

**Her Money, Her Health?**

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## **I. Introduction**

Research indicates that women's paid employment has either positive or neutral effects on their physical and mental health relative to being out of the labor force (McMunn, Bartley & Huh 2006; Moen, Dempster-McClain & Williams 1992, Ross & Mirowsky 1995). There is less clarity on how heterogeneity among women moderates the relationship between employment and health. Research on employment and wellbeing tends to theorize that employment benefits women by providing an additional social role that confers social support, resources, and satisfaction. However, few studies test the mechanisms or conditions under which employment benefits women's health relative to being out of the labor force.

The benefits of employment for women's health may vary according to their earnings, both their absolute earnings, and for married women, earnings relative to those of their spouse. A body of research examines earnings and unpaid domestic labor, and tests the relevancy of household bargaining models for women's performance of paid and unpaid labor. This theoretical framework has not often been applied to understanding health outcomes associated with women's employment. In the proposed project, I will examine how earnings moderate the mental and physical health benefits of employment for women.

## **II. Background & Theoretical Perspectives**

Income is a key explanatory component in the socio-economic gradient in health and mortality (Elo 2009). Earnings may improve health by reducing financial stress, and by improving access to healthcare and amenities that improve health. Greater income is particularly important for helping people cope with illness (Smith 2007, Herd et al. 2007). As Zimmer and House (2002) report, income reduces functional decline in older ages, while education does not.

Research on health disparities has struggled to disentangle women's own socioeconomic status from that of her husband, if married. Generally, the socioeconomic gradient in women's

health is less pronounced than the socioeconomic gradient in men's (Elo 2009). One key difficulty in understanding the role of socioeconomic status in shaping married women's health is whether women's occupational status is synonymous with that of her husband. In the U.S., measures of total family income and subjects' education are commonly used to measure women's socioeconomic status (e.g. Elo & Preston 1996, McDonough et al. 1999). In analyses of Europe, where measures of occupational status are more commonly employed, there is evidence of a wider socio-economic status health gradient among women when husband's occupational status is considered rather than wives own occupational status (Arber 1997).

While access to greater resources has been cited as a mechanism through which marriage improves women's health (Roxburgh 2004, Roxburgh 2009), research on household bargaining cautions against the assumption that couples pool income (Lundberg & Pollack 1996; Lundberg, Pollak, & Wales 1997; Treas 1993). Women may be more inclined to spend their own income rather than spousal income on healthcare services for themselves. Greater personal earnings may also afford women goods and services that reduce work-family conflict, including high-quality or after-hours childcare, prepared meals, or cleaning services. Thus, focusing on women's own earnings net of other socioeconomic indicators may yield a new understanding of how income moderates the relationship between employment and wellbeing.

### **III. Hypotheses**

Do the health benefits of employment vary with women's earnings? While total family income is consistently linked to better health for women (Elo 2009), the possibility that women's own earnings operate differently than household income in promoting health has not been tested.

**H1: Own Earnings Protection:** Employed women will exhibit better mental and physical health relative to women out of the labor force as their earnings increase.

Earnings may improve married women's health by increasing their control over how money is spent or by increasing their bargaining power at home more generally. A general increase in bargaining power may allow women to organize daily family routines in ways conducive to their own health. For married women, I also consider women's earnings relative to their spouses'.

**H2: Relative Earnings Protection:** Married employed women will exhibit better mental and physical health relative to married women out of the labor force as the ratio of their earnings relative to their husband's earnings increases.

#### **IV. Data & Methods**

This study samples women from the National Longitudinal Survey of Youth 1979 (NLSY79). The NLSY79 is the best source of nationally representative, longitudinal data with detailed employment information. In 1979, the NLSY first surveyed approximately 12,000 youth ages 14-22 living in the United States. Respondents were interviewed annually from 1979-1994, and biennially thereafter. As of 2002, the sample response rate was 80.9 percent.

Measures of physical and mental health will be drawn from the NLSY's Age 40 Health Module, which contains measures of overall self-rated health, and mental health using a 7-item CES-D scale (Radloff 1977). Compared to younger counterparts, women aged 40 are more likely to be employed (Mosisa and Hipple 2006), and to be caring for both children and older family members (Marks 1996). Thus, measuring health outcomes at age 40 captures women during a time in the life course when they are likely to be employed and still have considerable family care responsibilities.

The proposed analysis will use regression to test if women's earnings moderate the positive effect of employment on women's physical and mental health. For married women, the study will also test how women's own earnings relative to their spouses' earnings impacts the effect of employment on wellbeing. Models will also control for relevant socio-demographic covariates

correlated with health and income. In order to prevent the high proportion of women who are out of the labor force and with earnings at zero dollars from skewing results, I will measure women's own income using a series of dummy variables reflecting income categories. Doing so will also help to address the expected correlation between total household income, and women's own earnings. Though researchers have commonly used OLS regression to analyze CES-D depression outcome measures, others have recently conceptualized CES-D scales as a weighted count and used a negative binomial model (Reynolds and Baird 2010). Thus, I will investigate how model choice impacts research findings by testing OLS and negative binomial models.

### **Anticipated Contribution**

The shifting role of social class over the last several decades in determining women's employment status urges careful attention to how markers of socioeconomic status shape the health benefits of employment. Historically, married mother's ability to forgo paid employment served as a marker of middle-class status. Today, among married mothers, women married to men in the lowest earnings quartile are the least likely of all married women to be employed (Cotter, England & Hermeson 2007). Among all women, those privileged by race and education have higher employment rates than do black or Latina women, or women with lower levels of education (England, Garcia-Beaulieu and Ross 2004). The variation by socioeconomic class in the likelihood and conditions of employment may skew macro-level assessments of the positive relationship between women's employment and gains in women's physical health.

Understanding how earnings moderate the effect of employment on women's health is particularly necessary because socioeconomic status shapes women's exposure to, and ability to cope with, work-family conflict. Given considerable research linking work-family conflict to mental and physical distress, and gender to work-family conflict, this research proposal safely

assumes that work-family conflict mitigates the health benefits of employment for women. By drawing from theoretical frameworks commonly employed in research on household bargaining and work-family conflict, I aim to contribute to a better understanding of the relationships among socio-economic status, women's employment, and health outcomes.

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