

A PROGRAM OF THE FOUNDATION FOR WORKER,  
VETERAN AND ENVIRONMENTAL HEALTH, INC.

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## WOMEN AT WORK

Materials are assembled in the following order:

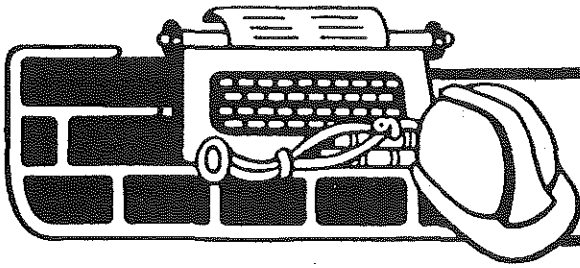
- \* Highlights of women at work
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## Highlights of Women at Work

In the United States in 1985 ...

... 71.4% of all women between the ages of 20 and 44 participated in the paid labor force in 1985. The total number of women in the civilian labor force averaged 51.1 million, or 54.5% of all women 16 years and over.

... In 1985, 31.5 million women held full-time, year-round jobs.

... One out of every five families with children was maintained by a woman. 34.5% of these families lived in poverty. More than half of the families headed by black and Hispanic women lived in poverty.

... Over half the children under 18 had a mother who worked outside the home. In all, twenty million mothers of school aged children were employed in the paid workforce, including 8 million mothers with children under age 6.

... The mothers of 48% of the nation's babies under one year old held paid positions. More than half the mothers of toddlers under 3 years old were also employed both outside and inside their homes.

... Organized (outside the home) child care facilities were available for less than one out of every four children under 6 with working mothers. The others were cared for by a variety of at-home arrangements. About 37% of the kids were cared for by another woman, in her own home. In all, forty-four percent of the children of employed mothers are cared for this way.

... 'Women's' jobs are still sharply segregated from those held by men. A few women have entered managerial occupations, however.

... Earnings of men and women also remained sharply different. Thirteen percent of full-time women workers earned more than \$25,000, compared to 46% of the men.

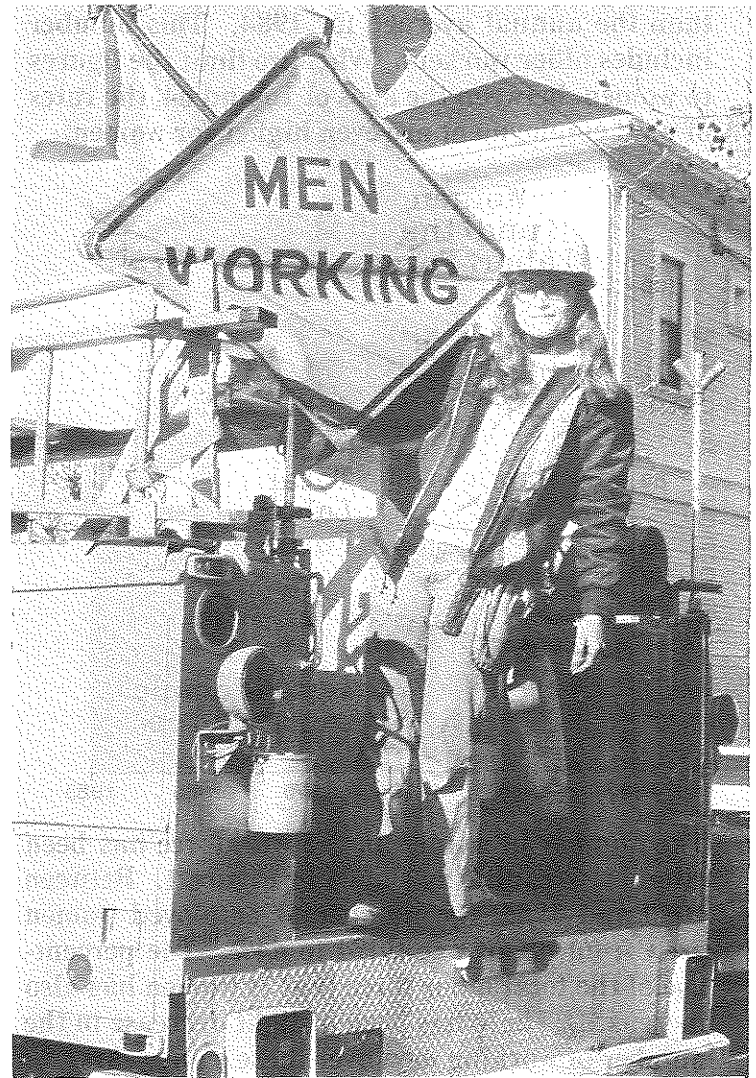


Photo Credit: Sandy Thacker

... The median earnings for full-time secretarial work in 1979 was \$10,260. One out of every nine women workers was in this position in 1979.

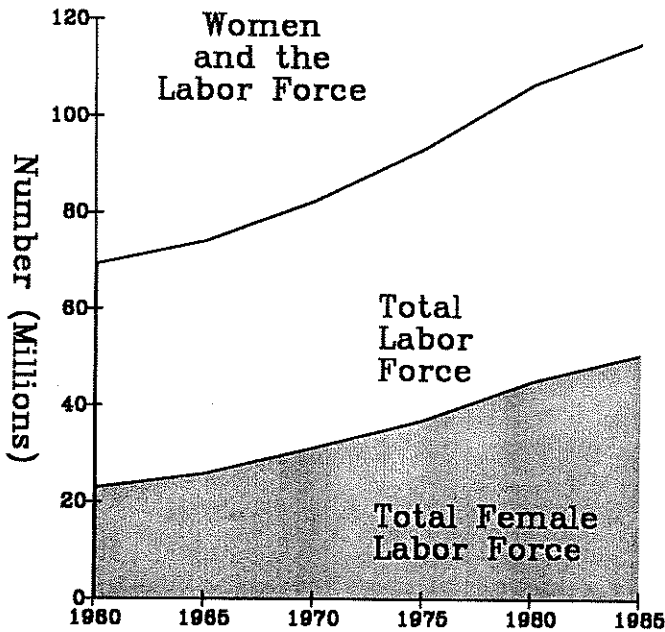
... Nine percent of the Armed forces were women.

... College enrollment of women is now nearly equal to that of men. Large numbers of women still choose subjects to study that are different than men and will lead to lower paying jobs.

... Younger women are increasingly delaying marriage and childbirth to attend college and establish careers. By 1995, 61.4 million women are projected to be in the labor force -- a participation rate of 60 percent.

## WOMEN IN THE LABOR FORCE

Over half of all adult American women participate in the labor force, compared to about three-quarters of the adult men. In 1985, an average of 51.1 million women (54.5%) were employed in the civilian paid labor force, about 1.3 million more than the annual average for 1984. This number includes older workers. When we limit the figures to women between the ages of 16 and 64, the rates of paid employment are even higher for women.



The number of women in the workforce has been climbing steadily, as shown in Figure 1. Between 1950 and 1985, the number of employed women grew from about one-third to 64%. The percentage of the total labor force that is women has also increased. There has been a slight decrease in the number of working men over these same years.

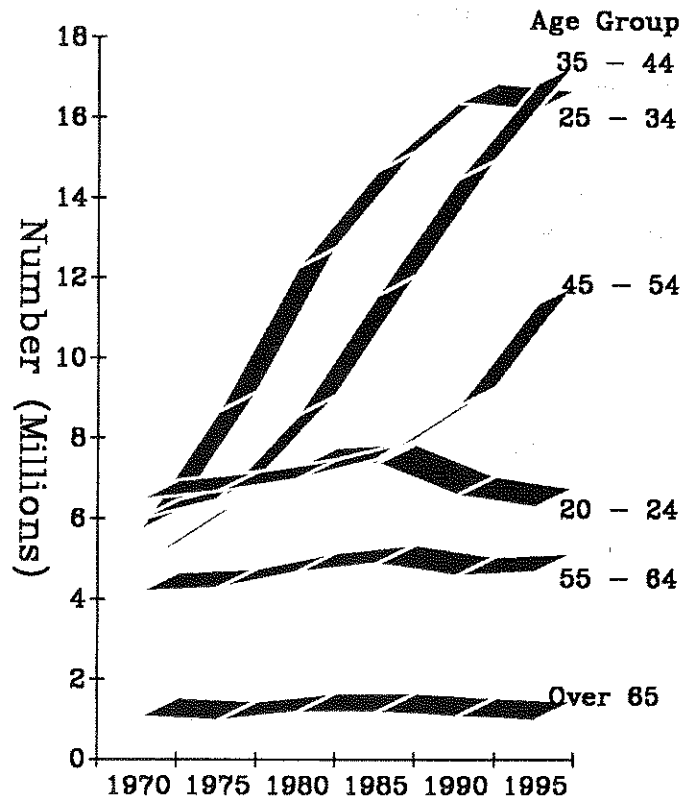
Women in every age group are working outside the home. Almost 70% of women in their early twenties are gainfully employed. Figure 2 shows the trends. Experts are also predicting that the numbers of women between the ages of 25 and 55 in the labor force will continue to grow dramatically in the next few years.

### MARITAL STATUS

Women are participating in the paid labor force regardless of their marital status. Figure 3 summarizes some of the trends. The largest group of women workers has always been single women,

but each year more and more married women, whether or not their husbands are present, are entering the paid labor force. By 1980, more than half of all married women, an increase of nearly 6.4 million over the past decade, were employed outside the home.

### Women in the Labor Force



Just as the divorce rate in the United States has increased, so has the proportion of divorced women in the labor force. In 1985, 75 percent of divorced women were in the labor force, compared with 65 percent of women who had never married, 54 percent of married women with a husband present, and 21 percent of widows.

### WORKING MOTHERS

Each day more and more mothers, with children in all age groups, have been taking on the additional role of wage earner. For many women, there is no choice -- their paycheck is an economic necessity. But there are also noneconomic reasons that so many women are now gainfully employed. There have been substantial positive changes in society's acceptance of working mothers and of women's desires and expectations of being productive, independent adults. These are but two of many important reasons.

Among women with children under 18, 20 million, or 62%, were in the labor force in 1985. More than 8 million women were mothers of children under age 6. Of all children under 18 in 1985, well over half, 33.5 million, had a mother in the labor force. Of these, more than 9 million children were under age 6, and 14.7 million were 6 to 13.

Black mothers have the highest labor force participation rates. Two out of three Black mothers, 69.3%, compared to 1 out of 2 white women, 52.3%, and 2 out of 5, 45.8%, mothers of Hispanic origin, held paid jobs. Women with babies under 1 year old have increasingly joined or rejoined the labor force. In 1975, 31 percent of such women were in the labor force; 10 years later, 48 percent were working or seeking work. Half the mothers with toddlers under age 3 were in the labor force in March 1985.

#### WOMEN WHO MAINTAIN FAMILIES

Most women with children have a husband to contribute to the family income. The number of single-parent families, however, has almost doubled since 1970: about 1 out of 5 families with children are now maintained by a woman, and 6.3 million women with 11.2 million children un-

der 18 maintained their own families in March 1985. Sixty-eight percent of these women were in the labor force, compared with 59 percent in 1970. In only 15 years, the number of employed women responsible for children under age 18 doubled from 3 million to 6 million. The baby-boom generation became young adults during the 1970's, a period marked by record numbers of divorces and women remaining unmarried; consequently, there are more women with major economic responsibilities and the need to work.

#### WHERE WOMEN WORK

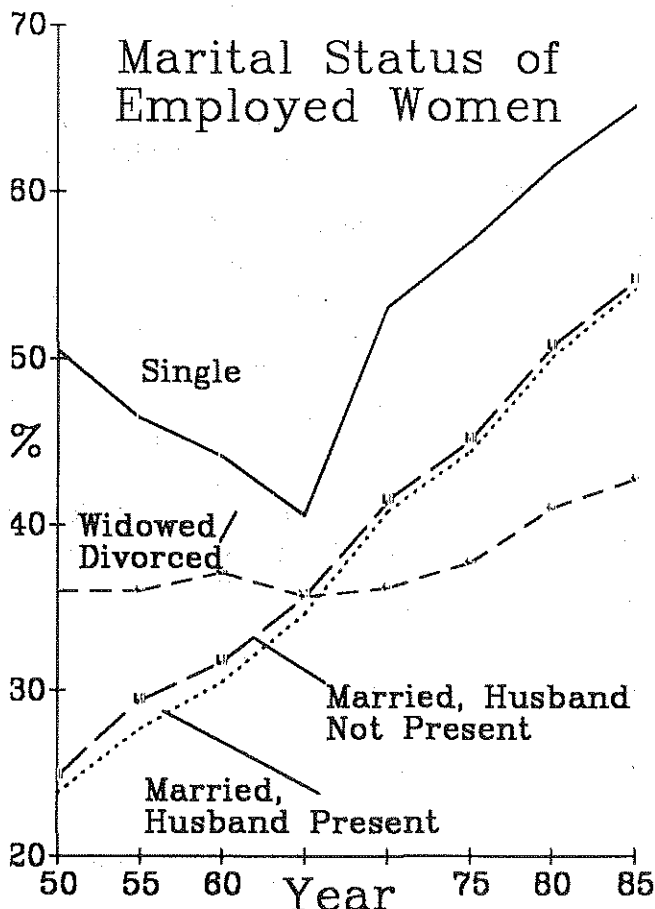
By and large, most women continue to be employed in traditional occupations. While the distribution of jobs for both women and men across occupations has changed over the years, sometimes dramatically, the labor market overall remains sharply segregated by sex.

Even though some women have made progress in entering occupations predominantly held by men in the past, especially managerial and professional specialty occupations, the majority of women are still in traditional "female" occupations and the actual number of women in higher-paying jobs is relatively small.

As the accompanying tables show, women continue to be overrepresented in clerical and service occupations and underrepresented in production, craft, and labor occupations.

While more and more women work outside home, the sobering truth is that large numbers of women work in lower paid service or clerical positions (hold a 'secondary' economic status). At the same time, more and more women have been the prime economic and social support of families. There continues to be minimal financial and social assistance to women in their child-caring and household worker roles.

Many women today are well-educated, tend to have more resources, may have smaller families or no families, may be better off in terms of overall health, financial status, and well-being than ever before. But, for many others in America, there is a long way to go toward achieving economic and social equality.



# Facts and Figures about Women at Work

## WHERE WOMEN WORK

The top twenty occupations where women worked full-time in 1979 show that most women continued to work in female-dominated occupations.

JOB TITLE	Number	Avg. Wage
Secretaries	2,299,268	\$10,622
Bookkeepers, accounting and auditing clerks	941,889	\$10,420
Managers & administrators	908,962	\$13,952
General office clerks	707,031	\$10,160
Registered nurses	633,030	\$14,834
Nursing aides, attendants, orderlies	523,673	\$ 8,433
Assemblers	420,019	\$10,021
Cashiers	372,426	\$ 8,777
Sewing machine operators	364,808	\$ 7,464
Teachers, elementary	340,397	\$13,411
Typists	332,860	\$ 9,553
Sales workers, commodities	315,384	\$ 8,130
Supervisors, gen. office	281,505	\$13,093
Supervisors, sales occ.	268,783	\$10,848
Accountants and auditors	261,714	\$13,629
Machine operators	251,640	\$ 9,815
Bank tellers	245,789	\$ 8,458
Waiters and waitresses	234,769	\$ 6,554
Production inspectors, checkers, examiners	223,749	\$10,481
Data entry keyers	212,932	\$10,217

## COLLEGE EDUCATED MEN AND WOMEN

Despite the growth in labor force participation and equal employment opportunity for women workers, statistics show that men and women with five or more years of college still had substantially different job patterns and earnings in 1980. This table shows that only 10 of the top 20 jobs held by each sex were the same for both sexes with advanced educational training. Examining this list also shows that the relative rank of each of these occupations was different for educated men and women. And the wage gap for the same occupation is striking.

JOB TITLE	Rank	WOMEN		MEN	
		Wages	Rank	Wages	Rank
Average		\$18,462		\$33,919	
Teachers, elementary	1	16,094	5	25,642	
Managers & administrators	2	20,003	1	38,915	
Teachers, secondary	4	16,419	8	20,446	
Social workers	5	16,873	20	20,113	
Administration, school	6	19,855	6	25,989	
Teachers, post-secondary	7	19,130	4	25,642	
Physicians	8	41,516	3	71,972	
Lawyers	10	26,319	2	47,635	
Accountants & auditors	14	17,055	9	31,549	
Administrators, public	17	23,432	17	30,266	

## Changing Patterns of Women's Work

The changing nature of technology and of the American economy has produced profound changes in the patterns of employment for women. Many jobs previously held by tens of thousands of women are disappearing. Four of the five fast declining occupations in the United States in the last decade were in female-dominated jobs. Stenographers lost the most ground, followed by private household workers and sewing machine operators, a major industrial occupation for women. Another industrial occupation in the textile trades, pressing machine operators, was also among the major occupations with severe losses.

### Job Growth, Too

On the other hand, female dominated jobs were also among the ten fastest growing jobs, with medical assistants ranking third and registered nurses ranking 10th among the top ten jobs with major growth.

In general, jobs were growing fastest in the service sector, where again, "women's work" dominated. Cashiers, registered nurses, waitresses (and waiters), nurses aides and orderlies, and retail salespersons were in the top ten largest growth jobs. Kindergarten and elementary school teachers and accountants and auditors were the two jobs in the professional categories with largest growth. Women are 44% of all accountants and auditors.

*Sources used in this report: Women in the American Economy by Cynthia M. Taeuber and Victor Valdisera, Bureau of the Census, Special Studies Series P-23, No. 146 and Statistical Abstract of the United States, 1987, Bureau of the Census.*

# WOHRC FACT SHEET



WOMEN'S OCCUPATIONAL HEALTH RESOURCE CENTER NEWS

SCHOOL OF PUBLIC HEALTH

COLUMBIA UNIVERSITY

Vol. 6 No. 6

## Never Done—Hours of Work Around the World

"The ten-hour workday six days a week, with eight hours of sleep at night, left my father about four hours out of twenty-four to do what he, as a free person in a free country, wanted to do. We saw him guard and hoard those four hours, being careful to waste no hour. Had his workday been eight hours, he would have had twelve hours more in a week to do the things he wanted to do, things his personality craved. There was no yearly vacation. From 1876 to 1904, August Sandburg walked from his home to the same Q. blacksmith shop six days a week

for a ten hour workday. On an eight-hour workday he would have had in those years many days amounting to two or three years of time for work of his own choice, for rest, for play and talk with his children and friends, for his accordion and his Bible. In those added two hours a day across those years his personality would have reached out and down and up, would have struck deeper roots in the good earth and sent higher branches toward the blue sky."

— Carl Sandburg<sup>1</sup>

Hours of work have been a major issue between employers and employees almost since the start of industrialization and the basic issues of women's rights on the job and society's perceptions of the role and limitations of women have been inextricably interwoven into the history of legislation and general practices governing the hours of work around the world.<sup>2</sup>

In the 1920's, for example, activist organizations, like the Women's Trade Union League and the Consumer League of New York, staunchly supported protective legislation for women, which included legal prescription of the maximum hours of work permitted. Other activist groups, like the Women's League for Equal

Opportunity, however, opposed special rules for women, arguing that "restrictions on the conditions of labor should be based upon the nature of the industry, not on the sex of the workers. . . ."<sup>3</sup> They feared that shorter work-week legislation for women would "discriminate against women and handicap them in competing with men in earning their livelihood."<sup>4</sup>

Some labor historians see the movement for protective legislation for women to have been a means of winning rights for men from "behind women's petticoats." As the historian Elizabeth Brandeis noted "In order to put an end to evening overtime work the men workers in the textile mills made a long and determined fight for a night work law for women which should prohibit their employment after 6:00 P.M. and thus force the closing of the mills at that hour."<sup>4</sup>

It was indeed for women that the first state laws prescribing the maximum hours of daily work were upheld by the U.S. Supreme Court. The historic 1908 decision *Muller vs Oregon* permitted Oregon to set a 10-hour day maximum for women only. Unfortunately, the Court's reasoning was based on their assumption that female physical structures and maternal functions "place her at a disadvantage" compared to men and that even if legally females were to be "upon an absolutely equal plane" with men, "it would still be true that she is so constituted that she will rest upon and look to him for protection; . . ."<sup>5</sup>

The imposition of protective rules and regulations governing hours of work, night work, weight lifting regulations spread, not only in the United States but around the world.<sup>6</sup> Some of the benefits were extended to men and establishing protections for women served as a driving wedge toward establishing these same rights—a minimum wage, an eight hour day, overtime pay, for all working people. However, in some cases, it was not for the protection of health, but for the explicit exclusion of women that protective legislation was passed. According to the Women's Bureau<sup>7</sup> the active lobbying by the craft unions involved in the skilled trades of grinding and polishing was instrumental in the passage of an 1899 New York State statute prohibiting women from using grinding and polishing machines.

Passage of the Civil Rights Act and creation of the Equal Employment Opportunities Commission in the United States led to the legal decisions striking down all state protective legislation as discriminatory and placing women on an equal footing to men in this regard. Protective legislation for women still exists in many other countries of the world, however.



Recognizing the special burdens of the multiple roles of women is not new as this 1936 Women's Bureau Bulletin illustrates.<sup>8</sup>

History clearly shows that a major issue in industrial relations has been hours of work, but is there a relationship between the hours that you work and your health? Is leisure related to well-being? Does over-work injure you? How much is too much — and how little is too little?

The answers to these questions are relative. Almost everyone agrees on the extremes: both unemployment and excessive hours of work (well-above 40 hours, with no regular vacations or work breaks) will be detrimental to well-being. The International Labor Office, for example, has documented the correlation between the shorter work week with regular vacations to the increased standard of living in nations around the world.<sup>9</sup> Any occupational hazards present will have a greater effect as the exposure time increases. Excessive hours of stress on the body can worsen musculoskeletal injuries.

Several researchers have studied the profound adverse health effects of unemployment.<sup>10</sup> Unemployed workers have shortened life expectancies and an increase in virtually all chronic diseases. The accident rate of workers who learn they are soon to become unemployed rises dramatically.

The issues become less clear with less extreme cases and many other factors come into play. The nature of work, the extent of responsibility and autonomy, the sense of accomplishment one feels after completing a task, and, most important, the conditions of work, both physical and psychological, will all contribute to the drain and strain of the job.

### Underload and Overload

Job underload and overload have been found by researchers to be serious stressors. Jobs which are either very boring or underutilize one's skills, or else jobs, even if interesting, which place too many demands on a person — demands like continually meeting deadlines, or simply having too much work — will raise the stress level. Scientists have been able to document biochemical changes related to the stress response in people with such jobs.<sup>11</sup>

Getting away from it all — that is, work breaks and regular vacations are one way in which a person can recover from the stress of such work.

### Multiple Work Roles of Women

Women, on the average, work many more hours per week than their male counterparts. In most, if not all societies, women with paid employment, continue to bear the main responsibilities for childcare and housework as well, although males are sharing a greater burden in some countries.<sup>12</sup>

In 1977 the ILO reported that the typical employed woman works an average of 75-80 hours per week all over the industrialized world, East and West. Employed married

### INTERNATIONAL EXAMPLES OF WORKING HOURS<sup>9</sup>

	Normal hours/ per week	Hours actually per week	Minimum weekly rest	Minimum annual leave
Australia	40	34.5 a	1½-2 days	3-4 (4 **) weeks
Belgium	40 (38**)	33.6 a	1 day (Sun)	4 weeks (2-3**)
Canada	40 (35-40**)	37.6 b	24 hours (2 days under fed)	2 (3**) (weeks leg)
Denmark	40	33 a	1 day (some commerce 2)	30 days (l)
El Salvador	44	44.5 a	1 day Sun.	15 days
Finland	40 (35-40**)	40.4 a	24 hrs (2 days**)	4 (5**) weeks
France	39	39.7 a	1 day Sun. (2 cs)	30 days (l)
Germany (Federal Republic)	48 (40**)	40.7 b	24 hrs (shops 1½ days)	18 days (l) (4-5 wks**)
Mexico	48(40cs)	46 a	1 day Sun. (2 cs)	6 days (1-2 wks **)
Sweden	40	35.6 a	36 hrs (more by ** contract)	25 days (l) (5-7 wks **)
USSR	41	40.7 a	42 hrs	15 days
United States	40	34.8 b	2 days	1-2 wks **

\*\* union collective agreements; a hours actually worked; b hours paid for; cs civil servants; l legislated national minimum

women appear to have a greater workload than employed married men. They report 17% less free time and less time for rest and recreation. On the average women have been found to spend at least 5 hours per week more time commuting, doing housework and other family tasks.

The Quality of the Environment Survey published in 1979 found that at least almost half the women surveyed spent an additional 3½ hours on housework on the days that they worked. This would make the average workday for employed married women 11½ hours, not counting commuting and work preparation time.

### Paid Leisure and Vacations

International trends, particularly in the advanced industrialized world, are toward the shorter workweek with longer periods of paid vacation. Among Western nations, workers in the United States, on the average, appear to have the shortest vacation periods. In Sweden, France, and Denmark five weeks of vacation are mandated by law. In the Federal Republic of Germany there is a legislated three week minimum vacation time.

Is there scientific evidence that longer vacations can lead to better health? The answer is no.

In fact, there is really limited scientific evidence to support many of our modern concepts of the quality of life. People in the modern world have simply come to believe that human beings have some basic rights and needs — and the international trends toward shorter work weeks and improved conditions are apparent, even without an absolute medical data base upon which to proceed. □

### Notes and References

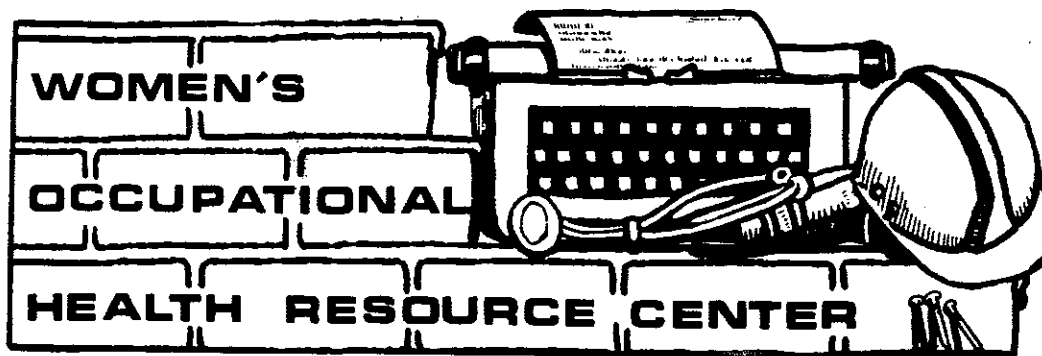
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# FACT SHEET

March 1980

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## WOMEN AT WORK—THEIR DUAL ROLE

Today, the majority of American women are employed. In fact, the majority of American women have two jobs—a job outside the home plus the job of homemaking. Most of us find one or both of our jobs worthwhile and rewarding. But the combination can be too much. Trying to fill our “double roles” can lead to frustration, exhaustion, and genuinely hazardous levels of stress.

This factsheet is about the stress of the double role—what it can do to us, and what we can do about it. But first, we need to dispose of some myths about stress.

**Myth 1:** Only top executives, who have lots of decisions to make, experience stress.

Not so. Recent studies show that workers who do not have much control over their work may experience the most occupational stress: For example, assembly line workers who have to keep up with the speed of the line, or clerical workers who have to meet several people's deadlines in the course of a workday.

**Myth 2:** Housework is not stressful.

Again, not so. Most housework involves doing something that will soon be undone by someone else—a setup for constant frustration. Housework is lonely work and seldom appreciated by family or friends (they notice what we didn't do, not what we did). Full-time homemakers are more likely than other people to suffer from serious depression.

**Myth 3:** Stress is all in your head. It's your own fault if you let things get to you.

This is probably the most dangerous myth of all, because it keeps people from trying to

change the things that are causing stress in their lives. It's true that we all have our individual reactions to stressful conditions, and that some of our reactions are not very helpful. But many times it's the conditions that have to be changed—not us.

### WHAT STRESS DOES TO US

- A brief stressful event (such as a scolding by a supervisor at work, a family fight) causes certain definite physical changes in each of us: Faster heart beat and breathing, a tightening of the stomach, dryness of the mouth. These changes are usually short-lived.
- Exposure to stressful conditions over a period of weeks or months can lead to the development of stress-related illnesses or symptoms. Different individuals have different reactions. Some common illnesses and symptoms include: Insomnia, headaches, backaches, stomachaches, toothaches (from grinding the teeth), spasmodic pains in the neck or shoulders, menstrual irregularities, diarrhea, loss of appetite. Some women develop recurrent vaginal or bladder infections.
- Exposure to stressful conditions over a period of years may lead to serious illness. Asthma, ulcers, colitis, hypertension, and coronary heart disease are diseases in which stress is thought to play a major role.

Some ways of responding to stress—like smoking heavily or drinking to relax—create new health problems. Women are more likely than men to overeat in response to stress, often

skipping breakfast or lunch and then eating excessively in the evening.

Women's magazines are full of suggestions for new ways of coping with stress, from yoga to special "high stress" diets. Some women find these very helpful (especially if unhealthful responses like drinking and overeating are getting out of control). But there is no "cure" for the effects of stress. If we want to make our lives less stressful, we have to get at the causes of stress. For women in the "double role," this means making some changes in our jobs—both jobs—and how we respond to them.

## REDUCING THE STRESS OF HOMEMAKING

Women often feel that if they were only more organized, housework would be easier. But there is no magic "system" which can help a woman get it all done effortlessly *and* hold down her other job, *and* be a responsive wife and mother, etc., etc. Because one woman just can't do it all! The first step towards easing the stress of the double role is to get the rest of the family to take over their share of the homemaking role. Here are some suggestions:

- Have a family meeting to divide up the chores. Let everyone start by choosing what chores they would **like** to do. If the division doesn't look fair, someone is going to have to do something they don't like to do—but that doesn't always have to be you.
- Don't stop at dividing up the chores. Specify how **often** they have to get done (otherwise they may never get done).
- It's hard to delegate tasks you may have been doing for years. You may have an impulse to do someone's chore for them so that it will be done "right." Don't! Let them learn to do it right—or relax your standards a little.
- Remember, supervising everyone else (or scolding them because the job's not done) is work too. If you find yourself doing too much of this kind of work, it may be time for another family meeting.

None of this is going to be easy. But as you begin to get some time for relaxation—and the children begin to show some pride and

responsibility about their work—you'll know it was worth it.

## REDUCING STRESS ON THE JOB

Stress on the job can come from many sources: Speed-ups, boredom with repetitive tasks, anxiety about being able to do the job well, harassment by supervisors or even co-workers, fear of being fired or injured, or worry about what the children are doing while you're working. A major government study has shown that women clerical workers are most likely to develop heart disease if (1) they have difficult bosses, (2) they feel a lot of anger which they are unable to express, and (3) they have family responsibilities in addition to their jobs. Based on this and other studies of occupational stress among women, here are some suggestions:

- Try to develop friendly and supportive relationships with the people you work with.
- Don't keep your anger bottled up. It may not be possible to yell back at a boss or supervisor, but you should be able to get things off your chest by talking to a co-worker. She (or he) is probably angry about the same things too.
- Finally, and most important: **Organize** to change the things that are making the job so stressful. One person can't do much, but a number of people acting together can accomplish a lot. If there's a union, become active in it. If there isn't, think of getting organized or building your own employee's association.

## PERSPECTIVE

Jobs are not designed for women with family responsibilities. Work hours don't fit in with school hours, and certainly not with school holidays. Very, very few American employers provide daycare for the preschool children of their employees.

And communities are not designed for women with job responsibilities. Schools expect mothers to be available (for conferences, to provide lunches) between nine and three. Many stores close early in the evening, leaving almost no time for working mothers to shop.

But there are 45 million women in the

"One of the most stressful things about our job at the phone company was the 'clacker' that would start going CLACK CLACK CLACK whenever all the incoming lines were busy. The idea was to make us work faster. But it would make my stomach tie into knots and my hands got sweaty whenever I heard that thing. So one day I got a big group of us to go into the supervisor and say that we just couldn't work like that. There were so many of us that he had to give in."

shop steward, CWA

workforce today, and 15 million of them are the mothers of children under 18. The great majority of working women either provide income which is essential for their families or are the sole support of their families. Em-

ployers, law-makers, and government agencies are going to have to face up to the needs of America's growing numbers of women in the "double role."

*This factsheet was prepared by:*

The Women's Occupational Health  
Resource Center

*for a conference on:*

"Hazards in the Textile Mills  
And What You Can Do About Them"

A Joint OSHA/Women's Bureau Conference  
For Working Women of the Textile Industry  
Co-sponsored by the Coalition of Labor Union  
Women (CLUW)

**TIME SPENT BY WOMEN  
WITH AND WITHOUT PAID EMPLOYMENT**  
(hours per weekday)

COUNTRY	CARE OF HOUSE	MEALS	CHILD CARE	WORK IN LABOUR FORCE (PAID)
Belgium				
with outside work	2.2	1.1	.8	6.3
with no outside work	4.2	2.0	1.4	x
Canada				
with outside work	1.3	2.0	2.0	>3.0
with no outside work	3.5	2.0	2.0	x
France				
with outside work	2.6	1.1	.6	5.4
with no outside work	4.1	1.7	1.5	x
Japan				
with outside work	2.9		.5	no data
with no outside work	5.8		2.1	x
United States				
with outside work	2.2	1.1	.7	>3.0
with no outside work	3.1	1.6	1.4	x

**MODIFIED FROM:** Darling, Martha. *The Role of Women in the Economy*. Organization for Economic Co-operation and Development, Paris, 1975.

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occupations  
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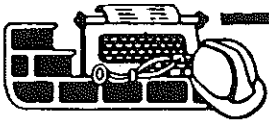
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# WOHRC Update: Gender & Health

## WOMEN'S OCCUPATIONAL HEALTH RESOURCE CENTER NEWS

There are major health differences between males and females. On the average women live about 7 years longer than men. Their death rates, for every leading cause of death, are lower than males. Yet, women are more frequently ill, have a higher number of days of restricted physical activity due to illness, have greater use of medical drugs and more frequent medical care. These higher female illness rates persist even when child-bearing related conditions are adjusted for in the calculations.

University of Michigan social scientist, Dr. Lois M. Verbrugge has examined these "far-reaching differences ... [which] have inspired curiosity, poetry, romance and polemics for centuries," in her words, but "have only recently prompted scrutiny by social scientists." In a recent scientific update she presents the leading social theories on these gender differences and examines whether the theories and the facts as we know them are consistent.

### Common Theories About Gender Differences

Explanations for the sex differences in health and health-related behaviors have focussed on: (1) biological differences between the sexes such as the theory that female hormones protect women from heart disease; (2) social differences where women's work and home life are thought to put them at lower risk; (3) psychological aspects which say that women are more sensitive toward recognizing health problems, seeking help and following through on continued care.

Verbrugge examines these theories systematically, although she notes that "speculation far exceeds evidence for these hypotheses."

**Biological Differences:** Although there is no evidence that the course of a disease will differ between men and women, once acquired, women's relative resistance to certain disease is well-established, according to Verbrugge. No full understanding of why this occurs is yet available as yet.

**Acquired Risks:** Males do engage in more risky activities and have, in the past, had poorer smoking and drinking habits. Men tend to drive automobiles more, particularly when intoxicated. However, women's activities at home and at work are not risk-free and the true extent of these risks for women is not yet known. Some generalizations, such as that men are under more stress, are not justified. There is a need for much more research on the relationships between women's roles and women's health.

**Psychological Factors, Symptoms and Care:** Contrary to popular notions, it is not well-documented whether women are more sensitive to symptoms of ill health and to pain than are men. According to Verbrugge, "the evidence suggests that women and men with comparable health problems and work roles seek out medical care and restrict their activities at the same

Cause of Death	Age Adjusted Rate		Sex Ratio	Rank	
	M	F		M	F
All Causes	777.2	432.6	1.80		
Heart Diseases	280.4	140.3	2.00	1	1
Cancers	165.5	109.2	1.52	2	2
Cerebrovascular (stroke)	44.9	37.6	1.19	4	3
Accidents	64.0	21.8	2.94	3	4
Motor Vehicle	34.3	11.8	2.91		
Other	29.6	19.6	2.96		
Chronic Lung Diseases	26.1	8.9	2.93	5	8
Pneumonia & Influenza	17.4	9.8	1.78	6	5
Diabetes mellitus	10.2	10.0	1.02	10	6
Chronic liver disease	17.1	7.9	2.16	8	9
Atherosclerosis	6.6	5.0	1.32	12	7
Suicide	18.0	5.4	3.33	7	12
Homicide	17.4	4.5	3.87	9	13
Conditions originating					
before birth	11.1	8.7	1.28	11	11
Kidney disease	5.7	3.6	1.50	13	10
Birth Defects	6.5	5.6	1.16	14	12
Septicemia	3.2	2.2	1.45	15	14
All other causes	83.1	52.1	1.60		

The age-adjusted death rate in males is greater than in females for every cause of death. Although men and women share the same leading causes of death, they have different ranks as a cause of death (last two columns).

pace." It is the difference in roles, such as more flexible schedules among some women, that may explain why women visit their doctors more frequently, but this has not been fully researched as yet.

Women, beginning in their childhoods, are more willing to discuss their illnesses while boys early on "reject the sick role" which Verbrugge hypothesizes may well be a "learned helplessness" reaction among girls, and not an inborn trait.

### Differences and Similarities

Overall, Verbrugge concludes that for major problems, such as life threatening chronic diseases and severe acute conditions, men and women take similar initial health actions, but women appear to take more protracted care. For minor problems women tend to have greater disposition to take both initial and continued care.

Differences in health largely reflect the differences in acquired risks: sex roles, stress, life styles and long-term preventive health practices and women may be doing more poorly now. Better opportunities for leisure and role options differences in sickness and death rates may be narrowed.

*Adapted from Lois M. Verbrugge, Gender and Health, in the J. of Health and Soc. Behavior 26, 156-182, 1985.*



# Women and Hazard Pay: Working Harder, Earning Less?

The concept of "hazard pay," the term commonly applied to the economic theory that a worker will accept a job that poses health and safety risk in exchange for higher wages, can be traced back to Adam Smith's *Wealth of Nations*, a basic treatise on the free enterprise system, published in 1776.

Recently Fordham University economist Dr. Janis Barry, decided to test whether the theory still holds in this hazard-aware, post-OSHA age. She drew a random sample of men and women production workers that had been included in the 1977 *Quality of Employment Survey* to see whether workers in more hazardous jobs earned a differentially higher wage. She defined hazardous jobs by developing a hazard rating scale and drawing job definitions from the government's *Dictionary of Occupational Titles*.

Barry's analysis showed that male production workers did indeed earn a higher salary in the jobs rated as more hazardous. But the finding for women workers was completely different: not only was there no differentially higher pay but, in fact, women workers earned less the more hazardous their work!

Most women in the sample were employed in less risky occupations than men, but, among those in the more hazardous jobs, usually traditionally male jobs, women did not receive "rewards" in the form of higher pay.

## Skilled and Unskilled Work

Economist Barry's findings can be divided into an analysis of jobs in two economic sectors: the primary and secondary. Primary sector jobs are defined as those which are well-paid, require skills and are generally stable and provide career advancement paths. Secondary sector jobs do not have these characteristics.

Among production workers craft and semi-skilled jobs and unionized mass production jobs continue to be male-dominated. These jobs are also the ones that were rated as most severe in the hazardous job classification scheme. Barry's work confirmed the well-known phenomenon of overall pay discrimination. Women in the primary-sector, male jobs earn 43% to 53% of male wages while women in the secondary sector earn about 60% of men's wages.

The striking finding in Barry's work is the combination of this pay discrimination with the decreased earnings for the greater level of job hazards. She hypothesizes that some reasons for trend may be that union membership, for example, may not "empower" women to the same extent that it does men. Other reasons for the discriminatory differential may be that employers evaluate jobs differently depending on the gender of the employer.



*Women in male-intensive hazardous work may be suffering a "harsh penalty" of less-pay for more hazards, an opposite trend from male workers, according to economist Dr. Janis Barry.*

In addition to earning less for more hazardous work, women survey participants also reported that employers informed them less fully of health and safety hazards than they did male workers.

## Discrimination in All Sectors

Another important finding of this research is that women reported having jobs which require less skill and provide less freedom to decide and to learn new things than did males, regardless of whether the women worked in the primary or secondary labor sectors. Thus Barry concludes that women workers are suffering from a variety of discriminatory employment problems relating both to general employment trends and to compensation for hazards on the job.

*Dr. Barry's work is published in part in the American Economic Review, Papers & Proceedings, May 1985.*

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# WOHRC FACT SHEET



WOMEN'S OCCUPATIONAL HEALTH RESOURCE CENTER

## Working Women & Cigarettes

In the 1980's it is expected that lung cancer will overtake breast cancer as the number one cause of cancer death among women. And, there is an abundance of research linking the main cause of lung cancer—cigarette smoking—with other diseases such as chronic bronchitis, emphysema

and heart disease. While these grim facts are well publicized, little attention is paid to the fact that working women who smoke cigarettes may be at even greater risk than other female smokers. Also ignored is the fact that there are differences in male/female smoking and quitting.

It wasn't that long ago that the debilitating and possibly lethal diseases associated with cigarette smoking seemed to be a male problem.

Then, the media seized on stories like the death of movie star Betty Grable from lung cancer, and scientific journals began reporting such alarming statistics as these: comparisons of mortality rates from the 1950's and the 1970's show a 239% leap in lung cancer deaths among women.

The disturbing facts about women and smoking began to grab attention in the very years that new cigarette brands aimed at the female market appeared.

It was doubly ironic that some of these brands were advertised with slogans such as: "You've Come a Long Way, Baby," which took note of the many changes in women's lives and opportunities:

There was irony in the fact that cigarette-related disease could short circuit women's new lives, there was irony in the fact that one of the most striking features of the social and economic change was the mass movement of women into the paid workforce. Women were both smoking more, and, as they began to work out of the home they were exposed to substances that can cause many of the same ailments associated with cigarette smoking.

Both men and women are at risk of debilitating and possibly lethal diseases if they smoke cigarettes, however, there are significant differences in the way that the issue has been approached:

- While attention has been paid to the occupational status of male cigarette smokers, the interaction between a woman's cigarette habit and the work that she is likely to do has largely been ignored.

- Smoking cessation strategies researched and developed with the male smoker in mind are often not appropriate to women because men and women differ in their smoking patterns.

Of about two thirds of the women in the workforce, millions face unrecognized occupational hazards while tens of thousands are employed in high-risk industries involving exposure to numerous dusts, chemicals, radiation, and other toxicants.

Despite some social gains and increased opportunities, about one third of all female workers are still employed in the ten "traditionally female" professions: secretary; retail sales clerk; bookkeeper; registered nurse; sewer/sticher; household worker; cashier; waitress; elementary school teacher; typist.

In some of these jobs, women face occupational exposure to health hazards which can be magnified in their effects by cigarette smoking. Many are also faced with job stress related to such factors as low status with little control over their activities and boring repetitive work. Such job stress may be one of the reasons why women are locked into the cigarette habit.

In 1979, the yearly Surgeon General's Report on smoking and health listed six ways in which cigarette smoking can interact with the occupational environment to increase risk of illness or injury:

- A working environment may facilitate body absorption of the toxic components of cigarette smoke;
- Cigarette smoking can transform workplace chemicals into more toxic substances;
- A worker can be doubly exposed to the toxic constituents of tobacco smoke and to the same constituents in the workplace;
- The synergistic effects of all agents can pose a grave health problem to workers;
- The health effects from environmental exposure can be concurrent with similar health effects from smoking;
- Accidents can be caused by smoking in an industrial environment.

### WORKING WOMEN AT RISK

#### Cancer Risks

The best known occupational carcinogen is asbestos which is especially relevant because of the well-known synergism with cigarette smoking. Large numbers of women are exposed to asbestos at work. For example they are exposed to asbestos in the textile industry where the workforce is predominantly female; they may even be exposed to asbestos in the nation's primary and secondary schools where there are some 2.1 million female teachers.

In addition to asbestos exposure, textile workers can be exposed to bis-chloromethyl ether (BCME), one of the most powerful lung carcinogens known, which is given off in small amounts in cloth finishing work.

Large numbers of women are self-employed as artists, jewelers and craftspersons routinely using ceramics and ceramic enamel which exposes them to arsenic compounds, which are also lung carcinogens.

Vinyl chloride monomer (VCM) one of the most widely used chemicals in the U.S. is a proven human carcinogen, causing angiosarcoma of the liver and may well be a lung carcinogen in humans as it is known to be in animals at very low doses.

Until recently, VCM was used as a propellant for household and cosmetic products which were used by millions of women, such as beauticians and cosmetologists, who use hairsprays extensively and household workers, who use cleaning and furniture polishing products. Women who smoke are further exposed because trace amounts of VCM are also found in cigarette smoke. Although VCM is no longer used as a propellant the result of exposure may not be known for years because cancers often take long periods of time to develop.

Many women are occupationally exposed to ionizing radiation, especially from medical and dental x-rays and radioisotopes.

The synergistic effect of dual exposure to ionizing radiation and cigarette smoke has been documented for men in studies of uranium miners; it is widely believed that this effect will hold true for other radiation exposures as well. The 1980 Biological Effects Ionizing Radiation report concluded that cigarette smoking probably reduces the latency period of radiation-induced cancers.

Just as cigarette smoking causes pulmonary diseases other than cancer, there is a higher risk for other occupational lung diseases in women who smoke than in those who do not.

Textile workers in cotton mills have increased risks for chronic bronchitis, airway obstruction and pulmonary impairment, and cigarette smoking produces a multiplicative effect on these conditions. Workers employed in synthetic fiber, wool, soft hemp and flax mills, and in sisal, jute and kapok processing may develop pulmonary hypersensitivity leading to the onset of chronic lung disease, although these fibers appear to be less potent than is cotton dust.

Thousands of women work in industries in which they are routinely exposed to potent pulmonary sensitizers that may greatly increase their risk for smoking-related chronic lung disease. For example, about 35,000 women use a meat-wrapping process in which a hot wire melts the plastic wrap, sealing the meat package. This process gives rise to such fumes as hydrochloric acid and phosgene, which produce a short-term asthma-like response, as well as recurrent respiratory illness.

There are at least one-half million women working in the plastics and rubber manufacturing industries where they are exposed to such potent pulmonary sensitizers as toluene diisocyanate (TDI) and other isocyanate-starting materials for polyurethane foam, talc dust and carbon black used in the rubber industry.

Female laundry workers have been found to be at risk for pneumoconiosis from the contaminants of clothes.

In terms of cardiovascular disease, studies involving women workers are practically nonexistent. However any excess risk for CVD is probably exacerbated by exposure to cardiopathogenic chemicals such as carbon disulfide, nitroglycerin and synthetic estrogens. These chemicals are handled by a large number of women in the manufacture of viscose rayon, explosives and drugs.

Occupation	% Current Smokers By Age			
	40-49	50-59	60-69	70+
Nurses	26	22	18	8
Teachers	17	15	11	3
Managers	28	24	21	10
Social Workers	30	23	16	—
Retail Sales	23	19	19	14
Bookkeepers	25	22	18	24
Sewers/Stitchers	29	19	13	11
Beauticians	35	23	17	23
"Housewives"	22	19	1	

Furthermore, studies have shown that in women who use oral contraceptives, smoking is a powerful synergistic risk factor for myocardial infarction and possibly subarachnoid hemorrhage.

Men and women differ greatly in their smoking habits and this causes a dilemma because smoking cessation strategies are almost invariably devised with the male smoker in mind.

In targeting a quit smoking program, for example, a health agency might aim at a high risk group based on socio-economic classification. This is simple to do for male smokers because in general, men in higher income and educational groups smoke less. This would make men in lower groups the proper target for quit smoking efforts. However, socio-economic classification doesn't hold true for female smokers. Women least likely to smoke are teachers and household workers who represent opposite ends of the social spectrum.

A definitive explanation for this social difference between the sexes has not been formulated. However, stress is probably involved, related to the working woman's dual role as homemaker and income producer and to frustration at having lower paying, less satisfying jobs than men.

Many women smoke to relieve external stress, whatever the source, and women as a group have a more difficult time quitting than do men. An American Cancer Society survey showed a greater decline in the number of doctors who smoke than that of nurses over a 13-year period and reveals a much higher smoking rate among nurses than among other women, even though nursing is one of the most professional of the traditional "female" occupations listed above.

For a brief glimpse of where the female smokers are in the workforce, the ac-

companying chart shows recent figures for a sample of 160,000 women over 40 with common jobs. This chart reflects unpublished 1984 data from the American Cancer Society:

While this data is useful because it is so current, it's important to remember that younger women are far more likely to smoke than women over 40. For example, unpublished data from the Health Interview Survey done by the National Center of Health Statistics in 1976 showed that of the 20-44 age group, 33.8% of women with white collar jobs smoked while 43.7% of women with blue collar jobs were cigarette smokers.

Hazardous work and a dangerous habit are a nasty mix, but knowing the jobs women do and where the female cigarette smokers are located in the workforce is a first step towards properly targeting smoking withdrawal efforts to save lives. □

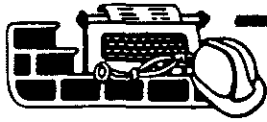
*Much of the above material was adapted from "Women's Occupations, Smoking, and Cancer and Other Diseases," Steven D. Stellman, Ph.D., Jeanne M. Stellman, Ph.D., "CA—A Cancer Journal for Clinicians," Jan/Feb 1981 Vol. 31, No. 1. (reprints are available from WOHRC for \$1.50) and "Smoking Habits and Employment Patterns of Women and Their Relation to Development of Smoking Cessation Strategies," Jeanne M. Stellman Ph.D.*

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# CHILD CARE

## Essential for parents... Hazardous for workers

WOMEN'S OCCUPATIONAL HEALTH RESOURCE CENTER NEWS

The participation of mothers with children under the age of 18 in the paid labor force has reached an all time high in the United States. Twenty million (62%) were employed in March 1985, according to the Women's Bureau.<sup>1</sup> Eight million mothers (54%) with preschool children also engaged in paid work (in addition to their unpaid household work.) This means that about 34 million children (58%) have mothers in the labor force, an increase of 5.8 million since 1975. Of these nearly 9.6 million (49%) were under six years of age.

Many mothers are employed out of sheer necessity. About 1 out of every 6 families in the United States was maintained by women in 1985. But the proportion among poor women is staggeringly higher: 73% of poor black families were headed by women, which encompasses about 3.2 million children; 49% of Hispanic families and 38% of poor white families, representing another 1.1 million and 3.4 million children.

With all these mothers in the workforce, who is minding the children? There are at least 24 million children under the age of 13 in need of day care, while current statistics show the availability of only about 6 million spaces in licensed centers and family homes. There are about 22,000 for-profit child care centers nationwide as well. And child care is expensive. The majority of parents pay about \$3,000 per child, but the costs can range from \$1,500 to \$10,000, depending on geographical location and ability to pay.<sup>2</sup> The median income for a two parent household with two children was \$25,338 in 1984. Average costs of child care could require nearly 25% of the family income!

Quality child care facilities are a social need of urgent proportions, yet the United States lags far behind other industrialized nations in developing and implementing creative programs and options. (See p. 8 for Swedish examples.) There are some modest examples, but they are the exception, rather than the rule. In New York State, child care provisions have been negotiated in state contracts providing child care, which is now offered in 25 state workplaces. In Hawaii, the first government-sponsored child care center has opened, and a program is beginning in Denver, serving government workers and serving as a model for area businesses.<sup>3</sup>

At the same time that there is an urgent need for day care facilities, the working conditions, wages and prestige afforded to day care workers are appalling. WOHRC covers some of the issues and presents some of the possibilities in this special section on child care.



Lisa Blackhear/IMPACT VISUALS

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## Stress and Burnout

Day care work fits the classical model of a stressful job. It entails a great deal of responsibility for the welfare of others, yet it is undervalued and poorly paid. A San Francisco study recently found childcare workers to be in the lowest 10% of all wage earners, half had no medical coverage and 16% no sick leave.

While many day care workers are comparatively well educated, (the 50th educational percentile in San Francisco), they are "perceived of as unskilled ... because raising children has traditionally been women's work, and as such, it has not been valued in our culture," according to Blum in her study The Day Care Dilemma.

On the average, two out of every three child care workers will earn wages that place her at or below the poverty level. And many workers will put in hours of unpaid overtime while filling in for absent workers or waiting for late-coming parents.

The image of day care workers also worsens each day as isolated incidents of mistreatment and abuse are emblazoned across newspaper headlines. Now many innocent workers find themselves subject to criminal investigations, fingerprinting and drug testing, as part of the public's response to child abuse incidents.

The stress of day care work increases as the working conditions worsen. A center with low staff-to-child ratios will be more stressful than one with better staffing. Continual noise, with no time or place for relief, will be stressful, as will a center where the indoor air quality is poor and where there are inadequate facilities for an adult to sit comfortably.

Centers that are organized without provisions for adequate parent-worker interaction may end up subjecting the workers to unnecessary and possibly unfair pressure and criticism from parents. Workdays designed with inadequate lunch and coffee breaks may lead to the adult worker eating all her meals with the children.

*Burnout* is one manifestation of child-care worker stress that has been observed in research carried out on 83 day care workers. *Burnout* is defined as a state characterized by physical and emotional exhaustion, cynicism, detachment and alienation from work and negative feelings about the people one cares for. Day care centers with *burned out* employees may have extremely high absenteeism and turnover rates.

Work-related stress can lead to physical and emotional health problems such as digestive system problems, headaches, nervousness, irritability and sleeplessness. Stressed workers may find themselves bringing their problems home, which can lead to marital distress or problems in being an effective parent. More serious diseases, such as coronary heart disease, are related to stress on the job, no specific studies on chronic disease have yet been carried out on child care workers.

# Health Hazards for

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## Preventing Occupational Stress

1. The best answer to undervalued work is higher wages and more benefits. This will require national commitment, in addition to individual employer cooperation. (See p.8 for Swedish examples.)
2. Higher staff-child ratios (more workers) will permit structural changes like job rotation, rest breaks, sick leave, as well as increase workers' ability to perform better and gain satisfaction.
3. Establishing formal parent/worker communications and cooperative programs can relieve stress.
4. Physical working conditions can be improved (e.g. adult size chairs; regular "quiet times", improved ventilation and other amenities). Worker-management (parent) health and safety committees can be helpful.

## Infections

Contracting and transmitting infectious diseases, such as *diarrheal diseases*, *streptococcal* and *meningococcal infections*, *rubella*, *cy-tomegalovirus* and *respiratory infections*, are major occupational hazards of day care workers. Up to 30% of the 25,000 cases of *hepatitis A* reported annually in the United States have been linked to day care centers.

People who work with children under 3 years of age, particularly children not toilet trained, are at the greatest risk for developing infections. The most common routes of infection are fecal-oral and respiratory. Young children have poorly developed personal hygiene habits. They frequently mouth their toys and their hands. They do not understand the need for frequent handwashing or for avoiding sneezing and coughing on others. Sneezing and coughing creates germ-containing aerosols which can linger in the air and can be propelled over relatively large distances.

Diseases can be spread directly by sick children or by children without symptoms who are harboring an illness. Diaper-changing and stored soiled diapers are prime means of transmitting organisms which are carried in stool. The handling of contaminated toys and contaminated food are other routes of entry. Some organisms can live on inanimate objects for periods lasting from hours to weeks. Food can be a vector for disease if a day-care worker who prepares food as part of her job has contaminated hands or has become ill herself.

Some of the organisms which cause diarrheal diseases, such as *Giardia lamblia*, are extremely in-

# Day Care Workers

fectious. As few as 10 cysts can lead to the onset of symptoms. The spread of disease is not limited to day care centers serving the poor or lower middle class. One recent report of giardiasis transmission was among children in day care in an affluent suburb of Washington D.C.

Sometimes the cause of infection can be elusive. Clusters of *Hepatitis A*, an extremely serious infectious liver disease, have been found among staff and parents of center children, but few children, though infected, themselves developed clinical signs of the disease. Without symptoms like temperature or jaundice in carrier children, the disease becomes particularly difficult to control.

Two infections, *rubella* (German measles) and *cytomegalovirus* (CMV) can be particularly hazardous for pregnant women or women who are planning to have children because they carry the risk for birth defects. (The risks for serious birth defects are more clearly established for *rubella* than for *CMV*.)

## Preventing Infections

1. Regular handwashing by children and staff is needed and most easily accomplished with convenient and well-stocked facilities. Washing "rituals" can be built into play activities. Handwashing after each diaper change should be mandatory. Lanolin hand-creams should be provided for preventing drying and cracking skin.
2. Diapers should only be changed in designated areas, which are swabbed frequently with disinfectants. Diapers should be disposed of in closed, plastic-lined receptacles, which are emptied frequently.
3. Food preparation areas should be kept clean and away from play and changing areas. Food preparation and child care duties should be separated (rotated among staff, if necessary) to reduce dangers of food contamination.
4. Playthings and play areas should be washed frequently and sufficient janitorial help provided.
5. Higher staff-child ratios (more workers) can facilitate implementation of hygienic procedures.
6. A policy, agreed to and understood by parents, establishing isolation or restrictions procedures for sick children, is essential.

square

rectangle

big and little



Linda Eber/IMPACT VISUALS

## Other Hazards

Arts and crafts supplies may pose hazards, even if they are labelled "non-toxic." A survey of 81 art materials used in day care centers, carried out by the Center for Occupational Hazards in New York City and the city's Department of Health, only found 20 which were considered completely safe. An earlier study found known carcinogens, mutagens and agents suspected of causing birth defects in children's supplies.

In addition to potential toxic exposures, bending, lifting and carrying children can lead to back injuries, as well as generalized aches and pains.

## Prevention

1. Toxic exposures can be prevented by using non-toxic materials. Product ingredients and their toxicity should be requested from the manufacturer before materials are purchased. If additional information is needed, resources like the Center for Occupational Hazards or the local Poison Control Center can be called upon.
2. Workers should be trained in materials handling techniques to minimize the spread of dusts. Clean-up should be rigorous and regular.
3. Eating areas should be separate from art areas. If the same area must be used. Clean place mats or other table coverings should be provided.
4. Comfortable chairs where children can be held as needed can replace much lifting. Children could be taught to climb on caretaker's knees for comforting, rather than expect to be lifted or carried.
5. Regular back strengthening exercises will help prevent injuries.



## Child Care in Sweden

The expansion of child care facilities was regarded as the most important family policy issue of the 1970's in Sweden, according to the Swedish Institute. As a result, public child care facilities, which are regarded as a municipal responsibility, were greatly expanded and are much more widely available than in the United States.

Child care facilities are usually located in the child's residential area and are financed through local tax revenues, parents' fees and state subsidies arising from employer payroll fees. Nurseries are available for full-time or part-time care. School is compulsory in Sweden after the age of 7 but each municipality is minimally required to provide space for part-time care (at least 3 hours/day) for all 6 year olds.

Care of children who are temporarily ill is provided in the child's own home by child care workers employed by the municipality. Children who require special services, such as physically or mentally handicapped, are given priority access to the system. (There are still insufficient facilities to meet the total demand and other countries have still greater facilities available, according to the Swedish Institute.) The municipality is charged with the task of seeking out children who need special assistance.

Some children are cared for in *family day nurseries* which accommodate up to 4 children and are run in a child-minders' home. She is hired by the municipality. *Leisure time centers* are designed for older children, 7-10 (sometimes up to 12) during non-school hours.

### Structure of Programs

Programs are designed either for single age groups or for mixed-age groups. Mixing age groups was begun as a social experiment which is thought to have succeeded and is becoming increasingly common. Creative play is an important part of pre-school care and centers are equipped with varied equipment and supplies. Children are also taught to participate in various household chores and activities and to take on joint responsibilities.

Children whose mother tongue is not Swedish are provided pre-school care in their home language and special programs have been designed to help them learn Swedish.

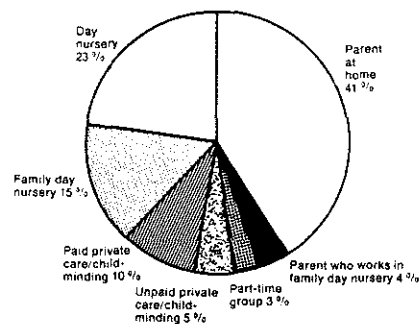
### Collaboration with Parents

It is considered important that parents know the child-minder and participate in the programs and both parents have the right to take time off the job for such participation. This facilitates the integration of the child's two environments: home and day-care center. Parents participate in an introductory period of about two weeks when the child first enters the facility.

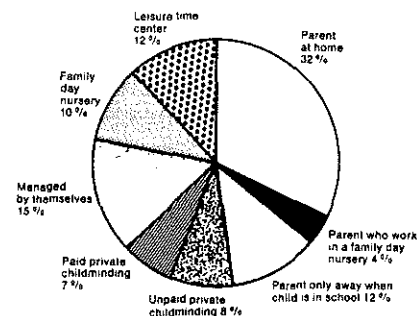
### Utilization Patterns

The accompanying graphs show the distribution of child care in Sweden. The demand for places is greater than the available space, particularly as the number of women in paid employment continues to grow rapidly. Plans for further expansion are continually underway.

Child care, children aged 0-6



Child care, children aged 7-10



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# Statistical Brief

From the Bureau of the Census  
Survey of Income and Program Participation

## Who's Minding the Kids?

**More than 29 million children under age 15 had mothers who worked; almost 19 million of these children had mothers who worked full time.**

Demand for child care is growing as more women with young children work. This brief provides the latest data on the child care arrangements of working mothers. The data on children who care for themselves are from the Current Population Survey (CPS), conducted in December 1984. All other data were collected in the Survey of Income and Program Participation (SIPP) for December 1984 through March 1985 and cover the three youngest children using child care in each household. This group represents about 90 percent of all children whose mothers worked.

**The majority of preschool-age children were cared for in their own or other homes while their mothers worked.**

Among the 8.2 million children under 5 years old whose mothers work, 31 percent were cared for in their own homes (principally by their fathers), 37 percent were cared for in another home (usually by someone not related to the child), and 23 percent were in organized child care facilities which include day/group care centers or nursery or preschools. Another 8 percent were cared for by their mother while she was working either at home or away from home. The use of organized child care has grown substantially. In

1984-85, 1 in 4 working women with a child under 5 used some type of organized child care facility for their youngest child, up from 16 percent in 1982.

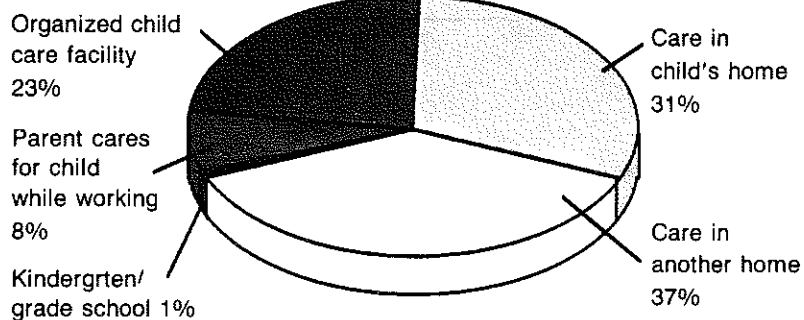
Preschoolers of full-time working mothers were less likely to be cared for at home (24 percent) than were children of mothers who worked part time (42 percent). For many part-time working mothers, the opportunity to work evenings or weekends makes it possible for "9 to 5" working fathers to babysit. Child care provided by the father was less frequently used in families where the mother worked full time; 11 percent of the children of these mothers were cared for by their fathers, compared with 24 percent of children of part-time working mothers. Full-time workers placed greater reliance on child care in the

home of someone unrelated to the child and on organized child care facilities.

**For almost 14 million school-age children, school is the primary source of child care.**

Another 4.5 million children were not in school most of the time their mothers were working, and almost half of them were cared for in their own homes, principally by their fathers. Of the 14 million children for whom school was the primary child care facility, 5 million had a second child care arrangement. 2.1 million children were cared for in their own homes and another 1.3 million children were cared for in someone else's home. About 344,000 attended group care centers after school.

**Primary Child Care Arrangements of Preschool Children (8 million children)**



SB-2-87  
Issued May 1987



U.S. Department of Commerce  
BUREAU OF THE CENSUS

### Weekly Cash Payments for Child Care Made by Employed Mothers with One Child: 1984-85

	Percent not paying cash	Percent paying cash	Median (dollars)
Care by relatives	62	38	28
Care by nonrelatives	13	87	41
Organized child care	24	76	44

**Whether through parental preference or lack of good alternatives, some children cared for themselves or stayed with another child under 14 while their mothers worked.**

According to the CPS, 2.1 million children 5 to 13 years old regularly spent some period of time without adult supervision after school. About two-thirds of these children had mothers who worked full time. Older children were much more likely to be left alone: 22 percent of 12- and 13-year-olds, 16 percent of 9-to-11-year-olds, and 6 percent of 5-to-8-year-olds whose mothers worked full-time had no adult supervision for some period of time after school. Children left alone or with another child under 14 were on their own for relatively short periods of time: about 3 in 10 children were left alone for less than an hour. However, 1 in 10 were left alone for 3 hours or more.\*

**The possibility of a breakdown in child care arrangements is a constant concern, yet relatively few working parents reported that they lost work time because of failures in these arrangements.**

Of the 7.7 million working women who relied on others (excluding kindergarten or grade school) for child care services for any of their children under age 15, an average of

6 percent lost time from work each month as a result of a failure in child care arrangements. For women with one child using one arrangement only, those who use organized child care programs have fewer work disruptions (1 percent) than those who place their children in someone else's home (8 percent). Work disruptions refer to time lost by either the woman or her husband and may be higher than usual because the survey was conducted during the more inclement winter months.

**The cost of child care represents a sizeable expense for most working parents.**

For women with one child using one child care arrangement only, the median amount paid for child care services in 1984-85 was \$39 per week. About one-fourth of working mothers paid \$50 or more per week, while only 2 percent paid more than \$100 per week. The cost of child care is relatively less expensive when provided by relatives than when provided by nonrelatives or organized child care services. Relatives are also less likely to receive any cash payment at all: about 60 percent of mothers whose child was cared for by a relative made no payment at all.

As the demand for child care services has grown, the annual expenditure for child care of all types has reached an estimated 11 billion dollars.

\*The estimates related to children left unsupervised may be underestimated. For discussion see the following reports

**For Further Information**

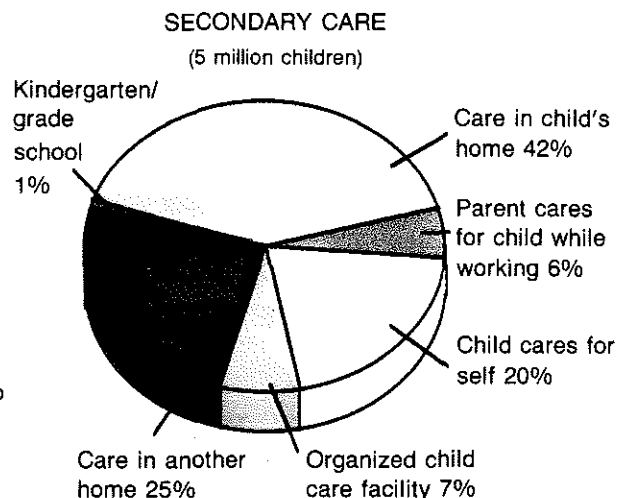
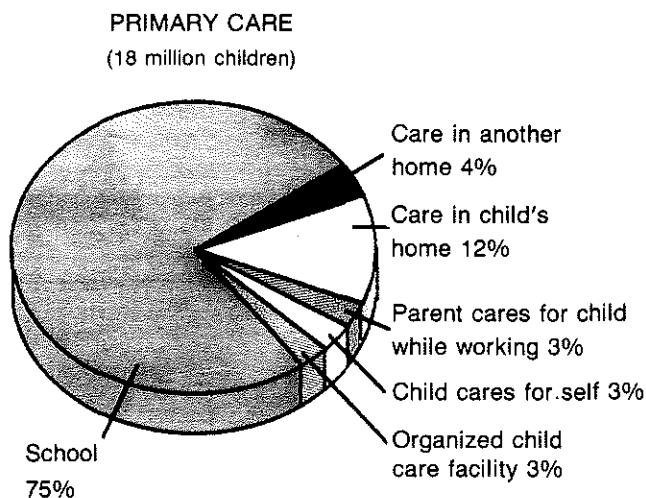
**See:** Current Population Reports, Series P-23, No. 149, *After-School Care of School-Age Children: December 1984*; and Current Population Reports, Series P-70, No. 9, *Who's Minding the Kids? Child Care Arrangements: Winter 1984-85*. (For sale by Superintendent of Documents, U.S. Government Printing Office, Washington, DC, 20402.)

**Contact:** Martin O'Connell  
(301) 763-5303  
or  
Jennifer Marks  
(301) 763-3814

This is one of a series of occasional reports providing timely data on specific policy-related issues. The Bureau of the Census conducts various demographic surveys of the U.S. population; this Brief presents data from one or more such surveys. The data are subject to various errors such as undercoverage of the population, processing errors, and respondent reporting errors. Certain measures, such as quality control programs, are implemented to reduce these errors. In addition, if each of the surveys was repeated with different samples of respondents, the results would vary from sample to sample. The results in this brief have been tested to conform to the Bureau's statistical standards. Caution should be used when comparing these data to other data sets.

**Child Care Arrangements of School Age-Children**

NOTE: Primary is the arrangement used most of the hours the mother is working; secondary is the arrangement used when additional care is necessary during the mother's working hours.



# FAMILY AND MEDICAL LEAVE BILLS

This overview was produced by the Women's Legal Defense Fund on Family & Medical Leave Bills pending in Congress

**THE PARENTAL AND TEMPORARY MEDICAL LEAVE ACT OF 1987 (S 249)** Introduced on January 6, 1987 by Christopher Dodd (D-CT) and Arlen Specter (R-PA) and **THE FAMILY AND MEDICAL LEAVE ACT OF 1987 (HR 925)** Introduced on February 3, 1987 by William L. Clay (D-MO) and Patricia Schroeder (D-CO)

The Family and Medical Leave Act (sometimes referred to as "Parental Leave" guarantees job security for any worker who needs to take leave from work to care for a newborn, newly adopted or seriously ill child. The Act also guarantees job security, seniority and health benefits for any worker who takes leave to recover from a serious medical condition. Employers must provide unpaid leave, although there is no prohibition against employers providing paid leave with the same job security provision. The House version also includes a family leave provision for the care of a seriously ill parent.

## PROTECTION FOR EMPLOYEES

- \* At the birth or adoption of a child, employees are guaranteed up to 18 weeks of unpaid leave over a two-year period.
- \* When a child has a serious health condition, employees are guaranteed up to 18 weeks of unpaid leave. The House version of the Act also includes up to 18 weeks leave for the care of a seriously ill parent.
- \* In the event of an employee's own serious health condition, she or he is allowed up to 26 weeks unpaid leave (over a 12-month period) when the employee is unable to perform her or his job.
- \* Employees who take leaves of absence are guaranteed their existing jobs or similar positions when they return to work.
- \* Employers are required to maintain existing health insurance coverage for workers.
- \* Employees may substitute accrued paid vacation, sick or other leave for part of the family and/or medical leave.

## PROTECTION FOR EMPLOYERS

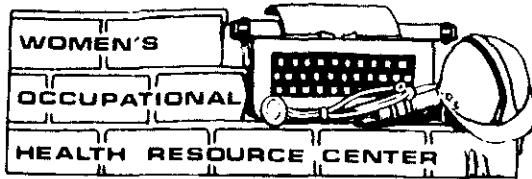
- \* Employers with fewer than 15 people are exempt from this legislation.
- \* Employees are required by this legislation to provide reasonable notice of anticipated leave and certification of illness.
- \* Under the House version, employees must schedule their leave to accommodate the employer if the need for leave is foreseeable and it is medically feasible to do so.
- \* Under the House version, employers may require the substitution of paid vacation, sick or other leave.

## ENFORCEMENT

- \* Both civil and administrative enforcement are provided. Remedies for violation include reinstatement, back-pay, and consequential damages.

## STUDY

- \* A study will be undertaken to explore the feasibility of providing paid family and medical leave which would be funded through employer and employee contributions.



## Europe

The following summary of statutory maternity leaves shows a consistent pattern of paid time off the job for throughout Europe, as analyzed by Chantal Paoli of the International Labour Office in Geneva (Int'l Lab Rev 121 (1), 1982). In addition many countries now permit either parent to use the compensated time off the job for parental leave. The United States has no similar policy although women may be eligible for "disability payments" if they would be available for other work-disabling "illnesses."

Country	Normal duration of leave	Prenatal	Postnatal	Authorized extensions
Austria	16 weeks	8 weeks	8 weeks	4 weeks after confinement in the event of premature birth, Caesarian or multiple births
Belgium	14 weeks	6 weeks	8 weeks	—
Denmark	18 weeks	4 weeks	14 weeks	—
Finland	258 working days max.	24 days	6 weeks min. and 234 days max.	—
France	(a) 16 weeks for the 1st or 2nd child (b) 26 weeks for 3 or more children	(a) 6 weeks (b) 8 to 10 weeks as desired	(a) 10 weeks (b) 16 to 18 weeks as desired	6 weeks in the case of pathological condition (2 before confinement and 4 after); 4 weeks after confinement in the event of multiple births
Germany (Fed. Rep. of)	14 weeks	6 weeks	8 weeks	4 weeks after confinement in the event of premature or multiple births; 4 months following confinement on request
Greece	12 weeks	6 weeks	6 weeks	In the event of sickness resulting from pregnancy or confinement
Ireland	14 weeks min.	4 weeks min.	4 weeks min.	4 weeks' leave after birth on request
Italy	5 months	2 months	3 months	1 month before confinement in the event of employment on arduous tasks
Luxembourg	16 weeks	8 weeks	8 weeks	4 weeks in the event of premature or multiple births and for nursing mothers
Netherlands	12 weeks	6 weeks	6 weeks	—
Norway	108 days, i.e. 18 weeks	up to 72 days, i.e. 12 weeks	36 days, i.e. 6 wks min.	—
Spain	14 weeks	6 weeks	8 weeks	—
Sweden	360 days max.	60 days max.	6 weeks min.	—
Switzerland	8 weeks		8 weeks	—
United Kingdom	18 weeks	11 weeks max.	7 weeks	—



# FACT SHEET

## The Pregnancy Discrimination Act

For many years, a woman's steady employment was jeopardized by her decision to have a child. Some employers tended to fire a pregnant employee rather than allow a reasonable period of maternity leave. When leave was granted it was often without pay or medical benefits, even though disability and medical fringe benefits were part of the regular employment contract. Such exclusions financially burdened women workers and broke down the continuity of their employment, thus reinforcing the woman's role as a temporary worker.

In response to this type of discrimination, and the Supreme Court's decision to allow employer benefit plans to exclude pregnancy coverage, various labor, feminist, and legal organizations sought legislative change in Congress.

On April 29, 1979, the Pregnancy Discrimination Act, an amendment to Title VII of the 1964 Civil Rights Act, went into effect. The Act makes clear that discrimination on the basis of pregnancy, childbirth, or related medical conditions constitutes unlawful sex discrimination. A woman is, therefore, protected against being fired or refused a job or a promotion because she is pregnant or has had an abortion. Moreover, a pregnant woman who goes on leave is entitled to have her job back with no less in seniority when she returns, just as other employees on disability leave for other medical conditions are entitled to their jobs upon their return.

The same principle applies in the area of fringe benefits, such as sick leave, disability benefits and health insurance. A woman unable to work for pregnancy-related conditions is entitled to disability benefits or sick leave on the same basis as employees unable to work for other reasons. Any health insurance plan provided by the employer must cover expenses for pregnancy-related conditions to the same extent that it provides coverage for other medical conditions.

### Application of the Pregnancy Discrimination Act to Disability/Health Insurance Plans

- 1) *Provision of Insurance* - The Act does not require each employer to provide a comprehensive disability/health insurance plan but applies to those employers who currently have a plan or will implement one in the future.
- 2) *Pre-existing Pregnancy* - A woman whose pregnancy started before employment began may be excluded from coverage under a company plan as long as the exclusion also applies, and on the same basis, to other conditions pre-existing before employment.



District 1199, NUHHC

Pregnant workers are protected by the new law.

- 3) *Medical Examinations* - An employer can require a medical examination by a company physician to confirm the existence of a pregnancy-related condition, but only if such an examination procedure is normally required evenhandedly of all applicants for disability benefits.
- 4) *Time Limitation of Payments* - A company may legally limit the number of weeks it will pay disability and sick leave benefits, even if the disability surpasses the limitation, but only if the cap on payments applies equally to all conditions.
- 5) *Abortion* - Health insurance coverage for expenses arising from abortion is not required except where the life of the mother would be endangered if the fetus were carried to term, or where medical complications have arisen from an abortion. All other benefits, such as sick leave, however, must be provided for employees who have abortions.
- 6) *Optional Coverage* - An employer may not provide a policy with coverage for pregnancy-related conditions

as an option. Every company plan must cover such conditions.

7) *Shared Cost* - The additional cost of compliance with the Act may be apportioned between the employer and the employees in the same proportion that the entire fringe benefit plan is apportioned. Under no circumstances must male or female employees be required to pay unequal proportions on the basis of sex or pregnancy.

For further information, you may contact the WOHRC office for a copy of the Equal Employment Opportunity Commission's booklet, *Questions and Answers on the Pregnancy Discrimination Act*. There is a charge of 75 cents per copy, plus a 50 cent handling charge. There is no additional handling charge for large orders. —Gary Epler, Legal Intern, WOHRC

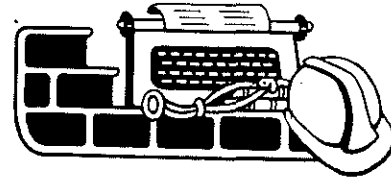
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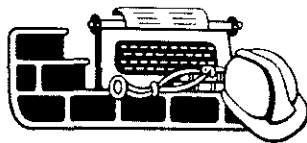
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