



Pioneers and laggards – Is the effect of gender equality on health dependent on context?☆

Mona Christina Backhans^{a,*}, Bo Burström^a, Lars Lindholm^b, Anna Månsdotter^a

^aPublic Health Sciences, Karolinska Institutet, Norrbacka, 17176 Stockholm, Sweden

^bEpidemiology and Public Health Sciences, Umeå University, Sweden

ARTICLE INFO

Article history:

Available online 23 February 2009

Keywords:

Sweden
Gender equality
Longitudinal study
Gender conformity
Gender deviance
Sick leave

ABSTRACT

This study combines data at individual and area level to examine interactions between equality within couples and gender equality in the municipality in which individuals live. The research question is whether the context impacts on the association between gender equality and health. The material consists of data on 37,423 men and 37,616 women in 279 Swedish municipalities, who had their first child in 1978. The couples were classified according to indicators of their level of gender equality in 1980 in the public sphere (occupation and income) and private sphere (child care leave and parental leave) compared to that of their municipality. The health outcome is compensated days from sickness insurance during 1986–1999 with a cut-off at the 85% percentile. Data were analysed using logistic regression with the overall odds as reference. The results concerning gender equality in the private sphere show that among fathers, those who are equal in an equal municipality have lower levels of sick leave than the average while laggards (less equal than their municipality) and modest laggards have higher levels. In the public sphere, pioneers (more equal than their municipality) fare better than the average while laggards fare worse. For mothers, those who are traditional in their roles in the public sphere are protected from high levels of sick leave, while the reverse is true for those who are equal. Traditional mothers in a traditional municipality have the lowest level of sick leave and pioneers the highest. These results show that there are distinct benefits as well as disadvantages to being a gender pioneer and/or a laggard in comparison to your municipality. The associations are markedly different for men and women.

© 2009 Elsevier Ltd. All rights reserved.

Introduction

It is the starting-point of this study that there exists a gender system which permeates every aspect of human existence (Moller Okin, 1989). The gender system can be seen as a structural property, reflected in the division of labour and with direct consequences for the lives of women and men, as well as a symbolic construct which assigns gender to various perceived dichotomies (typified by yin/yang, nature/culture etc.). It is also a deeply rooted part of our self-identity, affecting our perceptions of ourselves and others, and of immediate impact on how we chose to live our lives and how we evaluate those choices (Harding, 1986).

The increasing gender equality of welfare resources, prescribed roles and life styles that has taken place over the last decades in

industrialised countries has changed both men's and women's lives in profound and unprecedented ways. Women have gained in relative political and economic power and decision making (Gray, Kittilson, & Sandholtz, 2006; The World Bank, 2001), while there has been a diffusion of previously male risk-enhancing life styles (Mäkelä, Gmel, Grittner, Kuendig, Kuntsche, Bloomfield, et al., 2006; Pampel, 2001; Rahav, Wilsnack, Bloomfield, Gmel, & Kuntsche, 2006). As argued in earlier studies (Backhans, Lundberg, & Månsdotter, 2007; Månsdotter, Lindholm, Lundberg, Winkvist, & Öhman, 2006), it would thus seem plausible that the gender system and the movement towards greater equality have an impact on health.

Aggregate and multilevel studies from the USA have shown positive associations between gender equality and male and female health (Chen, Subramanian, Acevedo-Garcia, & Kawachi, 2005; Jun, Subramanian, Gortmaker, & Kawachi, 2004; Kawachi, Kennedy, Gupta, & Prothrow-Stith, 1999). An international study of 51 countries has shown that male mortality is higher in countries where 'patriarchy', measured as female homicide, is stronger (Stanistreet, Bamba, & Scott-Samuel, 2005). A previous Swedish study however found negative associations between gender equality, measured as political participation, division of labour and economic resources,

☆ Financial support was received from the Swedish National Institute of Public Health, the Swedish Council for Working Life and Social Research (Dnr 2007-0091), and the Swedish Research Council (Dnr 2007-2804).

* Corresponding author. Tel.: +46 8 7373813.

E-mail address: mona.backhans@ki.se (M.C. Backhans).

and health outcomes (Backhans et al., 2007). Other studies have suggested more complex associations between gender equality and health-related behaviours; one US study found a curvilinear pattern between gender equality and self-reported violence against wives, i.e. gender equality was generally negatively related to violence, but in the highest quintile of gender equality, levels of domestic violence increased again (Yllo, 1983). Another study found that states with higher levels of gender equality had higher reported rape rates, but the long-term relationship (ten- or twenty-year lag) between gender equality and rape was negative (Whaley, 2001).

When reviewing research about “gender and health”, “gender equity/equality and health”, and “multiple roles and health”, we find a lack of attempts to examine health effects from gender equality defined as similarity between women and men in both the public and domestic spheres of life. A few studies have looked at equality of household labour and perceptions of equity of housework and they tend to find that inequity between partners has a greater impact on levels of psychological distress/depression than the amount of work performed (Bird, 1999; Glass & Fujimoto, 1994). There are a plethora of studies examining the effect of ‘multiple roles’ on health (Barnett, 2004) but they tend to focus on number of roles or amount of work and do not examine degrees of gender equality at individual level. With few exceptions, this literature also neglects men. A previous Swedish study using the same data as here has shown that both men and women may gain in health if parental division of child care is more equal (Månsdotter et al., 2006). Women, but not men, were on the other hand shown to suffer poorer health when their socioeconomic position was equal to their partner’s. The former results have by some commentators been interpreted as being mainly due to health-related selection into the equal group (although important confounders such as occupation and income were included in the analyses). The equal couples at the point in time considered (1980) are said to have been politically motivated ‘pioneers’, whose experiences cannot be equated with those of subsequent generations of parents.

The present study builds on the previous one by Månsdotter et al. (2006) and has combined data at area (municipality) and individual level to be able to examine interactions between individual behaviour expressed as equality with your partner, and the environment in which individual choices are being made. Does the context impact on the association between gender equality and health, measured as high levels of sick leave? Does it matter for health outcomes if you are a ‘pioneer’ (more gender equal than is usual in your municipality), if you are a ‘laggard’ (less gender equal than is usual in your municipality), or if you are in congruence (either equal or traditional) with the level of gender equality in the municipality in which you live?

Hypotheses

A general lack of earlier studies makes our prediction of results tentative. We assume that gender equality at the couple level may have an impact on health through role expansion into previously female- and male-dominated roles (notably those of breadwinner and carer), and through health-related behaviours.

Different roles provide differential access to valued resources; time, income, emotional fulfilment etc. Being the main breadwinner provides certain obvious advantages such as control over income, personal fulfilment through a career, and social engagement, but may also mean fear of unemployment, a pressure to work long hours and difficulties meeting family demands (Harren, 1995; Holter, 2007). Being the main carer may provide emotional satisfaction through knowing that your work is essential, while the constant responsibility is likely to lead to stress and a lack of time for personal leisure as well as for (better) paid work (Forssén &

Carlstedt, 2006; Nordenmark & Nyman, 2003; Warren, 2004). Research seems to conclude that multiple roles provide health advantages compared to few roles, unless the overall burden becomes excessive (Barnett, 2004).

Different roles also provide different incentives or motivations for health-enhancing and health-damaging behaviour. While an underlying rationale of some men’s negative health attitudes and behaviours is maintaining the gendered power asymmetry, as well as a means of constructing masculinity (Courtenay, 2000; Lohan, 2007), it is probable that some men enter a caring role as a reaction against stereotypical male behaviour (Holter, 2007). This is likely to lead to both immediate and long-term health benefits. Correspondingly, if being a carer can be typified as being risk-averse, a weakened caring role for women could lead to women embracing masculine health practices both due to enhanced opportunities to do so and due to a process of hierarchical diffusion (Bourdieu, 1986; Waldron, 2000); a movement towards becoming more like ‘the first sex’ (de Beauvoir, 1953). Research has shown that women in male-dominated work environments adopt male alcohol consumption habits (Haavio-Mannila, 1991), and masculine traits are associated with negative health behaviours for both men and women (Emslie, Hunt, & MacIntyre, 2002; Mahalik, Burns, & Syzdek, 2007). Furthermore, men with high femininity scores may be protected from coronary heart disease (Hunt, Lewars, Emslie, & Batty, 2007).

The effect of gender equality may also be mediated through a supportive or constraining social environment. For instance, the attitude held towards fathers as carers and mothers as breadwinners may have an impact on the experienced level of guilt or stress. An environment where mothers more often are (equal) breadwinners may also be better adapted to the needs of all parents (regarding e.g. flexible working hours). Unequal couples are less likely to experience the situation as unfair – which might lead to marital conflict – when they fulfil normative expectations regarding a traditional division of labour, than when they are gender laggards (Nordenmark & Nyman, 2003). It is also probable that those who are either pioneers or laggards represent special cases, i.e. are differentiated from mothers in their municipality according to their gender ideology, as they are either forerunners or ‘go against the stream’ of a general tendency toward greater equality (Davis, 2007; Davis, Greenstein, & Marks, 2007).

We hypothesise that those who live in congruence with the level of gender equality in their municipality (whether they are traditional or equal) experience health benefits compared to other groups. They experience little gender conflict, and their choice is normatively expected and supported. For men, however, we expect to see health benefits from being equal with one’s spouse also if one is a pioneer. This could be due to both an adoption of a more caring role, including a change in health-related behaviours, and a selection of men with less stereotypical masculinities into this position. For mothers, being a pioneer represents a more problematic situation. They may be stigmatised as being ‘bad mothers’, and we know that women who are equal in the public sphere seldom are equal in the private sphere; they are likely to experience a double burden. Being a laggard may, according to the previous logic, be especially negative for men while women in this situation although not in congruence with their municipality may still be protected through, for example shorter working hours (in Sweden, they are likely to be employed although part-time). As suggested by previous studies it is however likely that being equal in the private sphere – if not a pioneer – is better for women than being a laggard.

Material and method

The material consists of register data of all Swedish couples ($N = 49,120$) who had their first child in 1978. It was based on the

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات