

Is the combination of work and family bad for health? Depends on where you live

> Researchers have studied the connection between family and health policy models in the 27 countries of the European Union

> In the Nordic countries and Eastern Europe, which have good family care public services, men and women with a job and family responsibilities don't see their health affected.

> In continental countries and Southern Europe, the combination of employment and family loads is bad for the health of men and women.

Barcelona/Madrid, 21th January 2014 – A study in 27 member states of the European Union has found that in continental and Southern Europe, the combination of long working hours and family responsibilities have a negative effect on the health of women and men.

However, in the Nordic and Eastern European countries, which have better public services to outsource the care of children and dependents, such relationship doesn't exist. In Anglo-Saxon countries, the combination of work and family responsibilities affects health more in men than in women, primarily among main breadwinners.

This study, framed in the European project SOPHIE (Evaluating the impact of structural policies on health inequalities) and funded by the EU Seventh Framework Programme, has been coordinated by Lucia Artazcoz, researcher at the Public Health Agency of Barcelona and at the CIBER of Epidemiology and Public Health (CIBERESP) part of the Institute of Health Carlos III.

"The association of long working hours and family responsibilities with worse health of men and women depends on the model of family policy that it is followed. It occurs in countries with traditional family models but not in countries where the labour market participation of both members of the couple is promoted and good public services allow to outsource the caring of children and dependent people", explains Artazcoz.

The study analyzes data of married or cohabiting employees, and divides the 27 countries of the European Union into five typologies based on their patterns of family policy:

Continental (Austria, Belgium, Germany, France, Netherlands and Luxembourg), Anglo-Saxon (UK and Ireland), Eastern Europe (Czech Republic, Estonia, Hungary, Lithuania, Latvia, Poland, Romania, Bulgaria, Slovenia and Slovakia), Southern Europe (Cyprus, Greece, Spain, Italy, Malta and Portugal) and Nordic countries (Denmark, Finland and Sweden).

The results of this study in countries with traditional family patterns in Southern Europe suggest that due to the economic distress of the families, arising from the economic crisis, women who were housewives start working in an economic vulnerability situation and occupy precarious jobs with poor conditions. Also, in Southern Europe, poorer health is observed in couples who had to return to live with their parents, probably due to difficulties to maintain their own home.

In Anglo-Saxon countries, the combination of family and work demands has a greater impact on men's health. These countries are characterized by family models with a strong role of the men as the main breadwinner of the household, a labor market where trade unions have little power and in which the bargaining of working conditions by workers is very limited. "Besides - Artazcoz explains - , there is almost no state provision of family allowances to care for children or of appropriate childcare centers or dependents care centers, whose provision is left to the market."

Finally, in the Nordic and Eastern European countries, long working hours of work and family responsibilities are not associated with poor health of men or women thanks to the presence of good quality public services.

Lucía Artazcoz, Imma Cortès, Vanessa Puig-Barrachina, Fernando G. Benavides, Vicenta Escribà-Agüir, Carme Borrell. *Combining employment and family in Europe: the role of family policies in health*. European Journal of Public Health, 2013 Nov 8. <http://dx.doi.org/10.1093/eurpub/ckt170>

About SOPHIE and the European project CommHERE

SOPHIE is a European research project funded by the 7th Framework Programme of the European Union (FP7), and it is coordinated by the Public Health Agency of Barcelona. It collaborates with the CommHERE project, a communication network also supported by the European Commission to disseminate the results of the health research supported under the FP7 to the society. CommHERE is led by the Karolinska Institute in Sweden and, among others, the Institute of Health Carlos III is partner in the consortium.

More information about SOPHIE:

Website: [link](#)

SOPHIE in the web portal Horizon Health: [link](#)

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