Somebody has to DUST! Gender, Health, and Housework in Older Couples

Claudia Geist

Jennifer Tabler

Kelli Rasmussen

University of Utah

Early draft version

DO NOT CITE

Corresponding author:

Claudia Geist, Department of Sociology, University of Utah, 380 S 1530 E Salt Lake City, UT 84112, Claudia.geist@soc.utah.edu

Somebody has to DUST! Gender, Health, and Housework in Older Couples

Abstract:

This study seeks to examine the link between physical health and housework performance among older adult couples. Following retirement or withdrawal from the paid labor force, many of the standard arguments about relative resources and time availability no longer hold. This study examines whether older couples "do gender" even as we take into account the health of both spouses. This allows us to explore to what extent health limits men's and women's housework time and the division of labor across key household tasks.

Running Head:

Gender, Health, and Housework

Keywords:

Older adults
Couples
Housework
Health

Acknowledgement: The collection of data used in this study was partly supported by the National Institutes of Health under grant number R01 HD069609 and the National Science Foundation under award number 1157698.

Somebody has to DUST! Gender, health, and housework in older adults

Introduction

Housework is part of most individuals' daily lives. A large body of research has examined what shapes individuals' housework patterns and how couples divide the division of labor. For young and middle aged men and women, (relative) financial resources, time availability, and gender are key predictors. Less is knows about predictors of housework once older adults are no longer in the labor force and labor earnings and time in paid work are no longer useful concepts. As health problems increase in older adults, we explore the extent to which health is a useful predictor of housework time and heterosexual couples' division of labor in the home. Understanding how health shapes couples' household patterns and to what extent husbands' and wives' health has a different impact is interesting from a theoretical perspective but also from a practical standpoint as practitioners who encounter older adults can learn how spouses' health shapes especially the level of responsibilities at home.

Gender and Housework

There is extensive research on the topic of the domestic division of labor, especially for adults in prime working age (Bianchi & Spain, 1999), young adults transitioning from cohabitation to marriage (Baxter, Haynes, & Hewitt, 2010; Furstenberg Jr, 2010), or couples transitioning to parenthood (Goldberg & Perry-Jenkins, 2004; MacDermid, Huston, & McHale, 1990). Although it depends on the sociopolitical context (Geist and Cohen 2011) and the gender gap is narrowing, women do more housework than men (Bianchi et al. 2000; Bianchi et al. 2012).

We know less about the housework patterns of older adults, mainly because the key mechanisms that shape the division of labor within couples are closely linked to (relative) financial resources in the form of earnings from paid labor, time availability as determined by the time spent on paid work, and adherence to or conforming to ideas of masculinity or femininity, in the form of "doing gender" through performance of household chores (West and Zimmerman 1987). Less is known about "doing gender" in older adults. Leopold and Skopek (2015) discuss two competing arguments that predict how the contribution from both men and women (in heterosexual couples) changes as one or both transition into retirement. One argument, the convergence hypothesis" suggests that as time availability and relative resources become more equal, contributions to the domestic labor also becomes more equal. Dorfman and Heckert (1988) find that the segregation of housework tasks was reduced post retirement (see also Szinovacz and Harpster 1994).

A competing argument, the "continuity hypothesis", suggests that there is a high level of stability to established patterns "(Leopold and Skopek 2015). The notion is that housework patterns are largely independent of economic and time constraints and a site of "doing gender" regardless of age (West and Zimmerman 1987). Solomon et al. (2004) find that retirement did not substantively change the way couples divide their housework chores.

Overall, there is relatively little examination of housework patterns among older couples post their labor market exit. Even in "decade reviews" of aging and family life (i.e. Streib and Beck 1980; Silverstein and Giarrusso 2010), the topic of housework is only noted in the context

of men increasing the housework participation in response to becoming widowers (Utz et al. 2004), or in the form of housework support by kin.

Health and Housework

Prior research has linked inequity in housework to depressive symptoms (Glass and Fujimoto 1994). Women are performing housework past the point of psychological benefit; men are not (Bird 1994; Ross, Mirowsky, and Huber 1983). Although inequality in housework seems to have negative effects, housework may have positive effects on physical health (Everard et al. 2000). The positive health effects seems to hold for those who perform up to 60 percent of the housework, which is a relatively equal division of labor (Ross and Bird 1994). Although most research studies have primarily focused on those who are in the paid labor force, there is also limited evidence that suggests housework has positive effects for retirees (Szinovacz 1992).

Research on health limitations and housework has often focused on the role caregivers play to support in the form of doing housework chores for the person who is too sick to perform them.

The present study

In this study, we focus on individuals who are healthy enough to live idndependly and seek to link their health and the health of their partners to their performance of housework and the division of labor between spouses. Specifically, we examine the domestic labor patterns of older, heterosexual couples who are not in the labor force. We test to what extent health limits housework in gendered ways, whether the health of both husbands and wives affects housework patterns This is particularly import since relative financial resources and time available

explanations, a key component to understanding the division of labor in couples, are not necessarily pertinent to this population. To the extent that housework patterns are largely explained by gender, that is gender roles and housework as an reaffirmation of gender identities rather than "objective" factors we would expect health to have a very modest effect.

Health as limitation for housework:

H1a: Poorer health is associated with less housework to a similar extent for both men and women

Health as gendered limitation for housework:

H1b: Men's health problems will reduce their housework performance more strongly than women's health problems.

Doing gender hypothesis

H2: Women do more housework than men, regardless of their level of health.

<u>Data and Analytic strategy</u>

We use data from the 2009 and 2013 Disability and Use of Time supplement to the Panel Study if income dynamics (Freedman and Cornman 2014). For the present study, we restrict our sample to heterosexual couples where both partners are not working for pay, and both partners are age 60 or older. Respondents and couples have two diary data points within the same week, but health and the division of labor (see below) was ascertained only once. Our final sample contains 885 couple data points for time diary data. For division of labor items only one data point per couple was available (depending on task up to 450).

Dependent variables

The first dependent variable is the amount of time spent on housework tasks. This measure is designed to be in accordance with the American Time Use Survey and is broad, in that is includes all activities categorized as "household chores/helping others".

The second set of dependent variables focuses more narrowly on housework and combines husbands' and wives' reports of their performance of six housework tasks (doing laundry, preparing dinner, cleaning house, grocery shopping or running errands, paying bills or handling banking, handling minor repairs or home improvement). Valid response options included none/not performed in the last week, on 1-2 days, 3-4 days, 5 or more days. Based on these options we created a measure that indicates whether both spouses do a similar amount of the task, whether the wife does more, or whether the husband does more.

TABLE 1 ABOUT HERE

Key independent variable: Health

We examine three dimensions of health: physical limitations, level of energy, and functional limitations. Respondents could indicate whether they had any of the following health problems (breathing, heart/circulation, stomach, back/neck, shoulders/arms/hands, hip/leg/knee/feet). For each possible problem, respondents who indicated they experienced limitations due the issue on 1-2 out of last 7 days were assigned a value of 1, if they experienced limitations on 3 or more days they were assigned the value of 2. The physical limitations measure we use is based on the sum across all possible health problems.

The energy measure indicates how frequently (in the last 7 days) low energy or exhaustion limited daily activities. Response options ranged from 0 (no low energy in last 7 days) to 4 (limitations due to low energy or exhaustion on 5+ days).

TABLE 2 ABOUT HERE

The functional limitations measure is based on how many of the following limitations the respondent experience: serious difficulty hearing, seeing (even when wearing glasses), concentrating, remembering or making decisions, walking or climbing stairs, dressing or bathing, doing errands alone).

Controls

We include controls for spouses' age (centered around the mean for husbands and wives), year of survey (2009 vs 2013), and, for time diary analyses, day of diary (see Table 1). Future version of this paper will included an expanded set of controls.

Analytic approach

In the first step, we model the amount of time women and spend performing household chores. Using clustered OLS regressions, we adjust standard error because most respondents have two data points for the dependent variable (from two time diaries within the same week). In a second step, we estimate multinomial logistic regressions that predict a couple's division of labor as a function of husbands' and wives' health.

Findings

We find that all three dimensions of health we examine shape the gender gap in housework time (see Table 3). As expected, the poorer wives' health, the smaller the gender gap in housework, the worse a husbands' health, the larger the gender gap. The results also provide support for the doing gender hypothesis H2. However, the fact that both men's and women's heath issues significantly affect the gender gap in housework time provides initial support for H1a.

TABLE 3 ABOUT HERE

Next, we look at wives' and husbands' housework performance separately (see Table 4 and 5). We find that women's physical health problems and level of energy reduce women's housework time, but their husbands' health problems do not increase the time they spend. When it comes to functional limitations both are significant. Women's functional limitations and men's functional limitations reduce housework time.

TABLE 4 ABOUT HERE

When we look at men's housework time the picture is quite different. Only men's health issues, functional limitations or energy level in particular, affect their housework time. However, their wives' health does not significantly affect their housework patterns at all. Overall, the results do not provide additional support for the doing gender hypothesis H2 since both men and women reduce their housework efforts in repose to their own health. However, given that men's health problems may increase women's housework performance, yet women's health problems do not affect men's housework performance, suggests a stronger effect of men's health (H1b). In short, men's health does not only affect their own housework but that of their partners.

TABLE 5 ABOUT HERE

In a second analytic step we look at the division of labor between spouses across six different tasks. The most female dominated task is laundry. As the number of women's health problems increases, the probability of the wife doing more laundry decreases and the probably of equal division of labor (and, to some extent, the probability of men doing more laundry than women) increases. But up until the maximum number of possible reported health problems,

women doing laundry on more days than men, is still is the outcome with the greatest probability. This provides strong support for the doing gender hypothesis H2.

FIGURE 1 ABOUT HERE

The division of who does laundry was mostly unaffected by women's energy (men's energy also did not have a clear effect, results not shown), but physical and functional limitations shaped the probability of who does more. The number of functional limitations had the most dramatic effect. As with the number of limitations, the probability of women doing more laundry than men decreases. Once wives have four or more functional limitations, the probability of men doing more laundry than their wives exceeds that of equal sharing.

The effect of men's health decreases men's participation, more so or similar to women's health. These results support H1b, as men's health seems to shift the predicted division of labor more than women's health, but there is also evidence for H2, as there are clear limitations in the way health affects housework performance.

Although typically considered "female" tasks, in our sample of older adults who do not work for pay, cleaning house and preparing dinner were more egalitarian than laundry duties. As wives' health problems become more numerous, couples are predicted to share dinner duties equally, and the probability that the wife is mostly responsible for dinner duties declines. This pattern in similar across three three measures of health. The effect of functional limitations stands out: as wives' number of functional limitations increase, the probability of men preparing dinner on more days than their wives increases more dramatically than for other measures of health. Men's health has very limited effect on the predicted division of labor for dinner preparation. It seems that women's health has a stronger effect than that of men's' health. Again,

although there is some evidence that health can limit women's housework performance, gender trumps health (in line with H2).

FIGURE 2 ABOUT HERE

Cleaning, by comparison, is more egalitarian that the previous two tasks. The probability that both partners do a similar amount of cleaning is fairly constant across the number of women's health problems. The probability that the wife does more cleaning slightly decrease as wives' health worsens. But only for the most dramatic measure of health, functional limitations, did wives' health problems increase the probability that men do more cleaning than their wives. The effects of men's health on the who does more of the cleaning is very similar across all dimensions of health, but most pronounced for functional functional limitations. As men's functional l limitations increase, the probably that they participate equally in cleaning drops substantially.

FIGURE 3 ABOUT HERE

Paying bills and baking is a chore that does not seem to vary very much based on women's physical health or (lack of) energy, with functional limitations as the only exception. For bill paying there is an "earlier" trade-off between spouses, in that as wives have more than two limitations, men's primary responsibility is the outcome with the greatest probability. The probability of women taking over bill paying does not increase to the same extent as their husbands' health limitations increase, which fails to support either H1a or H1b.

FIGURE 4 ABOUT HERE

Who runs errands is not very reactive to the number of women's physical limitation or level of energy. An equal division of labor is the most likely outcome at all levels of health. As

before, functional limitations have a stronger effect - in couples where wives have four or more physical limitations, husband's primary responsibility is more likely than equal sharing.

This pattern is repeated for men's health –the probably of equal sharing decreases as men's health gets worse, and the probability of women doing more errands increases roughly to the same extent than men's responsibility for errands increases as women's' health declines (which supports H1a).

FIGURE 5 ABOUT HERE

Doing repairs and home improvement is a male dominated task; wives' physical limitations , energy levels, or functional limitations have a very limited effect on the predicted division of labor of repairs, lending support for H2. As the number of husbands' physical and functional limitations increases and energy problems arise, the probability of them being primary responsibly for repairs decreases and the probability of equal sharing increases, but not the probability of wives' primary responsibility.

FIGURE 6 ABOUT HERE

Summary and Conclusion

Our analyses showed that when it comes to housework time, women's time spend on chores is shaped by their own health and their husbands' health, whereas men's time in housework is largely shaped by their own health. When we explore the division of six housework tasks between spouses we find a more complex patterns. Couples adjust the division of labor based on both men's and women's health, but this is done in a gendered way. Tasks that are typically done by female partners typically become equally shared one women's health declines. Tasks that are shared equally become more likely to be shared equally as women's health worsens. Only in the scenario of a great number of functional limitations do we predict the responsibility to shift over

to the husband. Repairs and home improvement is the only task included that is somewhat male dominated or shared equally, and mirroring the results for female dominated tasks poor health of husbands increases equal sharing rather than wives "taking over" responsibility for repairs. Overall, our results indicate that women are more likely to adjust their housework patterns in response to their partners' health, and do so more quickly than men do. Housework is responsive to health, but tasks remain strongly gendered. Only if a partner exhibits a very high level of physical limitations does health trump gender. From a practical viewpoint our findings imply that when practitioners want to understand especially women's life circumstances and their domestic work load, understanding their spouses health status is crucial. Given all that we now about

References

Baxter, J., Haynes, M., & Hewitt, B. (2010). Pathways into marriage: Cohabitation and the domestic division of labor. Journal of family issues.

Bianchi, Suzanne M, Melissa A Milkie, Liana C Sayer, and John P Robinson. 2000. "Is Anyone Doing the Housework? Trends in the Gender Division of Household Labor." *Social Forces* 79 (1): 191–228.

Bianchi, Suzanne M, Liana C Sayer, Melissa A Milkie, and John P Robinson. 2012. "Housework: Who Did, Does or Will Do It, and How Much Does It Matter?" *Social Forces* 91 (1): 55–63.

Bianchi, S. M., & Spain, D. (1999). Women, work, and family in America. Sociology of Families: Readings, 170.

Bird, C.E. 1999. Gender, Household Labor, and Psychological Distress: The Impact of the Amount and Division of Housework. *Journal of Health and Social Behavior* 40 (1), pp. 32-45

Dorfman, Lorraine T., and D. Alex Heckert. 1988. "Egalitarianism in Retired Rural Couples: Household Tasks, Decision Making, and Leisure Activities." *Family Relations* 37 (1): 73–78. doi:10.2307/584433.

Everard, Kelly M, Helen W Lach, Edwin B Fisher, and M Carolyn Baum. 2000. "Relationship of Activity and Social Support to the Functional Health of Older Adults." *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 55 (4): S208–12.

Freedman, VA & Cornman, JC. 2014. "The Panel Study of Income Dynamic: Second Supplement on Disability and Use of Time (DUST 2013) User Guide: Release 2013.1." Institute for Social Research, University of Michigan.

Furstenberg Jr, F. F. (2010). On a new schedule: Transitions to adulthood and family change. The future of children, 20(1), 67-87.

Geist, Claudia, and Philip N Cohen. 2011. "Headed toward Equality? Housework Change in Comparative Perspective." *Journal of Marriage and Family* 73 (4): 832–44.

Geist, C., & Cohen, P. N. (2011). Headed toward equality? Housework change in comparative perspective. Journal of Marriage and Family, 73(4), 832-844.

Goldberg, A. E., & Perry-Jenkins, M. (2004). Division of labor and working-class women's well-being across the transition to parenthood. Journal of Family Psychology, 18(1), 225.

Glass, J. and T. Fujimoto. 1994. Housework, Paid Work, and Depression Among Husbands and Wives. Journal of Health and Social Behavior. Vol 35:179-191.

Leopold, Thomas, and Jan Skopek. 2015. "Convergence or Continuity? The Gender Gap in Household Labor After Retirement." *Journal of Marriage and Family* 77 (4): 819–32. doi:10.1111/jomf.12199.

MacDermid, S. M., Huston, T. L., & McHale, S. M. (1990). Changes in marriage associated with the transition to parenthood: Individual differences as a function of sex-role attitudes and changes in the division of household labor. Journal of Marriage and the Family, 475-486.

Ross, Ce E, and C E Bird. 1994. "Sex Stratification and Health Lifestyle: Consequences for Men's and Women's Perceived Health." *Journal of Health and Social Behavior*, 161–78.

Ross, C.E., J. Mirowky and J. Huber. 1983. Dividing Work, Sharing Work, and In-Between: Marriage Patterns and Depression. *American Sociological Review* Vol. 48, No. 6 (Dec., 1983), pp. 809-823

Silverstein, Merril, and Roseann Giarrusso. 2010. "Aging and Family Life: A Decade Review." *Journal of Marriage and Family* 72 (5): 1039–58. doi:10.1111/j.1741-3737.2010.00749.x.

Solomon, Catherine Richards, Alan C Acock, and Alexis J Walker. 2004. "Gender Ideology and Investment in Housework Postretirement Change." *Journal of Family Issues* 25 (8): 1050–71.

Streib, Gordon F., and Rubye Wilkerson Beck. 1980. "Older Families: A Decade Review." *Journal of Marriage and Family* 42 (4): 937–56. doi:10.2307/351834.

Szinovacz, Maximiliane. 1992. "Is Housework Good for Retirees?" *Family Relations*, 230–38.

Szinovacz, Maximiliane, and Paula Harpster. 1994. "Couples' Employment/Retirement Status and the Division of Household Tasks." *Journal of Gerontology* 49 (3): S125–36. doi:10.1093/geronj/49.3.S125.

Utz, Rebecca L, Erin B Reidy, Deborah Carr, Randolph Nesse, and Camille Wortman. 2004. "The Daily Consequences of Widowhood The Role of Gender and Intergenerational Transfers on Subsequent Housework Performance." *Journal of Family Issues* 25 (5): 683–712.

West, C. and D.H. Zimmerman. 1987. "Doing Gender." *Gender & Society* 1 (2): 125–51. doi:10.1177/0891243287001002002.

Table 1: Descriptive Statistics: Dependent Variables and Controls

Variable	% or mean(SD)
Age	
Wife	69.42 (7.28)
Husband	72.19 (7.83)
Year	
2009	40.33%
2013	59.66%
Total Housework Time (from diary)	
Difference	2359 (9902)
Wife	9141 (7592)
Husband	6782 (8002)
Tasks (from survey)	
Laundry	
Equal	30.73%
Wife does more	62.58%
Husband does more	7.57%
Cleaning	
Equal	48.56%
Wife does more	43.87%
Husband does more	7.57%
Dinner	
Equal	44.74%
Wife does more	48.32%
Husband does more	6.93%
Errands	
Equal	66.07%
Wife does more	22.32%
Husband does more	11.61%
Repairs	
Equal	46.67%
Wife does more	09.11%
Husband does more	44.22%
Bills	
Equal	38.53%
Wife does more	36.08%
Husband does more	25.39%
Day of the Week	
Monday	9.15%
Tuesday	8.14%
Wednesday	9.15%
Thursday	8.81%
Friday	8.59%
Saturday	25.42%
Sunday	30.73%

Table 2: Descriptive Statistics: Health Measures

		Mean	Std.	Min	Max
Physical limitations	Women	1.56	1.38	0	6
	Men	1.25	1.32	0	6
Energy problems	Women	1.18	1.50	0	4
	Men	1.02	1.49	0	4
Functional limitations	Women	0.85	1.13	0	5
	Men	0.85	1.09	0	5

Source: DUST 2009, 2013, N=885

Table 3: OLS regression – housework gap between husbands and wives

VARIABLES	Husband's – Wife's HW time	Husband's – Wife's HW time	Husband's – Wife's HW time
Husband's age	-571.5	-598.4	-1,284
	(809.4)	(822.4)	(843.5)
Wife's age	1,134	1,058	1,622**
	(797.4)	(796.7)	(798.3)
Monday	-965.6	-1,194	-1,236
	(1,293)	(1,280)	(1,272)
Tuesday	-487.9	-468.2	-2.368
	(1,205)	(1,223)	(1,201)
Wednesday	-147.2	37.35	-67.88
	(1,071)	(1,072)	(1,068)
Thursday	-2,281**	-2,352**	-2,067*
	(1,135)	(1,150)	(1,131)
Friday	1,226	1,176	1,056
	(1,298)	(1,243)	(1,284)
Saturday	-1,469*	-1,534*	-1,329
	(890.7)	(882.1)	(876.5)
Year 2013 (compared to 2009)	-549.7	-508.4	-601.5
	(747.6)	(732.5)	(733.2)
Physical Limitations (Wife)	-581.2**		
	(294.8)		
Physical Limitations (Husband)	960.8***		
	(311.0)		
Energy Problems (Wife)		-863.0***	
		(260.4)	
Energy Problems (Husband)		1,124***	
		(264.6)	
Functional Limitations (Wife)			-967.3***
			(340.0)
Functional Limitations (Husband)			1,797***
			(437.5)
Constant	3,005***	3,171***	2,563***
	(881.1)	(721.7)	(766.8)
Observations	885	885	885
R-squared	0.038	0.059	0.059

Robust standard errors in parentheses

*** p<0.01, ** p<0.05, * p<0.1

Table 2: OLS regression - Wife's housework time.

VARIABLES	(1) Wife's HW time	(2) Wife's HW time	(3) Wife's HW time
Husband's age	251.8	239.8	-103.2
	(563.3)	(574.8)	(575.4)
Wife's age	-402.9	-404.8	-13.46
	(520.8)	(528.4)	(510.8)
Monday	2,211**	2,174**	1,992**
	(986.7)	(993.5)	(980.6)
Tuesday	1,531	1,528	1,791*
	(976.6)	(992.3)	(958.8)
Wednesday	2,054**	2,141**	2,216**
	(885.2)	(892.8)	(876.2)
Thursday	1,293	1,339	1,447
	(914.8)	(924.3)	(911.9)
Friday	3,482***	3,429***	3,298***
	(967.7)	(946.2)	(967.4)
Saturday	1,801***	1,907***	1,912***
	(660.8)	(666.2)	(648.2)
Year 2013 (compared to 2009)	-409.1	-417.8	-387.4
	(567.2)	(569.2)	(558.1)
Physical Limitations (Wife)	-787.1***		
	(209.2)		
Physical Limitations (Husband)	254.4		
	(245.6)		
Energy Problems (Wife)		-669.1***	
		(183.2)	
Energy Problems (Husband)		201.4	
		(199.9)	
Functional Limitations (Wife)			-1,235***
			(247.9)
Functional Limitations (Husband)			763.6**
			(357.5)
Constant	8,910***	8,555***	8,347***
	(677.7)	(608.5)	(604.3)
Observations	885	885	885
R-squared	0.042	0.039	0.059

Robust standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

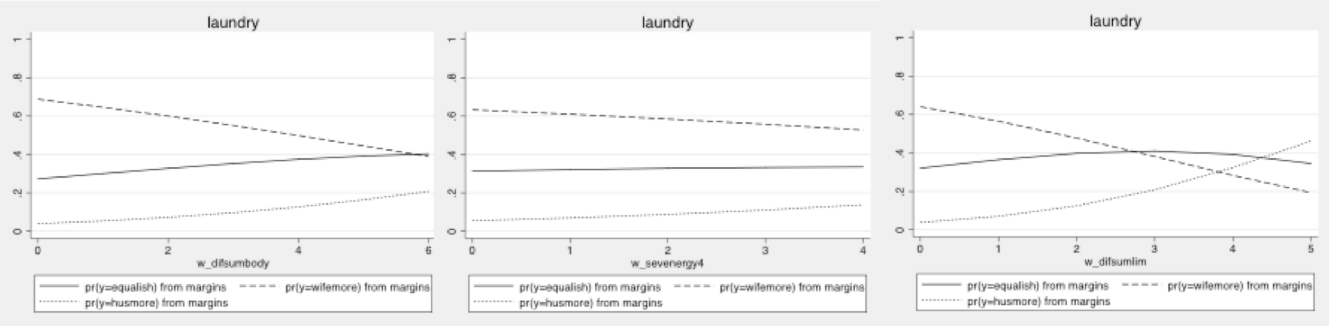
Table 3: OLS regression - Husband's housework time.

VARIABLES	(1) Husband's HW time	(2) Husband's HW time	(3) Husband's HW time
Husband's age	823.3	838.3	1,181*
	(586.3)	(578.5)	(620.5)
Wife's age	-1,537***	-1,463**	-1,636***
	(587.6)	(579.7)	(590.7)
Monday	3,177***	3,369***	3,228***
	(982.6)	(963.4)	(982.6)
Tuesday	2,019**	1,996**	1,793**
	(783.9)	(784.7)	(777.0)
Wednesday	2,201**	2,104**	2,283***
	(860.1)	(857.2)	(854.3)
Thursday	3,575***	3,692***	3,513***
	(1,050)	(1,057)	(1,057)
Friday	2,256**	2,253**	2,243**
	(1,035)	(1,014)	(1,022)
Saturday	3,270***	3,441***	3,241***
	(718.0)	(708.7)	(712.0)
Year 2013 (compared to 2009)	140.6	90.58	214.1
	(603.1)	(598.2)	(599.3)
Physical Limitations (Wife)	-205.9		
	(223.9)		
Physical Limitations (Husband)	-706.4***		
	(205.0)		
Energy Problems (Wife)		193.9	
		(198.8)	
Energy Problems (Husband)		-922.2***	
		(168.2)	
Functional Limitations (Wife)			-268.0
			(250.0)
Functional Limitations (Husband)			-1,034***
			(274.9)
Constant	5,905***	5,384***	5,784***
	(728.3)	(619.6)	(651.3)
Observations	885	885	885
R-squared	0.059	0.074	0.065

Robust standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

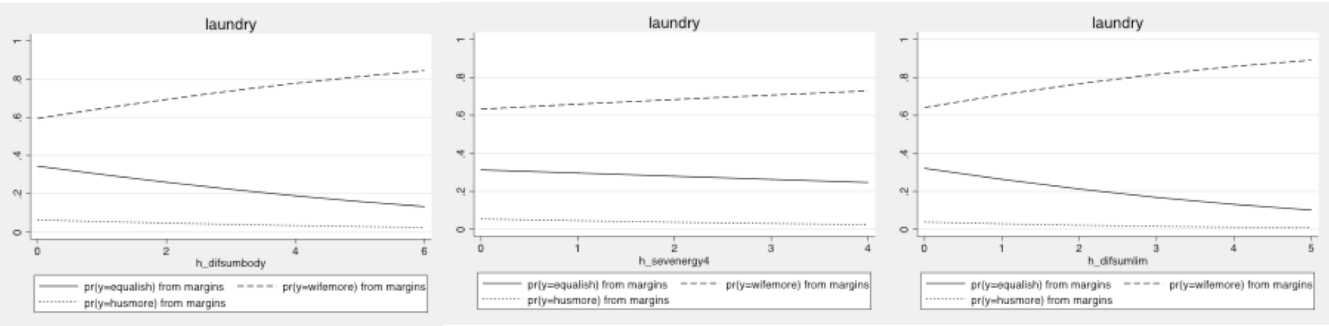
Figure 1: Health and Laundry. Predicted probabilities from multinomial logistic models

Women's Health



Physical limitations Energy Functional limitations

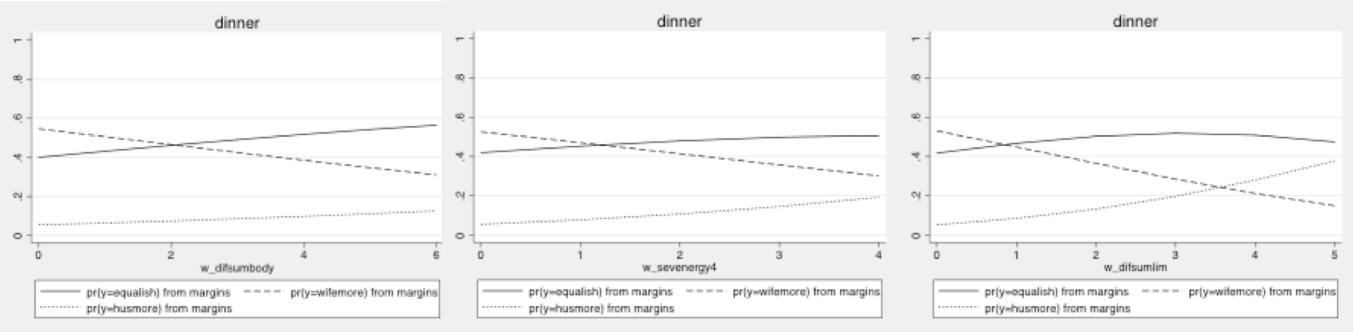
Men's Health



Physical limitations Energy Functional limitations

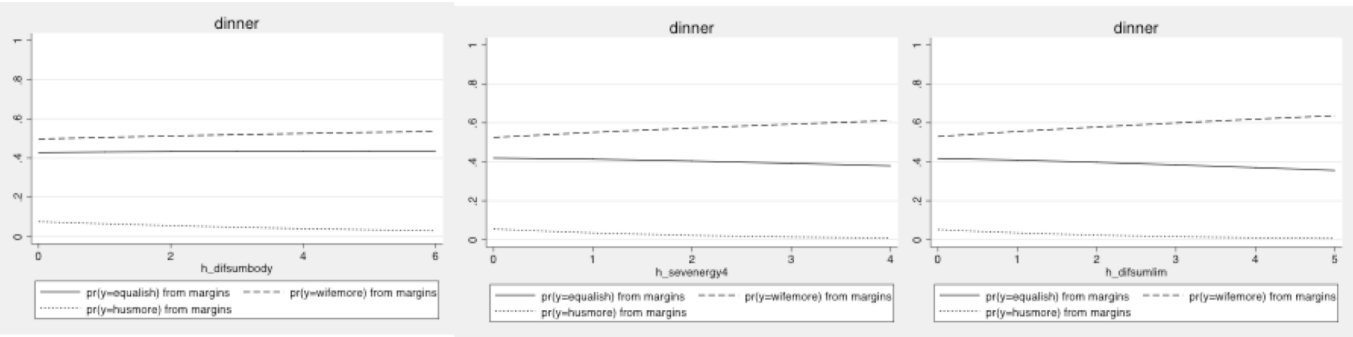
Figure 2: Health and Dinner. Predicted probabilities multinomial logistic models.

Women's Health



Physical limitations Energy Functional limitations

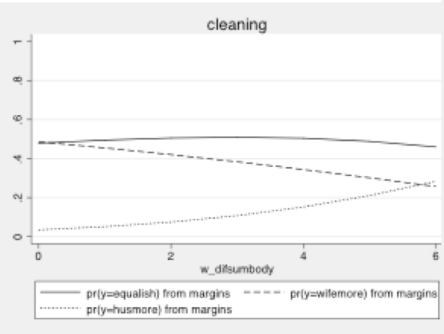
Men's Health

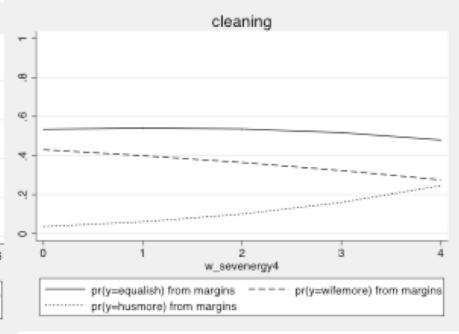


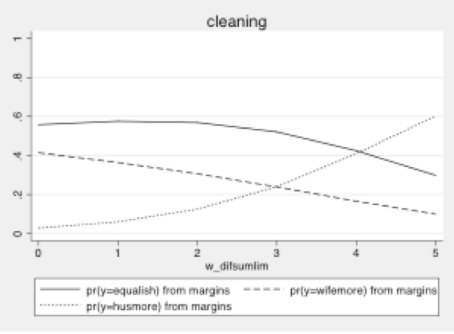
Physical limitations Energy Functional limitations

Figure 3: Health and Cleaning. Predicted probabilities multinomial logistic models.

Women's Health

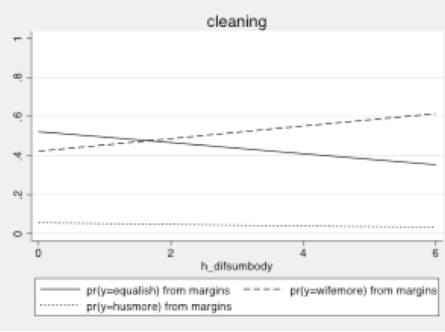


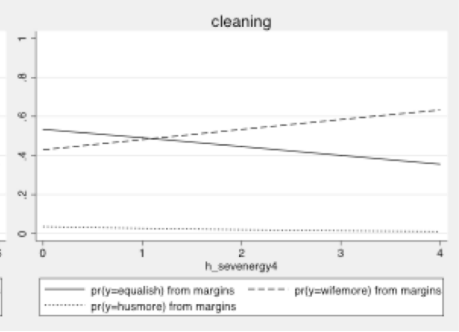


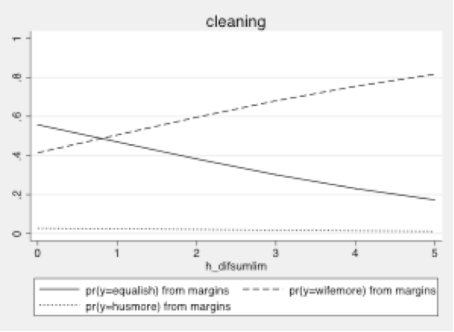


Physical limitations Energy Functional limitations

Men's Health



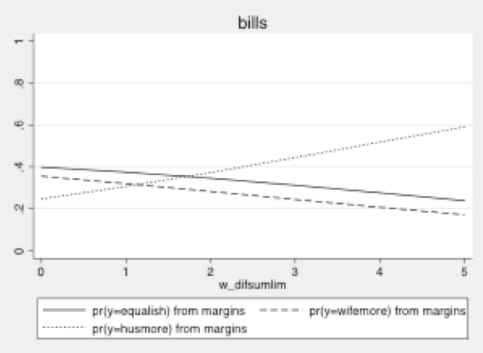




Physical limitations Energy Functional limitations

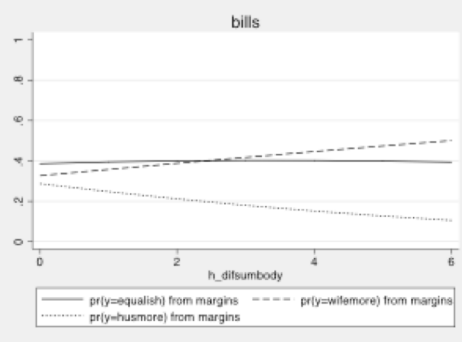
Figure 4: Health and Paying Bills. Predicted probabilities multinomial logistic models.

Women's Health

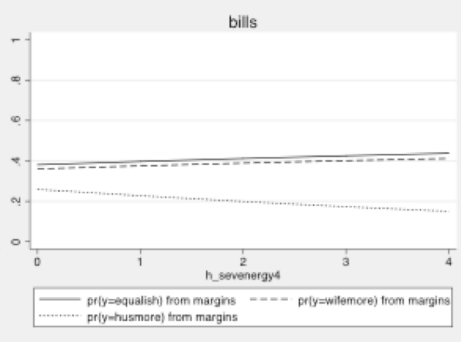


Physical limitations

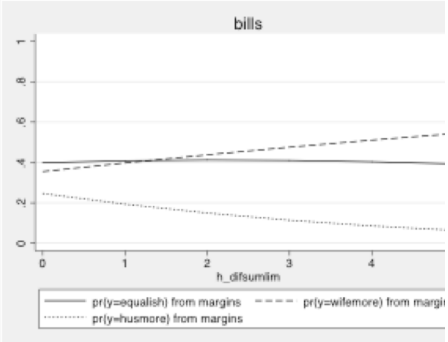
Men's Health



Physical limitations



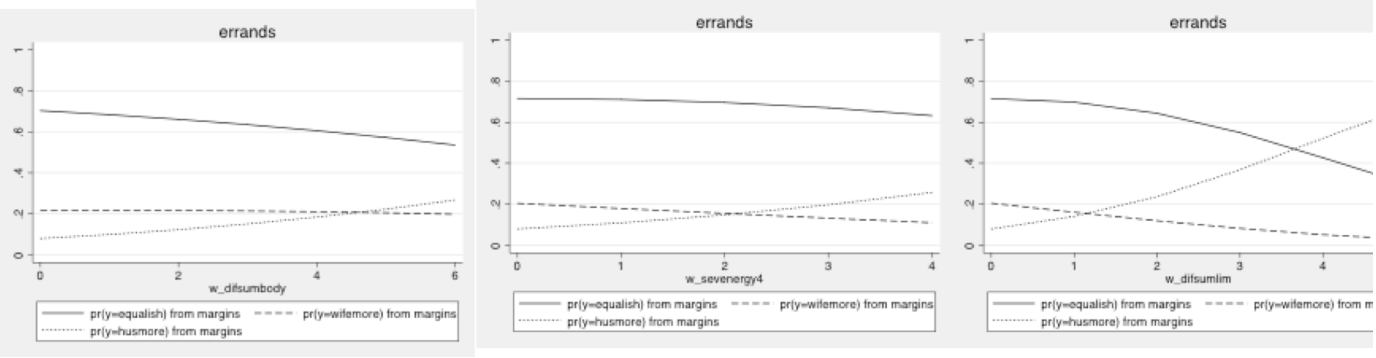
Energy



Functional limitations

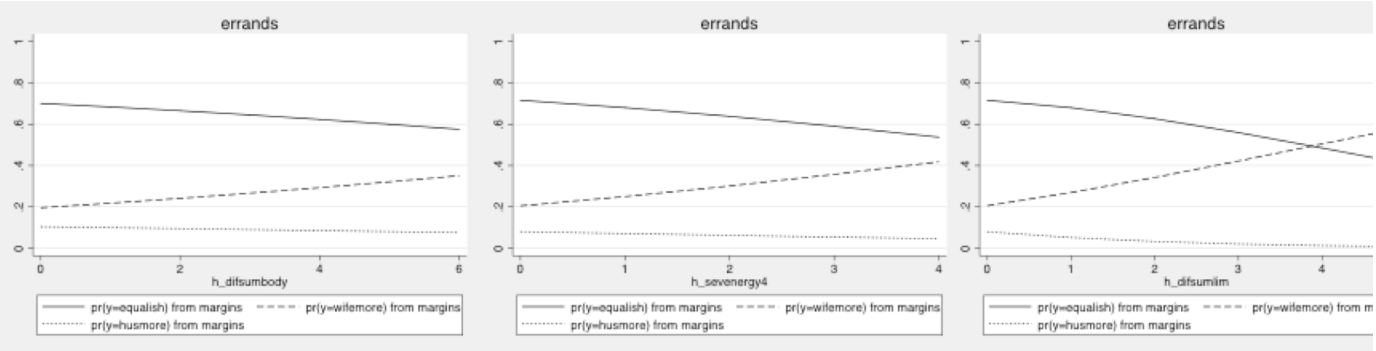
Figure 5: Health and Errands. Predicted probabilities multinomial logistic models.

Women's Health



Physical limitations Energy Functional limitations

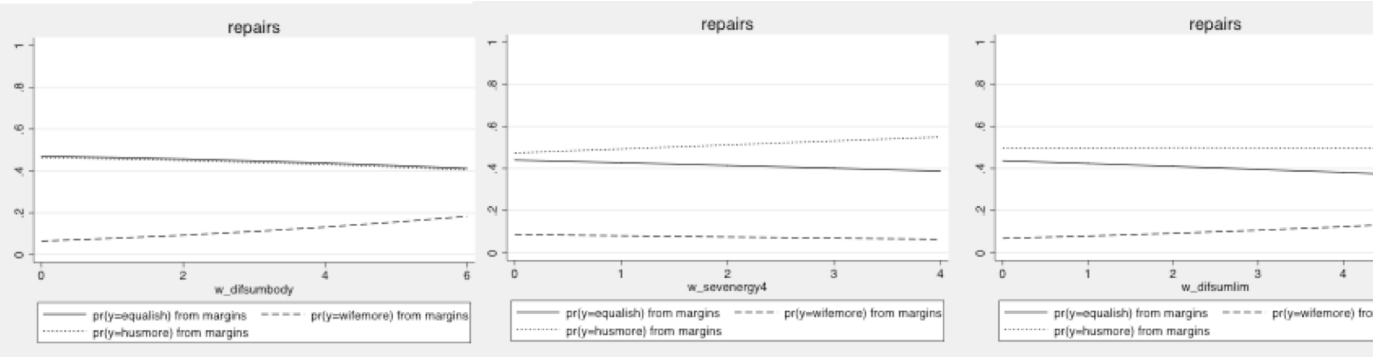
Men's Health



Physical limitations Energy Functional limitations

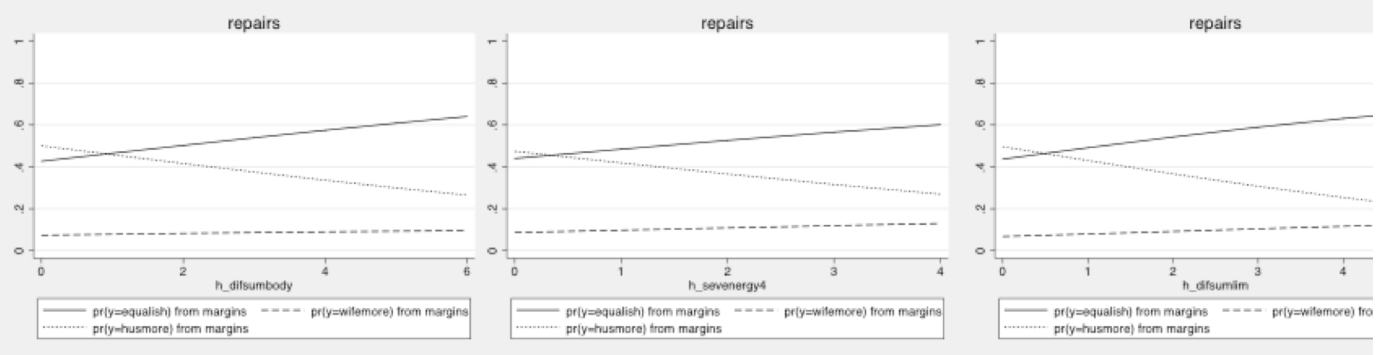
Figure 6: Health and Repairs. Predicted probabilities multinomial logistic models.

Women's Health



Physical limitations Energy Functional limitations

Men's Health



Physical limitations Energy Functional limitations