

**The future of the welfare state: paths of social policy
innovation between constraints and opportunities**

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**Gender health inequality, participation to work force
and family policies**

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In the health research the important role of gender has historically been neglected but it has rightfully received increasing attention in recent years. Many topics are related with this analytic category not only in the social science areas but also in scientific sectors. This gave rise to a fruitful discussion about the direction that future gender research might take. In fact there are complex variables in health that are important for prevention of disease, diagnostic criteria issues, course of illness, pharmacological reaction and treatment response.

First of all it is important to define sex and gender because the two terms are often conducted as though they were the same in medical sector. This distinction is also important to overcome the limitations of the research which considers male as it was *neutro*. In fact the investigations on male population are generalized to female population without supporting data and considering the differences between the two genders. The first term is related to biological differences, the other one is a social construction and it is highly correlated with inequalities between male and female, in particular for the prescribed division of roles in the public or private spheres. For example the manifest earning power of women still remains substantially lower than that of men even if the level of female instruction is statistically higher. For that reason there is now an increasing interest in the examination of the cultural issues which contribute to the persistence of gender inequality because it is demonstrated that change in legislation or policies alone are not sufficient to change underlying gendered practices and cultural norms

The expectations of gender system cause discrimination in the division of work and in the responsibilities that attribute to men and women different rights and duties. These divisions create inequalities between sexes in terms of power, autonomy and wellness because there are inadequate welfare policies. It is necessary to distribute the tasks among the three different subjects: State, Family and Third sector. These exhausting conditions are having adverse effects like burn out which also affects interpersonal and sexual relationships.

An important difference is that women have longer life spans, but greater levels of medical disability than men. This is a paradox if we don't explain it through conditions of life connected with gender system.

Cultural and environmental factors are affected by gender. They can also have a negative impact on health status if we don't adapt social policies to the change of the female condition or if they remain at a formal level without implementation in cultural change or without contrasting the stereotype. In fact there is an accumulating evidence that formal policies alone, without attention to deep seated organisational values and rules, tend to have limited impact on the women quality of life. Consequently there is a widespread gap in domestic commitments leaving unchallenged the separate roles which underpin take for granted aspects of everyday working practices.

It is very important to focalize our attention towards the everyday life and to the strategies used to face the difficulties that the women find in the work-life balance. It is a crucial decision to choose between family or career and many factors influence these dynamics :work status, availability of care networks, national welfare policies as well as personal ambition and preferences. But gendered experiences have a significant influence on what is perceived as appropriate and feasible rules.

The "dual presence" of women cannot, therefore, leave unaltered the social policies, the organization of labor market and health systems because not only it creates a dissonance in the female biographies but it can also generate social exclusion, marginalization and increase poverty resulting from the family vulnerability in the married couple. In fact if we ask as the women face numerous difficulties arising from their multiple roles we highlight the contradictions of a process suspended between old and new cultural model, including stereotypes, obligations and willingness of self esteem.

The overtime hours on productive and reproductive activities induces huge stress and a state of chronic fatigue which increases the risk of diseases. Indeed, data that express this discomfort deal with the great number of hospitalizations of women, especially on childbearing age, while it is

considerably lower than men at older age.

The treatments limit the time left for women, and the concerns for wellness of children and elderly imply less attention to their state of health. Despite women, as reported by statistics, make greater use of health facilities, frequently consult their family doctor and take more drugs, we can verify that all this happens very often as intermediary and support of the components of their family, the use, even in welfare system, of a concept of equality that is substantiated, as Martha Nussbaum says, on the assumption of neutrality and universality of constitutional rights generates discrimination.

If the form of protection is based on membership to some institution, such as family, the abstractness of intervention makes the individual just rights holder than agent.

In fact, in accordance with the capabilities approach, developed by Amartya Sen, not just the mere ownership of rights is sufficient, but the conditions for achieving them has to be granted. Furthermore, specific aspects of discrimination are wider when added to other factors such as psychological and economic dependence, lack of autonomy, priority to family responsibility versus career, sense of guilt; elements which add up with genetic factors, on the onset of the disease, the duration and the motivation for healing.

On the contrary, Mediterranean countries have no explicit family policies, with low and fragmented investments, coupled with lack of proper funding: in Italy there are few women, with high education level, who continue to work after the birth of their children but are overloaded, while many others are obliged to leave their jobs because of low salaries and high costs of childcare. In both cases, given the impossibility to make a career proportional to the education investments, the perception of health is greatly affected.

The degree of job satisfaction on one hand and the legitimacy and social acceptance as a working mother on the other generate costs and benefits on the affective and relational plan, therefore affecting the construction of identity.

Bourdieu has pointed out that gender cannot be changed simply by a voluntary act, as being a woman or man is determined by different contexts in which people live daily: identities are supported and consolidated by many aspects, both material and symbolic, which cannot be easily, put off without losing an essential part of themselves.

As we know the factors involved on defining the concept of well-being are increasingly complex and therefore we should consider past experience, hardships, feelings and emotions. In other words, it is necessary to include the complete background of each person.

As Touraine states, it is important take into account the thoughts of the individuals, not only the context in which they act. In this regard, we can mention Illich, who links the concept of health to effectiveness with which individuals cope with their inner emotions and environmental conditions. As a consequence, health reaches its optimal level where environment generates personal ability to cope with life in an autonomous and responsible manner.

If we consider the health perceived as good indicator of health conditions and demand for access to health services we have believe that it summarizes, in fact, a wide range of information and assessments that individuals develop with respect to the various aspect of their health conditions: severity of different symptoms, possible multiple affection, psychological state, ability to get access to offered health services, cultural background to critically analyze the information.

Women, in fact, have a more negative perception of health then men. Sigerist, the pioneer of work medicine argued that the risks are not only connected to the exposure to harmful substances and to fatigue, but also to the effect of a particular social organization, and this determines the welfare responses.

So far, the determinants of health were analysed basing on living conditions related mainly to the labor productivity and salary, while all those aspects related to the private and reproductive

sphere have been neglected.

We therefore need to identify the causes of physical and mental illness related to the division of roles within the family, the asymmetries in domestic tasks, the power sharing and the various forms of violence.

Starting from the nineties, who began to promote research in several countries in order to ascertain the connection between women's health and domestic violence with the aim of developing methodologies to measure the consequences on their mental and physical integrity.

Despite this awareness in encouraging greater involvement of health workers in prevention and treatment of the consequences on the mental and physical state of subject, the phenomenon is still poorly taken into account in health policies. The causes are indeed related to the lack of a medical model able to explain the specific living conditions of women, while the current approach is nearly exclusively focused on biological differences.

There is a strong interdependence between work, family and welfare which influences the state of health and determines inequality in income and in citizenship rights. In literature it has been underscored that less education, lower income and level of employment are risk factors for depression of women.

The lack of social policies increase the level of tension which could be avoided with a family system that entitlement reinforces organisational processes based on asymmetric gender role.

Analizing these complementary aspects can shed light on pathoetiologic mechanism of illness and innovation paths of social policy can reduce the potential for discrimination based on identified gender inequality.

1. Some examples in the psychiatric disorders

Make attention about these important determinants, also in private sphere underscore the importance of gender in determining vulnerability and high morbidity. Therefore it is possible to sustain that: *gender is a window to understanding mental and physics illness*. Many searching described the advantages of including this variable because many question cannot be answered without considering the role of gender, while the sector has much to gain from this theoretical dimension.

In fact, all of these factors are strictly connected with gender, in particular is critical the role that gender plays in psychiatric disorders, because socio-cultural variables are prominent in mental health. There are manifest gender differences, not only in genetic, biological and hormonal milieu, if we can elucidate the mechanism that produce them we can advance knowledge in a new approach and may lead to the better identification of illness and the development of treatments that improve health outcomes for both genders.

“When gender –related mechanism are understood, they will became a platform for modifying expression of disease.”The complex relationship between gender and psychopathology underscored the need to expand and encourage interdisciplinary research on gender differences to pass the limitation of previous approaches. Investigators must ask how knowledge about the questions can be maximized by considering these important variables. Certainly every type of study domain will be enriched by including such analyses.

In a broad sense, this matters can shed light on many aspects of the complex pathoetiologic mechanism of illness and also reducing the potential for discrimination based on identified sex differences. The recommendations reflect a challenge to all medical fields to incorporate sex and gender into all research at its inception. Environmental and socio-cultural factors interact in complex way with neurobiological factors, some aspects pertain to sex differences some to gender differences

Certainly the state of art in literature underscored the depth of data but we need now to capitalize and extend this studies. For example we can know more clues about the etiology of many psychiatric disorders if in epidemiology consider other variables not only quantitative but also gender related. As we can see in relationship to the exposure to a traumatic event as september nine/eleven terroristic attack. It is breadth proved there is a female predominance in most anxiety and mood disorders and numerous reviews have identified an array of factors that can explain gender gap even if it is necessary to value that many pathologies exist across different cultures and various and complex factors may contribute to sex differences at different points across life span. These determinants underscore the importance of gender in determining vulnerability to stress are: discrimination, acculturation social network, social support or isolation, marital status, sex role, cultural norms societal change, income ,self estimate, coping stiles.

Marital status, child care, employment status and income all contribute to risk for depression Specifically it appears that married men have lower rates of minor depression than their unmarried counterparts, whereas the reverse is true for women. A possible reason for this difference is that marital discord appears to affect women more than men. Some Authors provided an informative review of the relationship between marital functioning and physical health with emphasis of gender: These studies concluded that the evidence is mounting that gender influences relationship between marital disharmony and physical ill or health. Women show more pronounced and persistent physiological reactions to marital conflict, and several studies show a relationship between physical health and marital functioning for women but not for men in which prevail work stress.

Suicide incidence is consistently higher in men and it hypothesized that women are more social and contextual in their moral reasoning and that suicide for women is more likely to entail social considerations. They suggested that suicide in women is less impulsive than in men and thus more influenced by context and culture

Masculinity values appear to be related to various aspects of psychopathology as offer less opportunity for fulfillment or assertiveness is less accepted in women. For example studies on gender differences in post traumatic reactions among members of police forces reported no difference after adequate professional training

Some studies about traits of personality showed women scored higher in agreeableness as trust, altruism, compliance measures of helping and emphaty, whereas men score higher on assertion and aggression. This differences can help to explain gender differences in general psychopathology . There is differences in stress response.

A survey of social role functioning show that among women, equality decision making in their mariages and a sense of companionship were associated with a significant reduction in death rate. Tf interest, one study found that men who had divorced or separated had higher incidence of major depression in the first year after divorce that women. Also when married men are asked to identify their best friend and confidante, they tend to pick their wives, whereas married women tend to choose other women, rather than their husband.

Although the lifetime prevalence of traumatic events is higher in man than in women, the risk of post traumatic stress reaction has been shown to be twice as high in women as in men and this difference in vulnerability can be explained not only with biological factors but also with psychosocial variables that act interactively and operate across an individual's life course. "Factors such as genetic constitution, environmental insults, and support from individuals and institutions all need to be included to create a complex dynnamic mode o illness (and wellness) development.

Finally there is biological (sex) and socio-cultural (gender) differences in women and men. These factors interact with expression, treatment, individual perception and response and can have a variety of influences on illness in various developmental periods and at different stage. Consequentially they must be included in health studies

