

Gender inequalities in working time and health in Europe

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Introduction

The gender division of labour, present in all societies, means that men and women are assigned different duties and responsibilities, as well as different entitlements. Although the precise nature of this division varies between societies, there remains an overall high degree of consistency: women generally have primary responsibility for household and domestic labour, while the principal role of men is to engage in paid work (Doyal 2000).

This gender division of labour determines corresponding inequalities in working time and health. In order to fully understand these inequalities in working time, the gender division of the breadwinner and carer roles in the family should be taken into account. (Artazcoz *et al.* 2007b). Additionally, labour market, family and gender policies, which are to a great extent determined by welfare state regimes and which influence the gender division of labour (as well as its related demands), should also be considered (Pfau-Effinger 2004; Pfau-Effinger 2005).

The objectives of this chapter are: 1) to describe the gender inequalities in working time in Europe; 2) to analyse the interaction between employment and the family sphere in relation to the connection between work and health status; and 3) to examine the intersection between gender and other axes of health inequalities, both at the individual level (social class) and the contextual level (welfare state regimes).

Gender inequalities in working time in Europe

Across Europe, labour force participation is lower among women, but rates differ considerably between countries. Those with more conservative family and gender policies, such as Mediterranean countries, have lower activity rates, and a significant proportion of women are full-time homemakers. Conversely, Nordic countries that promote dual earner/dual carer models with generous public resources for childcare have the smallest gender differences in labour force participation (Table 1).

Table 1 Labour force participation in the EU28 by country and sex (%)

	Women	Men	Difference (Men-Women)
EU - 28 countries	67.4	79	11.6
Belgium	65.5	73.9	8.4
Bulgaria	68.3	76.5	8.2
Czechia	72.2	87.4	15.2
Denmark	74.8	81.5	6.7
Germany*	75.8	83.9	8.1
Estonia	75.6	83.4	7.8
Ireland	68.1	80.3	12.2
Greece	49.1	70.1	21.0
Spain	61	73.1	12.1
France (metropolitan)	67.6	75.2	7.6
Croatia	60.1	70.3	10.2
Italy	53.1	72.9	19.8
Cyprus	68.9	79.3	10.4
Latvia	74.8	79	4.2
Lithuania	76.7	79	2.3
Luxembourg	68	76	8.0
Hungary	66.8	82.1	15.3
Malta	63.4	85.7	22.3
Netherlands	74.2	84.3	10.1
Austria	71.7	80.7	9.0
Poland	65	79.4	14.4
Portugal	72.1	78.9	6.8
Romania	60.6	78.9	18.3
Slovenia	71.7	79	7.3
Slovakia	65.5	79.2	13.7
Finland	74.5	78.2	3.7
Sweden	80.4	84.7	4.3
United Kingdom	73.8	83.7	9.9
Iceland	83.2	89.5	6.3
Norway	76.5	81.7	5.2
Switzerland	77.9	87	9.1
Montenegro	52.9	66.7	13.8
North Macedonia	45.2	66.6	21.4
Serbia	55.8	70.5	14.7
Turkey	35.2	76	40.8

*Until 1990 former territory of the FRG
Source: Eurostat, Labour Force Survey, 2018

The growing trend of part-time female work, with national contrasts

The proportion of part-time workers among the total workforce has dramatically increased over the past 15 years in most EU countries but, significantly, part-time employment is much more frequent among women. Although the labour force participation of women (and especially of married women) has increased steadily, a high proportion of them work part-time, and once again there is significant variation between countries (Table 2, p. 32). Whereas the Netherlands has the highest proportion of men and women working part-time – with almost 75% of women in part-time jobs – the proportion is much lower in southern European countries and some eastern European countries. It should be noted that for many workers part-time work is an involuntary option that has increased in the context of the economic crisis; it is also more frequent among women.

A study of working patterns and preferences in the EU15 found that the countries where the proportion of mothers working part-time is greater than the proportion working full-time (35+ hours) are Austria, Belgium, Germany, Britain, Ireland and the Netherlands (Lewis *et al.* 2008). It has been reported that country-specific arrangements strongly influence women's decisions to work part-time. This is not the case for the male results, where the determinants of part-time work do not vary significantly by country (Buddelmeyer *et al.* 2005). This may reflect cultural factors or national differences in labour market institutions and family policies.

Inequalities in the division of domestic and family responsibilities

Women's workforce participation is related in particular to the distribution of household and family tasks between men and women in families. There are several explanations for the gender division of domestic and family work and the consequent divergence in time devoted to employment. Generally, the smaller the difference between spouses' earnings, the more equitable the domestic work division is. But this is not always the case, nor is the pattern universally applicable (Greenstein 2000; Kroska 2004). The considerable impact that parenthood has on the time that women devote to housework contrasts with the minimal impact it has on men, who rather experience a surprising stability in housework time in most forms of the family (Baxter *et al.* 2008). Equal sharing of housework by both partners is rare in countries with traditional family models, regardless of their relative resources, time availability and gender ideology, suggesting that the division of labour at home is not only negotiated by two partners but also shaped by such contextual factors as labour markets, family models and gender policies (Geist 2005).

Moreover, studies reveal gender differences in the hours of flexible and inflexible domestic work according to welfare state models (Pfau-Effinger 2005; Pfau-Effinger 2004). Men do less and women do more time-inflexible

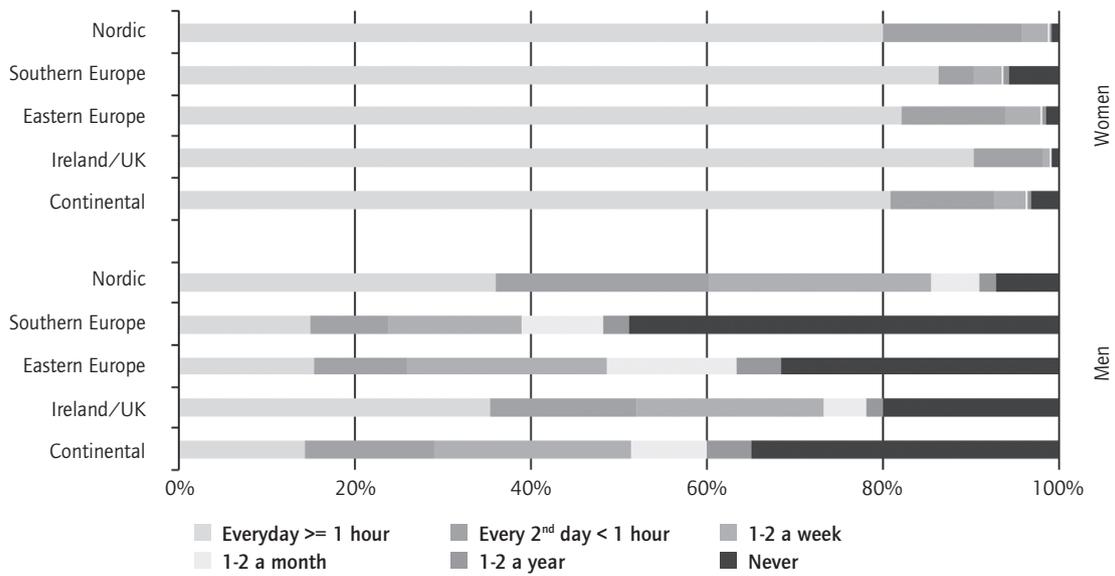
Table 2 Part-time employment as a percentage of total employment by sex and country

	Women	Men	Difference (Women-Men)
EU - 28 countries	30.8	8.0	22.8
Belgium	40.5	9.4	31.1
Bulgaria	2.0	1.6	0.4
Czechia	10.8	2.5	8.3
Denmark	31.0	12.1	18.9
Germany*	46.7	9.3	37.4
Estonia	14.7	6.8	7.9
Ireland	28.5	9.1	19.4
Greece	13.2	6.0	7.2
Spain	23.6	6.4	17.2
France	28.7	7.6	21.1
France (metropolitan)	28.7	7.5	21.2
Croatia	6.6	3.5	3.1
Italy	32.4	7.9	24.5
Cyprus	14.2	7.4	6.8
Latvia	9.6	4.5	5.1
Lithuania	8.7	5.1	3.6
Luxembourg	31.4	5.3	26.1
Hungary	6.2	2.5	3.7
Malta	21.7	6.0	15.7
Netherlands	73.8	23.0	50.8
Austria	47.6	9.9	37.7
Poland	9.5	3.6	5.9
Portugal	10.2	5.4	4.8
Romania	6.6	6.0	0.6
Slovenia	13.6	5.3	8.3
Slovakia	6.9	3.1	3.8
Finland	18.8	8.8	10.0
Sweden	31.7	11.9	19.8
United Kingdom	38.6	9.6	29.0
Iceland	30.5	8.1	22.4
Norway	35.6	13.3	22.3
Switzerland	63.0	17.0	46.0
Montenegro	4.0	5.1	-1.1
North Macedonia	3.4	3.3	0.1
Serbia	10.0	8.4	1.6
Turkey	17.8	5.6	12.2

*Until 1990 former territory of the FRG
Source: Eurostat, Labour Force Survey, 2018

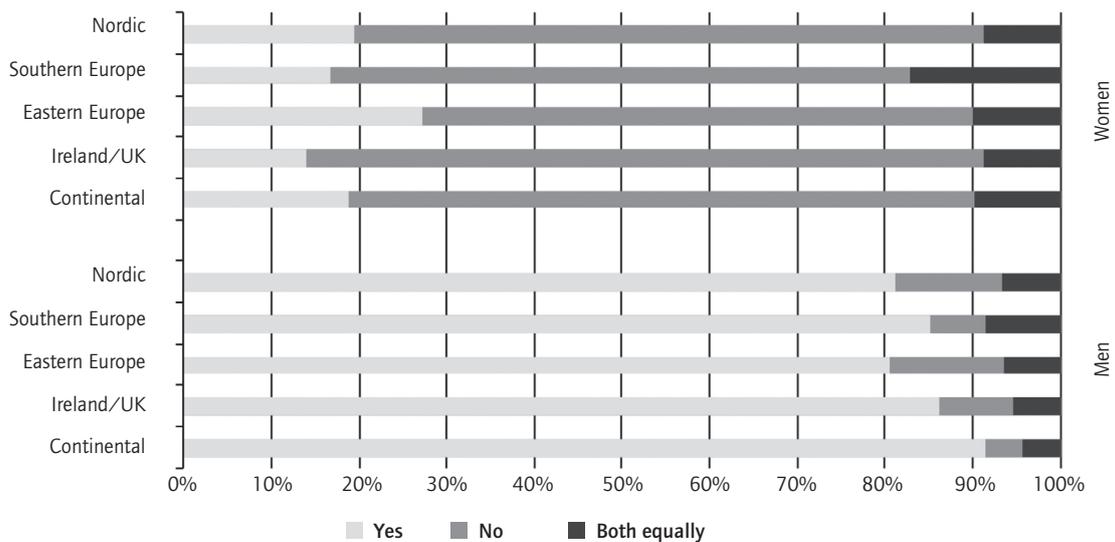
housework in nations where work hours and parental leave are long. Women do less of this work where there is more public childcare and men are eligible to take parental leave (Hook 2010). However, in all European country typologies there is a more or less marked gender division between the breadwinner and carer roles (Figures 1 and 2).

Figure 1 Time devoted to domestic work among European workers that are married or cohabiting



Source: Fifth European Working Conditions Survey, 2010

Figure 2 Person who contributes the most to the household income among European workers



Source: Fifth European Working Conditions Survey, 2010

Long working hours and impact on employment of women and men

In Europe, long working hours are much more frequent among men. Among the western European countries, men work the longest hours in the UK, and this is complemented by women's (and especially mothers') part-time working hours. Female part-time work would appear to be a response to both the long working hours of their partners and a lack of institutional support for combining work and family responsibilities (Tang and Cousins 2005).

The long hours worked by a third of Greek mothers and 13–19% of Spanish and Portuguese mothers provide additional evidence of the southern European long-hours culture. Taken together with the relative lack of part-time work opportunities and few public childcare services, this may help to explain the lower female employment rates in these countries. On the other hand, at least a third of fathers reports working 46+ hours per week in Austria, Belgium, Germany, Greece, Ireland, Spain and the United Kingdom. All of these are countries with traditional family models, but even in the Nordic countries, around a quarter of fathers claim to work long hours. Therefore, in Europe, where a large proportion of mothers work part-time and/or where there is a low employment rate for mothers, more fathers tend to work long hours. Women's lower level of involvement in paid work seems to be a corollary of men's more substantial investment in it. That constitutes a mode of regulation in many European countries that is at once economic, social and familial. However, in the Netherlands, where women tend to work very short part-time hours, the proportion of men working long hours is relatively low (Lewis *et al.* 2008).

Social policies, combining work and family and health status

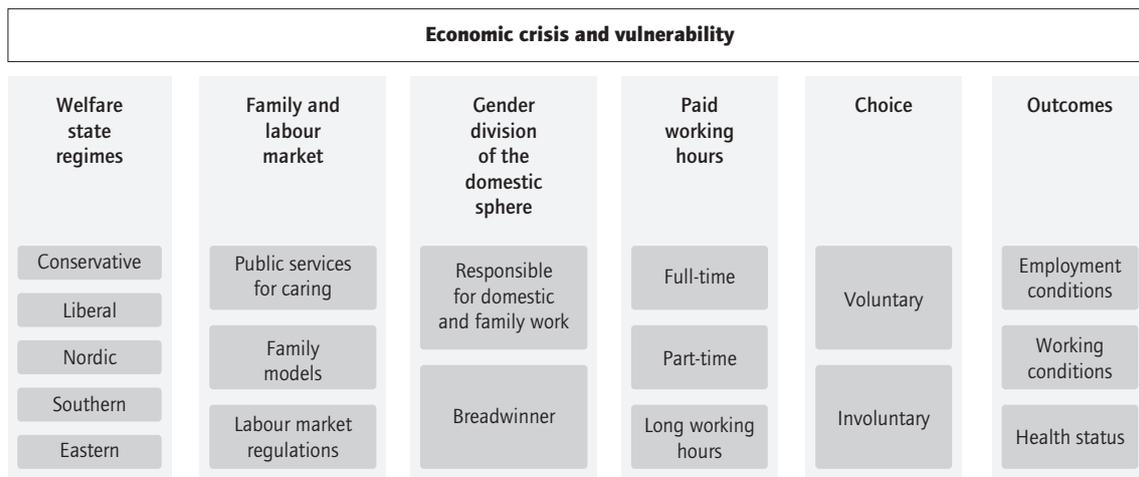
In this section we present evidence of the relationship between health status and the combination of employment and family demands. We start with the proposal of a conceptual framework. Then, we focus on the situation in Spain, analysing the results of two studies which examine the intersection between gender and socioeconomic position in the relationship between health status and the combination of employment and family demands. Following this, we examine the different patterns of association between work-family combination and health status in Europe according to welfare state typologies in a context of economic crisis. We conclude with a two-part analysis, first of part-time work and then of long working hours, in relation to health status. For all these questions we examine the role of gender.

It should be noted that since the start of the economic crisis, many European countries have taken a range of measures to deregulate labour markets and boost enterprise flexibility, including increasing part-time employment and overtime options and extending the reference period for calculating working time (Clauwaert and Schömann 2012; Robert *et al.* 2014).

A conceptual framework for summarising the determinants of gender inequality

Figure 3 shows a conceptual framework for understanding the relationship between gender inequalities in working time and health status. Individuals' work hours are influenced not only by personal characteristics but by the overall social structure in which they are embedded (for example, regulatory limits on full-time hours or availability of childcare services). There are large cross-national differences in the amount of time devoted to work, in how strictly work hours are regulated, in preferences for working time and in the kinds of family policy. Among the most important macro-level factors are the gender division of work according to family models – either traditional, with men as breadwinners and women as caregivers, or more egalitarian – and labour market regulations, which are associated with welfare state regimes (Korpi *et al.* 2009).

Figure 3 Conceptual framework about the relationship between gender differences in working time and gender inequalities in health outcomes



Very different national models

'Nordic' countries are characterised by fairly regulated labour markets, by social policies that play a major role in promoting dual earner/dual carer family models and maximum employment for women. However, in these countries more policies have been developed for promoting female participation in the labour market than male engagement in domestic work. 'Liberal' countries (the UK and Ireland), meanwhile, are characterised by deregulated labour markets, strong male breadwinner models and the dominance of the market in providing services. 'Continental' and 'Southern European' countries have strong labour market regulations, male breadwinner family models and low levels of support for female participation in the labour force; in these countries, primary welfare responsibilities lie with the family, and policies that help

reconcile motherhood and career are relatively undeveloped (primarily in southern Europe) (Ferrera 1996). ‘Eastern European’ countries combine dual earner families with a traditional division of housework and childcare for three to six year olds (Aidukaite 2009).

Combining employment and family demands in Europe

The impact of trying to combine a job with the demands of family life in Europe differs in accordance with one’s gender, occupation and the country one lives in.

In Spain, for instance, studies carried out before the economic crisis found, as expected, a strong impact of the combination of employment and family demands on women’s health (Artazcoz *et al.* 2001; Artazcoz *et al.* 2004). However, a study based on the 2006 Spanish National Health Survey examining four health outcomes found a consistent correlation between poor health and family demands among manual workers (both male and female) but not among non-manual workers (Arcas *et al.* 2013). Gender and social class, as well as contextual factors explain this changing pattern over one decade. Whereas the association between family demands and poor health status among female manual workers could be related to their greater housework and caregiver responsibilities, among men, given their role as the main breadwinner in the home, it could be due to financial problems. It should be noted that between 2002 and 2005, financial stress among families had significantly increased in Spain, primarily due to a high increase in housing prices and mortgage payments over the preceding decade (Banco de España 2005).

A study about the relationship between poor health outcomes and the combination of employment and family demands based on the 2010 European Working Conditions Survey found that the relationship differed by gender, country and its welfare state regime (Artazcoz *et al.* 2014). The combination of employment and family demands was largely unconnected with health status in countries with dual-earner family policy models but was associated with poorer health outcomes in ‘Liberal’ countries such as the UK and Ireland, mainly among men. In these countries with a strong male breadwinner model, the consistent correlation observed between men’s poor health status and the number of children they are responsible for may be an indication of family financial stress. In the rest of Europe, the connection was more consistent among women in countries with traditional models, where males are the breadwinners and females are responsible for domestic and care work. In order to understand this finding, it should be noted that during the economic crisis that began in 2007, women in couples who were full-time homemakers entered the labour market or increased their hours in order to offset the drop in earnings of their male partner (Culleton and Dilworth 2011; Leschke and Jepsen 2011). At home, they are still likely to have primary responsibility for household work (Kroska 2004).

Part-time employment: detrimental to women's working conditions, career and health

While part-time work has increased in many countries, this has differed according to the national context in terms of whether government policy promoted part-time work per se and, if so, by what means and what the nature of this employment is (Fagan *et al.* 2014). Part-time working has historically been the way that women in western Europe have combined informal care for their children with employment. Many of these women have 'elected' to work part-time in an effort to reconcile work and family life. However, some women have become part-time workers involuntarily because they have been unable to realise their preference for working longer hours (Fagan and Warren 2001). Others are restricted to securing jobs with particular part-time schedules – such as evenings, weekends or fragmented periods during the school day – because they rely on other family members to provide informal childcare or because they have to coordinate their working hours with the availability of formal childcare services. This is because it is still largely women who adjust their working hours to care for children or elderly members of the family, while only a minority of men switch to part-time hours or take parental leave for these purposes (Anxo *et al.* 2007; Fagan and Hebson 2006; Plantenga and Remery 2005).

Moreover, the amount and quality of jobs available depends largely upon the way employers use part-time working in their personnel and working-time policies, within the context of national policy frameworks. Where part-time employment is marginalised as a secondary form of employment, penalties are incurred in the form of lower hourly pay rates and inferior social protection or opportunities for career development. Conversely, it is more positively integrated alongside full-time employment when the difference is simply that of reduced hours of work. It is this latter scenario of integration that usually offers the greater prospect of good quality part-time work (Palier and Thelen 2010).

Between different countries, there is a disparity in the quality of part-time employment: extreme situations in the UK involve short hours, low pay and insecurity in routine service jobs (largely taken by mothers), contrasting significantly with the good quality of part-time jobs in countries such as the Netherlands and Sweden. However, on average, part-time employment incurs penalties regarding job security, average hourly earnings and opportunities for training and promotion. Even if part-time workers receive equal treatment in terms of current hourly wages and other contractual elements, in most countries a period of part-time employment has a scarring effect on subsequent labour market advancement and career progression. Part-time workers also have less access to unemployment benefits and job search assistance programmes if they become unemployed. They are also more at risk of poverty, not only because of their lower weekly earnings due to shorter work hours but also because their jobs are less stable, and they are less likely to be covered by unemployment insurance systems. There are however some benefits to part-time work, such as better quality of life and reduced exposure to hazardous working conditions and work-related stress (Fagan *et al.* 2014).

In the United Kingdom, where part-time jobs are concentrated in low-skilled occupations, part-time status has been reported to be associated with occupational downgrading (Connolly and Gregory 2008). Occupational downgrading occurs when more highly qualified or highly skilled women (or men) ‘choose’ to reduce their working hours, often because of their domestic responsibilities. Because of the limited part-time options available in highly skilled jobs, many women compromise by taking lower-level jobs and then become ‘stuck’, with little opportunity for promotion. Downgrading affects as many as 29% of women from professional and corporate management jobs, and up to 40% in intermediate-level jobs. Those most likely to downgrade are women in managerial positions in smaller-scale enterprises (e.g. in restaurants, salons and shops), with almost half giving up their managerial responsibilities and reverting to customer service or sales assistant jobs. 51% of all part-time workers, male and female, defined themselves as working below their potential. It has been estimated that 69% of female part-time ‘downgraders’, equivalent to around 1.25 million women in the UK aged 25–54, are ‘stuck’ in jobs below their skill and experience levels (Lyonette *et al.* 2010).

The mechanisms associated with part-time working observed in European countries – such as downgrading, low wages and the lack of career advancement – are mental health risk factors that affect women almost exclusively.

Impact on health of long working hours: different mechanisms according to gender

Although in recent years interest in health problems related to long working hours has increased, there are persistent gaps in the literature investigating this relationship and the factors involved (Virtanen *et al.* 2008; Virtanen *et al.* 2012a; Virtanen *et al.* 2012b; Kroenke *et al.* 2007; Kivimäki *et al.* 2015; Bannai and Tamakoshi 2014). Moreover, most studies have focused their analysis exclusively on the workplace, without taking into account individual and contextual factors that motivate long working hours and influence their nature and their consequences for health.

However, the impact of working time on health status is related to both individual-level and country-level characteristics. At the individual level some studies highlight the crucial role of choice in determining a person’s response, in terms of health and wellbeing, to working long hours (Beckers *et al.* 2008; Drago *et al.* 2009; Golden and Wiens-Tuers 2006). Family financial stress, which is very common in Europe in the current economic crisis, is identified as a reason for mandatory long hours that can lead to poor health outcomes (Artazcoz *et al.* 2013; Artazcoz *et al.* 2009; Artazcoz *et al.* 2007a). Many workers, primarily breadwinners, are obliged to accept high work demands simply to service their family debt (Artazcoz *et al.* 2005; Pollert and Charlwood 2009). For example, a review about long working hours in the UK reports that those who work more hours are more likely to be men with children, large

mortgages or a high cost of living, and often with a partner who either does not work at all or not full-time (Kodz *et al.* 2003). Bargaining power is also important: where employers hold greater leverage over employees - as in the case of non-unionised workplaces, temporary contract and/or low-paid work, or situations of economic vulnerability – workers are more likely to be forced to work long hours (Stier and Lewin-Epstein 2003).

Studies carried out in Spain have found a consistent correlation between long working hours – that is, working 41–60 hours a week (compared with 30–40 hours) – and poor psychological well-being, job dissatisfaction, smoking, low levels of physical activity during leisure time and insufficient sleeping hours in cases where family financial stress or low bargaining power obliged people to accept these long hours (Artazcoz *et al.* 2007a; Artazcoz *et al.* 2009).

A study based on the 2005 European Working Conditions Survey reports that in all countries except for those with a ‘Continental’ welfare model, working long hours is related to poor health outcomes; and the correlation is stronger and more consistent among men from ‘Anglo-Saxon’ countries. Finally, the correlation between long working hours and health is stronger among men in countries with traditional male breadwinner models, similar between men and women in ‘Nordic’ countries, and stronger among women in ‘Eastern European’ countries (Artazcoz *et al.* 2013).

Conclusion

Working life is probably one of the most important arenas for action for the improvement of the health status of Europeans in general, and in particular for reducing gender inequalities in health. Work - both paid employment and unpaid domestic and family work - is a social determinant of health and one of the main factors influencing gender inequality in health status. Working time therefore constitutes a *structural* determinant of health status, with gender inequality playing a pivotal role in this relationship. Working time policies should go beyond changing the typical schedules in individual countries and address the deep roots of this issue that lie in the conditions of the labour market and the private sphere. Most importantly, labour market, family and gender policies across Europe should systematically consider their impact on health and its pervasive gender inequalities.

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