

Parenthood, marital status, working status and self-rated health among Germans

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FIRST DRAFT

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Self-rated health (SRH) is a person's subjective evaluation of his health in general and is an established health measure instrument, simple and easy to administer (Bombak, 2013). It is also recommended by the world Health Organization (WHO) to be used as a health instrument (de Bruin, Picavet, & Nossikov, 1996). SRH is a valid and powerful predictor of mortality and morbidity (Ferraro & Yu, 1995; Idler EL & Y, 1997) and better measure than any other combination of objective and self-reported measures (Picard, Juster, & Sabiston, 2013). When answering to the question "How is your health in general" respondents obviously consider many additional aspects of their health status (McCullough & Laurenceau, 2004; Simon, De Boer, Joung, Bosma, & Mackenbach, 2005). It seems that self-assessed health is mainly to be associated with physical health problems, functional capacities, health behaviour, and psychological aspects (Idler, Hudson, & Leventhal, 1999; Krause & Jay, 1994). Also it is shown that low psychological well-being and negative emotional states are associated with lower self-rated health (Benyamini, Idler, Leventhal, & Leventhal, 2000). General health is also determined and influenced by common life situations and transitions. The association between parenthood, marital status, employment status and health is broadly studied, but there are no consistent results. Research is inconclusive as some studies report positive (Burton, 1998; Martikainen, 1995), some negative relationship (Evenson & Simon, 2005; Waldron, Weiss, & Hughes, 1998) or even no relationships at all (David & Kaplan, 1995; Ross, Mirowsky, & Goldsteen, 1990). There are a lot of discussions and explanations for these findings. Usually, there are two strains of explanations: health selection and social

causation (Benzeval, 1998; Wyke & Ford, 1992). Behind the health selection theory stands the view that unhealthy people are less likely to get married, more often experience a marital breakdown and less likely to remarry than healthy people (Wyke & Ford, 1992). Also, unhealthy people are less likely to have children and work full time (Benzeval, 1998). The arguments for the social causation are going into two different views that compete in explaining the connection between health and fulfilling multiple roles such as having children, being active on the labor market and living with a partner (Hibbard & Pope, 1993). The two main explanatory hypotheses are multiple role-burden and multiple role-attachment hypothesis (Benzeval, 1998; Hewitt, Baxter, & Western, 2006). The *multiple role-burden* hypothesis emerged from the view that combining work and family would increase the burden of responsibility, especially for women, which would in turn increase the pressure and stress associated with competing roles and eventually have a negative impact on health. In other words, given the limited time and energy, multiple roles may create role conflict or role overload as people try to juggle various responsibilities resulting in stress and poor health. Alternatively, the *multiple role attachment* hypothesis argues that multiple responsibilities provide attachment to broader networks and communities which then provides people with social support, resources, self-esteem, social ties and obligations that enhance health in a cumulative way.

Additionally, there is evidence that that marriage and children do not have the same association with men's health as women's and therefore combining commitments does not have the same impact (Hewitt et al., 2006).

In our study we investigate closely the relationship between having children, marital status, employment, and subjective health among German men and women. In detail, we want to study what influences have those three roles on the self-rated health; are parenthood, marital and employment status interacting when influencing the self-assessed health, and are there differences in the shown impacts between men and women?

Data and Methods

We use pooled data from the Study "German Health Update" (GEDA) carried out by the Robert Koch-Institute in 2009 and 2010 (Robert Koch-Institut, 2011, 2012). They were collected using computer assisted telephone interviewing. The sample consists of 35,133

people aged 18-64.

We use information on the self-rated health of people obtained through the question: “What is your general state of health like? Is it very good, good, fair, poor or very poor?” For our analysis we group the answers in two (1) very good and good, and (2) fair, poor or very poor. For simplicity in the text we refer to the two groups as good and poor health.

We include two different measures on children in the household. Once, we built a variable indicating the presence of children aged 18 or younger in the household. We do not differentiate between own child, adopted or a stepchild. We also do not take into account when own children are living in other household at the time of interview.

The second measure on children in the households shows the presence of children in pre-school age. The variable is dichotomized and the categories are “yes” and “no”.

For measuring the marital status, we built a variable with three categories indicating if the person is single, married or common-law and the third category summarizes the separated, divorced and widowed individuals. For simplicity in the text we refer to the second group as married and to the third group as separated.

Regarding the employment measure, we include a variable indicating if the person is full time employed, part time employed or not employed at all.

We conduct descriptive analysis for people who rate their health status as poor and then perform logistic regression analysis for the same outcome. We conduct models stratified for men and women in order to differentiate possible influencing factors. Additionally, we perform interactions with the intention to disentangle the joint influences of parenthood, employment and marital status on the self-rated health of men and women in Germany. The results from the logistic regression analyses are presented in two tables, separately for men and women. In each table are presented 5 models. The first model is the full model including all the variables, without any interactions. Model 2 includes an interaction between parental and marital status, model 3 includes the interaction between marital and employment status and model 4 includes the interaction between parental and employment status. The last model includes the three-way interaction between parental, marital and employment status. All the models are controlled for age, socio-economic status and social support. All the analysis are weighted for age, sex, education and region, and conducted with the statistical software StataSE 13.

The characteristics of our sample according to all these variables are presented in Table 1.

Altogether, there are 11,992 people in the sample who report to live with at least one child in the household, with women living more often with a child. The biggest part of the participants is married or cohabiting with a partner. There are significant differences according to employment status for men and women. While almost 73 % of the men are working full time, only about 31 % of the women do so. In reverse, 37 % of the women are working part time and only 9 % of the men do so.

Table 1: Sample characteristics according to sex (n= 35,133)

Variable	Women		Men	
	n	%	n	%
Total	19,980	50.0	15,153	50,0
Age				
18-29	3,968	22.1	3,652	23.2
30-44	7,079	34.0	4,993	33.9
45-64	8,933	43.9	6,508	42.9
Parental status				
No kids	12,357	62.5	10,784	68.3
Kids	7,623	37.5	4,369	31.7
Child in preschool age in the HH				
No	16,746	86.1	13,255	83.3
Yes	3,234	13.9	1,898	16.7
Marital status				
Married or common-Law	12,812	70.7	9,133	68.0
Single	4,114	18.7	4,711	26.6
Separated, divorced or widowed	2,950	10.6	1,208	5.4
Employment status				
Working, full time	6,847	31.2	11,060	72.8
Working, part time	7,488	37.2	1,403	8.6
Not working	5,542	31.6	2,633	18.5
Socio-economic status				
Low	2,140	17.2	1,587	16.8
Middle	11,644	62.5	7,976	59.1

High	6,146	20.3	5,544	24.2
<i>Social Support</i>				
Low	2,416	13.9	1,847	13.9
Middle	9,563	49.0	7,446	50.4
High	7,519	37.1	5,408	35.7

Note: percentages are weight

Results

Descriptive results

In Table 2 are presented the descriptive results which show the sample composition of people who reported to have poor subjective health. About 22 % (n=6,978) of the people in our sample reported to have fair or poor subjective health with women reporting this more often than men (women 23.6 %, men 21.0%). Both men and women report more often feeling subjectively bad with aging, with a bit more than 30 % in age group 45 to 64.

Men and women who have children report less often having poor health than those without children. The same holds for respondents who live with a pre-school aged child, they tend significantly less often to report poor subjective health. Men and women who are separated or widowed rate more often their health as poor, compared to those living with a partner or being single. Not being active on the labor market also leads to more often reporting poor health. There is also a socio-economic gradient visible, both for men and women. The higher the social status of the people the less often they report a poor subjective health.

Regarding the social support there is also a visible gradient for men and women, with lowest social support having highest reporting of poor subjective health and vice versa.

Table 2: Descriptive results: having fair or poor self-perceived health according to sex and basic characteristics

Variable	Women			Men		
	n	%	CI-95%	n	%	CI-95%
Total	4235	23.6	22.9-24.4	2743	21.0	20.1-21.8
<i>Age</i>						
18-29	509	13.3	12.1-14.6	289	8.6	7.5-9.8
30-44	1151	18.4	17.3-19.6	676	16.3	15.0-17.8
45-64	2575	32.8	31.6-34.1	1778	31.3	29.8-32.8
Parental status						
No kids	2986	22.4	21.4-23.5	2097	26.7	25.7-27.7
Kids	1249	17.8	16.3-19.4	646	18.6	17.5-19.8
<i>A child in pre-school age in the HH</i>						
No	3768	25.2	24.4-26.1	2528	22.2	21.3-23.1
Yes	467	15.8	14.3-17.5	215	13.4	11.4-15.5
<i>Marital status</i>						
Married or common-Law	2642	24.0	23.1-25.0	1732	22.4	21.3-23.6
Single	669	16.2	14.9-17.6	628	14.2	13.0-15.6
Separated, divorced or widowed	900	34.3	32.1-36.5	366	35.5	31.8-39.3
<i>Employment status</i>						
Employed, full time	1179	18.9	17.8-20.2	1620	16.9	16.0-

						17.8
Employed, part time	1348	20.2	19.1-21.4	240	20.4	17.7- 23.5
Unemployed	1694	32.4	30.8-33.9	872	37.4	35.0- 39.8
<i>Socio-economic status</i>						
Low	748	36.1	33.7-38.6	498	34.1	31.3- 37.0
Middle	2601	23.3	22.3-24.2	1580	20.9	19.8- 22.0
High	874	14.0	13.0-15.1	656	12.0	10.9- 13.1
<i>Social Support</i>						
Low	918	40.5	38.0-43.0	602	34.1	31.4- 37.0
Middle	1951	22.5	21.4-23.5	1322	21.3	20.1- 22.6
High	1227	18.0	16.9-19.1	716	14.9	13.7- 16.1

Results of the multivariate analysis

The results of the regression models for women and men are presented in Tables 3 and 4 respectively. Comparing the first models for women and men, we see that living with children in one household has a protective effect that is people rate their subjective health less often as poor, compared to those not living with children. However, there is a difference if the child is in a preschool age or not. Men and women, who live with at least one small child in the household, have higher odds of rating their health as poor. Single men and women also report less often poor health compared to their married counterparts. Separated women report on the opposite, more often to have poor health. Employment shows also significant influence. For women there is an effect of unemployment on reporting poor health. For men, additionally to this, also part-time employed have higher odds of reporting poor health than the full-time employed.

Adding interaction for living with children and marital status (model 2) does not lead to major changes in the effects of the variables. However, there is an apparent difference in the combination of parenthood and partnership for men and women. The results for women show that those who live without children and are single have lower risk of reporting poor health compared to married or divorced without children. Women who live with children and are married have lower odds of reporting poor health compared to married women without children in the household. For men it seems that there is no influence of the marital status, but a positive effect of living with children. For instance when comparing married men with children to married men without children, the one with children, have lower risk of reporting poor subjective health (OR 0.84).

The results from the interaction of marital and employment status (model 3) show that married or separated women who are not active on the labour market have higher risk of reporting poor health. Having a look at the married women, those who are not working have 64 % higher risk of reporting poor health, compared to married women, employed full time. There is no significant difference between married women who work part time and full time. Also, divorced women who are not employed have the highest risk of rating their health as poor ($1.64*1.64*0.95 = 2.56$). For men, the observations are more differentiated. There is evidence that it is not only important to be employed on the labour market, but also to be full time working. Disregarding the marital status, men who are either not employed or part time working have higher risk of reporting poor health than men who are full time working. Single and not employed men have 84 % higher risk ($0.59*3.13*0.99=1.84$), married and not working 213% (OR 3.13) and divorced and not working 266 % ($1.05*3.13*1.12=3.66$) risk of rating their health as poor, compared to married men employed full time.

The next interaction that was taken into the model (model 4) was between parenthood and employment status. It shows also similar results to the ones before. For women, there is a significant difference between employed (no matter full time or part time) and not employed women. Not working women and not having children have 87 % higher risk of reporting poor health than married women without children. Also, part time working mothers have significantly lower risk of poor health ($0.73*1.08*0.93 = 0.73$) compared to full time working women without children. In other words, the most health burdened seems to be the group of single women not active on the labour market. The lowest risk show married mothers who are part-time employed. For men the influence of employment status is even stronger. When

comparing full time working men according to parenthood, we see that those living with children have lower risk of reporting poor health (OR 0.81) than those living without children. Also, within the group of non-parent, the men that are not employed have significantly higher risk of reporting poor health (OR 2.56) followed by those who are working part time (OR 1.61). The highest odds of reporting poor health have men who live with children and are unemployed ($1.54*2.56*0.81 = 3.19$).

The last, three-way interaction (model 5) confirms to great extend the results from the previous models. There are significant differences between women living with and without children. When looking at the women without children, those who are single and work full time have lowest odds of reporting poor health (OR 0.80). Additionally, women who are separated and not employed show the highest risk of reporting poor health ($1.87*1.82*0.87=2.96$), followed by the married and not employed women (OR 1.82). Among women living with children, independently from the marital status, those who work part time show significantly lower odds for reporting poor health. Single mothers working part time show odds of 0.68 ($0.82*0.80*1.04*1.01$), married mothers working part-time have odds of 0.71 ($0.82*1.04*0.83$) and separated mothers, part time working have similar odds of 0.73 ($0.82*0.87*1.04*0.98$). Interestingly, married mothers who are not employed are not differing from married childless women who are working full time. It could be that in the group of not working mothers there are predominantly women who intentionally do not go to work.

The results for men show biggest influence of employment on the rating of the subjective health. Among men living without children and working full time, there is no difference according to marital status in reporting poor subjective health. For married men living with children, the full employment is more important than for men without children (OR 0.82). The results for single fathers are not significant, due to the small group of such men in our sample. Additionally, when comparing the childless men, we see a significant difference in the reporting of poor health among men who are not employed or working part time, compared to working full time, regardless of the marital status. The highest odds of reporting poor health have men who are separated and are not working (OR = $1.02*2.82*1.33 = 3,82$) followed by married and not employed (OR 2.82) and single, not employed (OR = $0.97*2.82*0.66 = 1.81$). Part time employed also show significantly higher odds of reporting poor health where for single men the odds are 1,44 ($0.97*1.63*0.91$), for

married and separated the odds ratios are 2.83 and 1.49 respectively ($1.02 \times 1.63 \times 0.90$). Among men living with children, the ones that are married and not employed have the highest odds of reporting poor health ($OR = 0.82 \times 2.82 \times 1.48 = 3.42$). The lowest odds of reporting poor health show men who are married and working full time ($OR = 0.82$).

Table 3: Odds Ratios for having poor subjective health according to parental, marital and employment status. Results for women*

Variable	Model 1			Model 2			Model 3			Model 4			Model 5		
	OR	p-value	CI-95%	OR	p-value	CI-95%	OR	p-value	CI-95%	OR	p-value	CI-95%	OR	p-value	CI-95%
<i>Parental status</i>															
No kids	Ref			Ref			Ref			Ref			Ref		
Kids	0.72	0.000	0.63-0.81	0.68	0.000	0.59-0.79	0.72	0.000	0.63-0.82	0.93	0.471	0.75-1.14	0.82	0.124	0.63-1.06
<i>A child in pre-school age in the HH</i>															
No	Ref			Ref			Ref			Ref			Ref		
Yes	1.21	0.033	0.01-1.43	1.22	0.023	1.03-1.46	1.21	0.033	1.02-1.44	1.17	0.086	0.98-1.39	1.18	0.061	0.99-1.41
<i>Marital status</i>															
Single	0.84	0.020	0.72-0.97	0.75	0.001	0.64-0.88	0.85	0.106	0.70-1.04	0.83	0.019	0.71-0.97	0.80	0.033	0.64-0.98
Married or common-Law	Ref			Ref			Ref			Ref			Ref		
Separated, divorced or widowed	1.17	0.013	1.03-1.32	1.16	0.042	1.01-1.34	0.95	0.676	0.77-1.19	1.17	0.014	1.03-1.32	0.87	0.268	0.68-1.11
<i>Employment status</i>															
Not working	1.71	0.000	1.52-1.92	1.72	0.000	1.53-1.93	1.64	0.000	1.41-1.90	1.87	0.000	1.64-2.14	1.82	0.000	2.17-2.85
Working, part time	1.00	0.980	0.89-1.13	1.01	0.931	0.89-1.13	0.98	0.745	0.84-1.13	1.08	0.268	0.94-1.25	1.04	0.685	0.87-1.24
Working, full time	Ref			Ref			Ref			Ref			Ref		
<i>Interaction: parental & marital status</i>															
Parent/Single				1.91	0.000	1.34-2.71									
Parent/Separated				1.02	0.869	0.78-1.33									
<i>Interaction: marital & working status</i>															
Single/not working							0.87	0.318	0.65-1.15						
Single/ Working part time							1.16	0.331	0.86-1.56						
Separated/not working							1.64	0.001	1.21-2.22						
Separated/Working part time							1.07	0.684	0.79-1.44						
<i>Interaction: parental & working status</i>															
Parent/not working										0.68	0.005	0.52-0.89			
Parent/ Working part time										0.73	0.014	0.56-0.94			

<i>Interaction: parental, marital & working status</i>															
No child/single/not working													0.78	0.118	0.57-1.07
No child/single/part time													1.18	0.338	0.84-1.65
No child/divorced/not working													1.87	0.000	1.32-2.64
No child/divorced/part time													1.16	0.430	0.81-1.68
Parent/single/not working													1.49	0.271	0.73-3.02
Parent/single/part time													1.01	0.971	0.55-1.86
Parent/single/full time													2.40	0.003	1.35-4.26
Parent/married/not working													0.73	0.058	0.53-1.01
Parent/married/part time													0.83	0.239	0.61-1.31
Parent/divorced/not working													1.09	0.764	0.61-1.95
Parent/divorced/part time													0.98	0.941	0.60-1.61
Parent/divorced/full time													1.48	0.130	0.89-2.47

*All the models are controlled for age, social status and social support

Table 4: Odds Ratios for having poor subjective health according to parental, marital and employment status. Results for men*

Variable	Model 1			Model 2			Model 3			Model 4			Model 5		
	OR	p-value	CI-95%	OR	p-value	CI-95%	OR	p-value	CI-95%	OR	p-value	CI-95%	OR	p-value	CI-95%
<i>Parental status</i>															
No kids	Ref			Ref			Ref			Ref			Ref		
Kids	0.84	0.036	0.72-0.99	0.84	0.037	0.71-0.99	0.86	0.066	0.73-1.01	0.81	0.018	0.69-0.97	0.82	0.036	0.69-0.99
<i>A child in pre-school age in the HH</i>															
No	Ref			Ref			Ref			Ref			Ref		
Yes	1.29	0.036	1.01-1.64	1.29	0.040	1.01-1.64	1.30	0.032	1.02-1.66	1.30	0.035	1.02-1.66	1.30	0.035	1.02-1.67
<i>Marital status</i>															
Single	0.83	0.050	0.69-1.00	0.83	0.052	0.69-1.00	0.99	0.922	0.80-1.22	0.84	0.066	0.70-1.01	0.97	0.810	0.79-1.21
Married or common-Law	Ref			Ref			Ref			Ref			Ref		
Separated, divorced or widowed	1.14	0.193	0.94-1.38	1.12	0.279	0.91-1.37	1.12	0.375	0.87-1.43	1.14	0.173	0.94-1.39	1.02	0.893	0.78-1.33
<i>Employment status</i>															
Not working	2.76	0.000	2.37-3.20	2.76	0.000	2.38-3.20	3.13	0.000	2.59-3.78	2.56	0.000	2.19-2.99	2.82	0.000	2.29-3.47

Working, part time	1.52	0.000	1.24-1.86	1.52	0.000	1.24-1.86	1.50	0.002	1.16-1.94	1.61	0.000	1.29-2.02	1.63	0.002	1.20-2.22
Working, full time	Ref			Ref			Ref			Ref			Ref		
<i>Interaction: parental & marital status</i>															
Parent/Single				0.85	0.825	0.21-3.47									
Parent/Separated				1.18	0.614	0.62-2.26									
<i>Interaction: marital & working status</i>															
Single/not working							0.59	0.001	0.43-0.81						
Single/ Working part time							0.97	0.892	0.63-1.49						
Separated/not working							1.05	0.824	0.63-1.49						
Separated/Working part time							0.85	0.649	0.43-1.69						
<i>Interaction: parental & working status</i>															
Parent/not working										1.54	0.036	1.03-2.32			
Parent/ Working part time										0.75	0.267	0.45-1.25			
<i>Interaction: parental, marital & working status</i>															
No child/single/not working													0.66	0.014	0.47-0.92
No child/single/part time													0.91	0.676	0.57-1.44
No child/divorced/not working													1.33	0.228	0.84-2.11
No child/divorced/part time													0.90	0.777	0.42-1.91
Parent/single/not working													0.60	0.570	0.10-3.54
Parent/single/part time													n.a.		
Parent/single/full time													1.01	0.987	0.18-5.65
Parent/married/not working													1.48	0.080	0.95-2.31
Parent/married/part time													0.77	0.356	0.44-1.35
Parent/divorced/not working													0.46	0.241	0.12-1.69

Parent/divorced/part time														0.6 1	0.551	0.12-3.10
Parent/divorced/full time														1.9 2	0.058	0.98-3.76

*All the models are controlled for age, social status and social support

Discussion

The analyses show that all of the three roles that we studied have an influence on the subjective health of men and women in Germany. We found significant interactions between these three roles which vary according to sex. These significant differences hold also after controlling for age, social status and social support.

Men living with partner and children who are working full time are having the lowest odds of reporting poor health. Exactly for this group the full time employment has the highest importance. Especially after forming a family, it seems that men to a high extend are still defining themselves as the bread winners in the family. Unemployment is significantly deteriorating for health among men. The only exception we find in the group of lone fathers, for which because of the small numbers we cannot draw final conclusions. Theoretically, the group of lone fathers who are not full time employed could be a highly selected group which intentionally wants to differentiate from the traditional bread winner-role of men. In this group the part time employment or unemployment, similarly to lone mothers, could be intentionally chosen because of the responsibility of raising a child. As an effect, this chosen role could have a positive influence on the subjective health. It would be interesting to have a look at the separated fathers whose children are living in the households of the mothers. Unfortunately, in our dataset it is not possible to identify this group. There are results from other studies that show that employment is highly relevant for men's health. Menaghan (1989) found that men reported more psychological symptoms when they were unmarried or were simultaneously married, unemployed, parents. In a study for self-perceived stress, it was also found that for men is a significant interaction between parental and working statuses to the disadvantage of those fathers who are unemployed (Muhammad & Gagnon, 2010).

In women there is a significant difference between those who live with children and those who do not. For women living with children a part time employment is associated with better subjective health and this seems to be even regardless if the mother is living with a partner or is a lone mother. A similar good subjective health is reported also by the childless single women who are full time employed. Thus, it seems that for women there are two alternative patterns of family life that are associated with a good subjective health. On one side are the part-time working mothers and on the other single-living full-time working women, who are having their realization at work. However, it may be that here are shown two patterns of family lives that are occurring one after another in the life course. While in the phase before forming a family for

young single women the full time employment is associated with better subjective health, with the family formation the part time employment becomes more attractive and increases the risk of having better health status. Hewitt et al. (2006) also report that combining children with part-time employment or unemployment has a health benefit, whereas combining full-time employment and children incurs a health burden for women.

The birth of the first child usually leads for many families to “return to the traditional gender arrangements” (Bundesministerium für Familie, 2011). While with the transition to motherhood employed women very often reduce significantly their working hours, usually employed men invest more in their occupation and carrier path and draw back from the household tasks (Schulz & Blossfeld, 2006). Consequently, the distribution of the time for family and occupation is still characterized by gender specific inequality which is also expressed in the health status of people.

In women as well as in men, the group of separated, not employed and living without children shows the highest risk of poor health. In this group are included two critical life events – separation (widowhood) and unemployment. To this group belong also parents who after the separation do not live with their children in one household anymore. This could be also another critical event and risk factor for a poor subjective health. However, we are not able to control for this factor in our analyses. Interestingly, it seems that living together with children reduces the negative effect of events like separation (widowhood) and unemployment. Although parents have to deal alone in the household, they report less often poor health compared to childless people who are separated (widowed) and unemployed. Other studies report similar findings. For instance Hewitt et al. (2006) state that marriage and employment may operate interchangeably to benefit health and the presence of children may increase the health burden for women who are not married. However, Muhammad and Gagnon (2010) find out that unemployed, separated mothers have the highest levels of self-perceived stress. Menaghan (1989) also report that women suffered more psychological symptoms when they were unmarried mothers, with varying effect of employment.

Altogether, the results show that the interaction between parenthood, marital status and employment is a very complex one and cannot be entirely explained neither by the multiple-role-burden theory nor by the multiple-role-attachment theory. For instance, the fact that women with children are healthier when they are employed part time and not full time may be explained through the multiple-role-burden theory where employment, parenthood and living

with partner are understood as three burden roles. At the same time, part time employed mothers are healthier than unemployed mothers, which is explained through the theory of multiple-role-attachment, which states that the different social roles provides a better access to social networks, which in turn reduces the burden of the multiple roles. Moreover, the differences between men and women show that the interaction between parenthood, marital and employment status is still strongly defined through the traditional role models. As stated elsewhere, it is very difficult to interpret such findings (Ahrens & Ryff, 2006). According to the authors, there could be differences according to education level with regard to the coping strategies of multiple roles. Women with high education have more resources and skills for managing multiple roles and are delighted to do so, while highly educated women with fewer roles may feel they have fallen short of expectations shaped by their educational experiences. On the other hand, women with less education and fewer roles may maintain higher autonomy by focusing their resources on a small number of roles (Ahrens & Ryff, 2006). For men the differences according to education and multiple roles may be slightly different. It could be that highly educated men with many roles may feel less autonomous because they have diminished flexibility in their schedules as they become more involved in household tasks (Ahrens & Ryff, 2006). This aspect of possible interrelationship needs further investigation. Although there are many studies dealing with the effect of different roles on health, the comparison across studies is very difficult (Hewitt et al., 2006). Most often the difficulties arise from the fact that in each study the impact factors and the outcome variables are measured in different way (Khlat, Sermet, & Le Pape, 2000; Martikainen, 1995). Other critiques on the studies that examine the impact of multiple roles on health is the fact that the research concentrates mainly on the roles of parenthood, spouse and employment and other important roles such as friend, church member or organization member are usually ignored (Thoits, 1986). So it is needed a reconsideration of how a wider array of roles may be differentially linked with well-being outcomes for women and men (Ahrens & Ryff, 2006). Also, it is stated that regardless of the number of roles that men and women held, the quality or the characteristics of these multiple roles may also have an effect on health (Hibbard & Pope, 1993).

Limitations

One of the limitations of the analysis is the usage of cross-sectional data. The interpretation of

the results therefore must be taken with consideration. Next to the impact of parenthood, marital and employment status on the health status of people (causality), must not be forgotten that also the health status can impact the transitions to parenthood, marriage and employment (selectivity).

Another limitation of our study is the measure of unemployment. In this category are included people who are not active on the labour market, regardless if they are looking for a job. This leads to a slightly mixed group of students, housewives, job-seekers, and others.

Conclusion

Nevertheless the complex relationship of multiple roles and health, we were still able to identify some patterns for men and women in Germany. In women the most health profitable family patterns are either full employment compared with singlehood and no children or part-time working mothers, regardless of marital status. In men, the healthiest group was found to be for the ones that live with a partner, have children and work full time.

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