

# DISABILITY, a CONCERN FOR WOMEN?

What's behind the numbers?

Haije Wind, Monique Frings- Dresen

Research Center for Insurance Medicine  
Coronel Institute of Occupational Health  
Academic Medical Center, Amsterdam  
The Netherlands



Research Center for Insurance Medicine: collaboration between AMC-UMCG-UWV-VUmc



# Coronel Institute of Occupational Health Academic Medical Center, Amsterdam

Some activities:

- Work-related diseases
- Netherlands Center for Occupational Diseases
- Effectiveness of interventions/measures in occupational health practice
- Research Center for Insurance Medicine

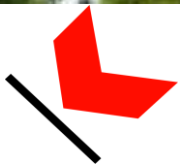


Amsterdam...



- Research projects: RSI, low back, hearing problems at work, mental complaints/disorders, CSE, work-related dermal disorders, EBM
- Chronic diseases and work (RA, depression, DM, cancer, ABI)
- Work ability and recovery (high-demand jobs and aging)

There is no actual or potential conflict of interest in relation to this study !





## Faculty Disclosure

<input checked="" type="checkbox"/>	No, nothing to disclose
<input type="checkbox"/>	Yes, please specify:



# Gender differences around the world



- Gender differences in ill-health: traditional role of women in South Korea: responsibility for domestic care, child care, aged parents and in-laws<sup>1</sup>
- Gender differences in prevalence of musculoskeletal disorders among rice farmers of West India<sup>2</sup>
- Women and men experience illness differently<sup>3</sup>



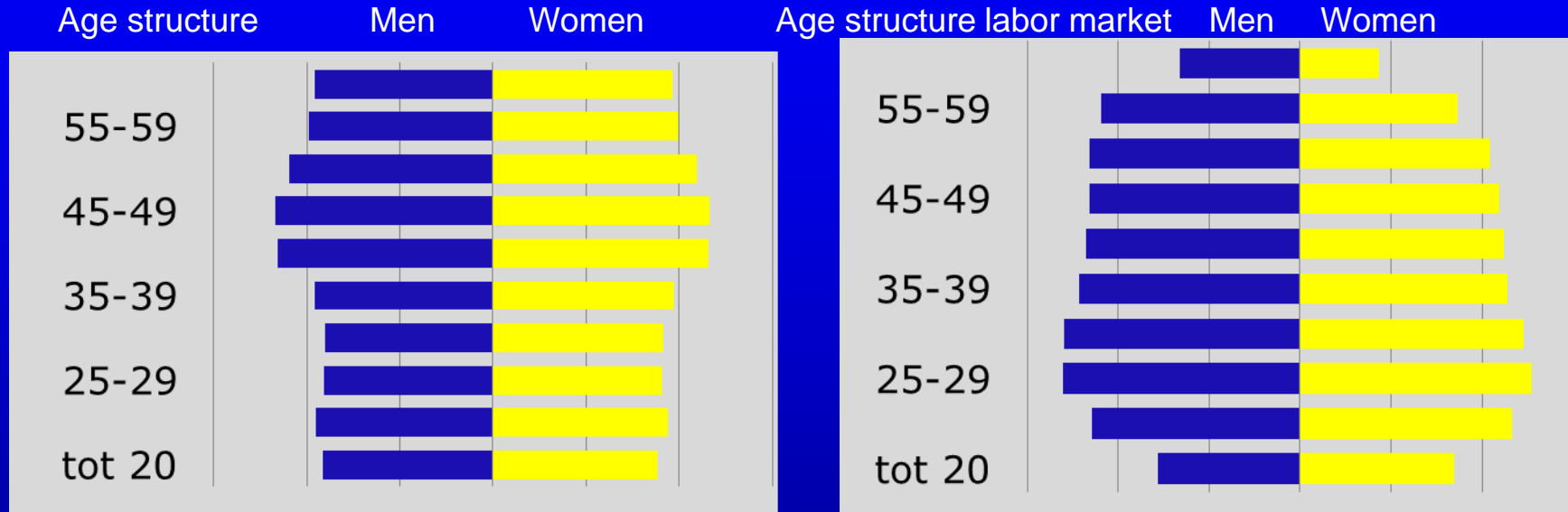
1. Chun H, Khang Y-H, Kim I-H, Cho S-I. Explaining gender differences in ill-health in South Korea: the roles of socio-structural, psychosocial, and behavioral factors (2008) Soc Sci Med 67:988-1001

2. Das B. Gender differences in prevalence of musculoskeletal disorders among the rice farmers of West Bengal India.

3. Côté D, Couto M-F. A critical review of gender issues in understanding prolonged disability related to musculoskeletal pain: how are they relevant to rehabilitation? (2010) Dis Rehabil 32(2): 87-102



# Dutch labor market



Women are catching up!



# Statement 1

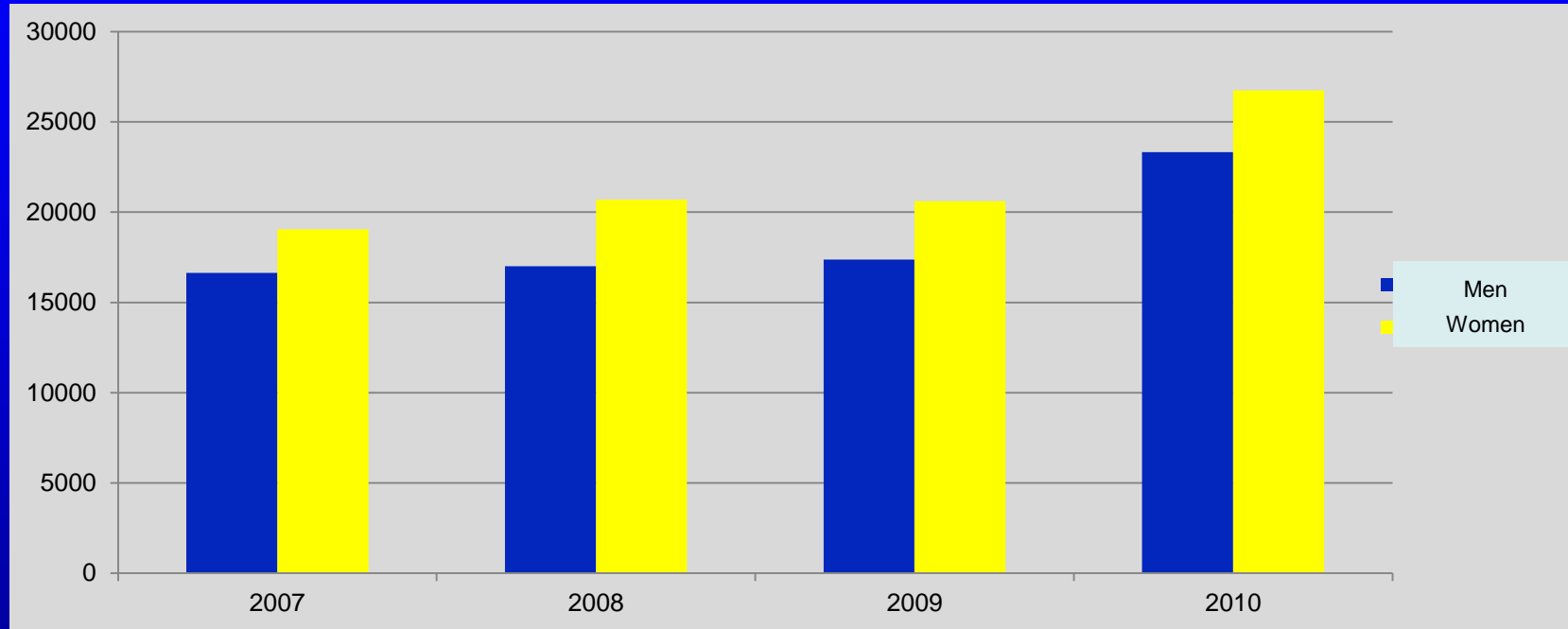
Women *apply* more often a disability benefit

# Statement 2

Women *get* more often a disability benefit



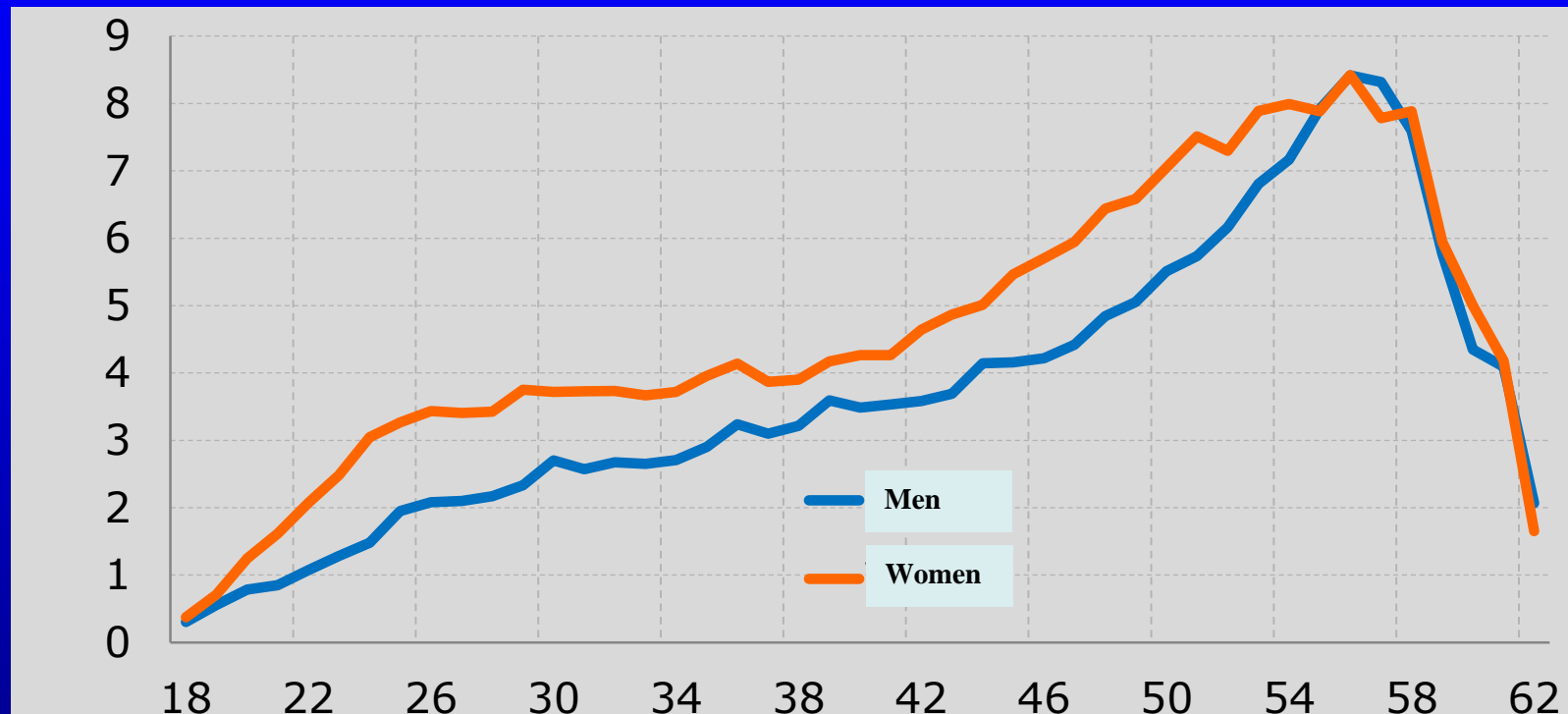
# Disability Benefit applications 2007-2010



Number of applications increases over time. Women more often than men apply for a disability benefit;



# Inflow into disability benefit scheme per 1.000 insured workers

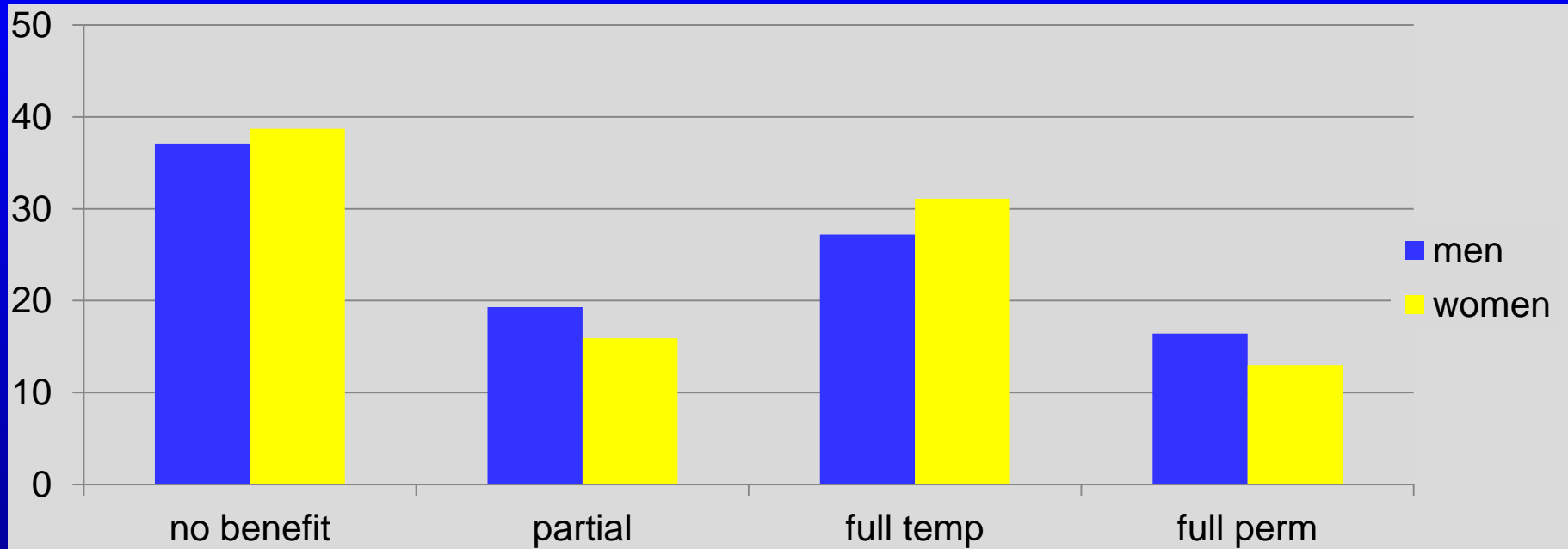


Risk of disability increases with age; for women almost always greater than for men; the difference disappears on older age





# Decision disability benefit scheme 2010\*

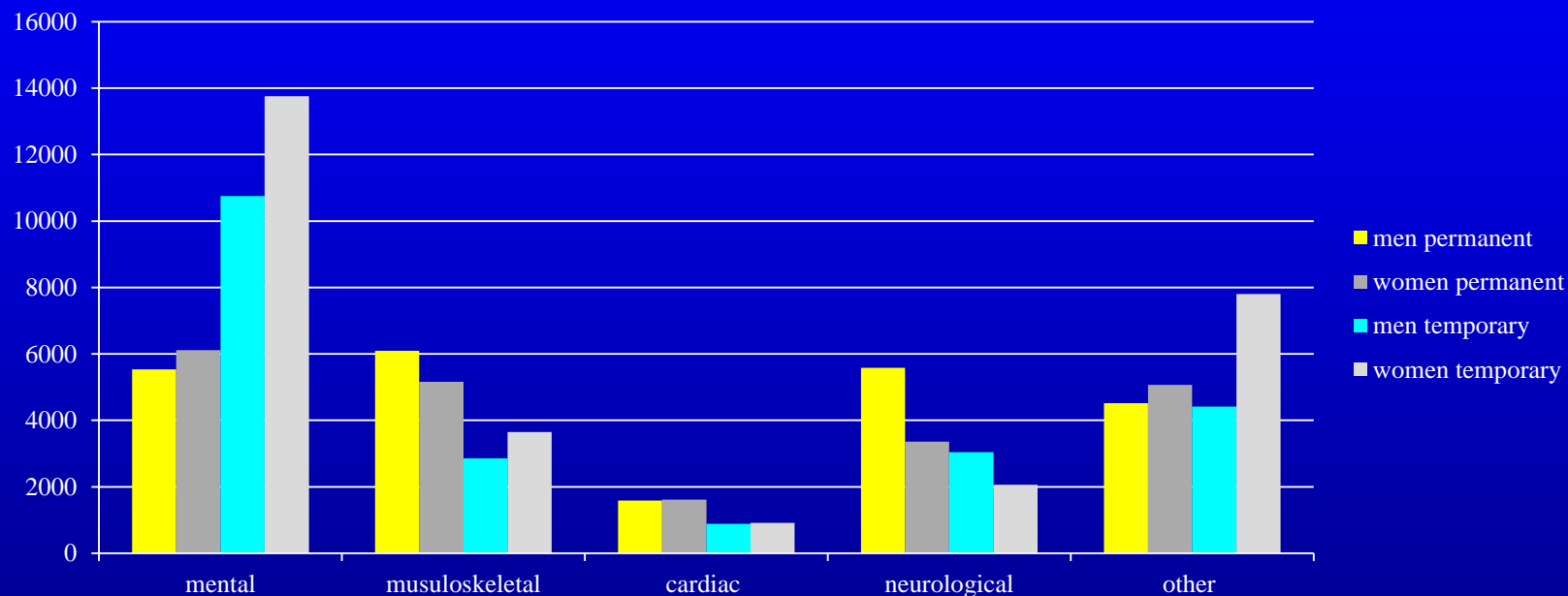


Women are more often denied a benefit and considered temporary full disabled.  
Men are often more partial disabled and permanent full disabled.

\*Source: UWV



# Permanent or temporary disabled and diagnosis 2013\*



Women are more (temporary) disabled due to mental disorders; men are more disabled (permanent) due to musculoskeletal and neurological disorders



# Summary

- Women apply more for a disability benefit
- Men are more often considered full and permanent disabled, women more often temporary full disabled.
- Main reason for disability benefits in women are mental disorders; men are more often disabled due to musculoskeletal and neurological disorders
- Over time, there is an increase in number of disability benefits
- Is this a 'typical Dutch' phenomenon?



# Literature/ Research question

- Disability and return to work close related
- How about the association between gender and return to work?
- Is there a relation with the diagnosis?



# Method/ Results

## *Method*

Pubmed search

Key words:

- Gender
- disability
- return to work (RTW)

## *Results*

150 studies;

Gender aspect in 76 studies;

30 studies outcome women ↓

5 studies outcome men ↓

31 studies no difference

10 studies adjusted for gender

- no separate analysis gender

- confounder

- in 4 studies outcome women ↓



# Diagnosis

<b>DISORDER</b>	<b>Total</b>	<b>↓ Women</b>	<b>↓ Men</b>	<b>No diff</b>	<b>Adjusted</b>
Musculoskeletal	34	17	1	11	5
Mental	8	2	1	4	1
Multiple	19	7	2	7	3
Neurological	7	-	1	5	1
Cancer	2	2	-	-	-
Coronary heart disease	6	2	-	4	-

No disorder is specifically associated with gender



# Conclusion

- Women seem to have indeed a less beneficial outcome in studies on RTW
- Differences are small and clinical significance is usually not discussed
- Double work load; combination of household responsibility, child care are mentioned as explaining factors
- Aspects like education, nature of the work, sector are important



# Guidelines Occupational Health

- Women and men have equal rights to adequate health care
- Participation of women in guideline development is limited
- For guideline development it is important to pay attention to: aspects like **gender**, age and ethnicity
- Recommendations for focus on sex-related factors in guideline development
  - increase participation of women in developing guidelines
  - formulate specific key questions
  - are the results applicable to both men and women?





# Take home messages

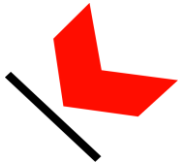
- Women have less beneficial outcome in disability assessments
- Chances on RTW are somewhat lower for women and time to RTW is longer
- Attention to men-women differences in developing interventions
- Guideline development: specific (attention) key question about gender differences



# Questions ?



[h.wind@amc.uva.nl](mailto:h.wind@amc.uva.nl)



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