

Working Title: *Employees and Stay-at-home Moms: Social Change and the Health Effects of Women's Labor Force Behavior*

Social change in women's labor force behavior in the past half century has been well documented. Coinciding with dramatic increases in women's labor force participation are increases in percentages of women with young children in the labor force as well as an extension of the proportion of women's life course spent in employment. Although women's wages and opportunities continue to lag behind men's, the size of this gap has narrowed and the percentages of women entering professional and managerial positions has increased dramatically (put in stats to back up). While the extent of these changes is clear, the implication of them for individuals and families continues to be debated. While scholars continue to assess and debate the implication of these changes for children and other family members, we know far less about their impact on women themselves. In this paper we assess whether social change in women's employment has implications for women's physical health.

There is little question that the work people do affects and is affected by their health (Karasek; House; Kasl more recent cites?). For women, paid employment is generally found to be beneficial for mental and physical health (Lennon 1994; Lennon & Rosenfield 1992; Pavalko and Smith 1999; Waldron?; other cites) but can vary depending on factors such as working conditions, marital status and race (cites). Not surprisingly, this health benefit is greatest among women in jobs with more autonomy and flexibility (cites). Furthermore, this health benefit remains even after accounting for the coinciding influences of health on labor force status, particularly the fact that less healthy women are less likely to be in the labor force (Pavalko and Smith 1999; Mirowsky and Ross 19xx).

While health benefits of employment for women are fairly clear, we know little about whether these effects have changed in concert with the changes in women's labor market experiences.

General Research Questions

Employment status refers to a dichotomous variable contrasting employed and non-employed

Employment categories refers to our 4 category variable contrasting employed to non-employed for family, health and other reasons

1. *Employment status and health*: Are employed women healthier than non-employed women and does this relationship vary across birth cohorts? (Fang did these before and we will redo them with final sample – generally find that employed are healthier and there is little variation across cohorts.)
2. *Employment categories and health*: When we break out women's reasons for non-employment, is the health of women who are non-employed to care for family different than the health of employed women, and does this relationship vary across birth cohorts?
3. What explains observed changes?

Questions Given Our Preliminary Findings

1. Contrasting cohort variation in health by employment status versus health by employment category. We see no cohort variation in health by employment status but we do see interesting variation by employment category. This is interesting because it emphasizes the importance of considering why women are out of the labor force and selection of less healthy workers for understanding the work-health relationship.
2. Employment categories and health. We find an interesting pattern, particularly between the earliest and latest cohorts. In 1971, employed women had equal or fewer limitations than women out for family reasons; by 1991 employed women, on average, appear to have more health limitations than women out for family reasons; this difference appears to reflect an increase in health limitations among employed women.
3. Is the mean number of limitations significantly greater for employed women in 1991 than employed women in 1971?
4. Is the mean number of limitations significantly greater for employed women in 1991 than non-employed women for family reasons in 1991?
5. Is the mean number of limitations significantly different for employed women in 1971 than women non-employed for family reasons in 1971?
6. Are these differences (1, 2, 3 above) continue to be significant after controlling for demographic, period and other controls (or, from our discussion yesterday, does this question even make sense?)
7. Assuming differences in 1,2, 3 (or even 1 & 2) it suggests an increase in the health problems of employed women – this could suggest a change in the health effects of employment, or it could be an artifact stemming from one of the following:

Artifact questions

8. Are these differences (1, 2, & 3) explained by changes in the composition of groups of employed women? For example, does the change in health among employed women reflect differences in group composition in 1971 and 1991; does the 1991 group of employed women have a lower level of education or a more diverse range of education? Is the 1991 employed group more racially diverse than the 1971 employed group? Does the 1991 group have more young children than the 1971 group? More importantly, if there are compositional differences, do they account for the observed patterns?
9. Are these differences (1, 2 & 3) accounted for by the fact that the 1991 sample is a more select sample than the 1971 sample because of sample attrition?
10. When we estimate the patterns with all cohorts restricted to women who were still in the sample in 1991 do we find similar patterns?

Explanation questions

If patterns 1, 2 & 3 continue after considering 4 & 5, are there changes in work experiences that explain the relative increase in health problems among employed women?

1. Does the 1991 cohort include more uncommitted workers into the labor force (women who would prefer to be non-employed but need to work for the income)? Is the increase in health limitations among employed women accounted for by these uncommitted workers?
2. Does the 1991 cohort include more women or couples who are working very long hours
 - a. The overworked American hypothesis: is there a change from 1971 to 1991 in the percent of employed women who are working 50 or more hours per week? Are the increases in limitations primarily among this group?
 - b. The time divide hypotheses
 - i. Among employed women is there a change in the average time couples are working from 1971 to 1991 and are higher numbers of health limitations concentrated in the heavy work group
 - ii. Among employed women, is there an increase in couples or individual women working less than full time and are more health limitations concentrated in the underemployed work group?
3. Does the 1991 cohort include more women working in either physically demanding (e.g. standing for long periods, requiring heavy lifting) or sedentary jobs, and does this change account for the increase in limitations?