uses of time and health

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C S B Consorci Sanitari de Barcelona
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Ajuntament de Barcelona
Usos del Temps

The study “Uses of Time and Health”, promoted by the Uses of Time department in collaboration with the Public Health Agency, offers a detailed snapshot of the impact that the use of time has on people’s health.

This work highlights the fact that gender perspective and socioeconomic level must be taken into account when tackling any initiative intended to improve time use in the city. At the same time, it clearly singles out women, across all age groups, as having the greatest difficulty in administering their leisure time, which often ends up indistinguishably blurred within the housework and family sphere.

The pressure borne by women is a fact and how this influences their health is confirmed. In this sense, the study’s recommendations could be a good route plan for correcting a situation that, although well recognised, has no easy solution.

Public administrations, institutions and companies, and we as citizens too, must, each from our own corner, assume our joint responsibility in making it possible for time use in the city to be a value that can be freely managed by each person. The benefits in terms of wellbeing and health will have positive repercussions on all spheres of our society, and, very especially, on the women of Barcelona.

Making it possible is within our reach.

Jordi Hereu
Mayor of Barcelona

When we say that the new gold standard is time, we highlight a series of very important questions within the health sphere. Time, and its management, are not private matters. According to social organisation and values and attitudes held with respect to time and to men and women's roles, people will be able to manage, or not, their time.

When people feel that they can manage their time, their pace of life becomes healthier. That will be possible when time is considered a citizen's right. The Public Uses of Time Policies that we are working on at the City Council make the administration an active agent in helping people to organise their time according to the needs of their vital cycle. They also contribute towards making our society fairer and more equal, so that the kind of gender differences made very clear in studies like this one, will end up disappearing.

Imma Moraleda
Councillor for Uses of Time

Publisher
Barcelona City Council
Education, Culture and Welfare Sector
Uses of Time Department

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Graphic Design
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SUMMARY

IIntroduction: Any reflection on the uses of time and its impact on health requires a gender perspective and taking into account the role of the socio-economic level and phase in the life cycle. People do not choose uses of time freely, rather they are determined to a large extent by a social order characterised by the sexual division of work and by opportunities and resources arising from socio-economic position, as well as by community resources that more or less facilitate healthy uses of time.

Methods: In this study, gender and social class inequalities in the uses of time are analysed over three phases of the life cycle (people aged from 16 to 24 years, from 25 to 64 years and over 64 years) and their relationship with state of health (perceived state of health, anxiety-depression related disorders and chronic disorders) and habits related with health associated to the availability of own time (practice of physical activity in leisure time and hours of sleep) among citizens resident in Barcelona. In the 16 to 24 years and 25 to 64 years age groups, the time dedicated to remunerated work and to domestic and family work is examined along with its relationship with health. Among those aged over 64 years, the analysis of uses of time focuses on the domestic and family sphere.

Results: Gender inequalities in domestic and family roles begin from the youngest ages. Women of all age groups and the manual social classes have a worse state of health, do less exercise in their free time and sleep less hours than the men and the non-manual social classes. Among the youngest women, living with children is associated with more sedentary lifestyles during leisure time. Especially important are the differences regarding the time dedicated to vigorous physical activity during leisure time between men and women of this age group. Housewives aged 25-64 years have a worse perceived state of health, a greater prevalence of sleeping 6 hours or less and of sleeping 10 hours or more than employed women. Older people who live with a disabled person present a worse perceived state of health and worse mental health, among men and women alike, but especially among women.

Recommendations: It is necessary to promote policies for combining work and family life both in the work sphere and outside of it, promoting healthier use of time. On a work level, these strategies have to overcome the traditional conception of the sexual division of work in order not to have adverse effects on the work situation for women; meanwhile outside of work increased community resources for dependent people are required, as well as continued awareness-raising about gender inequalities among citizens. Furthermore, those interventions aimed at reducing gender inequalities in uses of time and their impact on health have to take into account the fundamental role played by social class.

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I. INTRODUCTION

The literature on uses of time classically distinguishes between four categories of analysis: paid work, domestic and family time, personal care time and free time. Paid work time also includes commuting time. The term non-paid work refers to activities such as caring for children and other dependent people, cooking, ironing, shopping, etc. Personal care time is associated with maintaining the body's functions – sleeping, eating, dressing, receiving medical treatment, etc. Free time is the remainder.[I] Feminist research points out that free time is especially problematic for women because the boundaries between unpaid domestic responsibilities and free time are often not clear.[II, III] In practice, sociological interest has focused on the distribution between remunerated work, domestic and family time and leisure time, something which requires the consideration of the sexual division of work.

In parallel, from the public health viewpoint the analysis of gender inequalities in health is also based on the sexual division of work that assigns women a leading role in domestic and family work and men that role in paid work and the public sphere. Research in this sphere has been based on a roles framework in which family roles – civil status or cohabiting status and being a mother or father – are considered in a central way, and the work situation, with a secondary role. In the literature on gender roles and health, traditionally two models have predominated: that of "strengthening of roles" and that of "role overload". The first, underlines the benefits of combining roles such as civil status, having children and the work situation, while the second place the accent on the negative effects resulting from role overload and role conflict. The results of the studies are, however, contradictory.[IV]

Despite the growing incorporation of women into paid work, it is they who continue dedicating most time to domestic chores and caring, so combined with their paid work it means that the total workload of women is higher than that of men.[V, VI, VII, VIII] In addition, it has been seen that there is a specialisation by gender in the distribution of tasks between men and women. Women continue preparing meals, cleaning, caring for family members and shopping, while men do jobs that are more flexible in time, such as home repairs.[5, 6, IX, X, XI] The inexistence of a final horizon for tasks carried out by women, together with their lack of capacity for control over them can generate feelings of overload and lead to situations of stress or other psychological problems.[8, XII, XIII]

Even though most studies on the impact that paid work has on health have found beneficial effects among men and women alike compared with not having a paid job,[xiv] it has also been documented that atypical timetables for paid work can have negative effects on people's physical and psychological wellbeing. Long working days and part-time and occasional jobs, for example, are associated with gender roles in that the financial upkeep of the home corresponds to men, often meaning that their working day is lengthened, while household and family responsibilities correspond to women, who often opt to take part-time jobs and occasional work. These kinds of work are associated with different health problems such as hypertension, cardiovascular disorders and muscular and skeletal problems, stress, depression and fatigue, and with health-related behaviours such as smoking and drinking alcohol.[xv, xvi, xvii, xviii, xix] A recent study underlined the importance of the obligatoriness or not of lengthening working days on health, an obligatoriness that can be determined both by pressure from the company and by financial difficulties for the worker concerned.[xx] Other paid work atypical working hours that are associated with negative effects on health and the wellbeing of people are shift work, irregular working days and working at night.[xxi, xxii, xxiii]

Changes in our society's lifestyles are generating an increase in sedentary lifestyles and a reduction in hours of sleep, factors that have been associated with different physical and psychological health problems. A sedentary lifestyle is a risk factor for cardiovascular diseases, arteriosclerosis, hypertension or respiratory diseases.[xxiv] A chronic lack of sleep, moreover, is a risk factor for excess weight, increases insulin resistance and is associated with diabetes type 2.[xxv]

Any reflection on the uses of time and their impact on health requires the use of a gender perspective and taking into account the role of the socio-economic level, as well as the life-cycle phase. People do not freely choose their uses of time, these are determined to a large extent by a social order characterised by the sexual division of work and by the opportunities and resources resulting from the socio-economic position, as well as by community resources that facilitate to a greater or lesser degree healthy uses of time.

The aim of this study is to analyse uses of time and the relationship between these uses of time and health and health-related behaviours among the over 15 age group in the city of Barcelona within a combined gender and social class framework. Furthermore, the study demands considering the different phases of the life cycle, very much related with uses of time. Thus, in this study three age groups are considered, which represent the three major life phases with all the implications that this has on people's personal and working lives: youth (16-24 years), maturity (25-64 years) and old age (over 64 years). However the analysis looks deeper into the 25-64 years and over 64 years age groups as these are ages in which people already have an independent life within our context and when the relationship between uses of time and health is clearest.

Two relevant spheres have been considered for the study of uses of time: paid work and family roles. Three health indicators have been selected (perceived poor health, poor mental health and the presence of one or more chronic disorders) along with two conducts related with health (hours of sleep and physi-

cal activity during leisure time). The study is structured in the following way: in section 2 the methods used are described and in section 3 there is a general description of the study's target population by age group. Section 4 focuses on people aged 16 to 24 years; section 5 on those aged 25 to 64 years and section 6 on people aged over 64 years. Finally, the study ends with a section containing conclusions and recommendations.

2. METHODS

Data

This report on uses of time and health is based on the last Barcelona Health Survey (ESB), carried out in the year 2006. The sample is formed by 5.353 people aged over 15 years, of which 11% are aged between 16 and 24 years, 66% between 25 and 64 years, and 23% over 64 years. Women account for 53%.

Explicative variables

Paid work

The variable on the *work situation* has been recoded into the following categories: employed, unemployed, household work, student, incapacity to work and retirement. In order to measure the *time dedicated to paid work* the average number of weekly hours dedicated to this activity has been computed. As for *working day types*, atypical working days have been considered to be long working days (over 40 hours per week), part-time jobs (less than 30 hours per week), shift work, irregular days or variable according to the day, and nighttime work. In the analysis of long working days and part-time jobs, only the salaried population has been considered, as the reasons for working such hours vary a great deal in relation to self-employed workers. The sample of the latter is insufficient for a specific analysis.

Family roles

Civil status covers the following categories: single, married or in a relationship, separated or divorced and widowed. Other variables that have been considered to measure family roles are whether the person interviewed is mainly occupied with *caring for children*, with *caring for elderly people*, with *caring for disabled persons in the home*, the *performance of housework* and the *time dedicated to housework during the week* measured in hours.

The variables used to measure *housework* that have been used have been adapted to the life phases of the people and to our context. Thus, considered among the group aged 16-24 years, was *living or not with a partner* and *living with sons or daughters*. Among people aged 25-64 years considerations were the *size of the household* (one person, two, three or more people) and the *number of sons or daughters* (none, one, two and three or more). Among people aged over 64 years, finally, considerations included the *type of household* as different studies have demonstrated that the composition of the home is a better determining factor of elderly people's wellbeing than civil status[xxvi,xxvii] Household typology has been construed based on civil status and responsibility in the home, with the following four categories: people who live alone, people who live with a partner, people who do not live with their partner but live with other people and are heads of family, and people who do not live with their partner but live with other people and are not heads of family.

In some cases, the sample was restricted to people who live with a partner, as is the case of the comparison between housewives and employed women (section 5.2) and in the analysis of the combination of working and family life (section 5.3).

The definition of *monoparental homes* upon which this report is based is that of homes constituted by mothers aged 25-64 years who do not live with their partner and who have dependent sons or daughters[xxviii] in the sense that it is they who define themselves as heads of family in the household independently of its size.

Health variables

Perceived health has been gathered by asking those people interviewed to describe their own health in general as "excellent", "very good", "good", "average" or "poor". The original variable has been dichotomised considering the categories "average" and "poor" to indicate a perceived poor health. Perceived health is a broad indicator of wellbeing associated with health and it has been found that it is a good predictor of mortality, even better than medical diagnosis.[xxix, xxx]

Mental health has been measured through the version in 12 items of the Goldberg general health questionnaire (12-GHQ)[xxxi]. This is an instrument frequently used for the detection of psychiatric disorders of an anxiety-depression type.[xxxii] The original variable has been recoded in a dichotomy, taking values above 2 to indicated poor mental health.

The prevalence of *chronic disorders* has been measured based on a list formed by 28 chronic disorders in which the people interviewed are asked if they suffer from or have suffered from any of these disorders. This list has been recoded in such a way that it has been considered that a person has chronic disorders when she or he presents one or more of the 28 mentioned.

Variables of health-related behaviours

Sleeping time is recoded in the survey into three categories: sleeping 6 hours or less, sleeping from 7 to 9 hours, and sleeping 10 hours or more. It is considered that the normal sleeping time needed to recover from daily effort is between 7 and 9 hours per day.

Sedentary lifestyle has been measured by asking people about their physical activity during leisure time excluding walking. The original variable has been calculated based on the adaptation of the *International Physical Activity Questionnaire* (IPAQ) including only moderate and vigorous activities and categorising into four groups: inactivity (sedentary lifestyle), light, moderate and intense activity.

Also measured were the *minutes dedicated to moderate and vigorous physical activity* during leisure time. *Moderate physical activities* include cycling, gymnastics, aerobics, running, playing tennis, swimming, skating, golf, ball games, yoga or similar. *Vigorous physical activities*, on the other hand, are those that require a greater physical effort, such as playing football, basketball, hockey, squash, doing martial arts, mountaineering, competition cycling, competition swimming or similar.

Statistical analysis

The report is based on a descriptive analysis. Bivariable and multivariable analyses have been carried out to check the statistical significance of the differences found in the relationships studied. All models have been adapted by age and social class, separated by sex and on many occasions also by social class. Thus, when the text so indicates, for example, that significant differences exist between men and women, it means that they are not due to differences in age and/or social class. Social class, in two categories (non-manual and manual) has been built based on the proposal from the *Grupo de la Sociedad Española de Epidemiología y de la Sociedad Española de Medicina Familiar y Comunitaria,*[xxxiii] the latter based on the *Clasificación Nacional de Ocupaciones* from the year 1994. In the Barcelona Health Survey, each person is assigned a social class based on the current or previous occupation of the person interviewed; in the case of people who have never worked, they are assigned that of the head of the family.

3. GENERAL DESCRIPTION OF THE POPULATION AGED 16 TO 64 YEARS BY AGE GROUP

3.1. Work situation

The work situation of the Barcelona population is determined by life cycle, but with important gender differences. Among the youngest people (16-24 years), practically half, men and women alike, are studying (49.3% and 46.9%, respectively) and the other half are in paid employment (43% and 44%, respectively). Among people aged 25-64 years the most common situation is having a paid job and from 65 years upwards, most people are retired. Some aspects worthy of highlight, however, are that there are more men than women in the 25-64 years age group in paid employment (85% vs. 72.1%) and that the second most mentioned situation among women in this age group is being housewives (14.8%). It is also worth highlighting that there are more men aged over 64 years who have retired than women of the same age (92.8% vs. 39.2%) because half of the elderly women define themselves as housewives, and that the majority of older women who left work for reasons not including retirement did so for family reasons (63.6%).

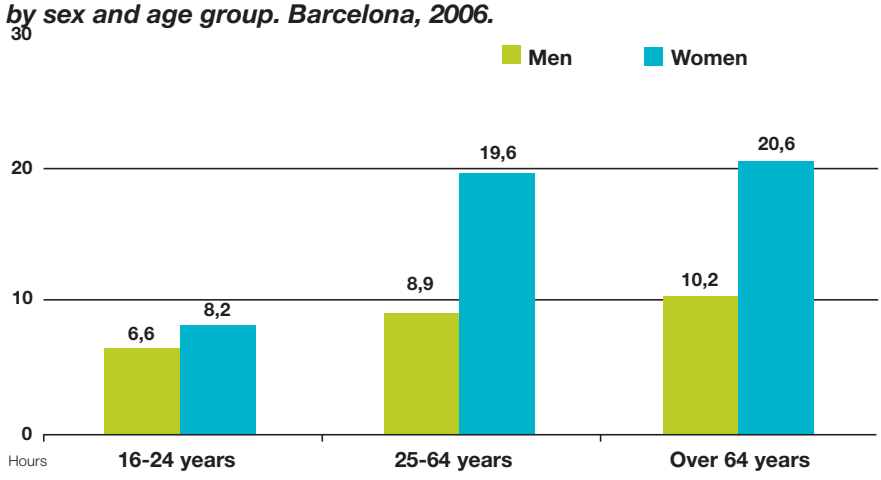
3.2. Family roles

The literature on uses of time indicates that it is women who continue doing the greater part of the housework and caring for children and other dependent people. Women dedicate significantly greater time than men to household chores, caring for family members and shopping, while men dedicate more time to home maintenance tasks[5,6,9,10,11]. Furthermore, it has been found that when men state that they contribute to looking after the children or elderly people, the activities carried out are less intense, both psychologically and physically,[xxxiv, xxxv] Moreover, different studies have found that the time dedicated to household chores and caring for dependent people is directly related to poor health.[xxxvi, xxxvii]

Gender inequalities in domestic and family roles among the population studied are appreciated better in the intermediate age groups and among elderly people, but especially among people aged 25-64 years. Given the characteristics of family structures and the later leaving of family homes by young people in our context, very few state that they have family responsibilities such as taking charge of caring for small children or other dependent people. In contrast, there are more women aged 25-64 years than men of the same age who state that they take sole responsibility for caring for young children (13.4% compared with 0.4% of men), of caring for elderly people (22.3% vs. 11.5%), of caring for people with disabilities (44% vs. 22.9%) and of doing the housework (43.2% vs. 2.7%). Among the group of older people, there are no significant differences in the proportion of men and women who take charge of care tasks and of household tasks.

The time dedicated to housework increases with age among men and women alike, but especially among women. Significant differences exist in the time dedicated to housework during the week between men and women in all age groups, differences that are smaller among the younger age group. Thus, in total, women aged 25-64 years and those aged over 64 years dedicate on average ten hours more than men of the same age to housework during the week, while among people aged 16-24 years these differences are approximately only one and a half hours per week ***(Figure 1).***

Figure 1. Average weekly hours spent on housework during the week by sex and age group. Barcelona, 2006.

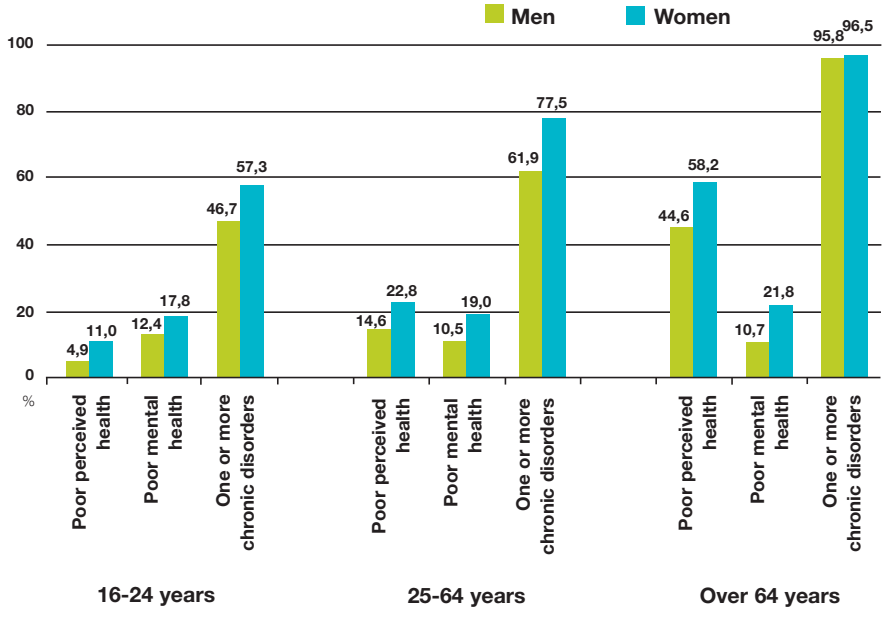


Source: In-house production based on the Barcelona Health Survey, 2006.

3.3. Health

State of health is worse among women. Furthermore, it worsens with age except in the case of mental health ***(Figure 2).*** The most disadvantaged social classes, moreover, among men and women alike of all age groups, present a worse perceived state of health, worse mental health and a greater prevalence of chronic disorders than people from non-manual social classes.

Figure 2. Prevalence of poor state of health by sex and age group. Barcelona, 2006.



Source: In-house production based on the Barcelona Health Survey, 2006.

3.4. Health-related behaviours

The regular practice of physical activity is associated with lower mortality, with a positive effect on the cardiovascular, muscle and skeletal, metabolic, endocrine and immune systems; with a reduced risk of developing chronic and degenerative illnesses and has positive effects on quality of life and other psychological variable such as depression and anxiety.[XXXVIII] In younger age groups, physical exercise helps normal bone development and achievement of an adequate body weight, while at advanced ages it helps the maintaining of an independent life and reduces the risk of falls.[XXXIX, XL]

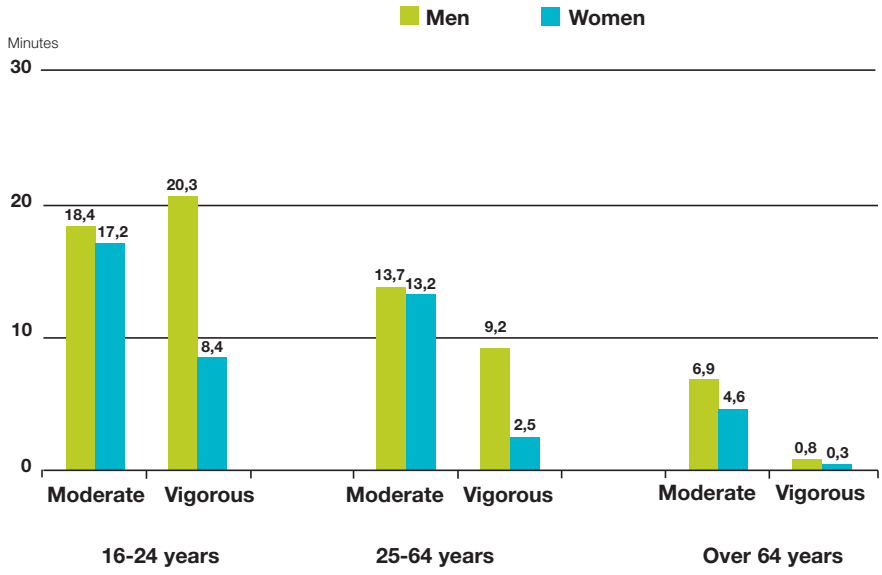
A sedentary lifestyle, in contrast, is considered one of the major risk factors in the development of heart disease and, even, a direct relationship has been established between a sedentary lifestyle and cardiovascular mortality. A sedentary person, according to the Spanish Heart Foundation (FEC), has a greater risk of suffering from arteriosclerosis, hypertension and respiratory illnesses.[24] It has been found that a sedentary lifestyle is more prevalent among women than among men, among people of an advanced age and among those who have a less privileged socioeconomic position. Currently, it is recommended that physical activity be carried out to maintain a good state of health, with an average of 30 minutes minimum of moderate physical activity for people of all ages during most days of the week.[XLI]

Moreover, for some decades, epidemiological studies have found an association between sleeping for few hours and physical and mental health problems alike and even with a greater mortality. A chronic lack of sleep is considered a risk factor for gaining weight, insulin resistance and Diabetes type 2, lower tolerance to glucose and low concentrations of thyrotropin.[XLII, 25] Furthermore, it exceeds alcohol and drugs consumption as that leading preventable cause of accidents in any transport medium. However it was not until recently that there has been talk of a U-shaped relationship between hours of sleep and health, generating a debate about the optimum quantity of sleep that people need[XLIII, XLIV]. Sleeping too few hours (less than 7) and too many (more than 9) is associated with depression, heart problems, hypertension and diabetes,[XLV, XLVI, XLVII] however in the case of sleeping too many hours there is an inverse causality, in other words, people with health problems tend to sleep more hours. It has been documented that long sleeping hours feature more among people of an advanced age[XLVIII] and among the less privileged social classes.[XLIX]

In the population studied, as age increases, sedentary lifestyles increase, the time dedicated to physical activity during leisure time decreases and hours of sleep decrease. Women of all ages also present worse results for all these indicators. The sedentary lifestyle follows a gradient by age and social class and is more pronounced among women in all age groups and in both social classes. When walking as an activity is excluded from the analysis, over half of women of all ages lead sedentary lifestyles, but especially those of the manual class and those of advanced ages. Thus, the most important group of sedentary people is to be found among women over 64 years from the manual class (89%), while the lowest percentage of sedentary lifestyles is found among young men from the non-manual class (36%), at the other extreme.

Men dedicate more time to vigorous physical activities during their leisure time in the 16-24 and 25-64 year age groups, while no significant differences exist in the time dedicated to moderate physical activities in these age groups between men and women. Especially important is the difference that exists between the youngest age group, with men dedicating an average of some 12 per day more than women of the same age to vigorous physical activity during leisure time. In contrast, among people aged over 64 years, significant differences only exist by sex in the time dedicated to moderate physical activities during leisure time, as the time dedicated to vigorous physical activities is very much reduced in both sexes ***(Figure 3).*** Class differences also emerge in the time dedicated to leisure-time physical activity. Thus, in the 16-24 and 25-64 age groups, the non-manual classes dedicate more time to moderate and vigorous physical activities alike during leisure time, while among people aged over 64 years these differences only occur with regard to moderate physical activity.

Figure 3. Daily hours dedicated to leisure-time physical activity by sex and age group. Barcelona, 2006.

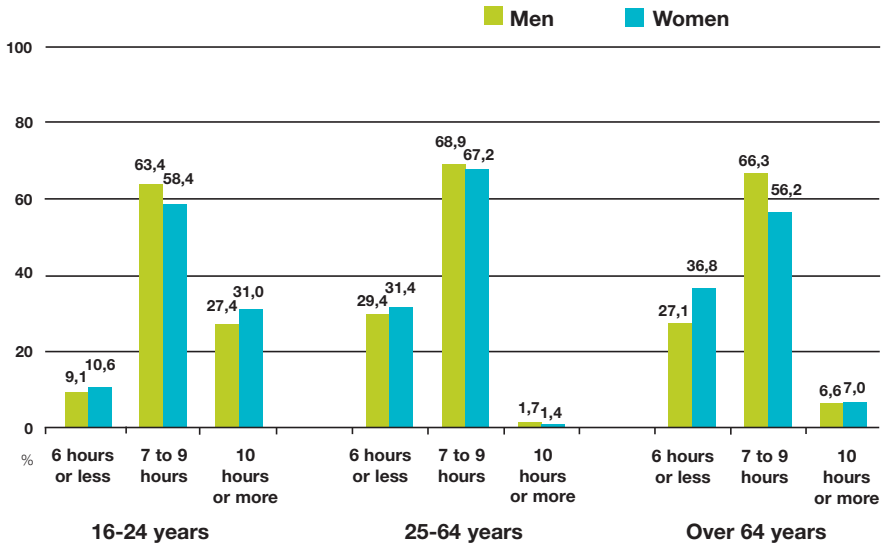


Source: In-house production based on the Barcelona Health Survey, 2006.

Most of the people from all age groups affirm that they sleep between 7 and 9 hours, but while the second response most mentioned among the younger age group is that they sleep 10 hours or more, among people aged 25-64 years and those aged over 64 years, sleeping 6 hours or less is most mentioned. The differences by sex, moreover, are only significant among people aged over 64 years, with approximately 10% more women of this age who affirm that they sleep 6 hours or less per day than men of the same age ***(Figure 4).*** In contrast, differences by class arise as much among the 25-64 years age group as among

that of people aged over 64 years, so there are more people from manual classes than from non-manual classes that sleep an average 6 hours or less per day among these two age groups.

Figure 4. Average hours of sleep by sex and age group. Barcelona, 2006.



Source: In-house production based on the Barcelona Health Survey, 2006.

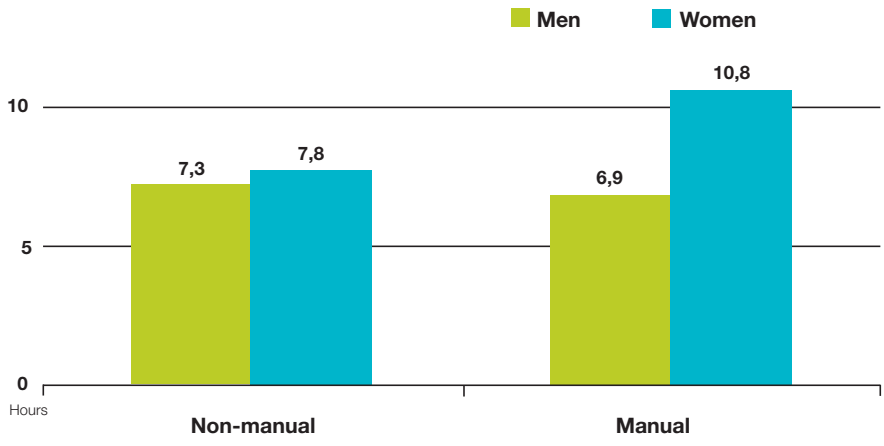
4. PEOPLE AGED 16 TO 24 YEARS

4.1. Gender differences in time dedicated to paid work and housework.

People aged 16 to 24 years dedicate a weekly average of 34.5 hours to paid work and 7.55 hours to housework. While significant differences exist by sex and by social class as regards time dedicated to housework, they do not with regard to paid work. Housework among this younger age group, measured based on living or not with a partner and living or not with children, explains in a significant way the time dedicated to household tasks among women, but not among men. Among young men, having children and living with a partner, moreover, explain in a significant way the time dedicated to paid work, a relationship that does not exist among women of the same age.

Women aged 16 to 24 years dedicate an average of an hour and a half more to housework during the week than men of the same age. The greatest differences in time dedicated to housework among men and women occur among the manual classes, so young women from manual classes dedicate an approximate average of four hours more per week to household chores than men from manual classes. In contrast, among young people from non-manual classes, despite women continuing to dedicate more time to housework during the week than men, the difference is reduced to some forty minutes, approximately ***(Figure 5).***

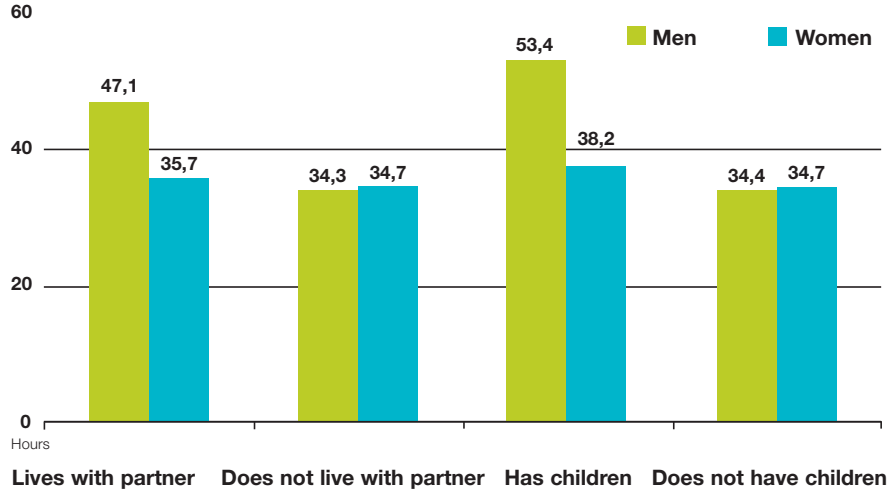
Figure 5. Average weekly hours dedicated to housework among people aged 16 to 24 years by sex and social class. Barcelona, 2006.



Source: In-house production based on the Barcelona Health Survey, 2006.

Young men who live with their children work an average of 19 hours per week more than men who do not live with their children, and those who live with their partner work an average of 12.8 hours per week more than those who do not live with a partner, variables that are not associated with the time that young women dedicate to paid work ***(Figure 6).***

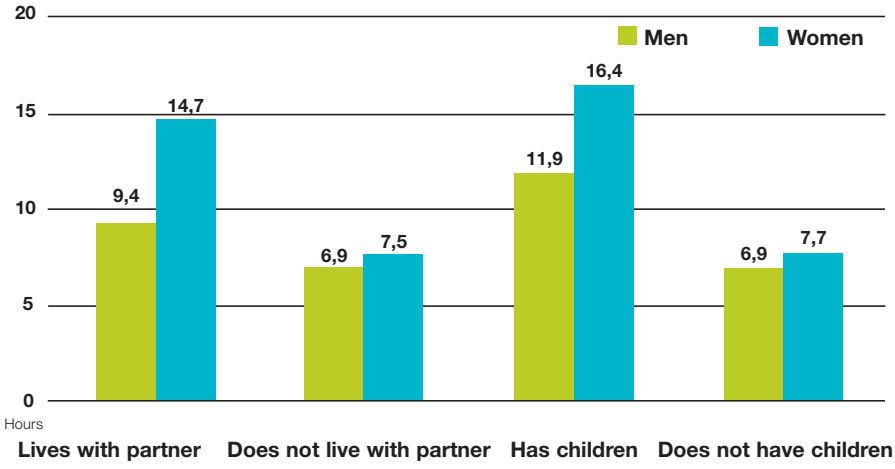
Figure 6. Average of weekly hours dedicated to paid work among people aged 16 to 24 years by sex and family situation. Barcelona, 2006.



Source: In-house production based on the Barcelona Health Survey, 2006.

Moreover, young women who have children dedicate an average of 8.8 hours per week more to housework than women who do not have children, and those who live with a partner dedicate an average of 7.2 hours per week more to housework than women who do not live with a partner, variables that are not associated with the time that men of the same age dedicate to housework ***(Figure 7).***

Figure 7. Average weekly hours dedicated to housework among people aged 16 to 24 years by sex and family situation. Barcelona, 2006.

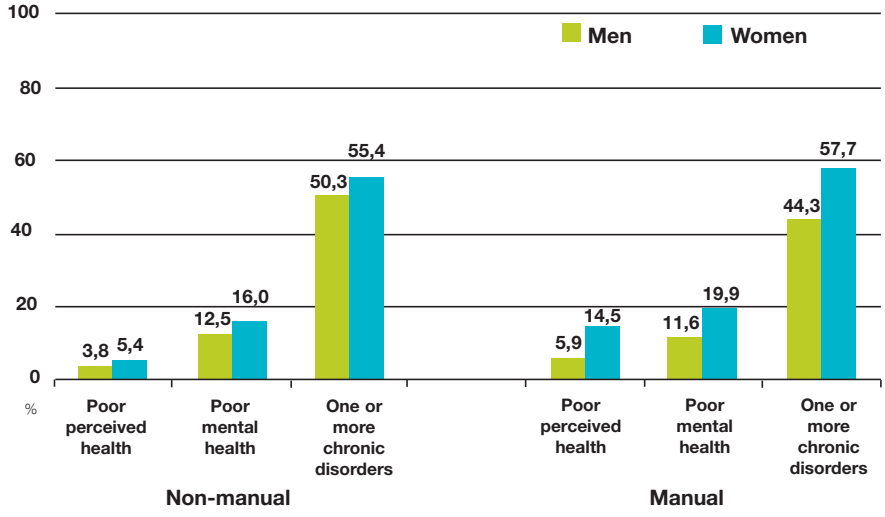


Source: In-house production based on the Barcelona Health Survey, 2006.

4.2. Gender differences in health

Young women have a worse perceived health, worse mental health and a greater prevalence of chronic disorders than men of the same age. Among the women, the manual classes present worse results in all health indicators analysed, a relationship that does not occur among the men ***(Figure 8).*** Among the young men, having children is associated in a significant way with worse perceived health, while among women of the same age, living with a partner is associated with a greater prevalence of chronic disorders.

Figure 8. Prevalence of poor health among people aged 16 to 24 years by sex and social class. Barcelona, 2006.

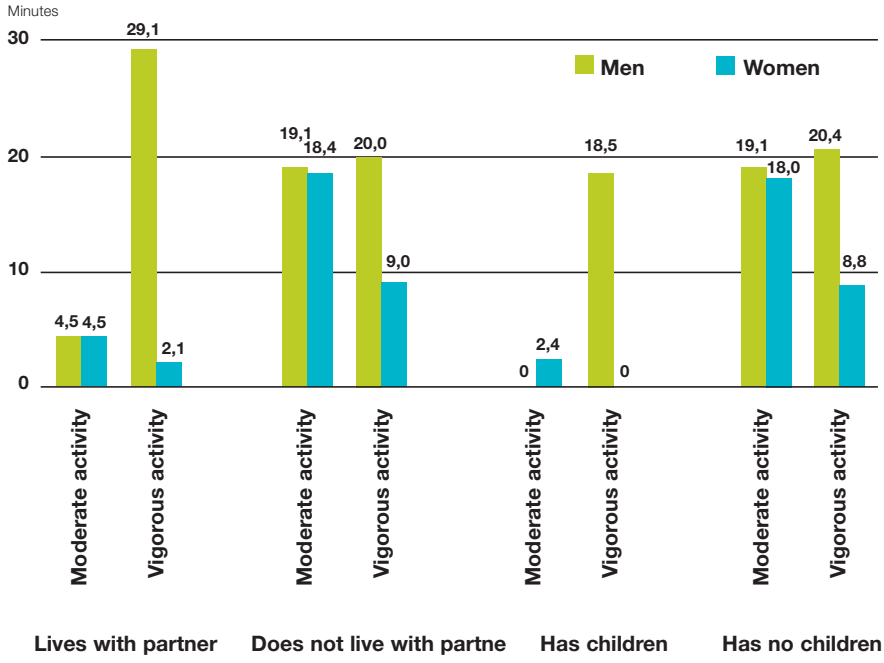


Source: In-house production based on the Barcelona Health Survey, 2006.

4.3. Gender differences in health-related behaviours.

There are no significant differences in the daily hours of sleep between men and women, while young women present more negative results in terms of degree of sedentary lifestyle (56.7% vs. 37.2%) and in time dedicated to vigorous physical activities during leisure time (8.37 minutes vs. 20.34 minutes) than men of the same age. The manual classes from 16 to 24 years are more sedentary and dedicate less time to physical activities in leisure time than the non-manual classes. Living with children is associated in a significant way with a more sedentary lifestyle and a lesser dedication to physical activities during leisure time among young women, while living with a partner is not associated with any of the health-related behaviours among this group. Nor do having children or living with a partner show significant association with any of the health-related behaviour indicators among men aged 16 to 24 years ***(Figure 9).***

Figure 9. Average time dedicated to physical activity during leisure time among people aged 16-24 years by sex and family situation (in minutes). Barcelona, 2006.



Source: In-house production based on the Barcelona Health Survey, 2006.

5. PEOPLE AGED 25 TO 64 YEARS

5.1. Atypical paid work hours

Different studies on atypical paid work hours have documented that long working days are associated with a broader range of health problems such as hypertension, cardiovascular and muscular-skeletal disorders, stress, depression, lack of physical exercise or fatigue,[16, 17, 20] and that the risk may increase of being overweight, smoking and consuming alcohol[18, 19] Furthermore, it has been seen that long working days are associated with an increase in the work-family conflict.[I]

Although for some people part-time work can facilitate combining the family and work spheres, in many cases working conditions are worse. In Europe, part-time work is concentrated into a small number of occupations that to a large extent are not very highly qualified, poorly paid, monotonous and with few opportunities for promotion[LI]. Studies carried out in the United States show that people who work part-time usually earn less per hour, even after taking into account their level of studies, experience and other relevant factors.[LII] Furthermore, part-time working is frequently associated with a lack of job stability.[51]

Long working days and part-time work are determined to a large extent by the traditional roles assigned to men and women in the family unit. While men, traditionally considered the main breadwinners of the home, often draw out their working day when the family unit grows, women frequently opt for working part-time to be able to take charge of their main responsibility in the household and family sphere.

Shift work, irregular working days and night-time working are also associated with negative effects on people's health and wellbeing. Thus, it has been found that these types of work increase the probability of suffering alterations in sleeping patterns and eating habits, gastrointestinal problems such as colitis and ulcers, neuro-psychiatric problems such as hypertension or breast cancer among women.[21, 22, 23]

Salaried persons with paid work aged 25-64 years from the sample work an average of 39.8 hours per week, with a significant difference in the quantity of time dedicated to paid work according to sex. Salaried men of working age dedicate an average of 5.6 hours more per week to paid work than women of the same age (42.5 hours vs. 36.9 hours). As for type of working day, the most common in both sexes is the full working day with lunch break (52.1% of men and 43.2% of women), followed by a full working day without a lunch break in the morning or the afternoon (37.5% of women and 23.8% of men). Next the distribution of atypical working hours by sex and social class among salaried people with paid work aged 25-64 years is described (Figure 10) followed by a comparison between health and health-related behaviours of people with atypical working hours with those who have standard working hours.

Long working days

As already mentioned, there are significant differences in the carrying out of more than 40 hours of paid work per week by sex. Over twice the number of men than women with a salaried job aged 25-64 years have long working days (35.6% of men vs. 14.8% of women). However, no significant differences exist according to social class.

Part-time hours

Part-time hours are more common among salaried women than among men in the same situation and also among the manual classes. Thus, some 37% of women and 19.1% of men have a part-time job, a type of working day that comes to constitute some 48% among women from the manual class compared with just 18.1% among non-manual salaried men, at the other extreme.

Shift work

As happens with long working days, shift work is significantly more frequent among men than among women, with some 6.3% of men and 3.6% of salaried women aged 25-64 years, respectively. This type of working day is also significantly more frequent among the manual classes than among the non-manual classes, with 8.3% of manual class salaried men with shift work jobs compared with 2.1% of non-manual women, at the other extreme.

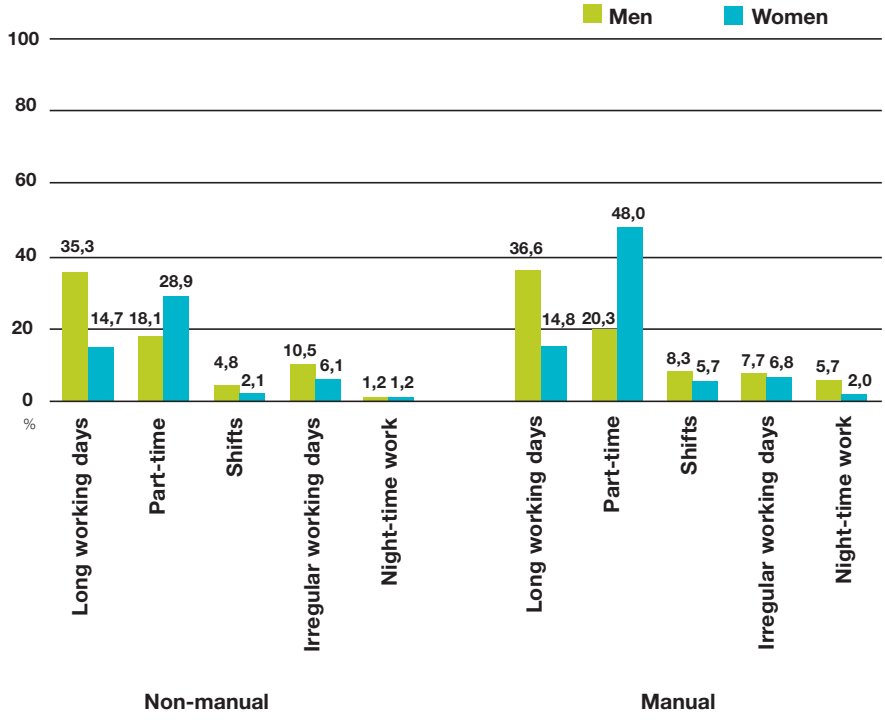
Irregular or variable working days according to the week day

Irregular or variable working days according to week day also feature in a significant way among men more than among women, while significant differences by class do not exist. This type of working day is found among 9.2% of salaried men aged 25-64 years, compared with 6.4% of the women in the same situation.

Night-time work

Night-time work constitutes the least frequent type of working day among the population studied. However, significant differences exist both by sex and by social class. Some 3.2% of salaried men aged 25 to 64 years work at night, compared with 1.5% of women. But it is also the manual classes who most work this type of working day, with a maximum of 5.7% of salaried manual class men in this situation compared with 1.2% of non-manual women and men alike at the other extreme.

Figure 10. Atypical working days for paid work among salaried people aged 25-64 years by sex and social class. Barcelona, 2006.



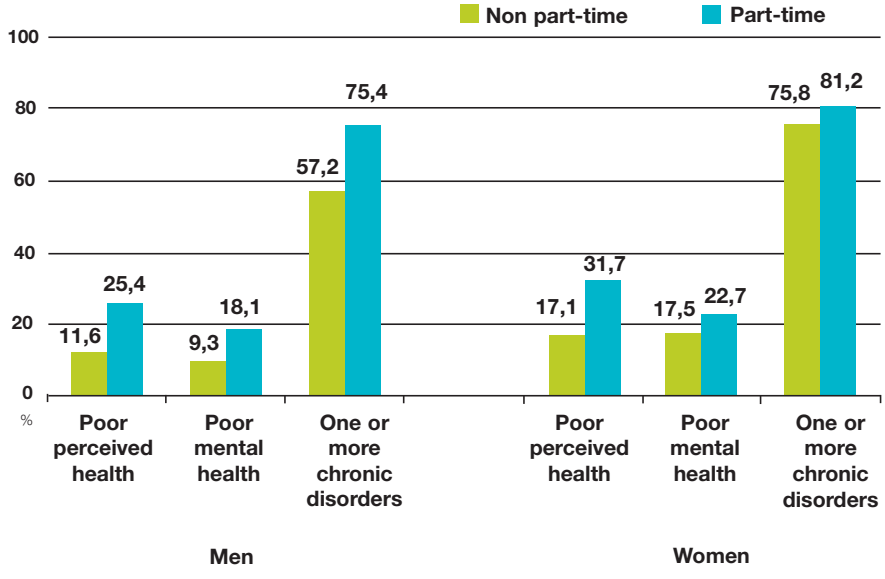
Source: In-house production based on the Barcelona Health Survey, 2006.

Health and atypical working hours

Men working part-time hours have a worse perceived health, worse mental health and a greater prevalence of one or more chronic disorders than men who do not work part-time hours, while among women it is only associated in a significant way with having perceived poor health ***(Figure 11).*** These findings are explained by an inverse causality effect: poor health is a determining factor in reducing working hours.

Men who work shifts and women with irregular working days, moreover, present a lesser prevalence of perceived poor health than those who do not work in shifts (5.4% vs. 14.9%) and those who do not have irregular working days (13.4% vs. 23.1%), respectively, something which would also be explained by an inverse causality effect: to work these shifts it is necessary to enjoy good health.

Figure 11. Prevalence of poor health among salaried people aged 25-64 years by sex and working day type. Barcelona, 2006.



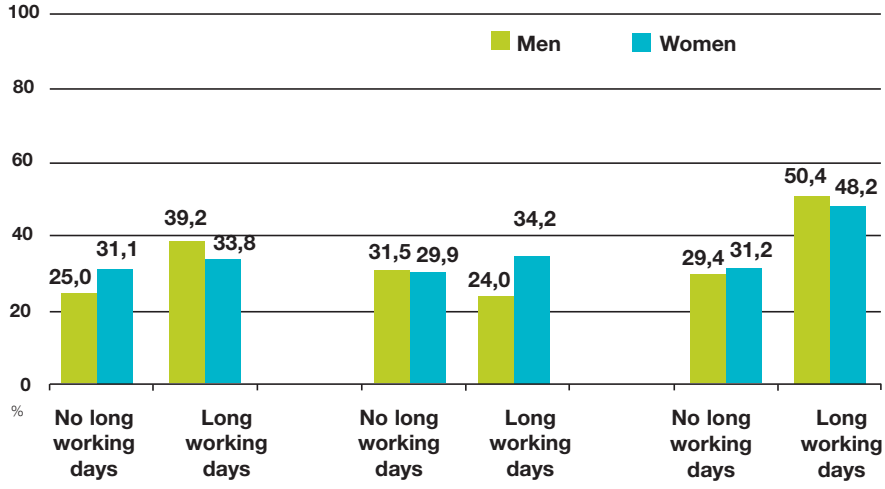
Source: In-house production based on the Barcelona Health Survey, 2006.

Health-related behaviours and atypical working hours

People who work long working days and those who have a night-time job present a greater prevalence of sleeping 6 or less hours per day than people who do not have these irregular working days. Thus, some 39.2% of men and 33.8% of women that have working weeks longer than 40 hours affirm that they sleep 6 hours or less per day, prevalences that are only of some 25% of men and 31.1% of women who dedicate less than 40 hours per week to paid work. More important, however, is the difference in the prevalence of sleeping 6 hours or less per day between people with a night-time job and those who have a day-

time job. Some 50.4% of men and 48.2% of women with a night-time timetable sleep 6 or less hours per day, compared with some 29.4% of men and some 31.2% of women with daytime working hours. Among the women, part-time working is also associated with a greater prevalence of sleeping 6 hours or less per day (34.2% among those who have a part-time job vs. 29.9% among those who do not have a part-time job), a relationship that does not exist among men ***(Figure 12).*** Working shifts and irregular or variable working days according to the day, moreover, are not associated in a significant way with daily hours of sleep.

Figure 12. Prevalence of sleeping 6 hours or less per day among salaried people aged 25-64 years by sex and working day type. Barcelona, 2006.



Source: In-house production based on the Barcelona Health Survey, 2006.

5.2. Housewives and employed women living with their partner

Numerous studies have documented a better state of health among employed women than among housewives.[LIII, LIV, LV, LVI] Some of the benefits that are associated with paid work are opportunities for developing self-esteem and confidence in one's own decision-making capacity, social support for people who otherwise would be isolated and the living of experiences that provide satisfaction.[LVII] Furthermore, the salary gives women financial independence and increases their power within the family unit. Work overload and difficulties in

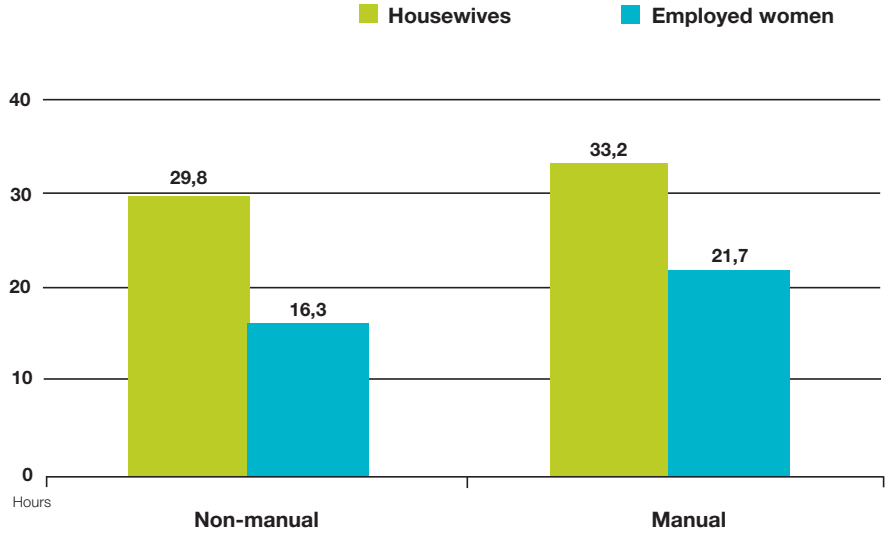
combining work and family life however, can have a negative effect on the health of employed women, especially those from the more underprivileged social classes.[LVIII] Different studies have found that a greater dedication to housework is associated with worse health among women, while the time dedicated to caring for children is not.[36, LIX] Moreover, it has been documented that hiring a person for doing the housework is positive for women who have to combine family and work responsibilities, but it is not associated with men's health.[LX]

The difficulties in combining work and family life are often overcome by robbing time from sleeping or physical exercise during leisure time. In one study carried out on the population of Catalonia, it was observed that while housewives have a worse state of health, employed women with family responsibilities slept for less hours and practiced physical exercise during their leisure time with less frequency.[56]

Total working time

Housewives aged 25-64 years who live with a partner dedicate more time to housework than employed women from the same age group and family situation. Housewives dedicate an average of 32.05 hours per week to housework, while among employed women these figures fall to 18.22 hours per week. Furthermore, significant differences exist by social class in the time dedicated housework among employed women, while these differences are not significant among housewives. Thus, as can be appreciated in ***Figure 13*****,** manual employed women dedicate an approximate average of five and a half hours more to housework each week than non-manual employed women.

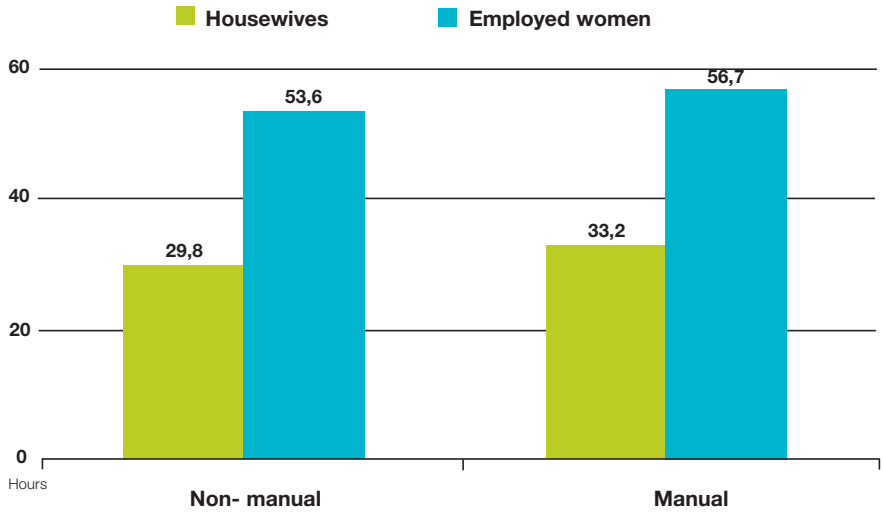
Figure 13. Average of weekly hours spent doing housework during the week among women aged 25-64 years who live with their partner by work situation and social class. Barcelona, 2006.



Source: In-house production based on the Barcelona Health Survey, 2006.

However, to the hours of housework done by employed women must be added the hours of paid work, which represent an average of 36.5 hours per week. In total, therefore, employed women dedicate an average of 54.7 hours per week in total to work. And even though employed women from the manual class dedicate on average less time to paid work than employed women from the non-manual class (35 hours vs. 37.3 hours), when adding up the hours of housework, employed women from the manual class dedicate more weekly hours to total work (56.7 hours per week compared to 53.6 hours per week among non-manual employed women) ***(Figure 14).***

Figure 14. Average weekly hours of total work among women aged 25-64 years who live with a partner by work situation and social class. Barcelona, 2006.

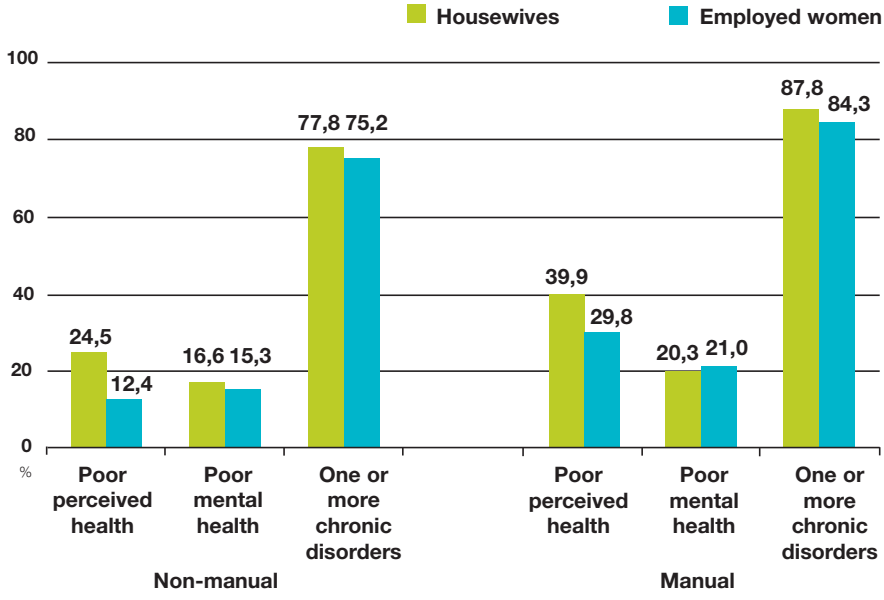


Source: In-house production based on the Barcelona Health Survey, 2006.

Work situation (housewives and employed women) and state of health.

Housewives have a worse perceived state of health than employed women, while significant differences do not exist in the prevalence of poor mental health and in the presence of one or more chronic disorders. Among employed women, on the other hand, those from the manual classes have a worse perceived state of health, worse mental health and a greater prevalence of chronic disorders than employed women from the manual class, while among housewives there are only significant differences by social class as regards perceived poor health ***(Figure 15).***

Figure 15. Prevalence of poor health among women aged 25-64 years who live with a partner by work situation and social class. Barcelona, 2006.

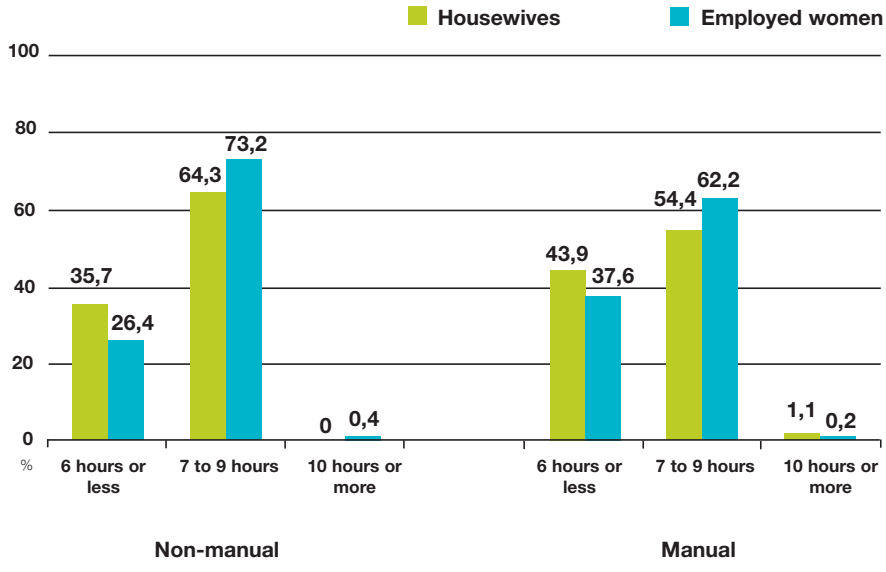


Source: In-house production based on the Barcelona Health Survey, 2006.

Work situation (housewives and employed women) and h ealth-related behaviours.

Significant differences exist between housewives and employed women who live with a partner in daily hours of sleep. There are more housewives than employed women who affirm that they sleep 6 hours or less (40.9% vs. 30.4%) and there are also more housewives than employed women who sleep 10 hours or more (1.4% vs. 0.3%). ***Figure 16*** shows the distribution of hours of sleep by work situation and social class among women aged 25-64 years who live with a partner. While among employed women class differences exist in hours of sleep, these do not feature among housewives. There are more employed women from the manual class that affirm that they sleep 6 hours or less (37.6% vs. 26.4%).

Figure 16. Average daily hours of sleep of women aged 25-64 years who live with a partner by work situation and social class. Barcelona, 2006.



Source: In-house production based on the Barcelona Health Survey, 2006.

There are no significant differences in the degree of sedentary lifestyle between housewives and employed women who live with a partner (74.2% vs.73%) nor in the time dedicated to moderate (11 vs. 12.3 minutes per day) or vigorous (2.5 vs. 2 minutes per day) physical activity during leisure time. In contrast, differences do exist by class in any work situation. Thus, women from the manual class lead more sedentary lives, among housewives (80.5% vs. 61.8% among non-manual women) and employed women (82.9% vs. 67.3% among non-manual women) alike, those who dedicate less daily time to moderate physical activity during leisure time among housewives (7.8 minutes vs. 17.5 minutes among non-manual women) as among employed women (6.5 minutes vs. 15.7 minutes among non-manual women) and those who dedicate less time to vigorous physical activity during leisure time among employed women (0.8 minutes vs. 2.7 minutes among non-manual women).

5.3. Combining work and family life in employed people who live with a partner

Paid work time, housework time and total work time

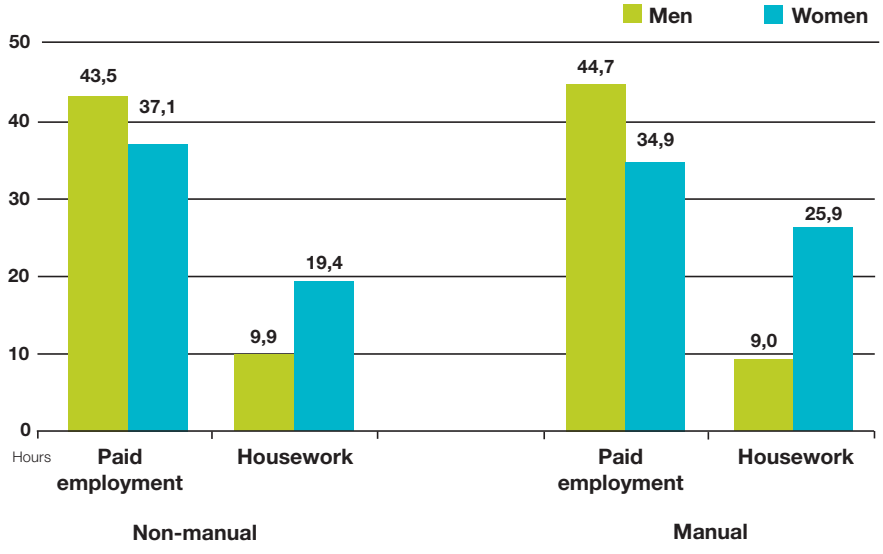
Women who live with a partner in the 25-64 years age group dedicate less time to paid work and more time to housework than men in the same family situation. But adding up the total hours per week of paid work and housework, women dedicate more weekly hours than men. Furthermore, social class and

family characteristics only explain in a significant way the amount of time dedicated to housework among women.

Men dedicate an average of approximately 7 and a half hours more during the week to paid work than women (43.9 vs. 36.4 hours per week), while women dedicate an approximate average of 13 hours more to housework during the week than men (22.3 vs. 9.5 hours per week). Considering the total hours of work, women work for 5 hours more per week than men (58.7 vs. 53.5 hours).

Significant differences also exist by class in time dedicated to paid work and housework alike among women, while among men they do not. Women from the non-manual class dedicate more time to paid work than those from the manual class (37.1 hours vs. 34.9 hours per week), but dedicate less to housework (19.4 hours vs. 25.9 hours per week) ***(Figure 17).*** Thus, gender differences in total working time are inferior among people from the privileged classes, but not due to greater implication of men in housework, but rather due to the reduction of hours in women of these classes, probably due to the fact that they have more resources for hiring services for housework or the care of dependent people.

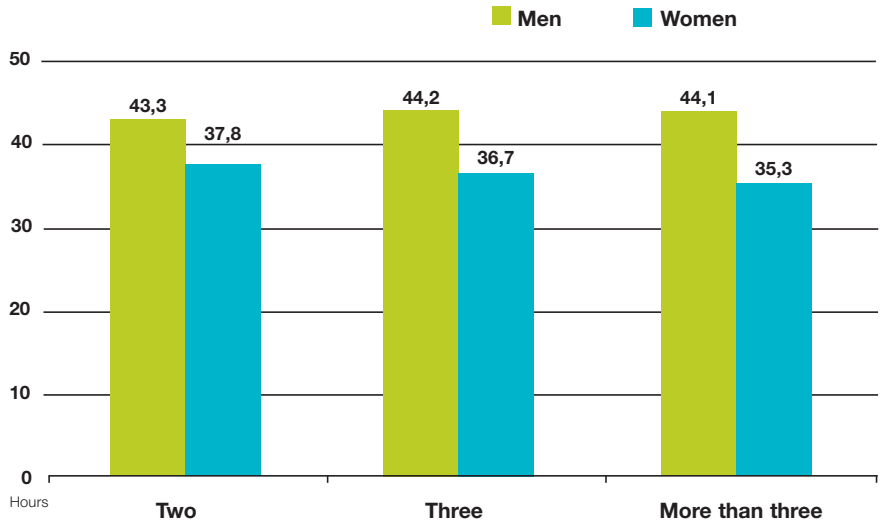
Figure 17. Average weekly hours dedicated to paid work and housework among people aged 25-64 years who live with a partner by sex and social class. Barcelona, 2006.



Source: In-house production based on the Barcelona Health Survey, 2006.

Household size is associated in a significant way with the time dedicated to paid work among women, so the more people that live in the home, the less time the women dedicate to paid work during the week, a relationship that does not arise among men ***(Figure 18).*** The number of children in the home, moreover, is not associated in a significant way with the time dedicated to paid work in either of the sexes.

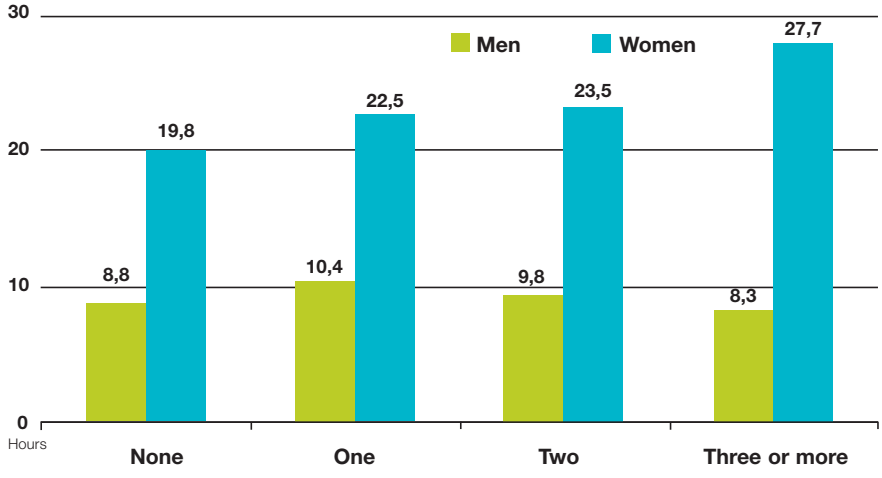
Figure 18. Average weekly hours dedicated to paid work among people aged 25-64 years who live with a partner by sex and household size. Barcelona, 2006.



Source: In-house production based on the Barcelona Health Survey, 2006.

As for time dedicated to housework during the week, household size and number of children in the home, are associated in a significant way with the quantity of time dedicated to these tasks among women, while this relationship does not exist among men. The more people that live in the household and the more children there are present, the more time women dedicate to housework during the week, while significant changes do not occur in men's participation in these tasks ***(Figure 19).***

Figure 19. Average weekly hours dedicated to housework among people aged 25-64 years who live with a partner by sex and number of children in the household. Barcelona, 2006.

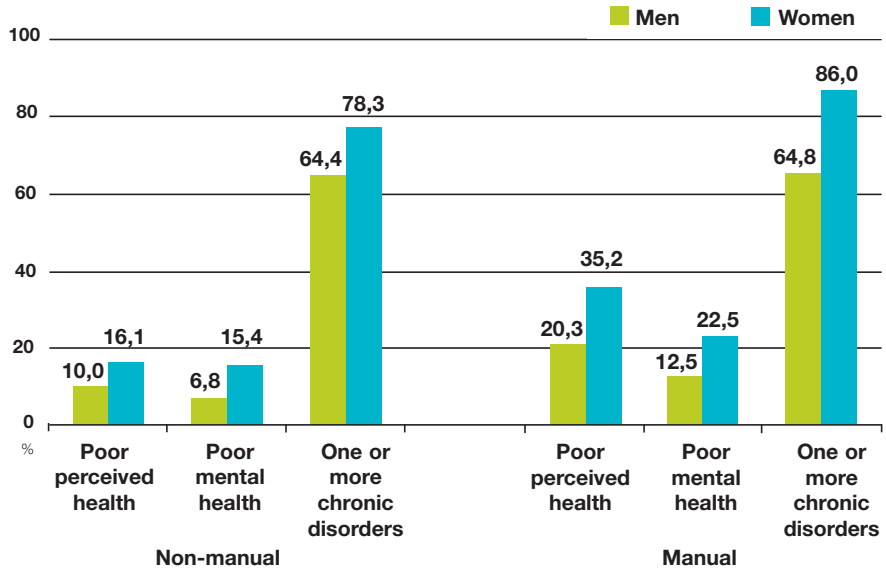


Source: In-house production based on the Barcelona Health Survey, 2006.

Gender inequalities in the relationship of combining work and family life with state of health

Women aged 25-64 years who live with a partner present a worse perceived state of health, worse mental health and a greater prevalence of chronic disorders than men in the same family situation. Thus, some 24.2% of women have a poor perceived state of health (compared with 14.2% of men), while 18.3% have poor mental health (compared with 9.2% of men) and 80.4% have one or more chronic disorders (compared with 64.4% of men). Furthermore, significant differences exist by class in both sexes and in all health indicators analysed, except in the case of chronic disorders among men. As can be appreciated in Figure 20, it is the manual classes who present a worse perceived state of health and worse mental health, but especially women aged 25-64 years from the manual class who live with a partner present the worst results in all the health indicators analysed.

Figure 20. Prevalence of poor health among people aged 25-64 years who live with a partner by sex and social class. Barcelona, 2006.



Source: In-house production based on the Barcelona Health Survey, 2006.

Household size is only associated in a significant way to differences in perceived health among men aged 25-64 years who live with a partner, while the number of children in the household is not related in any significant way with any of the health indicators in either of the two sexes. Thus, men who live in households formed by 3 or more people have a greater prevalence of perceived poor health (16.4%) than those who live in households formed by 3 people (13.7%) and those who only live with their partner (11.2%).

Gender inequalities in the relationship of combining work and family life with health- related behaviours

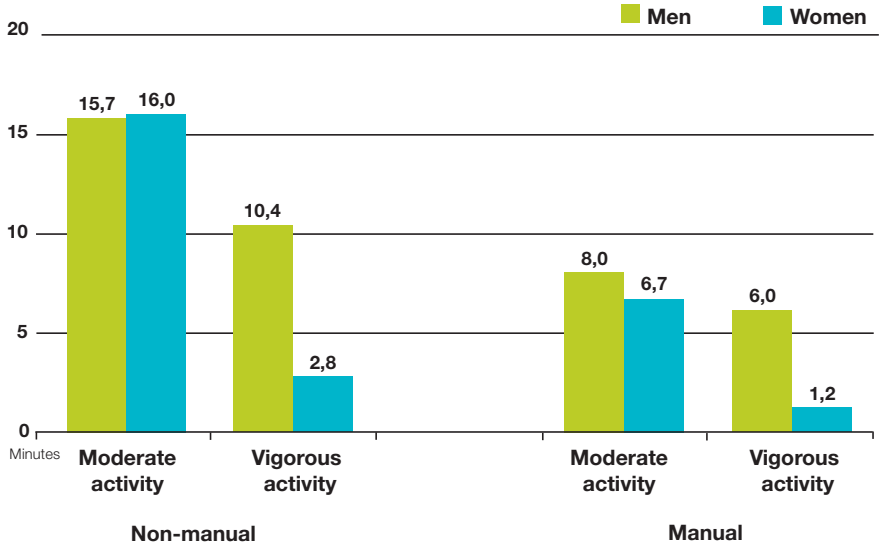
No significant differences exist as regards the daily hours of sleep between men and women, but women lead a more sedentary lifestyle and do less physical activity during their leisure time. The manual classes, moreover, lead a more sedentary lifestyle and dedicate less time to moderate and vigorous physical activities alike during their leisure time in both sexes.

Men and women who live with a partner sleep approximately the same number of hours. But among women significant differences exist by social class, so that while some 28% of women from the non-manual class affirm that they sleep 6 hours or less, that happens among 41.3% of women from the manual class. There are gender differences with regard to sedentary lifestyles. Some 73.5% of women aged 25-64 years who live with a partner lead sedentary lifestyles

compared with some 61.5% of men, and also the manual classes lead a more sedentary lifestyle in both sexes (82.3% of women and 72.6% of men from the manual class who live with a partner).

Time dedicated to moderate physical activity during leisure time is similar among men and women aged 25-64 years who live with a partner, while men dedicate in a significant way more time to vigorous physical activity during leisure time. People from the non-manual class, moreover, dedicate more daily time to physical activities during their leisure time, whether of a moderate or more vigorous type. Thus, as can be observed in ***Figure 21,*** among people aged 25-64 years who live with a partner, it is the men from the non-manual class who spent most daily time on moderate and vigorous physical activity alike, while the people who dedicate least time to this are women from the manual class.

Figure 21. Average daily time dedicated to physical activities among people aged 25-64 years who live with a partner by sex and social class (in minutes). Barcelona, 2006.



Source: In-house production based on the Barcelona Health Survey, 2006.

5.4. People responsible for single-mother households

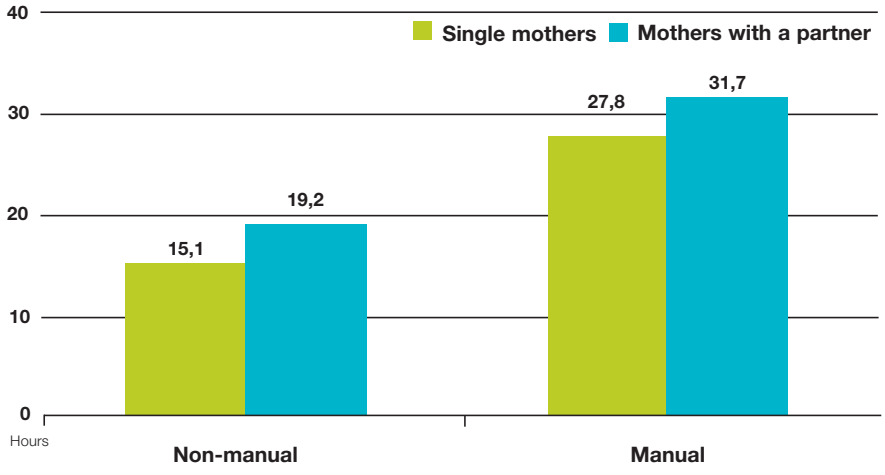
LSingle-parent households are those formed by a father or mother who lives with minor or dependent sons or daughters. In the population studied, some 8% of women aged 25-64 years are single mothers (145 cases) while there are only 1.4% of men in this situation (25 cases). For this reason, the analysis will be based on single-mother households, in other words, those made up of mothers aged 25-64 years as main breadwinners with sons or daughters in their care. The situation of people responsible for single-mother households is compared with that of mothers from the same age group who live with a partner.

Combining work and family life can be especially difficult and stressful for people responsible for single-mother households. In these households, a single woman as to take on the responsibilities of maintaining and attending to dependent minors, often having to decide between relegating care of the children to the background or intensifying it in exchange for a lower income.[LXI] Furthermore, the precarious state of female employment and income inequalities, together with having to maintain a household in a context where the norm is a family with a dual income[LXII] can lead to detrimental effects for the health of single mothers. For example, it has been found that single months have a worse perceived state of health[LXIII, LXIV] and present a greater risk of suffering cardiovascular diseases[LXV] than mothers who live with a partner.

Paid work time, housework time and total work time. Comparison with mothers who live with a partner

Significant differences exist in the work situation and in the time dedicated to housework during the week among single mothers and mothers with a partner, while differences do not exist in the time dedicated to paid work. Mothers who live with a partner dedicate an approximate average of 4 hours more to housework during the week than single mothers, independently of their social class ***(Figure 22).*** Social class is also associated in a significant way with the work situation and the time dedicated to housework, among single mothers and those with partners alike. The total workload is approximately two hours per week greater among mothers with a partner than among single mothers (59.19 vs. 56.98), a circumstance which is explained by the greater dedication in time to housework of mothers with a partner.

Figure 22. Average weekly hours dedicated to housework among mothers aged 25-64 years by civil or cohabitational status and social class. Barcelona, 2006.



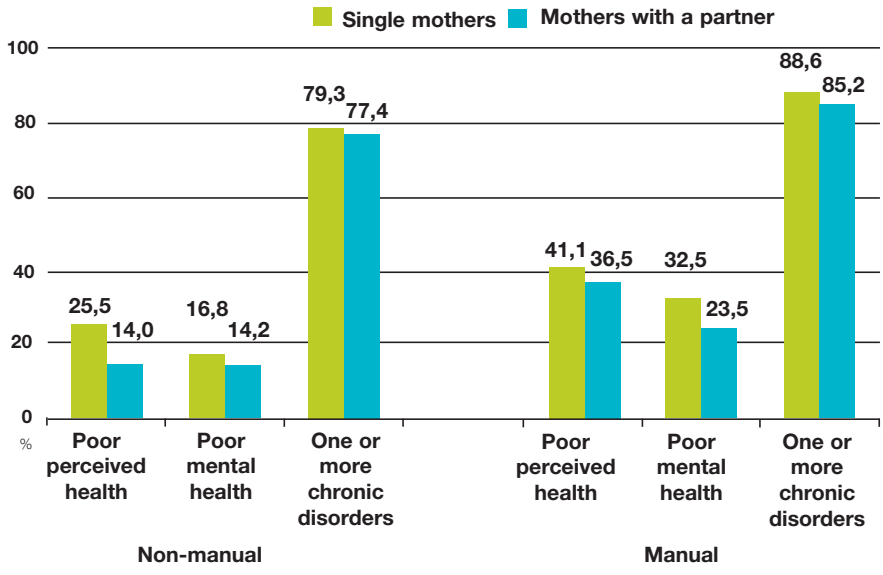
Source: In-house production based on the Barcelona Health Survey, 2006.

There are more single mothers in paid employment than mothers with a partner. Some 76.7% of single mothers are in paid employment and some 9.3% define themselves as housewives, compared with 69.7% and 19.7% of mothers with a partner, respectively. Mothers from the manual class, moreover, whether they have a partner or not, are more often in a situation of inactivity than those from the non-manual classes, but especially those who live with a partner (some 29.3% of mothers with a partner and 10.7% of single mothers from the manual class are housewives compared with 12.5% and 3.6% from the non-manual class, respectively).

State of health, mothers who live with a partner and women responsible for single-mother homes

The health of single mothers and that of mothers with partners does not present significant differences after controlling by age and by social class. As can be observed in Figure 23, mothers from the manual classes, whether they live with a partner or not, have a worse perceived state of health, worse mental health and a greater prevalence of chronic disorders than mothers from non-manual classes with the same civil or cohabitational status.

Figure 23. Prevalence of poor health among mothers aged 25-64 years by civil or cohabitational status and social class. Barcelona, 2006.

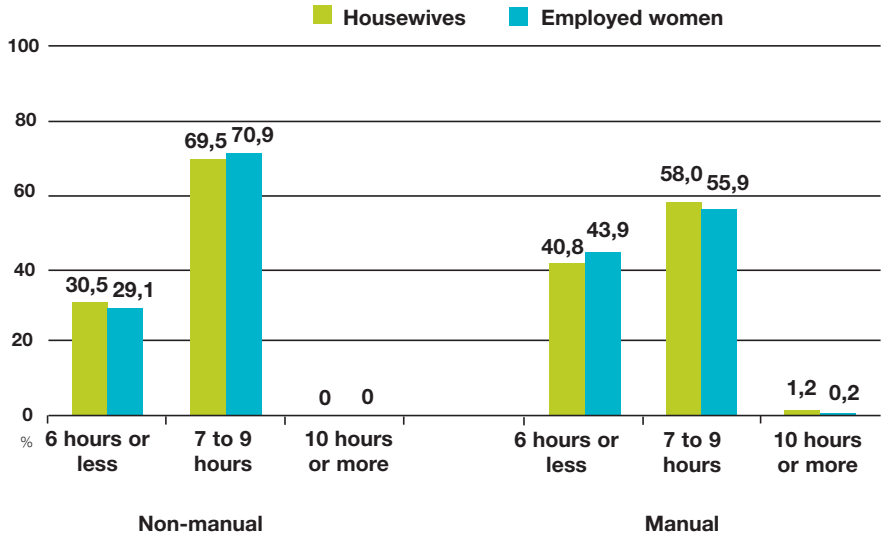


Source: In-house production based on the Barcelona Health Survey, 2006.

Health-related behaviours, mothers who live with a partner and women responsible for single-mother households.

As happens with the health indicators, women responsible for single-mother households present indicators similar with regard to health-related behaviours as those of mothers who live with a partner. Mothers from the manual social class, whatever their cohabitational status, however, sleep less, lead more sedentary lives and dedicate less time to physical activities during leisure time. Mothers from the manual social class present a greater prevalence of sleeping 6 hours or less than mothers from the non-manual social class, whether they live with their partner or not (Figure 24). Moreover, some 84.4% of single mothers and 82.9% of mothers with a partner from the manual class lead sedentary lives, compared with 72.4% and 70.5% of those from the non-manual class, respectively. Mothers from the non-manual class dedicate an average of approximately 10 minutes per day more than mothers from the manual class to moderate physical activities.

Figure 24. Average daily hours of sleep of mothers aged 25-64 years by civil or cohabitational status and social class. Barcelona, 2006.



Source: In-house production based on the Barcelona Health Survey, 2006.

6. PEOPLE AGED 65 YEARS AND OVER

The analysis of uses of time and health among people aged over 65 years requires specific attention. Having exceeded the age in which the labour market is usually left behind, the inequalities and different roles of men and women persist. It has been described that even though women dedicate more time to housework than men at all ages, among older people women reduce their working time at home while men increase theirs, despite their contribution to housework continuing to be lower than that of women[LXVI].

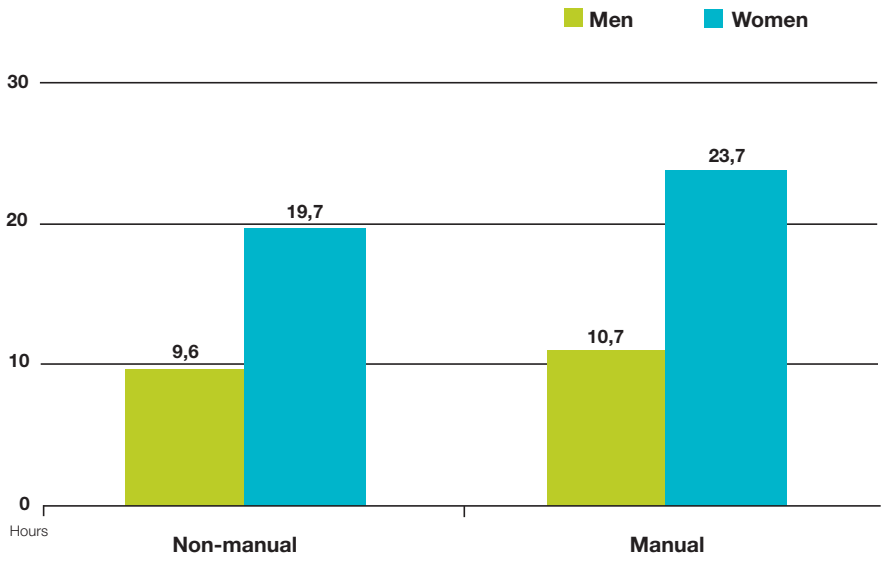
In this age segment, special importance is acquired by the tasks of caring for dependent people, who are not limited only to elderly parents or partners, but also to grandchildren. Some studies on care tasks have documented that while women distribute their time between housework and personal care, men are more oriented towards sporadic activities such as running errands, going to medical visits or taking a walk[35,LXVII]. Many studies have documented the negative impact of caring for people with a disability on the health, especially the psychological health, of their carers, who are frequently women.[LXVIII, LXIX]

6.1. Gender differences in time dedicated to housework. Relationship with the characteristics of the family unit.

When asking elderly people who takes charge mainly of elderly and/or disabled people, no significant differences exist between men and women. In contrast, these differences do exist with regard to occupying oneself mainly with the housework and the time dedicated to this. Some 25.8% of elderly women affirm that they do the housework without any kind of help, whilst this is only thus among 3.9% of men of the same age. Nor do class differences arise in taking responsibility for care tasks between elderly men and women, nor with regard to taking responsibility for housework. In contrast, there are significant differences by sex and class as regards time dedicated to housework between women

and men aged over 64 years. Women aged over 64 years dedicate approximately 10 hours more to housework during the week than men of the same age, differences which are greater among elderly people from the manual social class (13 hours' difference) than among those from the non-manual social class (10 hours' difference) ***(Figure 25).***

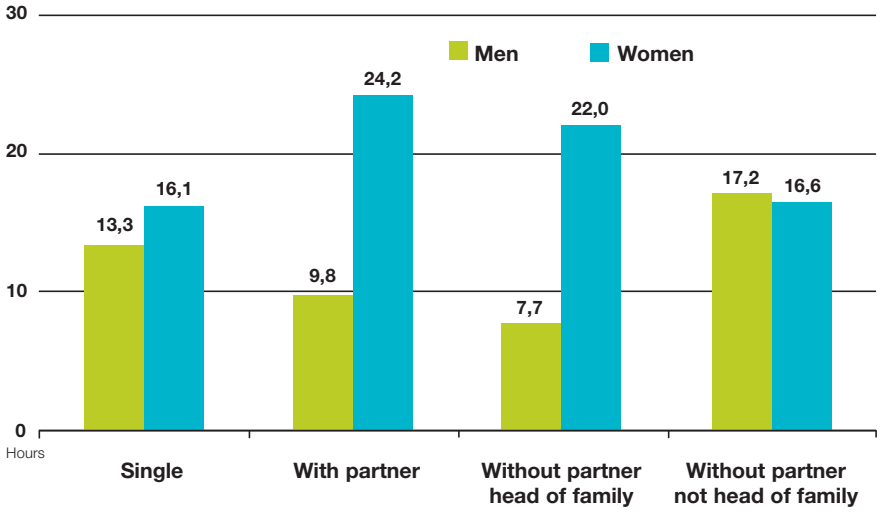
Figure 25. Average weekly hours dedicated to housework among people aged over 64 years by sex and social class. Barcelona, 2006.



Source: In-house production based on the Barcelona Health Survey, 2006.

Figure 26 shows that the greater the domestic and family load implied by household type, the more time dedicated to housework by elderly women, and the less dedicated by men of the same age. Thus, in households formed only by the couple or by others people, with the elderly person of reference being the family head, women dedicate an average of 14 hours per week more to housework than men in the same type of household. At the other extreme are households where elderly people live alone, with an approximate difference of just 3 hours due to the fact that in these homes, men dedicate more time and women less. It stands out that when elderly people live with other people that are not their partner and are not heads of family, elderly men and women dedicate approximately the same quantity of time during the week to doing the housework. This may be related with the support tasks that grandparents provide for their sons and daughters through caring for grandchildren.

Figure 26. Average weekly hours dedicated to housework among people over 64 years by sex and household type. Barcelona, 2006.



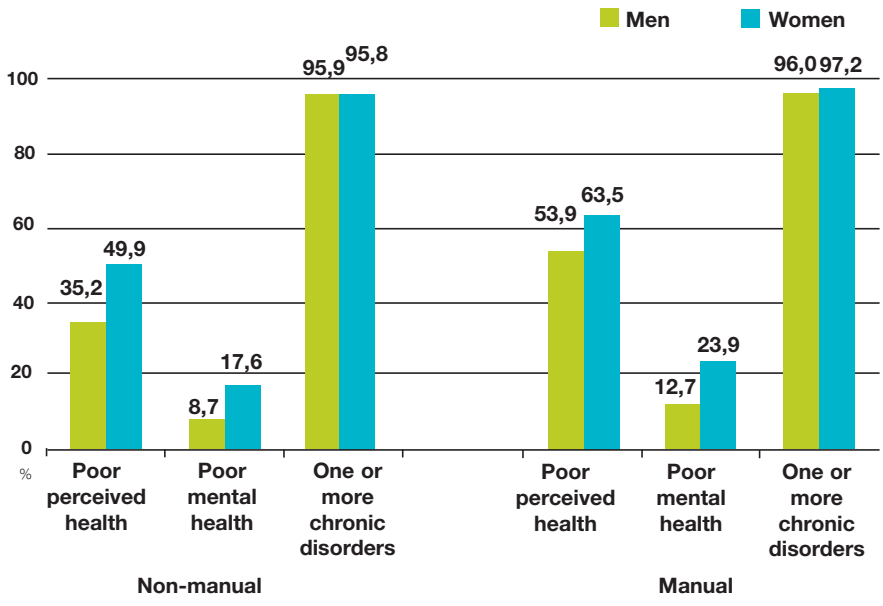
Source: In-house production based on the Barcelona Health Survey, 2006.

6.2. Gender differences in health. Relationship with the characteristics of the family unit.

Women aged over 64 years have worse health than men of the same age in all indicators analysed. Social class is associated in a significant way with a poor perceived state of health and poor mental health among elderly men and women alike. Household type, moreover, is not associated in a significant way with any of the health indicators analysed among neither elderly men nor women.

Figure 27 shows the prevalence of perceived poor health, poor mental health and of suffering one or more chronic disorders among people aged over 64 years by sex and social class. Elderly women present a worse perceived state of health, worse mental health and a greater prevalence of chronic disorders than men of the same age. Differences by class arise in terms of perceived health and mental health in both sexes. Thus, elderly people from the manual class have a worse perceived state of health and worse mental health that those from non-manual classes, but especially women.

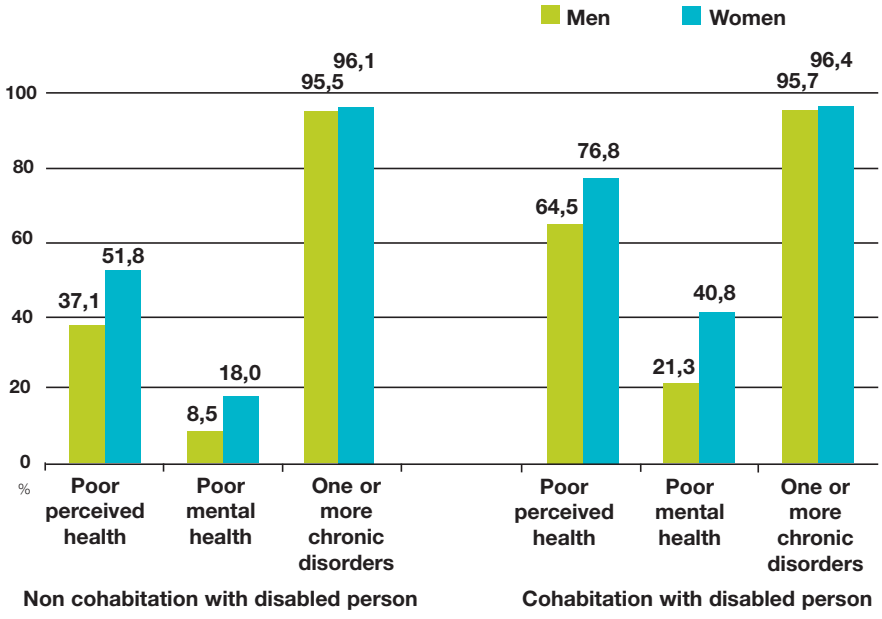
Figure 27. Prevalence of poor health among people aged over 64 years by sex and social class. Barcelona, 2006.



Source: In-house production based on the Barcelona Health Survey, 2006.

Elderly people who live with a person with a disability, on the one hand, present a worse perceived state of health and worse mental health, among men and women alike, but especially among women. In contrast, no significant differences exist with regard to the prevalence of one of more chronic disorders ***(Figure 28).*** This result would be in line with other studies that have found a negative impact from the care of people with a disability on the health of carers.[68, 69]

Figure 28. Prevalence of poor health among people aged over 64 years by sex and cohabitation or not with people with disability. Barcelona, 2006.



Source: In-house production based on the Barcelona Health Survey, 2006.

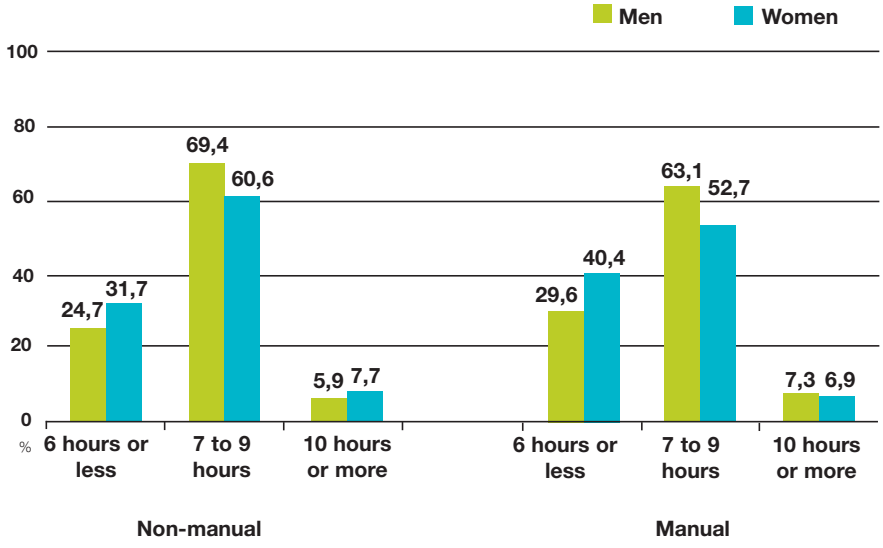
Worthy of note is the high percentage of elderly people who take tranquilisers (sedatives, anti-depressants or sleeping tablets): some 21% of men and 41% of women, without differences of age nor of social class. In both sexes, the consumption of tranquilisers is also more frequent among those who live with a person with a disability. Among men in this situation, some 35.1% consume this type of drug while among those who do not live with a disabled person, the prevalence is 16.8%. The corresponding percentages for women are 54.9% and 38.2% respectively.

6.3. Gender differences in health. Relationship with the characteristics of the family unit.

Women aged over 64 years present a greater prevalence than men of the same age in sleeping 6 hours or less (36.8% vs. 27.1%), in leading a sedentary lifestyle (88.6% vs. 81.8%) and dedicate less daily time to vigorous physical activity during leisure time (0.30 minutes vs. 0.79 minutes). The manual social classes in both sexes present worse results in all these indicators of health-related behaviours: they have a greater prevalence of sleeping 6 hours or less among men and women alike and of sleeping 10 hours or more among men ***(Figure 29);***

they lead a more sedentary lifestyle and dedicate less time to physical activities during leisure time. Household type, moreover, is not associated in a significant way with any of the indicators of health-related behaviours in either of the two sexes.

Figure 29. Average daily hours of sleep among people aged over 64 years by sex and household type. Barcelona, 2006.



Source: In-house production based on the Barcelona Health Survey, 2006.

7. CONCLUSIONS

Uses of time are not an individual choice but are determined to a large extent by a social structure in which gender and class are key factors, as well as by community resources that more or less facilitate healthy uses of time. This structuring of time can have negative effects on health and on people's health-related behaviours which literature on uses of time has often forgotten about.

It has been documented that long working days and part-time and occasional jobs, for example, are associated with health problems such as hypertension, cardiovascular, muscular and skeletal disorders, stress, depression and fatigue, and with health-related behaviours such as smoking and consuming alcohol.[15-19] These uses of time are conditioned by the sexual division of work, which assigns to men a protagonist role in paid work and to women in the domestic and family sphere, and moreover, by socioeconomic position, in that the less privileged classes often have to extend their working hours or agree to timetables that are less recommendable from a health viewpoint. Uses of time with regard to the domestic and family sphere, moreover, have also been associated with negative effects on people's health and health-related behaviours, but especially among women due to the aforementioned sexual division of work.[36, 37]

In this study important differences in gender and social class have been found in all age groups studied as regards time dedicated to paid work, to housework, health indicators and health-related behaviours. Women of all ages and people from the manual social class present worse results in nearly all indicators analysed. Gender inequalities in domestic and family roles, moreover, begin at an early age. Family responsibilities are associated with an increase in the number of housework hours, in women in all age groups and with a reduction in paid working hours among those aged 25-64 years. Among younger men, they are associated with an increase in paid working time, while among older people it is associated with a reduction in the time dedicated to housework during the week. Among people aged 25-64 years, total work time is greater among women, especially among those from less favoured social classes.

Among people of working age, women dedicate more time to household and family tasks, while men dedicate more hours to paid work. Long working days (over 40 hours per week), work in shifts and night-time working are more fre-

quent among the men, while part-time working is more frequent among women. In both sexes, night-time working and shift work is more frequent among workers from the manual social class. Long working days and night-time working are associated with sleeping 6 hours or less among men and women alike.

Women from all age groups and the manual social classes have a worse state of health, do less exercise during their leisure time and sleep less hours than men and the non-manual social classes. Among younger women, living with children is associated with a more sedentary lifestyle during leisure time. Especially important are the differences with regard to time dedicated to vigorous physical activity during leisure time between men and women in this age group. Housewives aged 25-64 years have a worse perceived state of health, a greater prevalence of sleeping 6 hours or less and of sleeping 10 hours or more than employed women. Elderly people who live together with a person with a disability present a worse perceived state of health and worse mental health, among men and women alike, but especially among women.

8. RECOMMENDATIONS

Promote policies combining work and family life both in work and outside work spheres, encouraging a more healthy use of time.

Increase public resources for the care of dependent persons: nurseries for children aged 0 to 3 years, extra-curricular activities[1] considering the possibility that they may be developed with the family, day centres for elderly people and local services.

Increase and improve measures for combining work and family life in paid work, overcoming the traditional conception on family responsibilities and paid work for men and women as this conception may be one of the main causes of discrimination in the work market because they incentivise the contracting of people with less probabilities of taking sick or other leave, achieving effects contrary to those pursued.

Promote the co-responsibility for house and family work among men and women at early ages.

Incorporate social class into the study, production and implementation of public policies aimed at eliminating gender inequalities in health.

Encourage physical activity during leisure time and facilitate it being carried out at all ages among men and women alike (increasing the public cover of sporting facilities, adapting public spaces to be used for physical activities, etc.)

Increase research into inequalities in uses of time and their impact on health.

[1] Given the increase in obesity among children and teenagers, it is important to include the practice of physical exercise among sporting activities.

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