The Welfare State and Socioeconomic Inequalities in Women's Health Dynamics: A Comparative Study of Four OECD Countries

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ABSTRACT
While it is known that social policies influence the organization of employment and family life, this knowledge is rarely used to understand women’s health. The current study uses feminist welfare state theory to examine socioeconomic inequalities in women's health dynamics in countries differing by the extent to which their social policies encourage male breadwinning and female caring/homemaking. The pathways underlying these inequalities are also investigated. Socioeconomic inequalities in health are hypothesized to be largest in strong male-breadwinner states (Britain/Germany), smallest in weak male-breadwinner welfare states (Denmark), and intermediate in modified male-breadwinner states (France). Further, family and income will explain more of health inequalities in strong and modified versus weak male-breadwinner regimes.

The analysis uses longitudinal data from the European Community Household Panel (1994-2001) for working-aged women from Britain (n=2,193), Germany (n=2,421), France (n=2,400) and Denmark (n=1,412). The effects of socioeconomic position (measured by education) on self-rated health trajectories are examined using Latent Growth Curve Models; model estimates are compared cross-nationally using z-scores. Pathways linking education to health are identified by determining how much employment status, family roles and household income attenuate health inequalities in each country. The analyses are repeated for a sub-sample of mothers of young children—a group for whom policies surrounding the integration of employment and family are critical.

Low education predicts worse initial health in all countries, but not faster health decline. Against expectations, education-based inequalities in health are largest in weak male-breadwinner states, but income explains virtually none of that inequality. By contrast, income has a larger explanatory role in regimes where women's unpaid caregiving is encouraged. Employment status is a relatively important mediator of the education-health relationship in all policy contexts, while family roles are not. Restricting the analysis to mothers reveals a much smaller education gradient in health in Denmark, providing evidence that weak male-breadwinner states are most effective at reducing health inequalities among mothers, relative to all women. Feminist welfare state theory better predicts cross-national differences in pathways underlying socioeconomic inequalities in health than the magnitude of inequalities, and may be most useful for understanding the health of mothers with young children.

Keywords: socioeconomic position; gender; welfare regimes; education level; self-rate health;