MULTIPLE DEMANDS OR MULTIPLE OPPORTUNITIES?: WORK, FAMILY, AND SPOUSAL HEALTH IN THE U.S.*

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ABSTRACT

Men and women who have multiple roles (e.g. spouse, employee, parent) generally have better physical and mental health than those who have fewer roles. But prior research has not examined how living in a household that makes many care-taking demands (e.g households that contain young dependents or older dependents in poor health) and having a spouse who works long hours impacts health among married men and women. This is an important oversight given the growing labor force participation among women in recent decades and evidence that spousal factors can influence personal health. We examine the relationship between spousal employment and households that likely have high demands for care-work, and personal risks of death among men and women, with data from the 1990 through 1994 Family Resources Supplements (FRS) to the National Health Interview Survey, linked to the National Death Index (NDI) through the year 1997. Our results will illuminate whether men and women benefit from having spouses who likely have multiple roles (and multiple demands on their time), and in what circumstances those benefits or risks are most pronounced. Our findings may inform social policies that target work-life and dependent care, in ways that may promote the health of all family members.

This current draft provides a theoretical justification for our project, describes the data from the 1990 FRS, and indicates the direction our work will take in the coming months. Before the PAA meetings, we plan to integrate all four waves of the FRS into our analyses, link the FRS data to the NDI data files, model the impact of spousal hours in the labor force and the presence of older and younger dependents in the household (and the interaction of those variables) on the risk of death for men and women separately, and discuss the implications for our findings for research on multiple roles and social policies that might target work life and dependent care in the U.S. to improve the health of men and women.

Women's increasing labor force participation in the United States since the mid 1960s, and the increased full time labor force participation of mothers of young children since the 1980s, has generated much research that examines the role compatibility of marriage, childrearing, and employment (Brewster and Rindfuss 2000). Some research has examined the relationship between multiple roles (e.g., employee, spouse, parent) and personal health and found that those who undertake more roles typically have better mental and physical health, although the benefits may accrue unequally depending on individuals' stage of the life-course, the governmental policies in play, and normative expectations of others (Verbrugge 1983, Hewitt, Baxter and Western 2006, Janzen and Muhajarine 2003, Mastekaasa 2000; Ross, Mirowsky, and Goldsteen 1990). These findings are contrary to the theoretical suggestion that multiple roles might entail numerous and competing demands on the time and energy of individuals, thus leading to negative heath outcomes.

But to our knowledge, no work has examined the relationship between multiple roles or household demands, and spousal health. Some research suggests that men and women may be differentially affected by the earnings and employment of their spouses (McDonough et al. 1999; Stolzenberg 2001), and there are long recognized gender differences in terms of who cares for dependents in the household (Jacobs and Gerson 2004; Spitze 1986). Thus, we examine whether living in households where there may be a high demand for care-work, in conjunction with a spouses who works long hours, impacts personal health.

MULTIPLE DEMANDS OR MULTIPLE OPPORTUNITIES?

Research on individuals who hold multiple roles frequently test two main hypotheses. The role enhancement hypothesis (also called the multiple attachment or role accumulation hypotheses) posits that individuals will have better health if they have more roles. Multiple roles

provide people with opportunities to enjoy social integration across numerous contexts (such as work, and family), draw on several reserves of social support, and allow individuals to develop a multifaceted place in society. In contrast, the role overload hypothesis (also called the multiple burden and role strain hypotheses) suggests that each additional role makes demands on the limited time and energy that individuals can invest in any particular role, thereby limiting their ability to successfully fulfill responsibilities and increasing social tension and stress. Although most prior research has found support for the role enhancement hypothesis, recent work has found that the relationship between multiple roles and wellbeing depends on the specific roles examined and the social context in which they take place. For example, Hewitt et al. (2006) find evidence of role overload for women when they combine full time work with children, but not when they combine part time work with children.

Demands and Opportunities in the Household Context

We examine the impact of spousal employment on personal health, within the context of families that may have young or old dependents. Marriage generally confers physical, mental, and emotional health benefits to men and women, because spouses may provide each other with social or economic support, and reinforce healthy habits (Ross and Mirowsky 2002; Ross, Mirowsky and Goldsteen 1990; Waite and Gallagher 2000). However, the benefits that individuals accrue from marriage may vary depending on spousal and household factors.

Spousal employment may benefit the household in several ways. Men and women may have better health if their spouse works because a working spouse can provide an additional income stream, bring employer sponsored health promotion into the household in the form of information about nutrition or access to company gyms, integrate both members of the couple into broader social networks, and provide access to better health insurance (Monson 1986).

However, spousal employment may also limit the time that spouses can contribute to the household. Spouses who spend time spent in the labor force may have less time to regulate their husbands' or wives' health behaviors, encourage them to get regular checkups, provide them with effective social support, or care for other household responsibilities.

The relationship between parenthood and health is unclear. Some have found that parenthood has no effect, or in some cases a negative effect, on the physical and emotional wellbeing of men and women, perhaps due to the increased economic hardship and the decreased support spouses receive from each other (Ross, Mirowsky and Goldsteen 1990; Evenson and Simon 2005). Young or sickly children can be particularly costly to the time or money of parents who must forgo work and care for children, pay for daycare, or juggle daycare schedules with friends and family (Hochschild 1997). But the presence of young children might promote health among parents. Parents tend to undertake fewer risky behaviors after the birth of their children, possibly in an effort to be positive role-models for their children (Umberson 1987). Further, depending on the timing of a birth—a common precursor to parenthood—women may receive reductions in reproductive cancers or other health outcomes (Mirowsky 2005).

The presence of older dependents in a household, especially those who are in poor health and who provide few economic resources, can be a burden on other household members. Caretakers for individuals in the worst health sometimes experience improved health after the sickly family member dies, a finding that some attribute to a sense of relief from care-work responsibilities (Christakis and Allison 2006; Wheaton 1990). Other research finds that those who live in extended families have worse health and higher risks of death, perhaps because older individuals move in with family members due to poor health or socioeconomic hardship, and confer that hardship onto other household members by making demands on limited resources

(Hughes and Waite 2002; Rogers 1996). But not all older adults are a burden on the family. Elderly individuals may contribute retirement or asset income to the household, and, if they are in good health, they might help to care for children and maintain the household.

Spousal Work, Household Context, and Gender

The allocation of effort to care for dependents or maintain the household, and the values applied to employment, typically vary by gender. Simon (1995) argues that the intersection of work and family has a different meaning for men and women. Men view work and family as more independent than women, whereas women report more guilt about combining work and home-life, and sometimes feel adverse consequences for their marriage when combining work and parenthood (Simon 1995). Although men did not feel that combining work and family roles had a negative impact on their life, they did report that having wives who combined work and family obligations adversely impacted their own well-being (Simon 1995). Nevertheless, much of the work that specifically focuses on the intersection of spousal work and home-life demands does not examine health outcomes or account for the characteristics of household dependents.

The meaning of employment might vary by gender. Ross, Mirowsky, and Goldsteen (1990) find that working wives may increase husbands' psychological distress by breaking traditional gender roles, or improve his psychological state by enhancing their standard of living. Some research finds that husbands have worse health if their wives work because it may indicate men's failures as the primary breadwinners in the household, or because wives may have less time to care for the health of husbands or other household responsibilities (McDonough et al. 1999; Stolzenberg 2001; Simon 1995). In contrast, some scholars speculate (and some find evidence that) wives' work may benefit husbands' health more in households where her earnings are more critical to the family's wellbeing (Rosenfield 1992; Waldron and Jacobs 1988)—which

might be particularly true if there are numerous dependents in the household and high associated costs. As wives work more hours, they tend to spend less time devoted to the maintenance of the home, and husbands compensate by increasing the hours they contribute. This may improve husbands' social integration into families and improve their wellbeing. Prior research often finds that husbands' work has a null or a positive relationship with women's health, depending on whether scholars separately control for husbands' earnings (Stolzenberg 2001). Women may benefit from the income that husbands earn or by having a husband who fulfils traditional gender roles. Prior work has not examined the impact of husbands' long hours at work on women's health, in households where there may be numerous demands to care for younger or older dependents. In those cases, women may benefit by having husbands work somewhat fewer hours and contributing more time to the household.

In general, women spend more time than men caring for dependents, looking after their spouses, and maintaining the household (Jacobs and Gerson 2004; Ross 1987; Ross et al. 1983; Shelton and John 1996). However, wives who spend more time in the labor force report spending less time managing the household, and their husbands frequently make up some of that difference by increasing their time maintaining the household (although husbands do not make up the full difference in wives' time allocation, suggesting that housework is either delayed, avoided, or undertaken by other paid or unpaid laborers) (Bianchi et al. 2000; Sayer 2005).

In sum, there are good reasons to think that both husbands and wives may benefit or be harmed by having a spouse that works, especially if there are dependents in the household who may require a great deal of care-work. Because the meaning of care-work, home-life, and employment vary by gender in the contemporary U.S., we specify sex specific hypotheses:

Hypothesis 1: Multiple Opportunities for Husbands. Men whose wives work and who

live in households with older and/or younger dependents will have reduced risks of death due to the added income that wives provide, and husbands' increased integration into the household.

Hypothesis 2: Multiple Demands on Husbands. Men whose wives work and who live in households with older and/or younger dependents will have increased risks of death, because wives may have less time to provide husbands with effective social support or because husbands may feel that they have failed their role as the primary breadwinners in the household.

Hypothesis 3: Multiple Opportunities for Wives. Women whose husbands work and who live in households with older and/or younger dependents will have reduced risks of death due to the added income that husbands provide for the household, the increased support husbands provide to dependents, and the benefits of having a husband who is more tightly integrated into family routines.

Hypothesis 4: Multiple Demands on Wives. Women whose husbands work and who live in households with older and/or younger dependents will have worse health because they will receive less help from husbands with caring for dependents, and because their husbands will have less time to provide wives with effective social support.

DATA AND METHODS

We will employ the 1990, 1991, 1992, 1993, and 1994 Family Resources Supplement (FRS) to the National Health Interview Survey, linked to the National Death Index (NDI) through 1997 to examine the relationship between spousal roles and individual risks of death (NCHS various years). The FRS data collects information on all non-institutionalized individuals living in sample households, and asks detailed questions about the employment, health, and family relationships of individuals. Each wave interviews over 25,000 married couples (over 50,000 married individuals), which provides a unique opportunity to examine the relationships

among dependents, spousal work, and individual risk of death over a long follow-up period.

We conceptualize our data in a multi-level framework: individuals are nested within couples, and married couples are nested in families. Individual and spousal variables include employment status (including number of hours worked per week), earned income, retirement income, disability related income, age, education, and baseline health (e.g., self-rated health, activity limitations, body mass index). In our multivariate models, we will control only for individual race—the high correlation between individual and spousal race precludes including both variables. By including both individual and spousal data we can examine the influence of spousal employment on personal mortality, net of personal factors.

At the household level, we will include variables regarding the composition and characteristics of household residents who are most likely to require care-work. We classify households with child dependents as those with persons aged 17 or younger. Likely variables for our analyses include the mean number of children in the household; the minimum, mean, or maximum health among the children (as indicated by self-rated health or activity limitations); the minimum, mean, or maximum age of the children; and the percentage of male or female children in the household. We will further separate children into those who are aged birth through 4, or aged 5 through 17, and calculate the same variables for each age group, as indicated above. By examining the health and age of the children, we plan to come up with a set of criteria that indicate children who may have the highest demands for care-work.

Also at the household level, we also create variables to assess those who are likely to be older dependents—adults over the age of 60 that are not members of the primary married couple in the household. Variables for our analyses will include the mean number of elders in the household; the minimum, mean, or maximum health among the elders (as indicated by self-rated

health or activity limitations); the minimum, mean, or maximum age of the elders; and the percentage of male or female elders in the household. Clearly, not all adults over aged 60 are in need of help from others in the household. We use measures of retirement income, disability income, and health to assess whether older dependents might be net drains or net contributors to household demands for care-work and economic resources.

Missing Data

Missing data will likely become an issue as our analyses progress. Although the FRS successfully completes interviews or proxy interviews for individuals in over 90% of the contacted households, and most individuals answer most of the questions, several issues will be addressed in our final analyses. First, the detailed income values in the FRS have higher levels of missing values than many of the other variables. Although NCHS uses hotdeck methods to impute likely values to similar individuals who have missing data, this method compresses the variability in the imputed values and understates our uncertainty about their income values. Second, the 1990 wave of the FRS data asks individuals whether they work more or less than 35 hours per week, if they are employed. In the 1991 through 1994 waves, the FRS asks about hours worked in a variable that ranges continuously from 0 to 80 or more. Thus, although the question in 1990 provides important information about the hours worked, it is not fully comparable to the item in subsequent waves and understates the variation in the number of hours that individuals work. Third, because we will be using variables from individuals' records, as well as from their spouses and other family members living in the households, missing data on any covariate of interest for household members would require us to drop the data for both individuals and their spouses. Thus, the impact of even small amounts of missing data could become magnified in terms of cases lost.

In our final analyses, we plan to use multiple imputation to adjust for missing data. Several good reviews of multiple imputation methods are available elsewhere (Allison 2002; Rubin 1987; Schafer 1997), but essentially it entails creating multiple "complete" data sets, each with different sets of likely values for the missing data. We then run our models in each of the separate data sets, take the mean of the coefficients across the data sets, and adjust the standard errors to account for the variation within and between the data sets to better reflect our uncertainty about the missing values themselves (Rubin [1987] provides the formulae for calculating the standard errors). Allison (2002) provides an F test to compare models to assess whether improvements in model fit are significant. Multiple imputation is implemented in the most recent releases of various national data sets, and several widely used software packages including SAS and Stata allow users to create the imputations. We will use Stata software for our purposes (Royston 2005).

Analyses

We will employ event history analysis to examine the relationship between spousal characteristics and individual risks of death over the follow-up period. We will assess duration of follow-up as the number of months between the date of interview and the date of death (if individuals die of any cause) or censoring (if they survive the follow-up period). We compare our final results with Cox-proportional, Gompertz, Weibull, and exponential hazard models to assess how sensitive our results are to assumptions about the baseline hazard. Our models will adjust for the complex sampling frame used by the FRS with Stata 9.2 software (Statacorp 2006).

RESULTS

Table 1 provides descriptive statistics for married men and women, by the presence of older or younger dependents in the household, for the 1990 FRS data. These preliminary results

show some of the likely variables for our analyses, and their mean values. It is important to keep in mind, though, that these distributions are not yet adjusted for any other factors. Several patterns document gender differences in employment, when considering the composition of dependents in the household. For example, compared to women, husbands more often work 35 hours or more per week. Fifty-seven percent of husbands who live in households with no dependents work 35 or more hours per week, compared to 41% of their wives. In contrast, only 7% of husbands who live in households with no dependents work 1 to 34 hours per week, compared to 12% of wives in similar households.

(Table 1 about here)

Looking across categories of households according to their composition of dependents, fewer husbands work 35 or more hours per week if there are no dependents (57%) or only older dependents (52%), and more husbands work longer hours if there are only young dependents (86%) or both old and young dependents (88%). In contrast, the percent of women working 35 or more hours appears more stable across household circumstances, and ranges from 36% of wives working long hours if there are only old dependents, and up to 50% if the household contains both old and young dependents. These patterns might indicate that having children may be very compatible with husbands working long hours, or that young dependents are particularly costly and require husbands to work longer hours. Alternately, table 1 also shows that younger husbands and wives are more common among groups that have young dependents: younger husbands may be at a stage of the lifecours4e where they likely have young children but must also establish themselves in their careers.

Table 1 also presents characteristics of children and elders for husbands and wives who live in households where older or younger dependents are present. For example, households that

contain only young dependents have an average of 1.89 children, who have average minimum ages and maximum ages of 6.2 years and 9.1 years, respectively. Self-rated health is assessed on a 5 point scale that ranges from -2 (poor health) to 2 (good health). Children average higher self-ratings of health (1.6) than husbands (1.4) or wives (1.3) in the same household (parents frequently report the "self-rated" health of their children, which is advantageous for our purposes, as parental assessments likely reflect, to some extent, the degree to which the health problems of children are pronounced enough to interfere with parental responsibilities).

Households that have only older dependents typically have only one elder in the household, and the mean age of elders is 79 years—an age that may be fraught with health problems. Elders also average lower levels of self-rated health than either husbands and wives, or children. Unlike children, however, some elders are able to provide streams of income into the household from pensions or disability programs (disability income, however, is another indicator that the older individual may be in poor health).

Of final note, substantial portions of husbands and wives live in households with no dependents (N=13,408 couples) or with only young dependents (N=12,172 couples), and far fewer live in households with only older dependents (N=288 couples) or with both young and old dependents (N=220 couples). Although concatenating three additional waves of the FRS will increase our sample size, we will have more powerful tests of statistical relationships when focusing on children, and our statistical power will diminish when examining older dependents.

CONCLUSION

Our results will clarify whether husbands and wives will receive health benefits if their spouses work and if they live in households with young or old dependents who may require high levels of care-work. People may benefit if the intersection of work and dependents creates

opportunities for expanded social integration. But if the demands of young children, sickly elders, and a spouse who works long hours increase the risks of death, then people might benefit suffer worse health. If that is the case, then policies that promote affordable, accessible, safe, and high quality daycare or eldercare programs may support the health of married men and women.

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Table 1: Descriptive Statistics of Married Men and Women, by Presence of Young and Old Dependents, U.S. Adults, 1990

	No dependents		Young dependents only		Old dependents only		Young & old dependents	
	Husbands	Wives	Husbands	Wives	Husbands	Wives	Husbands	Wives
Spousal Characteristics								
Employment status								
Worked 35 hrs or more per week	0.57	0.41	0.86	0.45	0.52	0.36	0.88	0.50
Worked less than 35 hrs per week	0.07	0.12	0.05	0.19	0.09	0.14	0.05	0.17
Unemployed	0.01	0.01	0.02	0.03	0.01	0.01	0.02	0.04
Not in the labor force	0.34	0.45	0.06	0.32	0.36	0.49	0.05	0.28
Unknown	0.01	0.01	0.01	0.01	0.01	0.01	0.00	0.00
Personal income last month	2331.87	1115.92	2488.38	976.12	1983.09	959.08	2845.59	1197.00
Retirement income last month	216.81	100.05	15.87	5.95	214.27	88.63	16.59	5.34
Disability income	201.79	32.64	25.51	3.95	230.50	47.41	37.85	5.12
Age	54.73	51.93	37.97	35.40	58.78	55.56	40.88	37.99
Race (0=white, 1=non-white)	0.11	0.11	0.16	0.16	0.17	0.18	0.29	0.28
Education	12.99	12.97	13.35	13.26	12.45	12.49	13.09	13.06
Self-rated health	0.97	0.93	1.38	1.30	0.74	0.68	1.18	0.98
Dependent Characteristics								
Dependents aged 17 and younger in household								
Mean number of children in household			1.89				1.73	
Average minimum age of children			6.18				7.15	
Mean age of children			7.63				8.35	
Average maximum age of children			9.05				9.56	
Average minimum self-rated health of children			1.55				1.59	
Mean health of children			1.64				1.65	
Average maximum self-rated health of children			1.71				1.71	
Dependents aged 60 and older in household								
Mean number of elders in household					1.05		1.01	
Average minimum age of elders					79.13		72.24	
Mean age of elders					79.42		72.28	
Average maximum age of elders					79.71		72.32	
Average minimum self-rated health of elders					-0.12		0.12	
Mean self-rated health of elders					-0.09		0.13	
Average maximum self-rated health of elders					-0.07		0.14	
Mean retirement income last month					479.70		403.23	
Mean disability income last month					118.86		117.30	
N (unweighted)	13,804	13,804	12,172	12,172	288	288	220	220