The association of self-rated health with family and employment statuses. Comparison between Germany, France and the Netherlands

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Background

The association of health with family and employment statuses is analysed for many countries, but there are no consistent results.

- Selection = Health has impact on social roles
- Causality = Social roles have impact on health
  - ⇨ Multiple role attachment-hypothesis
  - ⇨ Multiple role burden-hypothesis

Yet, it is not clear, which impact the national policy and welfare system has on the relation between employment, family and health.

Research question: Are there differences in the relation of self-rated health (SRH) and fulfilling social roles (partnership, parenthood and employment) between Germany, France and the Netherlands?

Data

Generations and Gender Surveys / Wave 2 (age: 20-64 years)

Tab. 1 Sample size

	The Netherlands (GGS 2007)	France (GGS 2008)	Germany (GGS 2009)
Women	2,969	3,018	1,425
Men	2,000	2,192	1,001

For the analyses the answer categories of SRH were dichotomized in good (very good/good) versus poor (fair/bad/very bad). Multivariate binary logistic regression analyses are in progress (including interaction terms).

Results

In women, the family and employment arrangements vary substantially between the three countries. In France, 51 % of women living with children in the household work full-time, compared to 12 % in the Netherlands and 18 % in Germany. Similar relationship is found when comparing employment status of partnered women across the countries.

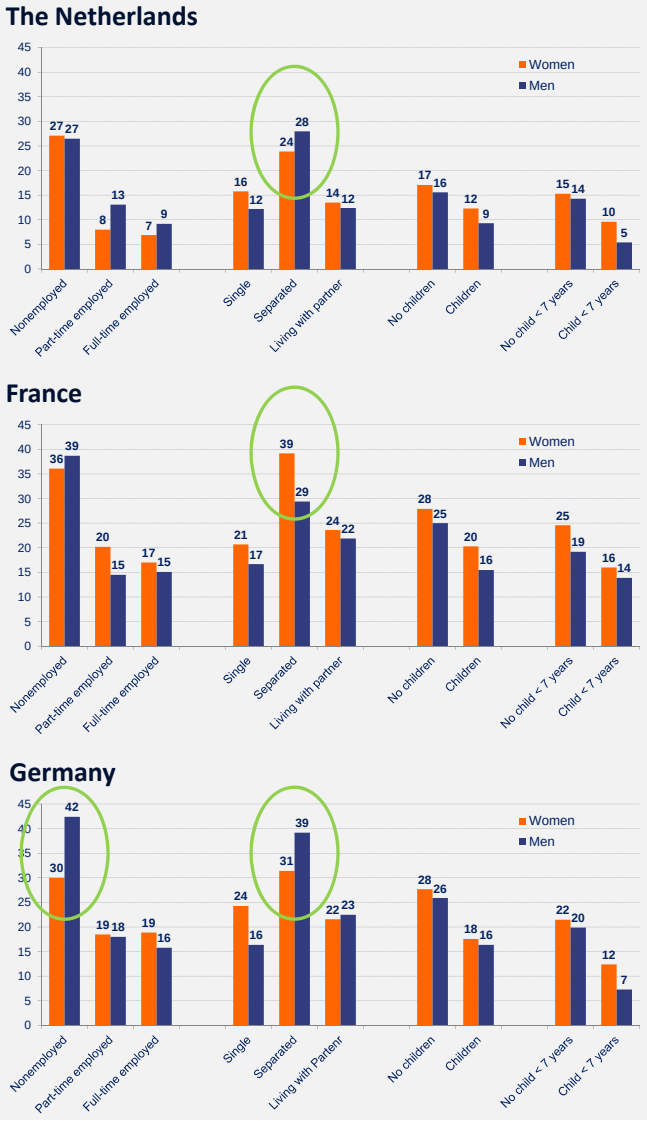
Employment status: Nonemployment is associated with poor SRH in each country. In Germany, we see significant gender differences (higher rates for men than for women).

Partner status: Separation is associated with higher prevalence of poor SRH in each country. There are gender differences in each country (in Germany and the Netherlands higher rates for men and in France for women).

Parental status: Living without children is associated with higher prevalence of poor SRH in each country. The patterns with regard to children are similar according to gender and country.

Results of the logistic regression analyses (adjusted for age and education, only main effects): The highest odds ratios for poor health are found for unemployed women and men in all three countries. Regarding the partner status some significant odds ratios exist particularly in women. For part-time working as well as living with children no significant odds ratios are found.

Fig. 1 Prevalence of poor self-rated health (in %)



Discussion

The results show that the association between health and family/working roles is similar across the three countries; yet the strength of the association differs considerably.

Further investigations should reveal the factors that drive these differences.

Additionally, interactions between the three social roles will be considered, and longitudinal analyses are planned.

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