WOMEN'S ISSUE BRIEF
AN UPDATE ON WOMEN'S HEALTH POLICY
THE HENRY J. KAISER FAMILY FOUNDATION

Women, Work, and Family Health: A Balancing Act

April 2003

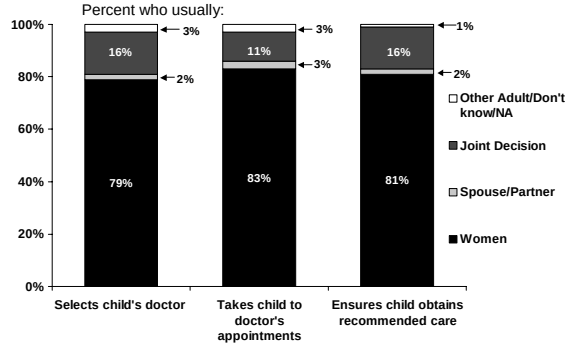
Many women manage multiple roles — parent, spouse, caregiver, employee — yet recognition of the impact on their own and their families' health and economic well-being is sometimes overlooked. Mothers who work outside the home are often in the difficult position of balancing family health responsibilities with employment obligations. This balancing act becomes even more challenging for low-income women who are often the sole breadwinners with primary responsibility for managing the health of their children and other relatives.

This issue brief examines women's roles in family health care decision-making and coordination, the effect of that involvement for women who work, and women's caregiving responsibilities. This analysis is based on data from the 2001 *Kaiser Women's Health Survey*, a nationally representative sample of nearly 4,000 women between the ages of 18 and 64.

Coordinating care for their children

Nearly one-half (48%) of women ages 18-64 have children under age 18 at home. These mothers assume the major role for their children's health care access by taking primary responsibility for a range of health care activities and decisions. Approximately 80% of all mothers are responsible for selecting their child's doctor, taking children to doctor's appointments, and follow-up care (Figure 1).

Figure 1
Women's Family Decision-Making Responsibilities, 2001

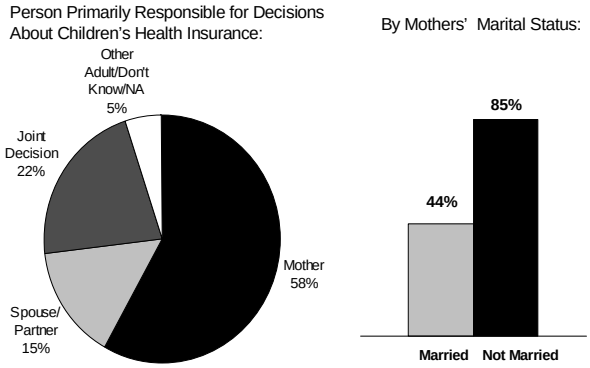


Note: Includes women ages 18 to 64 with children under 18 living in household.
Source: Henry J. Kaiser Family Foundation, *Kaiser Women's Health Survey*, 2001.

Predictably, single mothers, compared to married mothers, are more likely to shoulder health care coordinating responsibilities alone, such as: selection of doctor (93% v. 73%), taking child to doctor's appointments (90% v. 80%), and follow-up care (92% v. 75%).

Women are also very involved in decisions about health insurance, although there is greater spouse/partner involvement because many women obtain their health insurance coverage through their spouse. A majority (58%) of all mothers report they are primarily responsible for decisions about their family's health insurance (Figure 2).

Figure 2
Decisions About Children's Health Insurance

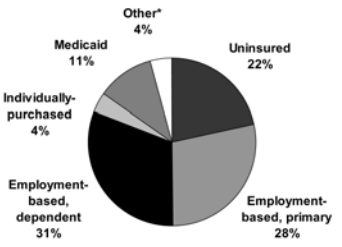


Note: Includes women ages 18 to 64 with children under 18 living in household.
Source: Henry J. Kaiser Family Foundation, *Kaiser Women's Health Survey*, 2001.

- 44% of married mothers are the primary decision-makers for their families' health insurance, while 32% share this decision with their spouse, and 20% report the spouse usually makes the decision.
- Not surprisingly, 85% of single mothers make health insurance decisions alone, and just 9% define it as a joint decision or partner role.

Access to insurance coverage is a problem for many mothers, with more than one-fifth of women with children under 18 lacking insurance (Figure 3).

Figure 3
Health Insurance Coverage of Women with Dependent Children



Note: Includes women 18 to 64 with children under 18 living in household.
*Other insurance includes Medicare, CHAMPUS, and unknown insurance.
Source: Henry J. Kaiser Family Foundation, *Kaiser Women's Health Survey*, 2001.

- Employer-based coverage is the major form of health insurance for women with children. Of these women, approximately half receive coverage through their own employer and half receive coverage as dependents.

- Medicaid, the joint state/federal program for the poor, covers over one in ten women with children under 18.

Working mothers: balancing work and family health responsibilities

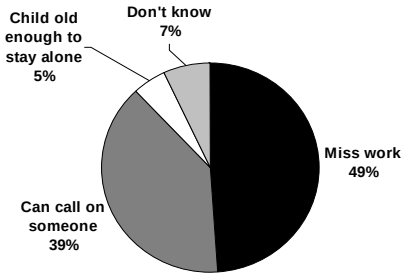
The majority of mothers with children under 18 years of age are an integral part of the nation's workforce – two-thirds are employed, with 71% of them working full-time and the remaining 29% working part-time.

Given their central role in children's health care decisions and responsibilities, working mothers often must miss work to care for a sick child (Figure 4).

- Half of working mothers report that they miss work when their child is sick with a common illness such as a cold or ear infection, while 39% can call on someone, either a family member, friend, or other caregiver to provide that care.

- To a lesser extent, working fathers also have child care responsibilities, with 30% missing work to care for a sick child.

Figure 4
Working Women's Options When Child is Sick, 2001



Note: Includes working women ages 18 to 64 years with children under 18 living in household.
Source: Henry J. Kaiser Family Foundation, *Kaiser Women's Health Survey*, 2001.

Half of working mothers do not get paid when they miss work to care for a sick child (Figure 5).

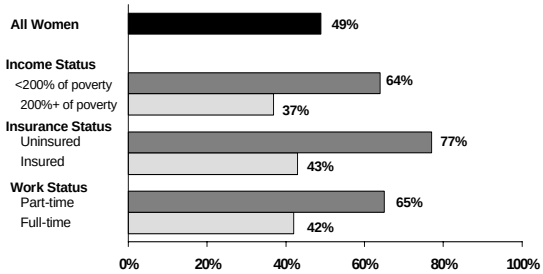
- Low-income women, who have the fewest financial resources, are the most likely to lose pay when caring for a sick child. Two-thirds of low-income women (family incomes below 200% of the federal poverty level (FPL)) and 75% of very poor women (<100% FPL) do not get paid when they miss work to care for a sick child.

- Two-thirds of part-time female employees also forgo pay when they miss work to care for their children.

- Uninsured women are also more likely to lose pay when missing work to care for a sick child, suggesting that health insurance is not the only workplace benefit they lack.

Figure 5
Loss of Pay When Caring for Sick Child, Selected Characteristics, 2001

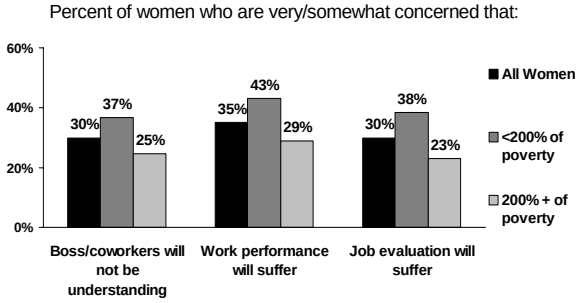
Percent of working women who lose pay when missing work to care for sick child:



Note: Includes working women ages 18 to 64 with children under 18 living in household.
The federal poverty level was $14,255 for a family of three in 2001.
Source: Henry J. Kaiser Family Foundation, *Kaiser Women's Health Survey*, 2001.

Many working mothers, particularly low-income mothers, have major concerns about the consequences of missing work to care for children on their jobs and career paths (Figure 6).

Figure 6
Concerns When Missing Work to Care for Sick Child, by Income Level, 2001



Note: Includes working women ages 18 to 64 with children under 18 living in household.
The federal poverty level was $14,255 for a family of three in 2001.
Source: Henry J. Kaiser Family Foundation, *Kaiser Women's Health Survey*, 2001.

- Many low-income, working mothers fear that their colleagues will not be understanding when they miss work (37%), and over four in ten (43%) are concerned about effects on job performance.

- A sizable share (30%) of working mothers are concerned that their job evaluation will suffer if they miss work to care for a sick child, with greater fear among low-income women (38%).

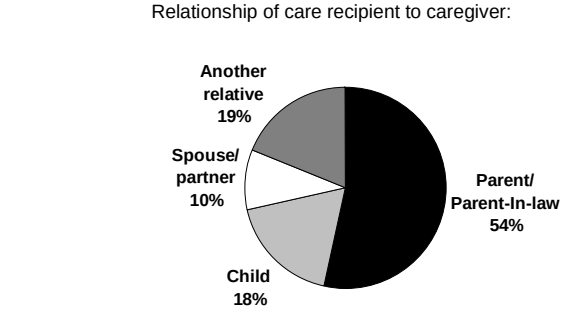
Working single mothers are more likely to feel the pressures of balancing work and family obligations.

- 38% of single mothers are concerned that their colleagues will not be understanding when they miss work to care for a sick child, 45% are concerned that their job performance will suffer, and 40% worry about the effect of missed days on job evaluation.

Female caregivers: characteristics and health concerns

In addition to their other roles and responsibilities, 10% of all women ages 18-64 provide care to family members who are disabled, chronically ill, or elderly such as a parent or parent-in-law (54%) or a child (18%) (Figure 7).

Figure 7
Family Relationship of Female Caregivers, 2001



Note: Includes women ages 18 to 64.
Source: Henry J. Kaiser Family Foundation, *Kaiser Women's Health Survey*, 2001.

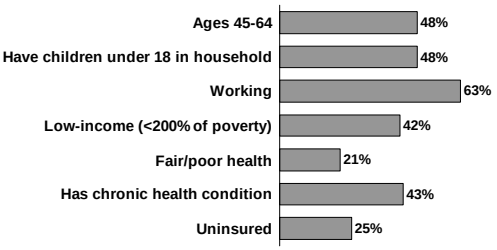
These women are often stretched thin, with low-incomes and higher rates of personal health problems, while maintaining responsibilities that extend beyond the caregiving role (Figure 8).

- Nearly half (48%) of caregivers have children under age 18; 63% are employed.

- 42% have family incomes below 200% of poverty, compared to 34% of women without family caregiving responsibilities

- One in five caregivers report a fair or poor health status and 43% have a chronic health condition that requires ongoing medical care; yet, a quarter of caregivers are medically uninsured.

Figure 8
Selected Characteristics and Responsibilities of Caregivers, 2001



Note: Includes women ages 18 to 64.
Source: Henry J. Kaiser Family Foundation, *Kaiser Women's Health Survey*, 2001.

Access to care barriers

Demanding schedules and the costs of health care place many women at risk for delays in receiving their own health care. Caregivers, working mothers, and single mothers shoulder additional responsibilities that can make it harder for them to meet their personal health needs.

- Problems with health care affordability lead to delayed care for one-third of caregivers, single mothers, and working single mothers.

- Time constraints are particularly problematic for single working mothers, with 37% reporting that they delay or do not get needed care as a result. This was also a barrier for 31% of all single mothers and 29% of caregivers.

Conclusion

Women are the major coordinators of care and the link to the health care system for their families. They play the key role in coordinating and ensuring access to health care for their children. Many women also assume an important role as caregivers of relatives who are sick, disabled, or elderly. These women often care for their families while maintaining employment commitments.

However, caring for their families can come at an economic cost for many working mothers, with half losing pay to care for sick children. In particular, low-income and single mothers, who are poorer to begin with, are more likely to suffer lost pay and concern about negative job evaluations.

Many of the women who act as caregivers have health problems of their own, and a considerable proportion are in low-income families. Even though they provide care to others, many caregivers are uninsured and have problems getting their own health care, due to expense or time constraints. This policy brief underscores the interest women have and should have in debates about health insurance and public programs such as welfare, Medicaid, and Medicare.

Additional copies of this publication (#3336) are available on the Kaiser Family Foundation website at www.kff.org.

This brief was prepared by Roberta Wyn, Ph.D. and Victoria Ojeda, M.P.H. of the UCLA Center for Health Policy Research with Usha Ranji, M.S. and Alina Salganicoff, Ph.D. of the Kaiser Family Foundation. Data is from the *Kaiser Women's Health Survey, 2001*.

The *Kaiser Women's Health Survey* is based on a national telephone survey of 3,966 women ages 18 to 64 in the United Sates. A disproportionate stratified random sample was used to over-sample African American women, Latinas, those in low-income households (defined as having incomes below 200% of the federal poverty level), and those who were medically uninsured or Medicaid beneficiaries, so that sample sizes would be adequate to allow for subanalysis of these populations. The sample was then weighted using the Census Bureau Demographic Profile (from the March 2000 Current Population Survey) to adjust for variations in the sample relating to region of residence, sex, age, race, and education to provide nationally representative statistics. Interviews were conducted in either English or Spanish, depending on participants' preference. A shorter companion survey of 700 English-speaking men was conducted for the purposes of gender comparison. Foundation staff designed the survey in collaboration with Princeton Survey Research Associates (PSRA) and analyzed it with researchers from UCLA. Fieldwork was conducted by PSRA between March 28 and July 29, 2001. A copy of the survey instrument is available upon request.