

# History of care work and labor market participation as determinants of depressive symptoms in older adults in Mexico.

Olinca Páez

olinca.paez@inegi.org.mx

## ABSTRACT

**Objective:** To analyze whether gender inequalities in the persistence of depressive symptoms in adults are associated with social patterns of time use experienced during the life course. **Material and methods:** An indicator of persistence of high depressive symptomatology (PHDS) is calculated for 9428 persons using data from three waves of the Mexican Health and Aging Study. Then, it is used in multivariate logistic regression models to estimate its association with care work and labor market participation. **Results:** The persistence of symptoms occurs in 16 % of women and 5 % of men and it is related to a history of single parenting and illness care. **Conclusion:** It is necessary to focus attention on the mental health of those who assumed the responsibility of raising their children in single-parent homes, and to develop compensatory measures to reduce the economic and emotional burden of women who face caregiving tasks alone.

## BACKGROUND

Depression is a public health problem in Mexico that may arise at early ages, it is often recurrent, and twice prevalent among women compared to men (Cerecero-García et al., 2020; INEGI, 2018; Medina-Mora et al., 2003). It is present in about 8% of the young population and in more than 20% of those over 65 years of age (Berenzon Gorn et al., 2013). The prevalence rate can be expected to increase in the country in the coming years merely as a result of the change in the age structure of the population, which is evolving rapidly towards older ages, with higher levels of life expectancy for women.

The results of the 2019 Global Burden of Disease Study for Mexico showed that the prevalence, incidence and disability-adjusted life years resulting from depressive disorders had increased significantly throughout the country, especially among women (Agudelo-Botero et al., 2021). The risk factors identified in the literature are being female, older age, lower educational level, and the presence of some limitations. As protective factors, hobbies and volunteer work have been mentioned (Gutiérrez et al., 2020).

How determinants impact the health of populations depends on the history, culture, and politics of countries (Fleming & Parker, 2015). In many contemporary societies, gender roles result in differences in the productive and recreational activities performed by the population. In Mexico, for example, 56% of women of working age do not participate in the labor market (INEGI, 2021) and the ages at which women are mostly excluded from paid work are coincident with the stages of the family life cycle that require more dedication to caring for other family members. In contrast, for men, participation in economic activities is central, evidence suggests that, for them, unemployment (Fernández-Niño et al., 2018) and exit from the labor market puts them at greater risk of suffering depressive symptoms.

The links between depressive symptomatology and time use activities have been studied in other countries (Isaac et al., 2009; Lee et al., 2012; E. R. Torres et al., 2016) but are underexplored in Mexico (Fernández-Niño et al., 2018). Hence, the general objective of this paper is to analyze, in a generation of adults aged 50 years and older, interviewed in 2012, 2015 and 2018 in Mexico, whether greater dedication to care work, less participation in the labor market and limited power in personal decision making are factors associated

with sex differences in the persistence of five or more depressive symptoms over the three years.

At 50 years old a series of experiences have already occurred that could have triggered depressive symptoms for any individual, nonetheless we are studying a context that typically assigns different roles to men and women, with very low participation of women in the labor market and very little participation of men in the care of other members of the household.

In places where this gender-based labor distribution model predominates, the care simultaneously needed by children, the elderly, the sick and, in general, the population with some physical or mental limitation falls disproportionately on women. Even in the later stages of the family life cycle, the differences in the time dedicated to caregiving between women and men in heterosexual couples are 14 hours or more per week (Páez, 2021). This inequity usually entails the renunciation of leisure time for them, and especially in the case of those who are also employed, it implies an overload of work. Both scenarios, when experienced with intensity and/or assiduity, can be experienced in a similar way to occupational burnout syndrome.

## RESEARCH METHODS

This is an observational study based on a longitudinal source, the Mexican Health and Aging Study (MHAS), which over several years has followed the physical and mental health of individuals aged 50 years and older, and their partners. The information source provides data for a group of adult individuals interviewed in 2012, 2015 and in 2018, so that those with high depressive symptomatology (HDS) can be identified to calculate annual prevalence, and persistent cases over the three years can also be identified. Thus, for example, persistent cases can be compared with non-persistent cases to distinguish factors associated with temporary from structural depressive symptoms.

In addition, it is analyzed the frequency in which patterns of sustaining, improving or worsening of the health condition have occurred in different subgroups of the

population. The processing was carried out in R Studio with the packages TraMineR (Gabadinho et al., 2011) and TraMineRextras (Ritschard et al., 2021).

Finally, logistic regression models are used to verify whether factors associated with persistence in reporting a high number of symptoms include a history of single parenting, caring for sick and disabled people, participation or exclusion from the labor market, and perceived power in personal decision making. Such models also incorporate other health status variables, the occurrence of adverse events, and sociodemographic variables that are often related to high depressive symptomatology.

## PRELIMINARY FINDINGS

Initial findings include the following: persistence was 5% among men and 16% among women, and in both cases, it was directly associated with age. The differences become more acute when people are distinguished according to the occupational status reported in the years of observation. In the case of men, 77% were employed or seeking employment in at least one of the three years, and only 4% of them presented PHDS. In contrast, among women, we can distinguish those who were engaged in household chores in the three years of observation (30%) from those who were employed or seeking employment in at least one of the years (70%). It is the latter who have a higher PHDS (15% vs. 12%), possibly due to the overload of productive work involved in carrying out both types of work, paid and care work.

For women who raised their children with their spouses, having paid work does not make a difference in the probability of PHDS. In contrast, women who raised their children alone and participated in the labor market have a higher propensity for PHDS.

Single parenting contributes more than caring for sick or disabled adults to the propensity for PHDS. This result is important to equate the burnout associated with single parenting (so prevalent in Mexican households) with primary caregiver burnout, an issue that is recognized in the scientific literature.

## REFERENCES

- Agudelo-Botero, M., Giraldo-Rodríguez, L., Rojas-Russell, M., González-Robledo, M. C., Balderas-Miranda, J. T., Castillo-Rangel, D., & Dávila-Cervantes, C. A. (2021). Prevalence, incidence and years of life adjusted for disability due to depressive disorders in Mexico: Results of the Global Burden of Disease Study 2019. *Journal of Affective Disorders Reports*, 6, 100–206. <https://doi.org/10.1016/j.jadr.2021.100206>
- Berenzon Gorn, S., Lara, Ma. A., Robles García, R., & Medina-Mora, M. (2013). Depresión: Estado del conocimiento y la necesidad de políticas públicas y planes de acción en México. *Salud Pública de México*, 55, 74–80. <https://doi.org/10.1590/S0036-36342013000100011>
- Cerecero-García, D., Macías-González, F., Arámburo-Muro, T., & Bautista-Arredondo, S. (2020). Síntomas depresivos y cobertura de diagnóstico y tratamiento de depresión en población mexicana. *Salud Pública de México*, 62(6, Nov-Dic), 840–850. <https://doi.org/10.21149/11558>
- Fernández-Niño, J. A., Bonilla-Tinoco, L. J., Astudillo-García, C. I., Manrique-Hernández, E. F., & Giraldo-Gartner, V. (2018). Association between the employment status and the presence of depressive symptoms in men and women in Mexico. *Cadernos de Saude Publica*, 34(9), e00219617. <https://doi.org/10.1590/0102-311X00219617>
- Fleming, M. L., & Parker, E. (2015). *Introduction to Public Health*.
- Gabardinho, A., Ritschard, G., Müller, N. S., & Studer, M. (2011). Analyzing and Visualizing State Sequences in R with TraMineR. *Journal of Statistical Software*, 40(4), 1–37. <https://doi.org/10.18637/jss.v040.i04>
- Gutierrez, S., Milani, S. A., & Wong, R. (2020). Is “Busy” Always Better? Time-Use Activities and Depressive Symptoms Among Older Mexican Adults. *Innovation in Aging*, 4(5). <https://doi.org/10.1093/geroni/igaa030>
- INEGI. (2018). *Encuesta Nacional de los Hogares (ENH) 2017*. <https://www.inegi.org.mx/programas/enh/2017/#Tabulados>
- INEGI. (2021). *Encuesta Nacional de Ocupación y Empleo (ENOE), población de 15 años y más de edad*. <https://www.inegi.org.mx/programas/enoe/15ymas/#Tabulados>
- Isaac, V., Stewart, R., Artero, S., Ancelin, M.-L., & Ritchie, K. (2009). Social activity and improvement in depressive symptoms in older people: A prospective community cohort study. *The American Journal of Geriatric Psychiatry : Official Journal of the American Association for Geriatric Psychiatry*, 17(8), 688–696. <https://doi.org/10.1097/JGP.0b013e3181a88441>

Lee, C.-T., Yeh, C.-J., Lee, M.-C., Lin, H.-S., Chen, V. C.-H., Hsieh, M.-H., Yen, C.-H., & Lai, T.-J. (2012). Leisure activity, mobility limitation and stress as modifiable risk factors for depressive symptoms in the elderly: Results of a national longitudinal study. *Archives of Gerontology and Geriatrics*, 54(2), e221-229.

<https://doi.org/10.1016/j.archger.2011.06.014>

Medina-Mora, M. E., Borges, G., Lara Muñoz, C., Benjet, C., Blanco Jaimes, J., Fleiz Bautista, C., Villatoro Velázquez, J., Rojas Guiot, E., Zambrano Ruiz, J., Casanova Rodas, L., & Aguilar-Gaxiola, S. (2003). Prevalencia de Trastornos Mentales y Uso de Servicios: Resultados de la Encuesta Nacional de Epidemiología Psiquiátrica en México. *Salud Mental*, 26(4), 16.

Páez, O. (2021). *Desigualdades horizontales: Trabajo de cuidados y bienestar de las parejas heterosexuales que encabezan los hogares en México*. 29th IAFFE Annual Conference.

Ritschard, G., Studer, M., Bürgin, R., Liao, T., Gabadinho, A., Fonta, P.-A., Müller, N., & Rousset, P. (2021). *TraMineRextras: Extras for use with the TraMineR package*.

Torres, E. R., Sampsel, C. M., Ronis, D. L., Neighbors, H. W., & Gretebeck, K. A. (2016). Gardening/Yard Work and Depressive Symptoms in African Americans. *Archives of Psychiatric Nursing*, 30(2), 155–161. <https://doi.org/10.1016/j.apnu.2015.08.004>