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Do work-family patterns over the life-course influence health later in life? A sequence analysis approach across the United States and 11 European countries

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Previous studies have found a US health disadvantage for life expectancy, self-reported health measures and mortality. A potential, yet unexplored hypothesis is that the strain of balancing work and family roles over the life-course is associated with health later in life, and may contribute to these cross-national differences in health. We hypothesize that combining work and family responsibilities is more strongly associated with poor health in the US than in Europe. Data from the Survey of Health, Ageing and Retirement in Europe will be used for the European countries and parallel data from the Health and Retirement Study for the US. Sequence analysis is used to link work-family patterns to self-perceived health. For both men and women, 5 distinct clusters are found. Significant differences in the likelihood of stating bad health for these 5 distinct clusters are found. Married and working mothers have a lower likelihood of stating bad health than 1) working mothers who are divorced, 2) married mothers who are not working, and 3) working women without children. While working and married men who became a father for the first time around their mid-20s have a lower likelihood of stating bad health than 1) men who started working before their 20th birthday and were married and a first time father around their mid-twenties, 2) men who started working in their early twenties, are not married and have no children in the household, and 3) men who started working from a young age (<20 years) and were married and a first time father in their mid-thirties. No significant difference in the likelihood of stating bad health for these 5 clusters is found when comparing the United States with Europe, with an only exception of married, non-working women.

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