

Multiple Roles and Women's Health

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A role, or social role, is a set of connected behaviors, rights, and obligations defined by a social group or society. For women, common social roles may include that of mother, wife/partner, daughter, employee, grandmother, and the like. In modern societies today it is almost unthinkable to imagine a woman who is not juggling the responsibilities of multiple roles. Indeed, today the most common role set (or combination of roles) for women in their mid-20s to late 40s is that of wife, mother, and employee. As women age, increasingly the role of caretaker for aging parents is added to their plate. These patterns stand in sharp contrast to earlier societal patterns in which women – especially white, middle-class women – were less likely to work outside the home. Further, in times past when life expectancy was shorter and women became parents at an earlier age, caregiving of parents was less common and rarely combined with childrearing.

Functionalist sociologists view social roles as prescribed. Thus social roles from the functionalist perspective provide women with a prescribed set of expectations which they are likely to feel pressure to meet, and against which they will evaluate themselves and be evaluated by others. Since women have taken on additional roles in the past half-century, scholars are interested in the impacts which these increased sets of expectations and responsibilities have on women's physical and mental health. Striving to meet the expectations of

multiple roles could be physically draining. Difficulty in meeting expectations may lead to increases in stress with resulting negative impacts on mental and physical health.

Barnett (2004) further argues that the enormous attention to the effect of multiple roles on women's health may have been driven as much by an underlying assumption that the roles of wife and mother are "natural" for women, while the role of worker is "unnatural" and therefore is anticipated to have a negative impact on women. Indeed it was not until women in large numbers began combining work and family roles that researchers began to examine the health impact of multiple roles. As much of this change has occurred in developed nations, it is unsurprising that the research on the impact of multiple roles focuses primarily on women in developed countries.

Two hypotheses have been advanced for understanding the links between multiple roles and women's health. The first – the *multiple burden* or *role strain* hypothesis – suggests that with additional roles come additional responsibilities, which are likely to have a negative impact on health (Gove 1984). Alternatively, scholars have suggested that multiple roles represent multiple attachments to the community, as well as multiple sources of satisfaction, which should lead to a positive impact on health. This hypothesis is often referred to as *role enhancement* (Sieber 1974).

A large body of research over the last several decades has examined health outcomes associated with the most common role set for women – that of wife, mother, and worker. Physical health outcomes assessed include perceived health, symptoms, medical conditions, longevity, chronic physical limitations, and use of health services. Mental health

outcomes have included depression and psychological distress, but also anxiety, self-esteem, and satisfaction.

This research has tended to refute the role strain hypothesis, finding either that women who perform multiple roles have better physical or mental health than those who do not (e.g., stay-at-home moms) or that there is no negative association between multiple roles and health. Rather than finding that combining traditional gender roles – wife and mother – with employment is stressful for women, researchers have found that employment has positive effects and that parenthood has either no impact or negative effects on well-being. For women, combining work and family roles brings greater economic independence, which has been found to reduce stress, and provides social outlets outside the network of family obligations associated with the roles of wife and mother (Ferree 1976; Kessler and McRae 1982).

Combining multiple roles may impact health by providing a combination of benefits, or it may have a synergistic effect, with each role helping to buffer the strains associated with other roles. When family roles become stressful, being employed provides women with other sources of satisfaction and social support (Kandel, Davies, and Raveis 1985). Conversely, the impact of decline in job quality can be moderated by family roles (Barnett, Marshall, and Singer 1992).

The number of social roles in and of itself is less important than the context in which women perform these roles. Being a single working mother can have negative health impacts, while being a working wife generally does not, yet both include balancing the demands of dual roles. Life course analyses indicate that the timing and duration of role occupancy may moderate the impacts of multiple roles (Moen 1997). Roles are more socially normative at certain points in the life course and in certain combinations.

In a three-generation study of women in Australia, for example, Lee and Powers (2002) found that the optimal number of roles varied by generation, with middle-age women experiencing the best health outcomes when occupying three roles, while one role was optimal for younger and older women. Indeed, being a wife, mother, and employee is common in middle age, but not as a young adult or senior.

Context may also explain group differences in the impact of multiple roles on health. Studies have found that the impact of multiple roles is stronger for African American women than for white women (Waldron and Jacobs 1989; Adelman 1994). Schieman, Whitesone, and Van Gundy (2006) find more work-home conflict among women and men in higher status occupations. Conversely home-to-work spillover is more stressful for those in non-autonomous, routinized jobs with little flexibility (Schieman, McBreier, and Van Gundy 2003). A study of manual versus non-manual married female workers in Korea also found that the type of work moderates the impact of employment on health (Kim and Chun 2009).

Robin Simon (1997) and others have argued that the impact of role sets cannot be assessed independently of the meaning of the roles in question to the individual. Indeed, meaning does moderate impacts on health, particularly mental health. When individuals believe their roles have benefits that outweigh their costs, combining multiple roles is positive. Research on the household division of labor further reveals women who view their responsibilities in the home as equitable and/or preferable – even when they are objectively more than their partner's – experience less distress than those who see their load as inequitable or against their preferences (Ross, Mirowsky, and Huber 1983). When individuals see a role as involuntary, undesirable, or inequitable, they are more likely to experience a negative impact.

The issue of social selection versus social causation cannot be ignored. The ability to juggle the demands of multiple roles may result from better health in the first place, or participation in multiple roles may improve health. Researchers agree that health has some impact on the ability to take on and maintain social roles like employment. However Moen, Dempster-McClain, and Williams (1992) and others have found that women who combine multiple roles have better physical health over time.

Assessment of the impact of multiple roles on women's health has led some to question whether multiple roles influence men's health. Not surprisingly, comparative studies of the impact of multiple roles on men's and women's health find that role sets cannot simply be assessed as an additive function. Being a husband, father, and employee does not bring with it the same expectations for behavior as being a wife, mother, and employee. However, recent research has found that fathers who assume significant parenting responsibilities in the home – taking on expectations traditionally assigned to mothers – report even more work–family stress than mothers (Galinsky, Aumann, and Bond 2011). For both women and men, believing that family life is most important, or as important as their work life, lowers work–family stress, once again demonstrating the importance of meaning.

Researchers have also examined the impact of combining elder care with other work and family roles (Doress-Worters 1994; Stephens, Franks, and Townsend 1994). Care for the elderly is usually provided by a daughter or daughter-in-law; thus women experience the impacts of these responsibilities disproportionately. As middle-age women are more likely to be employed outside the home than in previous generations, this often means that caregivers are combining work and elder care. With increases in the age at first pregnancy, it is also not unusual for women to combine

childcare and elder care. Much of the stress of elder care can be attributed to the impact this role has on women's abilities to perform their other roles (e.g., role conflict). However, there is significant evidence that this role is stressful in its own right.

Overall research has found multiple roles to be generally positive for women's health. While size effects vary, these results have been noted across international studies in countries with varying levels of welfare state programs to support working and stay-at-home parents (Lahelma et al. 2002). Multiple roles provide women with objective resources such as increased income and social networks, and psychological resources, including satisfaction, a sense of mattering, and perceived support. However, as modern technology provides increased flexibility in workplace and work time, we will likely see greater “work–home blurring,” with workers expected to be available 24/7 (Schieman and Glavin 2008). It remains to be seen to what extent the job flexibility provided by these technologies outweighs the negative impacts of ongoing role slippage.

SEE ALSO: Caregiving and Gender Roles; Family and Stress; Gender, Stress, and Health; Health, Women's; Mental Health and Work; Parenthood and Health; Stress and Work/Family

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