

Programme

Opening address:

Zsuzsanna Jakab, WHO/EURO

Environmental health inequality reporting: the Parma commitments and the challenges faced Matthias Braubach, WHO/EURO

Environment-related inequalities (noise, green space access, passive smoke exposure)

Gabriele Bolte

Injury-related inequalities (falls, poisonings, traffic injuries, work injuries)

Ingrid Fast/Lucie Laflamme

Housing-related inequalities (damp, water supply, sanitation facilities, temperature problems, crowding)

Severine Deguen

Podium discussion (all speakers / questions from floor)

3.G. Workshop: Explaining sickness absence rates in men and women: questions emerging from gender theories provide insightful answers

Chair: Gunnel Hensing, Sweden

Organiser: EUPHA section on Social Security and Health, Prof. Gunnel Hensing (PhD), Department of Public Health and Community Medicine, University of Gothenburg, Sweden, Claus D Hansen, Department of Sociology & Social Work, Aalborg University, Denmark, Petra Verdonk, Department of Genetics and Cell Biology, Maastricht University, Maastricht, The Netherlands.
Contact: gunnel.hensing@socmed.gu.se

The consistent findings that women outnumber men in sickness absence rates have challenged researchers. The purpose of this workshop was to move beyond descriptions of sex differences and investigate whether gender theories could provide new insights regarding sex differences in sickness absence rates and the causes behind these differences. The workshop is part of the efforts to develop theory and methods in sickness absence research by the EUPHA section of Social Security and Health. The gender perspective was initiated at the 2009 pre-conference in Lodz. There are four contributions. Mittendorfer Rutz et al applied a investigated the effect of health behavior and socioeconomic background in childhood and pre-university education on future sickness absence in a cohort from Northern Sweden. Different patterns emerged in this unique longitudinal study with early sick-leave experience as a possible contributor to women's adult sick-leave rates.

Putnik et al. studied how sex and, gender (masculinity and femininity) explain burnout among human service workers in Malta and Serbia, two countries with different female employment rates. Although the content of their work should be comparable, the cultural context and characteristics assigned to men and women may differ. In the Danish contribution Dalsgaard Hansen et al estimated the adherence to traditional male norms in male ambulance drivers and fire fighters. The interesting findings show that men with traditional male norms were more often sickness present and less often sickness absent. Authors indicate that men's sickness presence behavior might be a contributing explanation to differences found between women and men in sickness absence. Finally, Hensing and Mastekaasa departed from Moss Kanter's theory on the dynamics of minority situations at the work place to study psychiatric sickness absence in male- and female dominated workplaces in Norway. Analyses of occupations and workplaces combined with individual sickness absence patterns before and after entering a workplace showed that the gender composition could not explain the sickness absence rates. Gender theories were important both in order to identify new research areas and to provide new insights in the understanding of differences in sickness absence between women and men. Cultural gender norms were important and future studies should try to better identify whether individual or workplace gender norms are the most important.

Gender differences in predictors of adult sickness absence - results from a 27 years follow-up of the Northern Swedish cohort

Elenor Mittendorfer Rutz

E Mittendorfer Rutz¹, H Westerlund², G Hensing³, A Hammarström⁴
¹Department of Clinical Neuroscience, Karolinska Institutet

²Stress Research Institute, Stockholm University³Department of Public Health and Community Medicine, University of Gothenburg, Gothenburg⁴Department of Public Health and Clinical Medicine, Umeå University, Sweden**Background**

Sickness absence represents a considerable public health problem in many countries, particularly among women. To date, the reasons for the observed sex differences in sickness absence rates are still unresolved. Particularly, there is a lack of studies with baseline data prior to entrance into the work force. The aim of this longitudinal study was to examine family, school and health related factors in adolescence as predictors of sickness absence in adulthood. The study was designed from a gender perspective.

Methods

Data were drawn from a prospective, population-based cohort study carried out in the municipality of Luleå, Northern Sweden. All pupils who proceeded to upper-secondary schooling (n = 719;339 women and 380 men) with complete information on all variables (0.05% missing information and 0.07% attrition rate) have been followed up from the last year of compulsory school in 1981 (16 years of age) to 2007 (42 years old). A number of individual school and health related factors, parental health and socio-economic status were retrieved from questionnaires, interviews with school nurses and from local municipalities. Crude and adjusted Risk ratios (RR) with 95% Confidence Interval (CI) have been calculated for the risk of having at least one sick-leave spell per year from 1993 till 2007, using a Generalised linear model. Analyses were carried out separately for women and men.

Results

For women the following three factors remained significant predictors for sick leave in adulthood in the multivariate adjusted model: at 16 years of age reporting being sometimes sickness absent from school (RR 1.60, CI 1.18–2.17), having parents with low socio-economic status (RR 2.20; CI 1.44–3.38) and participating in an educational program in upper secondary school (18 years) with a high proportion, exceeding 60%, of women (RR 1.41; CI 1.00–1.97). Among men two factors reported at 16 years of age remained significant predictors: low school grades (RR 4.36; CI 2.06–9.22) and reporting the father not to be employed (2.36; CI 1.53–3.66).

Conclusion

Predictors of adult sickness absence measured during adolescence varied between women and men. The findings will be discussed having different gender theories as a point of departure.

Gender, work-home interface and emotional exhaustion among Serbian and Maltese human service professionals

Katarina Putnik

K Putnik¹, I Houkes¹, P Verdonk²

¹Department of Social Medicine, Maastricht University, Maastricht, The Netherlands

²Department of Genetics and Cell Biology, Maastricht University, Maastricht, The Netherlands

Background

Human service professionals are at risk for burnout. The prevalence of emotional exhaustion, the main component of burnout, as well as determinants may differ between men and women, but previous studies seldom examined gender. According to Bem's gender schema theory, sex refers to the biological difference between men and women, while gender is defined by what it means to be male (masculinity) or female (femininity) in a given culture. Job Demands Resources theory was also used as a theoretical background of this study. It postulates that demands at work are positively related to emotional exhaustion, while resources are protective. This study aims to examine influence of culture, sex, gender, job demands and resources on emotional exhaustion. We compare Malta, an EU country with lowest rates of female employment and Serbia, where high female employment rates since decades.

Methods

Data are derived from surveys performed in 2010 among nurses, physicians and teachers (Malta: n=720; Serbia: n=595). Gender, job demands, work home interface, job resources and emotional exhaustion were all examined with validated scales. Independent samples t-tests and linear regression were used to analyze the data.

Results

In Malta, men experienced more adverse work characteristics whereas in Serbia women were worse off. Maltese men reported higher emotional demands ($p < .001$), lower collegial, familial and friends' support ($p < .01$) than Maltese women. Serbian women showed higher level of emotional demands and emotional exhaustion ($p < .05$) and lower levels of colleague and partner support ($p < .05$) than Serbian men. Physical demands and work-home conflict related positively to emotional exhaustion regardless of culture or sex ($p < .001$). In both countries and for women only, home-work conflict was a risk factor ($p < .05$), and masculinity was protective against exhaustion ($p < .01$).

Conclusion

Work demands and negative work-home interface are risk factors for emotional exhaustion for men and women in both countries. Besides, gender played a role. Variables such as social support and positive work-home interface were sex, gender and culture sensitive. Our findings suggest that research as well as health promoting policies should be gender and culturally sensitive. We call for further examination of the interaction of sex, gender and culture on health outcomes.

Is it masculine to turn up ill at work? A study on the association between traditional male role norms and sickness presenteeism amongst Danish ambulance workers

Claus Hansen

CD Hansen¹, T Lund², M Labriola²

¹Department of Sociology & Social Work, Aalborg University

²Department of Occupational Medicine, Herning Hospital, Denmark

Background

It is well established that men have less frequent and shorter episodes of sickness absence than women. Could it be that men have less absenteeism because they more often turn up ill at work? And if so, are there differences between men related to their adherence to traditional male norms? Very little is known about the way sickness absence and presence is practised and the influence of gendered norms.

Methods

Data is taken from MARS - Men, accidents, risk and safety, a two wave panel study of ambulance workers and fire fighters in Denmark (n=2585). Information was collected from questionnaires on work environment (COPSOQ) and traditional male role norms (MRNI). The response rate for round 1 was

62%. The primary outcomes in this presentation are self-reported absenteeism and presenteeism analysed using Poisson regression. In addition a measure of the ratio of presenteeism to absenteeism was analysed using ordinary least squares (OLS).

Results

The results indicate that higher scores on MRNI were associated with an increase in the number of sickness presence episodes (from 1.5 for those scoring lowest to 2.0 for those scoring highest) and a decrease in spells of sickness absence (from 1.8 to 1.2) ($p < 0.01$ for both), i.e. the more an individual adheres to traditional norms of masculinity the more likely were they to have more episodes of sickness presence and fewer spells of sickness absence. This was confirmed when regressing MRNI on the measure of the ratio of presenteeism to absenteeism: higher scores on MRNI lead to higher ratios ($\beta = 0.011$, $p < 0.01$). All analyses were adjusted for self-rated health and a range of work environment factors.

Conclusions

Adherence to traditional male role norms was associated with an increase in the number of episodes of sickness presence and a decrease in spells of sickness absence even after adjusting for health and work environment factors. This indicates that the gender difference in absenteeism observed in many studies may - in part - be a consequence of different sickness absence practices between men and women although this study cannot confirm that directly. This emphasizes the caution one should take when analyzing sickness absence alone instead of in combination with sickness presence, and that gendered norms in these practices might be underestimated.

Can minority situation at work explain the differences psychiatric sickness absence between women and men - an application of Rosabeth Moss Kanter's theory

Gunnel Hensing

G Hensing¹, A Mastekaasa²

¹Department of Public Health and Community Medicine, University of Gothenburg, Sweden

²Department of Sociology and Human Geography, the University of Oslo, Norway.

Background

Women and men in minority at a workplace are exposed to certain dynamics described by Moss Kanter as performance pressure, visibility and heightened bounds in the majority group. In this study the theory was used as point of departure in a study of sickness absence with psychiatric disorders. The hypotheses were that women and men in minority situations had higher sickness absence with psychiatric disorders than others.

Methods

The analyses were based on individuals aged 18 to 66 years and the Norwegian public sickness absence register data. Participants were followed from 2003 to 2007. The main explanatory variables are the gender composition of the occupation and of the workplace, respectively. In addition to ordinary statistical control, fixed effects (FE) methods are used to control for detailed occupational categories and workplaces.

Results

Very small differences in sickness absence rates between male-dominated and gender balanced workplaces or occupation were found. However, the probability of psychiatric sickness absence increased strongly in female dominated workplaces and was almost twice as high in the most strongly female dominated occupations as in male-dominated occupations. The excess of sickness absence in strongly female dominated occupations was completely removed when individual temporality was controlled for: men who move into such occupations did not increase their sickness absence, and

those who left them showed no reduction. With regard to women, the gender balance of the occupation seemed to be of little importance. The proportion of women in the occupation was only very weakly related to women's psychiatric sickness absence. This was upheld irrespective of whether we eliminated heterogeneity between workplaces or even between individuals. Thus, our data suggest that the gender composition of the occupation did not have a noticeable effect on women's sickness absence.

Conclusion

This study showed that the gender composition of workplaces or occupations was not associated with sickness absence with psychiatric disorder in women. An association was found for men in female dominated occupations but there was no evidence that the gender composition of the workplace had any causal effect on sickness absence. Selection into these occupations are likely to be the explanation but could not be tested in this dataset.

3.H. The burden of major chronic diseases

Differences in cardiovascular disease mortality by geographical region and country of birth in six European countries

Snorri Rafnsson

SB Rafnsson¹, RS Bhopal¹, AE Kunst², on behalf of the Migrant and Ethnic Health Observatory (MEHO) cardiovascular mortality collaboration.

¹Ethnicity and Health Research Group, Centre for Population Health Sciences, University of Edinburgh, UK

²Department of Public Health, Academic Medical Centre, University of Amsterdam, The Netherlands.

Contact details: S.B.Rafnsson@ed.ac.uk

Background

Information on CVD mortality differences by country of birth (COB) is lacking for most EU countries. We report results on (i) within-country inequalities in CVD mortality by region of birth for six EU countries, and (ii) cross-country comparisons addressing the question of how particular COB groups fare in different EU countries.

Methods

National death registry data were obtained from six EU countries. Mortality rate ratios (MRRs) were generated to examine region of birth differences in CVD mortality risk in 35–74 year old men and women. For cross-country comparisons, age-standardised mortality rates per 100,000 population were computed by COB group and sex using the direct method.

Results

Within-country comparisons - A higher total CVD mortality risk was observed for most foreign-born groups in Denmark (MRRs ranging from 1.28 to 1.91) and England and Wales (MRRs from 1.11 to 1.44) compared to the local-born populations. About half of the foreign-born groups in France also had a relatively higher mortality risk (MRRs from 1.15 to 1.37). There were few statistically significant differences between the foreign and local-born populations in The Netherlands, Scotland and Sweden. Similar variation was observed for ischaemic heart disease and cerebrovascular disease mortality, and for men and women separately. Between-country comparisons - Total CVD mortality was similar across countries for men born in India (rates ranged from 355.7 per 100,000 in England and Wales, 372.8 in Scotland and 244.5 in Sweden). For other COB groups (China, Pakistan, Poland, Turkey and Yugoslavia), there were substantial between-country differences. For example, Poland-born men had a rate of 630.0 per 100,000 in Denmark, 499.3 in Denmark, and 153.5 in France. A similar pattern was seen in women and for cause-specific CVD mortality.

Conclusions

Relative excess CVD mortality is observed for many migrant groups in different EU countries. Cross-country analyses also seem feasible and show interesting findings which merit public health consideration. Europe needs a concerted, urgent effort to establish reliable pan-EU data sets to serve its multiethnic populations.

Prevention of cardiovascular disease by means of statin therapy. Is the strategy equitable?

Helle Wallach Kildemoes

H Wallach Kildemoes¹, F Diderichsen², A Krasnik³, T Lange⁴, M Andersen⁵

¹Center for Healthy Ageing, University of Copenhagen, Copenhagen Denmark

²Department of Social Medicine, University of Copenhagen, Copenhagen, Denmark

³Department of Health Services Research, University of Copenhagen, Copenhagen, Denmark

⁴Department of Biostatistic, University of Copenhagen, Copenhagen, Denmark

⁵Department of Pharmacoepidemiology, Karolinska Institutet, Stockholm, Sweden

Contact details: hewk@sund.ku.dk

Background

Statins are increasingly prescribed to prevent cardiovascular disease (CVD) in high-risk asymptomatic subjects (i.e. without established CVD or diabetes). Yet, it is unknown whether subjects in lower socio-economic position (SEP), who are at higher CVD risk, are adequately reached by this strategy. Applying stratum specific incidence of Myocardial Infarction (MI) in the background population as a proxy for need, the aim was to examine whether the high-risk strategy therapy is equitable.

Methods

From three nationwide registers, we retrieved individual-level data on demographics, dispensed prescription drugs and hospital discharges. A cohort corresponding to all Danish citizens aged 20+ (3.3 mill) without previous register markers of CVD, diabetes or statin therapy were followed during 2002–2006 for first occurrence of MI and statin therapy. We applied two SEP indicators: Quintiles of disposable family income and highest attained education (4 levels).

Stratified by sex, 5 year age-groups and SEP, MI incidence rates were calculated (censoring at CVD, diabetes or statin therapy), as a proxy for the need of statin therapy. Stratum specific incidence of statin therapy was calculated analogously. We adjusted for unequal needs across SEP within the same sex and age-group, applying MI Incidence Rate Ratios (IRR) as weights to calculate need-standardized statin incidence rates.

Poisson regression analysis was used to analyze equity in initiation of preventive statin therapy, using need-standardized parameters and the lowest SEP level as reference.

Results

The need for statins increased with decreasing income without a parallel trend in the incidence of statin therapy. Need standardized statin incidence rate increased with each increase in income-quintile by 17% (IRR 1.17 (95% CI: 1.14–1.19)) and 23% (IRR 1.23 (1.16–1.29)) among men and women aged 40–64, respectively. An analogous pattern was seen among subjects aged 65–84 and when applying education as SEP indicator.

Conclusions

This high-risk strategy to prevent CVD seems to be inequitable, reaching mainly high-risk subjects in lower risk