



Research paper

Gender differences in the use of alcohol and prescription drugs in relation to job insecurity. Testing a model of mediating factors

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ABSTRACT

Background: The results of several studies suggest that economy-related stressors are less distressing for women compared with men. This study proposed to examine the relationship of perceived job insecurity with the use of licit drugs using a theoretical model that considered antecedents and mediators of this association, in order to identify differences between working men and women.

Methods: Using information from the Catalan Health Survey (2010–2014), we selected working individuals aged 16–64 who were primary providers of household income ($N = 5315$). The outcomes were two measures of alcohol consumption (heavy drinking and binge drinking) and the use of hypnotics/sedatives. As antecedents of the exposure to job insecurity we considered the type of contractual relationship and occupational class. The mediating factors were poor mental health, household structure and the hours of housework per week. The theoretical model was assessed using path analysis where the moderating effect of gender was considered in all the associations.

Results: No differences in the prevalence of job insecurity were found between men and women (17%). Job insecurity (Odds ratio [OR] = 1.35, 95% confidence interval [CI] = 1.23–1.48) and house workload (OR = 1.01, 95% CI = 1.00–1.02) were positively associated with poor mental health, with no significant interactions with gender. Poor mental health was significantly associated with binge drinking (OR = 1.23, 95% CI = 1.13–1.33) and with the use of hypnotics/sedatives (OR = 1.71, 95% CI = 1.53–1.91). House workload showed a direct negative association with binge drinking (OR = 0.99, 95% CI = 0.98–1.00), while those in households with no children were more likely to be binge drinkers, with no significant interactions with gender. An alternative model had better fitting results for heavy drinking.

Conclusion: No gender differences were found in the association of job insecurity with mental health nor with the use of substances among primary providers of household income, emphasising the importance of social roles when assessing differences in mental health among men and women.

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Introduction

The persistent negative effects of the economic crisis that began at the end of 2007, commonly referred to as the Great Recession, include job loss and worse employment conditions. The strong association between unemployment and poor health is widely recognised (Dooley, Fielding, & Levi, 1996; Linn, Sandifer, & Stein, 1985; Martikainen & Valkonen, 1996), but also the effects of job

insecurity (Griep et al., 2015; Heaney, Israel, & House, 1994; Sverke, Hellgren, & Näswall, 2002). Job insecurity challenges health and well-being due to the psychological strain associated with lack of control over one's situation, anticipation of future unemployment and subsequent economic strain and family problems (De Witte, 1999; Karasek & Theorell, 1990; Sverke et al., 2002). Perceived job insecurity could be even more stressful than actual job loss or unemployment because the uncertainty as to whether the job loss will actually occur prevents the deployment of instrumental strategies of coping.

Self-perceived job insecurity is the result of an evaluation process that takes into account both contextual factors (e.g. legislation standards, economic environment, labour market characteristics, organizational change) and the individual

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resources (education, family responsibilities or employability). Thus, self-perceived job insecurity is the result of an individual assessment by an actor embedded in a number of different contexts (Erlinghagen, 2008). Worsening labour market conditions may affect differentially by gender, age or socioeconomic position (De Witte, 1999; Artazcoz, Benach, Borrell, & Cortès, 2005). Working on a project basis and temporary employment could be in line with the expectations of certain groups, like young workers, professionals and employees in emerging industry sectors.

Studies in different locations have found that men's mental health is more vulnerable than women's to the effects of economic downturns (Bartoll, Palència, Malmusi, Suhrcke, & Borrell, 2014; Katikireddi, Niedzwiedz, & Popham, 2012) and unemployment (Paul & Moser, 2009). Likewise, job insecurity has been more consistently associated with poor mental health (Lam, Fan, & Moen, 2014; Sirviö et al., 2012) and deteriorating self-reported health (Cheng, Chen, Chen, & Chiang, 2005; Ferrie, Shipley, Marmot, Stansfeld, & Smith, 1995) in men than in women; while other studies have found differences in health indicators in men and women with attributed job insecurity (Kalil, Ziol-Guest, Hawkey, & Cacioppo, 2009) or in a context of changing work environment (Nishikitani, Tsurugano, Inoue, & Yano, 2012). Besides, work-related stress has been more consistently associated with the likelihood of alcohol consumption or alcohol dependence among men (Siegrist & Rödel, 2006; Virtanen et al., 2008; Colell, Sánchez-Niubò, Benavides, Delclos, & Domingo-Salvany, 2014a), while the use of hypnotics and sedatives has been associated with work-related psychosocial risk factors among both men and women (Colell, Sánchez-Niubò, Domingo-Salvany, Delclos, & Benavides, 2014b; Jacquinet-Salord, Lang, Fouriaud, Nicoulet, & Bingham, 1993; Pelfrene et al., 2004). Furthermore, the few studies on the mediating effect of psychological distress (Brown & Richman, 2012; Peirce, Frone, Russell, & Cooper, 1994) and somatic complaints (Brown, Richman, & Rospenda, 2014; Vijayasiri, Richman, & Rospenda, 2012) in the association between economic stressors and alcohol-related outcomes found that the mediating effect was more pronounced among men than among women.

These results could suggest that the experience of economy-related stressors is less distressing for women compared to men, or that their correlation with health or health-related behaviours is different in men and women. The type of outcome considered in any given study may be partly responsible for the mixed results, but also the failure to acknowledge the dissimilar conditions encompassing the lives of working men and women (Wethington, McLeod, & Kessler, 1987). In this respect, Artazcoz, Benach, Borrell, and Cortès (2004) found that the deleterious effects of unemployment on mental health lessened for women with children at home.

Men and women differ in their risk of physical and psychological morbidity (Gove, 1984; Wingard, 1984) and it has also been posited that they may be differentially susceptible to the effects of stress (Kessler & McLeod, 1984). Gender differences in coping with stressful events can be explained by two main hypotheses: the socialisation hypothesis and the role-constraint hypothesis. According to the socialisation hypothesis, men and women are equipped with different coping patterns. The traditional female gender role prescribes dependence, affiliation, emotional expressiveness, a lack of assertiveness and the subordination of one's own needs to those of others. On the other hand, the traditional male role prescribes qualities such as autonomy, self-confidence, assertiveness, instrumentality and being goal-oriented. Consequently, similar levels of hardship and distress are likely to produce emotional problems in women and behavioural problems in men (Aneshensel, Rutter, & Lachenbruch, 1991). Women qualify for diagnoses of affective disorders more frequently than men, whereas men qualify for diagnoses of alcohol and drug abuse more frequently than women (Alonso, Angermeyer, & Bernert, 2004;

Boyd et al., 2015). Conversely, the role-constraint hypothesis argues that gender differences in the response to stressors may be explained by differences in the likelihood of men and women occupying particular social roles and in the resources and opportunities attached to these roles (Aneshensel & Pearlin, 1987).

Attempts to test the socialisation and role-constraint theories in the late eighties and nineties concluded that men and women did not differ in the ways they coped with similar role stressors (Rosario, Shinn, Morch, & Huckabee, 1988). Gender differences in the impact of stress were disorder-specific, but did not indicate general differences in susceptibility (Aneshensel et al., 1991; Mirowsky & Ross, 1995). Substance use is a common behavioural response for coping with distress. Both gender norms and the opportunities for exposure to the substance will influence men's and women's differential tendency to use a particular substance (Biener, 1987). The stronger tendency for women to acknowledge morbidity and to use health services compared to men could explain their more frequent use of psychotropic drugs, whereas men may use alcohol as a convenient alternative, as drinking is a prime expression of the traditional male sex role (Wilsnack, Vogeltanz, & Wilsnack, 2000).

Men and women differ in their experiences within similar social roles and in the types of stressors typically encountered. As gender influences the nature of role demands, both the relationship between social role and distress, and the conflicting demands arising from holding various roles will differ for each sex (Aneshensel & Pearlin, 1987; Gore & Mangione, 1983). Even though the number of dual-earner families has been increasing in contemporary societies, men are still more likely than women to be the primary providers of family income and women still bear more responsibility for family work. Therefore, it could be expected that economic changes and work-related stress would result in more pronounced reactions in men, while parenting and housework-related stress would affect women more.

The objective of this study is to examine the relationship of perceived job insecurity with the use of drugs, and to identify differences between working men and women. For this purpose, we have developed a theoretical model considering antecedents and mediators of this relationship. As men outnumber women as the main providers of household income, selecting only men and women who are primarily responsible for the household means of livelihood will ensure their similar vulnerability to the effects of job loss, thus avoiding biasing the results.

Theoretical model linking job insecurity with drug use

Fig. 1 displays the proposed general model to be tested separately for two patterns of alcohol use and for prescription psychotropic drug use as outcomes.

Antecedents

We consider that the perception of job insecurity is most likely to be influenced by the type of contractual relationship. Additionally, we contend that both age and occupational class will be related to the type of contract held.

Mediators

This model includes poor mental health as a mediating factor in the relation between job insecurity and the use of drugs. While the relationship of poor mental health with the use of prescription psychotropic drugs seems straightforward, according to the tension-reduction or self-medication model of drinking, some individuals will drink alcohol as a coping behaviour to deal with distress (Greeley & Oei, 1999).

Besides, we contend that the household structure will be associated with both individuals' mental health and the likelihood

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