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SSM – Population Health

journal homepage: www.elsevier.com/locate/ssmph

Article

Gender career divide and women's disadvantage in depressive symptoms and physical limitations in France

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ARTICLE INFO

Keywords:

Mental health
 Functional limitations
 Gender
 Social determinants
 Occupation
 Career
 Population health
 France

ABSTRACT

This study investigated the relationship between women's disadvantage in mental health and physical functioning and gender differences in career backgrounds. Sexual division of labor persists and key career characteristics are overrepresented in women: low-skilled first job, downward occupational trajectory, interruptions. These interrelated characteristics are usually linked to poor health. Their overrepresentation in women may be related to the female-male health gap; however, it may not if overrepresentation transposed into substantially weaker associations with poor health outcomes. To address this question, we used the French population survey "Health and Occupational Trajectories" (2006) and focused on 45–74 year-old individuals who ever worked (n=7537). Past career characteristics were qualified by retrospective information. Logistic regressions identified past characteristics related to current depressive symptoms and physical limitations. Non-linear decomposition showed whether these characteristics contributed to the gender health gap, through their different distribution and/or association with health. The overrepresentation of unskilled first jobs, current and past inactivity and unemployment in women contributed to their excess depressive symptoms. These contributions were only slightly reduced by the weaker mental health-relatedness of current inactivity in women and increased by the stronger relatedness of low-skilled and self-employed first jobs. Overrepresentation of current inactivity, past interruptions and downward trajectories also contributed positively to women's excess physical limitations. Gender-specific career backgrounds were significantly linked to women's disadvantage in mental health and physical functioning. We need to further explore whether equalization of opportunities, especially at the early stages and in terms of career continuity, could help to reduce women's mental and physical health disadvantage.

1. Background

Large inequalities in health and mortality are related to both occupational classes and occupational trajectories throughout the life course. Withdrawals from the labor force, past unemployment periods, downward trajectories, disrupted careers or work histories of weak ties to employment accompany increased health and mortality risks (Bartley & Plewis, 1997; Blane, Harding, & Rosato, 1999; Cambois, 2004; Karimi, Geoffroy-Perez, Fouquet, Latouche, & Rey, 2015; Lacey, Sacker, Kumari, Worts, McDonough, & Booker, 2015; Lacey, Stafford, Sacker, & McMunn, 2016; McMunn, Bartley, Hardy, & Kuh, 2006; Melchior, Goldberg, Krieger, Kawachi, Menvielle, & Zins, 2005; Pavalko, Elder, & Clipp, 1993; Stone, Evandrou, Falkingham, & Vlachantoni, 2015; Wahrendorf, 2015). These characteristics are much more frequent in women's careers, in France and elsewhere, due to persistent sexual division of labor and uneven involvement of men and

women in work, family and domestic activities (Anxo, Flood, Mencarini, Pailhé, Solaz, & Tanturri, 2011; Pailhé, Robette, & Solaz, 2013). Gender differences in career characteristics contribute to the well-documented gender wage gap (OECD, 2012); whether they also contribute to the gender health gap in the long run is unknown, although it may constitute an important public health issue (Borrell, Palencia, Muntaner, Urquia, Malmusi, & O'Campo, 2014). The contribution may depend on the unequal distribution of critical career characteristics, but also on gender differences in later health risks associated with these characteristics. To address this issue, we explored whether gender health differences may be related to past career characteristics considering their gender-specific frequency and health-relatedness. We focused on depressive symptoms and physical limitations, two health dimensions known to be much more frequent in women (Crimmins, Kim, & Sole-Auro, 2011; Van de Velde, Bracke, & Levecque, 2010).

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Received 26 August 2016; Received in revised form 13 December 2016; Accepted 13 December 2016

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1.1. Gender-specific distributions of key career characteristics

In most countries, gender-specific differences in commitments to work and family lead women to adjust their working time to the needs of their family, at the expense of their own career and income (Balleer, Gomez-Salvador, & Turunen, 2014; Pailhé et al., 2013; Worts, Sacker, McMunn, & McDonough, 2013). Women experience fewer promotions in both low and highly-qualified positions (Arulampalam, Booth, & Bryan, 2007; Booth, Francesconi, & Frank, 2003; Gobillon, Meurs, & Roux, 2015). In turn, women's lower earnings (OECD, 2012) increase the probability that they will withdraw from work when adjustment is needed.

This context induces gender differences in key career characteristics: (1) qualification at an early stage of the career (more unskilled jobs for women); (2) career direction (fewer promotions for women); work interruptions (more frequent for women) through (3) inactivity, (4) unemployment and (5) part-time contracts; and (6) current work status (more inactivity/unemployment for women). These characteristics are interrelated and usually associated with poor health in later life through several pathways.

1.2. Key career characteristics and health

Low-skilled occupations are frequently associated with potentially long-lasting mentally and physically detrimental job conditions (Karasek, Brisson, Kawakami, Houtman, Bongers, & Amick, 1998; Niedhammer, Malard, & Chastang, 2015; Siegrist, 1996). Both men and women suffer from health risks due to work conditions, although frequency and risk levels differ (Campos-Serna, Ronda-Perez, Artazcoz, Moen, & Benavides, 2013; Gadinger, Fischer, Schneider, Terris, Kruckeberg, & Yamamoto, 2010; Vermeulen, & Mustard, 2000). In France, men tend to be more exposed to highly physically demanding work conditions, but women are more exposed to job strain and risks of musculoskeletal disorders, whatever the occupational class (Guignon, 2008).

The longer the exposure, the greater the effect on health and mortality (Bahu, Coutrot, Herbet, Mermilliod, & Rouxel, 2010; Karimi et al., 2015). Stagnant careers, more frequent in women, are likely to increase long-term health risks due to both longer exposures to detrimental factors and fewer opportunities to move towards better work conditions (Liljegren & Ekberg, 2008).

Interrupted, stagnant or unskilled careers are associated with poorer health due to relatively lower individual incomes and poor life conditions. Interrupted careers may also decrease the gain in experience, reduce health protection, deteriorate job quality, and increase the risk of poor health and anxiety through job instability and insecurity (Caroli & Godard, 2016; Ferrie, Shipley, Newman, Stansfeld, & Marmot, 2005; Jusot, Khlat, Rochereau, & Sermet, 2008; László, Pikhart, Kopp, Bobak, Pajak, & Malyutina, 2010; Menendez, Benach, Muntaner, Amable, & O'Campo, 2007; Swaen, Bultmann, Kant, & van Amelsvoort, 2004). Work interruptions in women are often due to family adjustments, mostly childcare. These interruptions could have a positive health effect in the short run, since they protect from work-family strain, but a negative effect in the longer run through their consequences on career progression. Having children decreases employed mothers' well-being when they return to work due to work-family strain (Luppi, 2016; Matysiak, Mencarini, & Vignoli, 2016) and low social protection for maternity leave (Avendano, Berkman, Brugiavini, & Pasini, 2015). In France, parental leave allows working parents (mothers) to interrupt their career for childcare while benefiting from job security.¹ Nevertheless, as described above, interruption

led to worse job conditions and lower wages on return to work (Lequien, 2012). Interrupted careers may be associated with poor health in the long run in France, even if they are due to childcare in women.

Finally, career characteristics have a long-lasting association with poor health through a selection effect: poor health prevents the worker from remaining at or returning to work and compromises promotion opportunities (Fox, Goldblatt, & Jones, 1985; Jusot et al., 2008; McMunn et al., 2006; Ribet, Zins, Gueguen, Bingham, Goldberg, & Ducimetiere, 2003). But the intensity of the effect depends on working conditions and potential substitution income (Lundborga, Nilssonb, & Vikströmc, 2015; Robroek, Schuring, Croezen, Stattin, & Burdorf, 2013). Due to the gender-specific opportunity cost of being inactive, in case of sickness men are more likely than women to remain in the labor force and withdraw when sickness is more severe (Cousteaux, 2011; Moen & Chermack, 2005; Stronks, van de Mheen, van den Bos & Mackenbach, 1995). Therefore, past and current inactivity may be associated with poorer health in later life in both genders, although probably more in men.

1.3. Study aims

The literature quoted above clearly shows how job qualification, career direction, career interruptions and work-family histories are related to poor health. It remains unclear whether these career characteristics are similarly related to later health in both sexes. Overrepresentation of health-related career characteristics in women may contribute to the gender health gap, but it may not if the overrepresentation transposed into substantially weaker associations with poor health. We aimed to highlight how the relationship between health and past career is differently structured in men and women, and to identify critical career characteristics involved. We analyzed two potential channels through which this relationship may differ: through differences in the frequency of critical career characteristics in men and women, and through differences in their association with later health.

2. Data and methods

2.1. Data

The Health and Occupational Trajectory survey "Santé et Itinéraire Professionnel" (SIP) was conducted in 2006 by the French statistical institute in metropolitan France.² A sample of households comprising at least one individual aged 19 to 74 years old was drawn from the population census files, and in each household one eligible member was randomly selected. Approximately 14,000 individuals were interviewed (76% of the initial individual sample). Weighting based on household and individual criteria provided representative statistics (Bahu et al., 2010). Our analytical sample consisted of 7537 men and women aged 45–74 years old who had worked for at least one year, which covers 98% of this age group (Appendix Table A1). The questionnaire collected information on current and past health problems and current and past occupations. Past information was collected using a retrospective grid.

2.2. Analytic strategy

Firstly, logistic regressions identified the past career characteristics which were significantly associated with health in 2006 in men and

¹ Regular maternity leave around childbirth lasts sixteen weeks for a first-born or second-born child and can be extended by parental leave up to the third birthday of the child with job security for employed parents (in fact 98% are mothers), but with low compensation (a fixed amount of half of the minimum wage) from the second child.

² The survey was coordinated by the departments of statistics of the Ministry of Health and Social Affairs (Direction de la recherche, des études, de l'évaluation et des statistiques - DREES) and of the Ministry of Labor (Direction de l'animation de la recherche, des études et des statistiques - DARES). <http://www.insee.fr/en/methodes/default.asp?page=sources/ope-enq-sante-itineraire-prof-sip.htm>. (Accessed October 5th 2016)

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