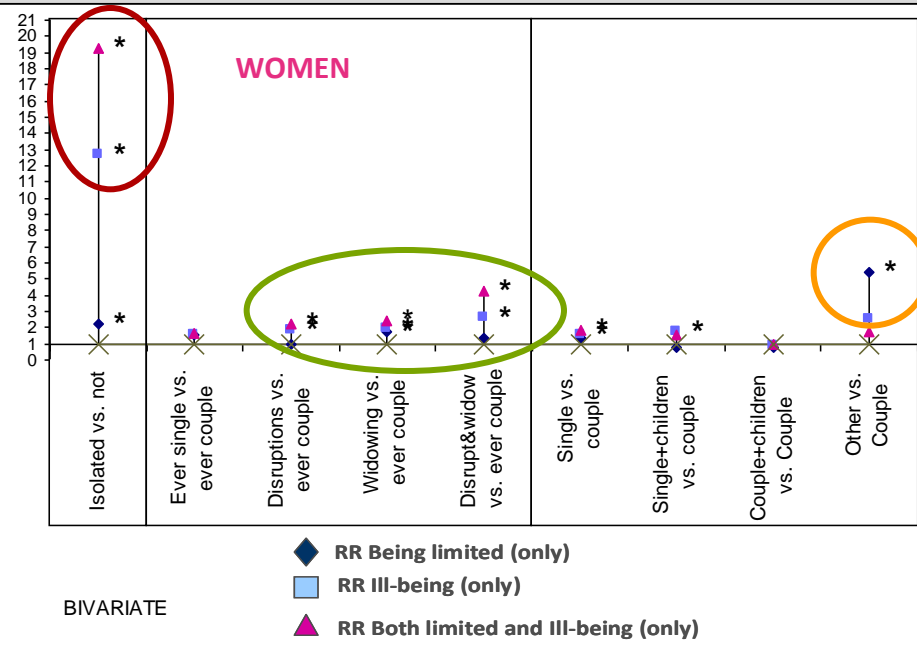
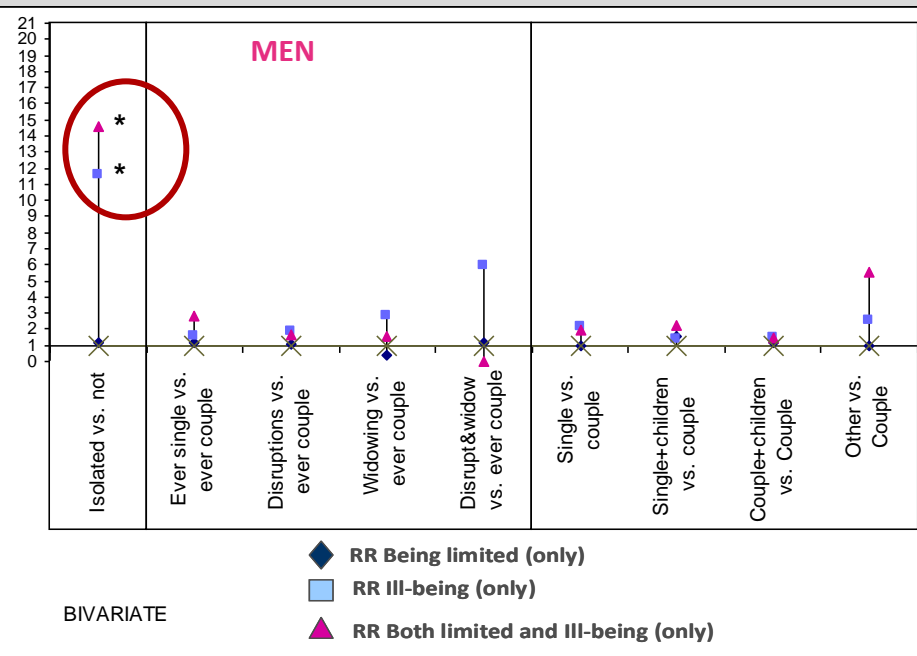
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Context of gender difference in DFLE : Facts and research questions

Women live longer
with more years of poor health and disability

- ✓ Trends in DFLE differed with age group
 - Negative trends in the 50-65 & ↗ gender gap
 - For both sexes, more years with activity restrictions
 - ... also a matter of physical functioning
 - Same trends than before after age 65 & ↘ gender gap
 - Still increasing role of functional problems, but partially compensated to maintain activities
 - Trends tend to be more favorable for women

BIVARIATE MODELS (age adjusted)



✓ Family and health :

➔ Isolated men and women are 10 times more likely to report ill-being (with or no limitation) than being healthy

➔ Family composition and marital histories matter only for women who are more likely ill-being (being or not limited) when:

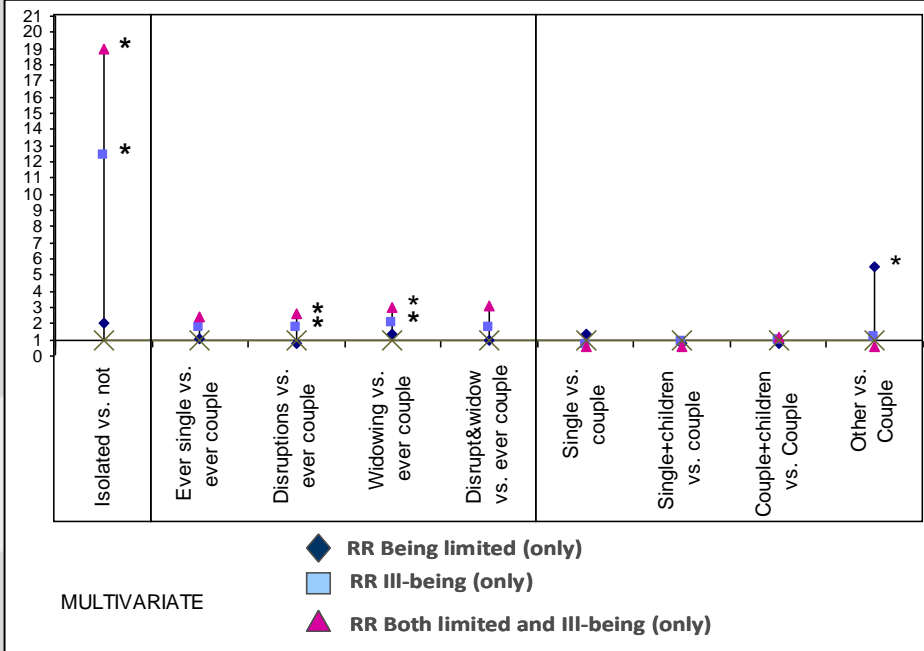
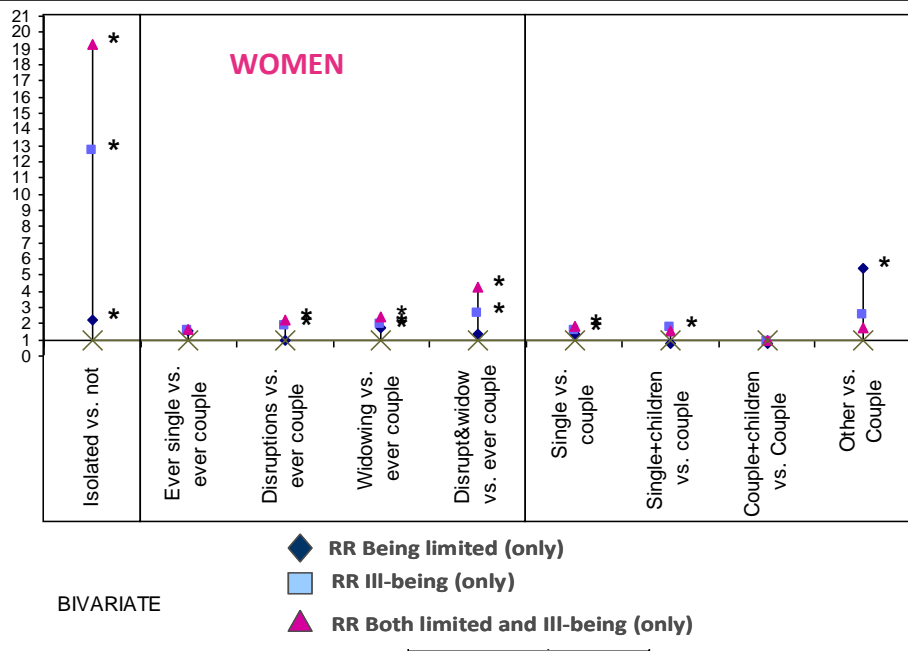
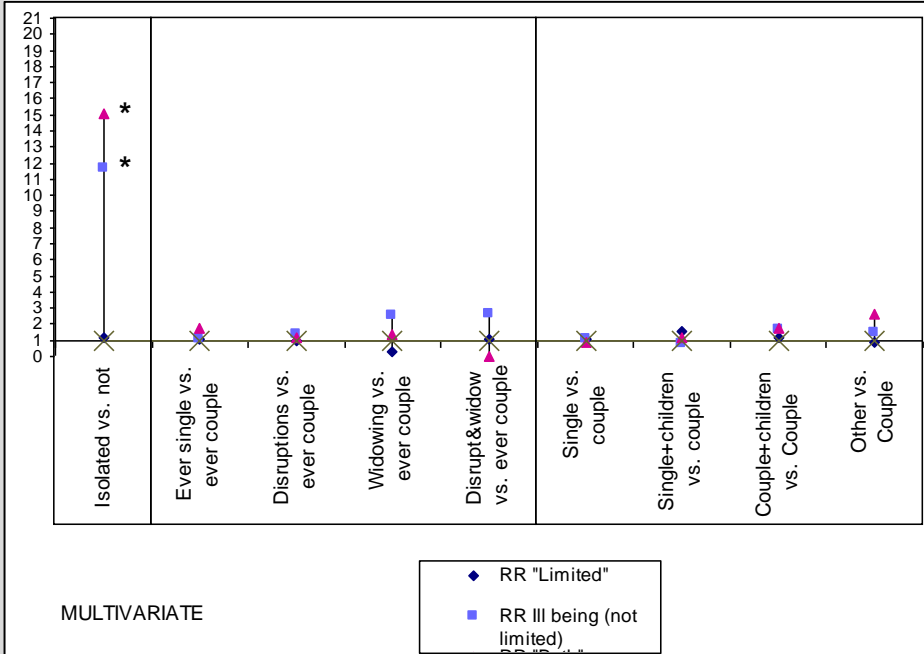
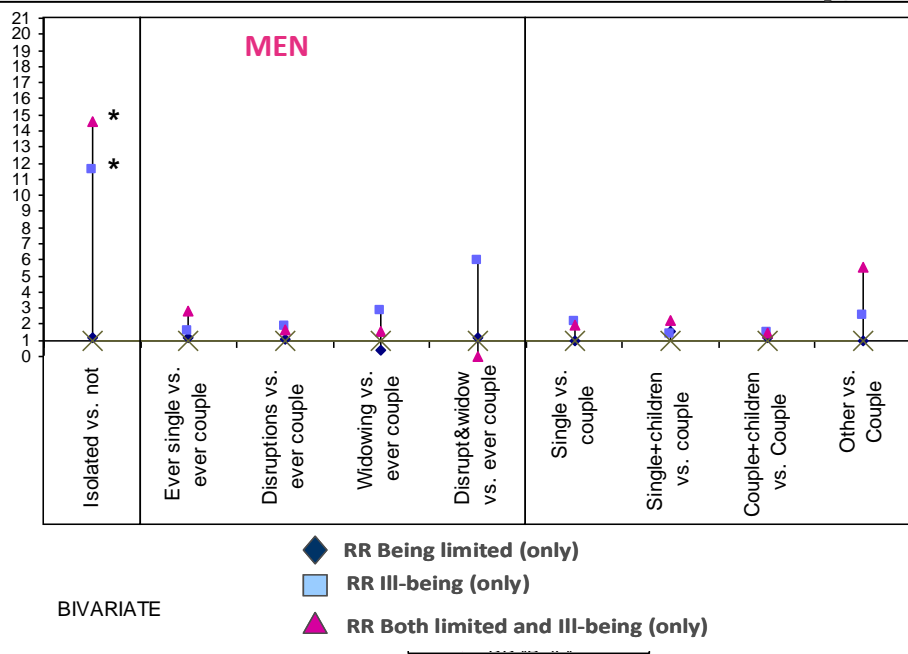
- Experienced disruptions and/or widowing,
- Being single (with and without cohabiting children)

➔ + Living in other type of households for women for Limitation only

BIVARIATE MODELS

Family/marital & health

MULTIVARIATE MODELS



BIVARIATE MODELS

Work & health

