

Is precarious employment more damaging to women's health than men's?

María Menéndez^a, Joan Benach^{b,*}, Carles Muntaner^c, Marcelo Amable^b,
Patricia O'Campo^d

^a*Occupational Health Department, Catalan Workers Commissions, CC.OO., Spain*

^b*Health Inequalities Research Group, Occupational Health Research Unit, Department of Experimental and Health Sciences, Universitat Pompeu Fabra, Barcelona, Spain*

^c*Social, Policy and Prevention Research Department Center for Addictions and Mental Health, University of Toronto and Institute for Work and Health, Toronto, Canada*

^d*Centre for Research Centre on Inner City Health St, Michael Hospital and Public Health Sciences, University of Toronto, Canada*

Available online 30 November 2006

Abstract

Current global economic trends in both developed and developing countries, including unregulated labor markets, trade competition and technological change, have greatly expanded a complex labor market situation characterised by many employees working under temporary work status, job insecurity, low social protection and low income level. Although the health of women is disproportionately affected by workplace flexibility, this has been largely ignored. The main purpose of this paper is to draw attention to this relevant but neglected topic.

© 2006 Published by Elsevier Ltd.

Keywords: Precarious employment; Gender; Flexible employment

Introduction

Precarious employment was common everywhere during the Industrial Revolution but declined in the 20th century in the now-developed economies due to increased government regulation and political influence of labor, as well as changes in technology which favour more stable work relations (Quinlan, Mayhew, & Bohle, 2001). Precarious employment,

however, is still widespread in developing economies and is becoming more common in developed economies (Bielenski, 1999; Houseman & Osawa, 2003). Indeed, one of the most significant changes in the work environment of developed countries has been the generalization of flexible labor markets, with the emergence of new forms of employment. As the availability of standard full-time permanent jobs with benefits has diminished, the labor market has become more segmented, and new types of 'flexible' and 'non-standard' work such as temporary employment, contingent and other non-standard work arrangements have become more prevalent (Benach, Muntaner, Benavides, Amable, & Jodar, 2002). Flexible employment may be

*Corresponding author.

E-mail addresses: mmenendez@ccoo.cat (M. Menéndez), joan.benach@upf.edu (J. Benach), carles_muntaner@camh.net (C. Muntaner), marcelo.amable@upf.edu (M. Amable), ocampop@smh.toronto.on.ca (P. O'Campo).

defined as the ability of employers to rapidly adjust the size or composition of their work forces to changing economic conditions. Non-standard work arrangements refer to employments that fail to meet the standards of a full-time, year-round, permanent employment with benefits (Hadden, Muntaner, Benach, Gimeno, & Benavides, *in press*). On the other hand, precarious employment may be considered a multidimensional construct defined according to dimensions such as temporality, powerlessness, lack of benefits and low income. Increasing labor flexibility means reducing constraints of workers into or out of jobs often created or enforced by labor laws, union agreements, training systems, or labor markets usually intended to protect workers' income or job security (Hadden et al., *in press*).

In the US, for example, the proportion of non-standard work arrangements reached to 30% of the workforce by the mid-1990s and is expected to grow further (Kalleberg et al., 1997). In most countries of the European Union prior to the recent enlargement (EU-15), the proportion of workers in temporary jobs (i.e., fixed-term contracts) increased between 1992 and 2000, especially among workers under 30 years of age (Franco & Winqvist, 2002). In Canada, the proportion of non-standard employment grew in the early 1990s but has since stabilized. In 2002, precarious employment accounted for 41% in women and 34% in men, respectively, with an increase of more than one-third from the levels seen at the end of the 1980s (Cranford, Vosko, & Zukewich, 2003).

Women are disproportionately affected by workplace flexibility (Annandale & Hunt, 2000) particularly among the informal economy and in temporary employment (Hagemann, Diallo, Etienne, & Mehran, 2006; International Labour Organization, 2005). In the US, non-standard work arrangements (i.e., regular part-time, temporary help agency, on-call/day laborer, self-employed, independent contractor, and contract company), involve 31% of the female workforce but only 22.8% of the male workforce (Wenger, 2003). In the EU-15 the proportion of employees with temporary contracts, while lower overall than levels seen in North America, is still higher for women than for men (13% vs. 5%). Non-standard work arrangements are particularly frequent in EU countries with underdeveloped welfare states such as Spain, where around one-third of women are employed on fixed-term contracts (Franco & Winqvist, 2002). Another

related-issue mostly affecting women is international migration of low-wage labor: from the sex trade along trade routes in Africa and Eastern Europe to the migration of nurse assistants from the Philippines, to household labor from the Caribbean or Indonesia, women are exposed to the double hazards of precarious work and the insecurities of migration (International Labour Organization, 2003).

In the two last decades research on the consequences of non-standard arrangements and precarious employment on health has steadily grown. However, today knowledge is still limited, theoretical frameworks showing the potential pathways leading to ill health are lacking. Although evidence still is not conclusive, results are with a few exceptions, generally consistent, and some major studies have reported that these new types of non-standard work arrangements and precarious employment are harmful to workers' health (Amable et al., *in press*; Quinlan et al., 2001; Sverke, Hellgren, & Naswall, 2002; Virtanen et al. 2005). Most initial findings reporting the detrimental health consequences of precarious employment have been provided by studies on job insecurity and temporary employment. With regard to job insecurity, it has been found that both physical and mental health tend to worsen with increasing job insecurity (Ferrie, Shipley, Marmot, Stansfeld, & Davey Smith, 1998). For example, workers exposed to chronic job insecurity are more likely to report minor psychiatric morbidity as compared to those with secure jobs (Ferrie, Shipley, Stansfeld, & Marmot, 2002). On the other hand, in the US one of the most enduring and severe forms of precarious employment, seasonal farm work, is associated to high rates of injuries (Earle-Richardson et al., 2003). In the EU-15, a greater proportion of employees with temporary contracts are exposed to hazardous working conditions such as vibrations, loud noise, dangerous products or repetitive tasks than their counterparts in full-time positions (Letourneux, 1998). Temporary contracts are twice as likely to lead to reports of job dissatisfaction even after adjusting for various individual- and country-level variables (Benach, Gimeno, Benavides, Martínez, & Torné, 2004; Benavides, Benach, Diez-Roux, & Román, 2000). One study has found that temporary employment is associated with increased deaths from alcohol-related causes and smoking-related cancer (Kivimäki et al., 2003). Another has shown that several forms of temporary employment are

associated with higher rates of musculoskeletal disorders and psychosomatic symptoms than permanent employment (Aronsson, Gustafsson, & Dallner, 2002). An English study found that frequent job changes, another feature of precarious employment, are associated with risky health behaviors among both men and women (Metcalf et al., 2003). Finally, some studies with data from developing countries illustrate the detrimental effects that informal employment may have on injuries and mental health (Alter Chen, Vanek, & Carr, 2004; Ludermit & Lewis, 2003; Santana & Loomis, 2004; Santana, Loomis, Newman, & Harlow, 1997).

These emerging data underline the public health relevance of these new forms of employment relations. Given the growing trend towards higher levels of precarious employment, and the higher levels of women's participation in these jobs, further research is urgently needed. Answers to the following questions will help inform policies regarding precarious employment: (1) Are the health effects of precarious employment the same for men and women? and (2) Are men and women exposed to similar hazards when they work in similar non-standard work arrangements?

Our current knowledge of the relationship between precarious employment and health by gender is rather limited. Few studies have examined differences by gender (Ferrie, Shipley, Marmot, Stansfeld, & Smith, 1995) whereas several other investigations have merely adjusted the analysis for sex (Benavides et al., 2000; Rodríguez 2002). The relatively few available studies on temporary work and health have shown detrimental effects for both men and women (Virtanen et al. 2005).

In the last two European surveys on working conditions researchers found similar associations between temporary employment and health for both men and women (Kivimäki et al., 2003). In addition, studies using job insecurity as an indicator of precarious employment, also have found similar effects for men and women. Another study found higher morbidity among workers with chronic job insecurity than among workers in secure jobs, again for both men and women (Ferrie et al., 2002).

In spite of this relative lack of research interest, a number of gender issues suggest that precarious employment may damage women's health more than men's. These factors may be summarized as follows:

(1) The gender division of labor, the “breadwinner” ideology and patriarchy still channel women into unemployment and non-standard forms of employment at a higher rate than men. Although there has been an increase in women's employment in developing countries over the last decade, this increase has mainly occurred in part-time work (Walby, 1997) and other non-standard work arrangements (Franco & Winqvist, 2002). Where part-time work has been rising it appears to be increasingly involuntary (Cranford et al., 2003) and women with temporary jobs are less likely to be on longer-term contracts than men (Franco & Winqvist, 2002). The falling value of the minimum wage further contributes to the hardships experienced by those who engage in non-standard work arrangements. Women may or must adjust to deteriorating labor market conditions by accepting shorter working hours or abandoning active job-seeking altogether (International Labour Organization, 2003).

(2) Male power structure (i.e., patriarchy) promotes occupational gender segregation and forces women into a restricted range of “female occupations”. Although the actual jobs that are characterized as male or female may change over time (e.g., secretary, medical doctors), gender segregation within the labor market is pervasive. This segmentation tends to exclude women from jobs characterized by better working conditions and greater prestige. Women suffer from several layers of labor market discrimination (training, labor market, occupation, work arrangement, working conditions) (Walby, 1997). As a consequence of these multiple forms of gender-based labor market discrimination, women are segregated into forms of precarious employment which are peripheral, insecure, hazardous, and low-paying (International Labour Organization, 2003). In Sweden, for example, a study has shown that women are over-represented in the two forms of non-standard work arrangements with the most unfavorable working conditions (i.e., on-call and substitutes in the social services and the care/welfare sector) (Aronsson et al., 2002). Women are more often employed in non-standard jobs of a caring nature such as nurse assistants or home-care workers. These workers are often expected to work overtime and tolerate abuse from clients because of the gendered (e.g., selfless, giving, nurturing, suffering) nature of care-taking labor (Arteaga et al., 2003; Geiger-Brown, Muntaner, Lipscomb, & Trinkoff, 2004). Vertical segregation remains even

where women enter “male” jobs: women tend to remain at the bottom of the ladder (Annandale & Hunt, 2000); they are expected to work in unpaid jobs, with longer hours and for lower rates than men with similar levels of credentials in non-gendered occupations.

(3) Class inequality and ethnicity mediate the impact of employment on gender relations. Understanding the effect of precarious employment on health by gender requires considering its interaction with social class and ethnicity as well. While employment may be a viable route for emancipation for more privileged women, this may not apply to working-class and ethnic minority women for whom employment is frequently poorly paid and tedious (Walby, 1997). The lower the class position of a woman the more likely she is to be forced into precarious employment (Artazcoz, Cortés, Benach, & Benavides, 2003). In addition to social class, racial and ethnic stratification also determines the likelihood of being in precarious employment. For example in the US, Blacks and Latinos are less likely to be in non-standard work arrangements than Whites overall, but Blacks are more likely to be employed in temporary help agencies than Whites (Kalleberg et al., 1997).

(4) The gendered division of labor dictates that women in intact or non-intact families will bear the greater burden of household responsibility or housework. No matter how high their occupational status is, women rarely have the power to oblige men to undertake an equal share of domestic labor and childcare (Bartley, 1999). Women in precarious jobs tend to suffer constant variations of work schedule and their major concern is just to have enough hours of work. Thus, the household division of labor weakens women’s position in the labor market (Brown & Pechman, 1987). This situation makes it very difficult to balance work and family responsibilities, with potentially serious consequences for mental health to themselves and their families, children included. However, some work arrangements characterised by schedule flexibility may permit mothers to maintain employment and wages throughout their childbearing years (Glass, 2004).

(5) The labor leadership has often focused on white male occupations and full-time permanent jobs and has neglected women, non-whites, and workers in new types of precarious employment, which are less likely to be unionized or covered by a collective agreement (Benach, Amable, Muntaner,

& Benavides, 2002). The lack of representation of women’s interests in the labor movement, and specifically their lack of power in the process of collective bargaining, may be an important factor, which reinforces women’s disadvantage in precarious employment. The narrow and gendered lenses through which labor relations have often interpreted legislation have contributed to a fragmented structure of collective bargaining (Vosko, 2000). Women, and the forms of employment typically taken by women, have traditionally been denied the protection developed by the labor movement both within the workplace and through state-enforced regulations (Jackson, 2004; Walby, 1997). Welfare policies and institutions affect women’s opportunities in different spheres of life, including the labor market (for instance, the lack of benefits of maternity protection, and paid sick leave) (International Labour Organization, 2003).

Concluding remarks

The number of precarious jobs is growing. Before the new era of neoliberalism changed employment relations, women’s work arrangements were different from men while gender-related factors also impacted women’s health. In the current era, the *new* forms of precarious employment, interacting with gender-related historical factors such as patriarchy, end up damaging women’s health more than men’s. A gender-segregated distribution of non-standard arrangements may be an important determinant of the social patterning of exposures and health outcomes such as mortality, self-perceived health status, mental health, dissatisfaction, or other indicators of quality of life and well-being. As has been illustrated, various forms of precarious employment and non-standard work arrangements are related to a number of these adverse health outcomes with different patterns depending on the outcome analyzed and on gender and social class (Artazcoz, Benach, Borrell, & Cortés, 2005; Emslie, Hunt, & Macintyre, 2004; O’Campo, Eaton, & Muntaner, 2004). However, temporary jobs may, in some cases, provide a transition from unemployment to employment with a standard work contract, so not all these kind of non-standard work arrangements will necessarily have a negative effect on women’s health.

To better study the complex relations between precarious employment and health by gender, we must first understand the way how work and

employment are defined taking account recent patterns of employment. Future research should incorporate variables to capture different contexts and situations of precarious employment. Currently, many specific precarious employment risks are unknown and we need a more comprehensive and innovative research approach in studying the health effects of precarious employment, within and across populations in different countries, developed and underdeveloped, and in particular on how they can affect women disproportionately. Today, an outstanding characteristic of epidemiological studies in this field of research is the lack of a theoretical framework showing the links and pathways between different types of precarious employment and health. Potential explanations for this situation may be that it is a relatively new research field requiring integration of both social and epidemiological knowledge, the heterogeneity of different social and work realities, and the limitations in existing data and indicators. It is important to consider whether the indicators that are available from standard surveys such as the European Survey on Working Conditions are adequate for identifying the particular features that characterize much of women's employment conditions, or whether surveys are biased in their focus towards the working conditions that characterize male-dominated jobs (Benach, Amable, et al., 2002). Indeed, there are job hazards (whether ergonomic, psychosocial or chemical) to which women are disproportionately exposed, and that are not picked up by the existing indicators in current surveys. Reasons for lack of gender differences in studies of precarious employment range from data validity or reliability, methods and analysis techniques used, to degree of gender equality in the labor market. Further investigations will have to implement more powerful epidemiological designs that integrate several levels of individual and contextual variables at the national and regional level, to develop and integrate quantitative and qualitative studies, and to complement the self-reported data of how work affects health with other types of observational data.

The endurance of labor markets segmented by gender and social class challenges the prediction of mainstream economists that discrimination will decrease progressively (International Labour Organization, 2003). The limited number of effective policies reducing precarious employment and improving the quality of working conditions, particu-

larly among women, may contribute to the worsening health of women and to the increase of health inequalities.

References

- Alter Chen, M., Vanek, J., & Carr, M. (2004). *Mainstream informal employment and gender in poverty reduction*. Commonwealth Secretariat/IDRC.
- Amable, M., Benach, J., Muntaner, C., Benavides, F.G., Menéndez, M., & Aubet, M.J. Flexible employment, work precariousness and health: A critical review, submitted for publication.
- Annandale, E., & Hunt, K. (2000). Gender inequalities in health: Research at the crossroads. In E. Annandale, & K. Hunt (Eds.), *Gender inequalities in health*. Buckingham: Open University Press.
- Aronsson, G., Gustafsson, K., & Dallner, M. (2002). Work environment and health in different types of temporary jobs. *European Journal of Work and Organizational Psychology*, 11, 151–175.
- Artazcoz, L., Benach, J., Borrell, C., & Cortés, I. (2005). Social inequalities in the impact of flexible employment on different domains of psychosocial health. *Journal of Epidemiology and Community Health*, 59, 761–767.
- Artazcoz, L., Cortés, I., Benach, J., & Benavides, F. G. (2003). Les desigualtats en salut laboral. In C. Borrell, & J. Benach (Eds.), *Desigualtats en salut a Catalunya* (pp. 251–282). Barcelona: Mediterráneo.
- Arteaga, S., Geiger-Brown, J., Muntaner, C., Lipscomb, J., Trinkoff, A., & Delp, L. (2003). Homecare work organization and health: Do Hispanic women have different concerns? *International Journal of Hispanic Health Care*, 1, 1–7.
- Bartley, M. (1999). Measuring women's social position: The importance of theory. *Journal of Epidemiology and Community Health*, 53, 601–602.
- Benach, J., Amable, M., Muntaner, C., & Benavides, F. G. (2002). The consequences of work flexibilisation for health: Are we looking at the right place? *Journal of Epidemiology and Community Health*, 56, 405–406.
- Benach, J., Gimeno, D., Benavides, F. G., Martínez, J. M., & Torné, M. M. (2004). Types of employment and health in the European Union: Changes from 1995 to 2000. *European Journal of Public Health*, 14, 314–321.
- Benach, J., Muntaner, C., Benavides, F. G., Amable, M., & Jodar, P. (2002). A new occupational health for a new work environment. *Scandinavian Journal of Work Environment and Health*, 28, 191–196.
- Benavides, F. G., Benach, J., Diez-Roux, A. V., & Román, C. (2000). How do types of employment relate to health indicators? Findings from the second European survey on working conditions. *Journal of Epidemiology and Community Health*, 54, 494–501.
- Bielenski, H. (1999). New patterns of employment in Europe. In J. E. Ferrie, J. Griffiths, M. G. Marmot, & E. Ziglio (Eds.), *Labour market changes and job insecurity: A challenge for social welfare and health promotion* (pp. 2–30). WHO Regional Publications European Series, No. 81.
- Brown, C., & Pechman, J. A. (Eds.). (1987). *Gender in the workplace*. Washington, DC: Brookings Institution.

- Cranford, C. J., Vosko, L., & Zukewich, N. (2003). Precarious employment in the Canadian labour market: A statistical portrait. *Just Labour*, 3, 6–22.
- Earle-Richardson, G., Jenkins, P. L., Slingerland, D. T., Mason, C., Miles, M., & May, J. J. (2003). Occupational injury and illness among migrant and seasonal farmworkers in New York State and Pennsylvania, 1997–1999: Pilot study of a new surveillance method. *American Journal of Industrial Medicine*, 44(1), 37–45.
- Emslie, C., Hunt, K., & Macintyre, S. (2004). Gender, work-home conflict, and morbidity amongst white-collar bank employees in the United Kingdom. *International Journal of Behavioral Medicine*, 11(3), 127–134.
- Ferrie, J. E., Shipley, M. J., Marmot, M. G., Stansfeld, S., & Davey Smith, G. (1998). The health effects of major organizational change and job insecurity. *Social Science & Medicine*, 46, 243–254.
- Ferrie, J. E., Shipley, M. J., Marmot, M. G., Stansfeld, S., & Smith, G. D. (1995). Health effects of anticipation of job change and non-employment: Longitudinal data from the Whitehall II Study. *British Medical Journal*, 311, 1264–1269.
- Ferrie, J. E., Shipley, M. J., Stansfeld, S. A., & Marmot, M. G. (2002). Effects of chronic job insecurity and change in job security on self reported health, minor psychiatry morbidity, physiological measures, and health related behaviours in British civil servants: The Whitehall II study. *Journal of Epidemiology and Community Health*, 56, 450–454.
- Franco, A., & Winqvist, K. (2002). At the margins of the labour market? Women and men in temporary jobs in Europe. Statistics in focus. Eurostat. European Communities.
- Geiger-Brown, J., Muntaner, C., Lipscomb, J., & Trinkoff, A. (2004). Demanding work schedules and mental health in nursing assistants working in nursing homes. *Work and Stress*, 18, 292–304.
- Glass, J. (2004). Blessing or curse? Work-family policies and mother's wage growth over time. *Work and Occupations*, 31, 367–394.
- Hadden, W., Muntaner, C., Benach, J., Gimeno, D., & Benavides, F. G. A Glossary for the social epidemiology of work organization. Part 3. Terms from labour markets. *Journal of Epidemiology and Community Health*, in press.
- Hagemann, F., Diallo, Y., Etienne, A., & Mehran, F. (2006). *Global child labour trends 2000 to 2004*. Geneva: International Labour Organization.
- Houseman, S., & Osawa, M. (Eds.). (2003). *Nonstandard work in developed economies: Causes and consequences*. Kalamazoo, Michigan: W.E. Upjohn Institute for Employment Research.
- International Labour Organization (2003). Time for equality at work. In *International labour conference, 91st Session*. Report I (B). Geneva.
- International Labour Organization (2005). World employment report 2004–05. Employment, productivity and poverty reduction, Geneva.
- Jackson, A. (2004). The unhealthy Canadian workplace. In D. Raphael (Ed.), *Social determinants of health* (pp. 79–94). Toronto: CSPI.
- Kalleberg, A. L., Rasell, E., Cassirer, N., Reskin, B. F., Hudson, K., Webster, D., et al. (1997). *Nonstandard work, substandard jobs: Flexible work arrangements in the US*. Washington, DC: Economic Policy Institute and Women's Research and Education Institute.
- Kivimäki, M., Vahtera, J., Virtanen, M., Elovainio, M., Pentti, J., & Ferrie, J. E. (2003). Temporary employment and risk of overall and cause-specific mortality. *American Journal of Epidemiology*, 158, 663–668.
- Letourneux, V. (1998). *Precarious employment and working conditions in the European union. European foundation for the improvement of living and working conditions*. Luxembourg: Office for Official Publication of the European Communities.
- Ludermir, A. B., & Lewis, G. (2003). Informal work and common mental disorders. *Social Psychiatry Psychiatric Epidemiology*, 38(9), 485–489.
- Metcalfe, C., Davey Smith, G., Sterne, J. A. C., Heslop, P., Macleod, J., & Hart, C. (2003). Frequent job change and associated health. *Social Science & Medicine*, 56, 1–15.
- O'Campo, P., Eaton, W. W., & Muntaner, C. (2004). Labor market experience, work organization, gender inequalities and health status: Results from a prospective analysis of US employed women. *Social Science & Medicine*, 58(3), 585–594.
- Quinlan, M., Mayhew, C., & Bohle, P. (2001). The global expansion of precarious employment, work disorganization, and consequences for occupational health: A review of recent research. *International Journal of Health Services*, 31, 335–414.
- Rodríguez, E. (2002). Marginal employment and health in Britain and Germany: Does unstable employment predict health? *Social Science & Medicine*, 55, 963–979.
- Santana, V. S., & Loomis, D. (2004). Informal jobs and non-fatal occupational injuries. *Annals of Occupational Hygiene*, 48(2), 147–157.
- Santana, V. S., Loomis, D., Newman, B., & Harlow, S. D. (1997). Informal jobs: Another occupational hazard for women's mental health? *International Journal of Epidemiology*, 26(6), 1236–1242.
- Sverke, M., Hellgren, J., & Naswall, K. (2002). No security: A meta-analysis and review of job insecurity and its consequences. *Journal of Occupational Health Psychology*, 7, 242–264.
- Virtanen, M., Kivimäki, M., Joensuu, M., Virtanen, P., Elovainio, M., & Vahtera, J. (2005). Temporary employment and health: A review. *International Journal of Epidemiology*, 34, 610–622.
- Vosko, L. F. & Temporary Work. (2000). *The gendered rise of a precarious employment relationship*. University of Toronto Press Incorporated.
- Walby, S. (1997). *Gender transformations*. London: Routledge.
- Wenger, J. (2003). Share of workers in 'nonstandard' jobs declines. Economic Policy Institute. Briefing paper. <<http://epinet.org>> (page accessed, 11-09-06).